

By age 75 years, mean plasma testosterone levels have decreased 35% compared with young adults, and more than 25% of men of this age are clinically hypogonadal. Age related hypogonadism, which has been termed «andropause», is thought to be responsible for variety of symptoms experienced by elderly men, including reduced muscle and bone mass, sexual dysfunction, depression, fatigue and irritability.

Objectives: However, it has been difficult to establish correlations between these symptoms and plasma testosterone levels. Clinical trials of testosterone replacement have documented some symptoms relief (improved muscle strength and bone mineral density), yet studies to date on the specific relation between depression and testosterone level have been methodologically flawed.

Methods: Data are presented from systematic clinical and epidemiological studies with bearing on this relation:

1. population-based assessments of the relation between testosterone level, genetic factors and depression in elderly men,
2. placebo-controlled clinical trials of testosterone replacement in men with major depressive disorder.

Results: Results suggest that age-related hypothalamo-pituitary-gonadal hypofunction may have particular etiologic importance in late-onset male dysthymia.

Conclusions: However, there is still the dilemma whether late-onset depression in older men is predominantly biological (in which testosterone decline certainly plays an important role), psychosocial, or stress-diathesis origin.

Disclosure of Interest: None Declared

EPV0414

Atopic Dermatitis and Major Depressive Disorder: is there causality?

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Introduction: The association between Atopic Dermatitis (AD) and Major Depressive Disorder (MDD) has long been reported by some population-based observational studies. However, observational studies are susceptible to potential confounders and inverse causation, rendering it difficult to conclude about the causality of such association. Mendelian randomization (MR) analysis is a novel epidemiological method to assess the causation between an exposure and an outcome, with less susceptibility to potential confounders and reverse causation by using genetic variants as instrumental variables.

Objectives: To report a clinical case of depression in association with atopic dermatitis and to review what contributions MR studies have been bringing to the matter of causality between AD and MDD.

Methods: Case report and literature review based on PubMed using the terms “atopic dermatitis”, “eczema”, “depression”, “depressive”, “mood” and “Mendelian randomization”, which were searched in the title and abstract fields.

Results: Case-report: A 26-year-old man was admitted for inpatient treatment with a clinical picture of sadness, irritability, social isolation and insomnia, with 4 months of evolution, aggravated by suicidal ideation in the preceding days. On examination of the mental status, the patient had a frankly depressed mood, with congruent affects. He was contemplating suicide methods, pointing to sodium nitrite intoxication as an option. The patient related these symptoms to the worsening of his atopic dermatitis. In fact, he had a history of other depressive episodes contemporaries with periods of dermatological worsening.

Literature review: The PubMed research identified 7 articles, 4 of which assessed the causal effect of AD on MDD. Three studies did support a causal effect of AD genetic risk on MDD. One study supported a small causal effect of AD on MDD, with the significance disappearing when a stricter threshold for selection of single-nucleotide polymorphisms was applied.

Conclusions: The MR studies included in this poster favour the absence of a causal effect of AD on MDD, suggesting that the comorbidity observed clinically is unlikely to be causal. We must be aware that these studies are few and are not free of limitations (e.g. subgroup analysis for age and severity was not carried out, AD and MDD diagnosis were self-reported in some cases). Further research may help clarify the existence of causality and/or uncover the factors responsible for the observed association of AD with MDD in observational studies.

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EPV0415

“Lactose free” depression- Antidepressant with and without lactose registered in Croatia

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Introduction: Depression is a common illness worldwide, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years. Lactose intolerance affects 70% of the world population. With both conditions being common there are a lot of people having both lactose intolerance and depression. People with lactose intolerance are unable to fully digest lactose. As a result, they have diarrhea, bloating and gas after eating or drinking dairy products. Lactose is one of the most used excipients in drug formulations and is often overlooked when prescribed.

Objectives: To quantify and identify the amount of lactose in medications used for the treatment of depression and to identify ‘lactose-free’ medication registered in Croatia.

Methods: Medications used for the treatment of depression were identified from the Agency for medicinal products and medical products of Croatia (HALMED). Their formulation including excipients was obtained from the Agency.

Results: Wide range of antidepressants contains lactose. We have quantified the lactose amount using information on medicinal products with marketing authorisation granted by HALMED.

Antidepressant	Brand name and dosage	Lactose per tablet (mg)
Sertraline	Sonalia ® 50 mg	19.80mg
Paroxetine	Paroksetin PharmaS®	10mg
Escitalopram	Escital ® 10mg	117.8mg
	Elicea ® 5mg	51.3mg
Citalopram	Citalon ® 20mg	23mg
Mirtazapine	Calixta ® 15mg	44.4mg
	Mirzaten ® 30mg	120.56mg
	Mirzaten Q tab ® 15mg	35.63mg

Conclusions: With this research, we have pointed out a high proportion of the most commonly prescribed antidepressants that contain lactose. Considering the high proportion of the general population with lactose intolerance, we have pointed out the importance of knowing the data that antidepressants do not contain lactose in order to choose an adequate therapy for our patients, while not causing them discomfort that will further reduce the effectiveness of the therapy, as well as increase the percentage of those who due to the side effects of the drug, they stop taking the therapy. This research will help clinicians in their daily work to choose the most optimal therapy for their patients. With this study, we will give doctors a list of medications for depression treatment without lactose. With this study, we will give doctors a list of medications for depression treatment without lactose.

Disclosure of Interest: None Declared

EPV0417

Depression and anxiety in family caregivers of patients with schizophrenia in tunisia

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Introduction: Around 1% of the general population have schizophrenia. It dramatically affects not only the patients who suffer from it, but also their family members. It represents a difficult task for family caregivers, especially at the time of deinstitutionalization of the patients, when they have to assume some of the functions and care previously provided by psychiatric institutions. This day-to-day care can influence the lives of the caregivers and cause anxiety or depression, which might affect the care that the patients receive.

Objectives: The objectives of our study were to assess anxiety and depression in family caregivers of patients with schizophrenia and to identify associated risk factors.

Methods: We conducted a cross-sectional study including family caregivers of patients with schizophrenia. Anxiety and depression were assessed using the 14-item Anxiety and Depression Scale in its

validated version in Tunisian dialect (HAD scale). Statistical analysis was performed by SPSS 26.0.

Results: We included 30 family caregivers of patients with schizophrenia.

The prevalence of depression in family caregivers was 40 % while 56% of them were anxious. Six caregivers had both depression and anxiety, 63.3% of them were unemployed and 52.2% stopped working to take care of their relative.

In our study, the schizophrenic patient's history of aggression towards the caregiver was statistically associated with depression ($p=0.025$). The worse the compliance of the patient to the treatment, the more likely the caregiver is to develop anxiety ($p=0.027$). The parents (mother or father) were the most exposed to depression, anxiety or both ($p=0.016$). Family caregivers who lived with the patient under the same roof developed more anxious symptoms than the ones who didn't ($p=0.005$). The time spent taking care of the patient was higher for the caregivers with depression, anxiety or both ($p=0.046$).

Conclusions: Schizophrenia may cause a significant psychological distress for family members such as depression or anxiety. Several factors seem to be involved, inherent to the disease, to the patient and to the caregiver.

Disclosure of Interest: None Declared

EPV0418

The need for self-management in patients with Persistent Depressive Disorder (PDD) and their caregivers: A qualitative study using Grounded Theory

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Introduction: The Persistent Depression and Self-Management Study is a mixed-methods pragmatic randomized controlled trial that evaluated the "Patient and Partner Education Program for All Chronic Illnesses" (PPEP4All) in patients with persistent depressive disorder (PDD) compared to care as usual (CAU). PPEP4All is a brief, structured self-management program that focuses on functional recovery and involves the partner/caregiver in the program. The latter may improve patient outcomes and reduce caregiver psychosocial burden related to PDD.

Objectives: In addition to evaluating the cost- and clinical-effectiveness of PPEP4All, we conducted a nested qualitative study to deepen our understanding of how patients with PDD and their caregivers cope with chronic depression. Additionally we identify areas in which they require care and learn how they could benefit from a self-management program like PPEP4All.

Methods: In the nested qualitative study, 28 patients (16 from PPEP4All, 12 from CAU) and 9 partners/caregivers agreed to participate. The in-depth semi-structured interviews took place at participant's home, the main research location, or over telephone. For each interview, we used a topic list, which was initially evaluated