

## EPV0637

### Psychopathological features of hysterical disorders arising as part of affective disorders and schizophrenia.

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**Introduction:** Hysterical disorders were considered separately in the context of the dynamics of the course of either endogenous affective diseases or schizophrenia, without attention to the conjugation and interaction of issues of hysterical symptoms and affective or psychotic syndromes.

**Objectives:** To test the psychopathological structure and provide a typology of the conjugation of hysterical symptoms with other psychopathological syndromes.

**Methods:** 120 patients (82 women and 38 men) with schizophrenic and affective disorders with associated hysterical symptoms were examined by a clinical psychopathological method.

**Results:** Three variants of conjugation were identified. In the group of hysterical disorders associated with affective diseases (37,1%) the structure and dynamics of hysterical symptoms directly influenced the developing affective phase: the low intensity of hysterical symptoms contributed to the development of an apatho-dynamic type of depression, and bright and spontaneous hysterical manifestations formed an anxious-hypochondriac type of depression. Hysterical disorders formed in the structure of the psychotic state (41,4%) influenced the nature, structure, dynamics and content of delusional, hallucinatory and paranoid disorders. "Caste" hysterical symptoms (21,4%) revealed a lack of connection with affective and psychotic states. Hysterical symptoms were characterized by persistence, stability, invariability of manifestations, long-term psychotherapeutic and psychopharmacological resistance.

**Conclusions:** Clinical and psychopathological analysis of endogenous mental diseases of the affective and schizophrenic spectrum, occurring with hysterical symptoms, showed that the parameter of the conjugation of hysterical symptoms with other psychopathological syndromes is prognostically significant.

**Disclosure:** No significant relationships.

**Keywords:** Hysterical disorders; conversions; depression; schizophrenia

## EPV0636

### "Could she be a good mother?. The stigma of mental illness in motherhood. A case report.

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**Introduction:** Approximately 15% of pregnant women suffer from a mental illness, however only half of them accept psychopharmacological treatment. One of the reasons for refusing treatment is the stigma attached to it. An important part of functional recovery is

defining identity. This identity is multifactorial and is defined by several variables, one of them being gender. Several studies on motherhood in women with mental illness define the importance of a mothering identity, providing meaning and values. We present the case of a 39-year-old woman, mother of a two-year-old child, undergoing follow-up at a psychiatric clinic for recurrent depressive episodes and a history of two suicide attempts ten years ago. Currently stable in treatment with escitalopram 10 mg and lorazepam 1 mg if necessary. The woman refers the desire to abandon treatment after realizing that she is pregnant again. Therapeutic accompaniment is decided. The social worker from the obstetric service communicates with the psychiatric service to question the woman's ability to care for a child with her psychiatric history.

**Objectives:** Determine the stigma of mental illness, including among healthcare workers.

**Methods:** The woman makes her decision with full judgment. The patient is accompanied during pregnancy without incident, with clinical stability.

**Results:** After delivery, the patient decides to resume psychopharmacological treatment.

**Conclusions:** Having a mental illness does not determine a woman's ability to be a mother. As long as it is agreed with the psychiatrist, patients have the right to make decisions about their treatment.

**Disclosure:** No significant relationships.

**Keywords:** stigma; motherhood; mental illness

## EPV0637

### Ketamine and Electroconvulsive Therapy: Better Together?

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**Introduction:** Major depressive disorder (MDD) is a highly prevalent clinical condition with a leading cause of disability worldwide. The currently available therapeutic agents have important limitations regarding side effects, partial or non-responsiveness. Patients are considered to have treatment-resistant depression (TRD) if there is no effect or minimal effectiveness after receiving adequate dose-duration use of antidepressants from two different categories. For this patients, electroconvulsive therapy (ECT) can be a treatment option and new therapies appear to tackle TRD like ketamine, a dissociative anesthetic and analgesic.

**Objectives:** The authors elaborate a narrative literature review to understand if ketamine might enhance the antidepressant efficacy of ECT.

**Methods:** PubMed database searched using the terms "Electroconvulsive therapy", "ketamine" and "treatment-resistant depression".

**Results:** ECT is currently recommended as an end-line therapy for TRD. Memory impairment after ECT could be a consequence of indiscriminate activation or saturation of glutamate receptors during the treatment, disrupting hippocampal plasticity involved in memory. Ketamine inhibits N-methyl-D-aspartate (NMDA) receptors, while stimulating glutamate release and was proposed as an ECT adjuvant, might reduce cognitive adverse effects, time until response/ remission and inclusively improve response rates to ECT.

However, response and remission rates of ketamine in ECT showed no significant difference from the comparator groups and was associated with higher rates of psychiatric and cardiovascular adverse events.

**Conclusions:** The results did not support the use the combination of ketamine and propofol as anesthetic agents for ECT in patients with MDD. However, further studies are needed to investigate the beneficial clinical and cognitive effects of ketamine alone in ECT settings.

**Disclosure:** No significant relationships.

**Keywords:** Ketamine; Depression; Treatment-resistant depression; Electroconvulsive therapy

## EPV0638

### S-Ketamine in the treatment of depressive emergencies: a cases series of patients in a suicidal crisis

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**Introduction:** Psychiatric emergencies in Major Depressive Disorder (MDD) are characterised by multiple types of symptoms including risk of self-harm and suicidal ideation. S-ketamine intranasally (Spravato) has recently been shown to help alleviate symptoms during depressive emergencies. In this case-series, we detail the clinical effects and usability of S-ketamine applied intranasally in a psychiatric emergency setting.

**Objectives:** To describe the effects of S-Ketamine on depressive crises associated with suicidality and self-harm in a psychiatric emergency setting.

**Methods:** Patients with MDD in a psychiatric emergency were provided with intranasal S-Ketamine according to clinical indication in routine clinical care in a University inpatient setting. Clinical characteristics were assessed in a standardised manner and symptom measures were applied pre-and posttreatment. Experience with 10 patients is systematically described in this case-series.

**Results:** Patients had a primary diagnosis of MDD accompanied by a variety of secondary psychiatric comorbidity. Among these 10 patients, the majority were female (70 %) and the mean age was 49.5 yrs (range 26-66). All cases were considered treatment resistant and suffered severe acute suicidal ideation. Across all cases, pre-treatment MADRS was 37 on average (range 20-47) indicating a severe form of MDD. High severity was confirmed in elevated BDI scores (pre-treatment 39). Post-treatment, MADRS scores were reduced to 18 on average, alongside BDI scores (mean 24). S-ketamine administration was well-tolerated and side effects such as dissociation were of short-lived duration.

**Conclusions:** S-Ketamine intranasally can be safely and effectively administered in an acute psychiatric setting to treat psychiatric emergencies.

**Disclosure:** BTB received honoraria for consultancy and presentations from AstraZeneca, Bristol-Myers Squibb, Lundbeck, Pfizer, Servier, Wyeth, LivaNova, Janssen, Novartis, Otsuka, Angelini.

**Keywords:** s-ketamine; depression; suicidal ideation; emergency psychiatry

## EPV0641

### Depression and anxiety among psychiatry residents

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**Introduction:** Residency training has been reported as being stressful which may lead to different mental disorders.

**Objectives:** To study the prevalence and associated factors of anxiety and depression symptoms among psychiatry residents.

**Methods:** A cross-sectional study was conducted through an online survey among psychiatry residents. Participants completed an anonymous self-administered questionnaire and the HADS questionnaire for screening anxiety and depression.

**Results:** Forty responses were collected. The average age of the sample was  $28.08 \pm 2.43$  and the sex-ratio (F/M) was 0.875. Eleven participants were married. Eight residents were smokers. The prevalence of alcohol use and cannabis use was 22.5 % and 5% respectively. Half of participants were first year residents and near three-quarter of them (72.5%) declared working in poor conditions. A considerable proportion of participants had symptoms of anxiety and depression. The prevalence of anxiety case and depression case was 52.5% and 47.5% respectively. The prevalence of Anxiety symptoms and depression symptoms was significantly higher in female participants ( $p = 0.017$ ,  $p=0.034$  respectively). Poor conditions of the workplace were significantly associated with depression symptoms ( $p=0.004$ ).

**Conclusions:** Training residents in psychiatry showed high rates of anxiety and depression symptoms. Screening and early management of these psychiatric manifestations is necessary. In addition, improving working conditions would upgrade their training and quality of life.

**Disclosure:** No significant relationships.

**Keywords:** Depression; Anxiety; Training residents in psychiatry; HADS

## EPV0642

### Study of the efficacy and safety of various pharmacotherapy regimens for atypical depression in the framework of bipolar affective disorder, recurrent depressive disorder, psychogenic depression.

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**Introduction:** To improve the effectiveness of treatment for atypical depression, it is necessary to revise the accumulated experience, taking into account new knowledge and drugs.