Introduction: Inhibitory control is the executive function component which underlies one's ability to maintain goal-directed behavior by inhibiting prepotent responses or ignoring irrelevant information. Recent models suggest that impaired inhibition of negative information may contribute to depressive symptoms, and that this association is mediated by rumination. However, the exact nature of this association, particularly in non-clinical samples, is unclear.
Objectives: The goal of the current study was to assess the relationship between inhibitory control over emotional vs. non-emotional information, rumination and depressive symptoms.
Methods: A non-clinical sample of 119 participants (mean age: 36.44 ± 11.74) with various levels of depressive symptoms completed three variations of a Go/No-Go task online; two of the task variations required either explicit or implicit processing of emotional expressions, and a third variation contained no emotional expressions (i.e., neutral condition).
Results: We found that for participants who reported elevated depressive symptoms, their inhibitory control ability was reduced for all three task variations, relative to less depressed participants. However, for the task variation that required implicit emotion processing (rather than explicit), depressive symptoms were associated with inhibitory deficits for sad and neutral, but not for happy facial expressions. An exploratory analysis showed that the relationship between inhibition and depressive symptoms occurs in part through trait rumination for all three tasks, regardless of emotional content.
Conclusions: Collectively, these results indicate that elevated depressive symptoms are associated with both a general inhibitory control deficit, as well as affective interference from negative emotions, with implications for the assessment and treatment of mood disorders.

Disclosure: No significant relationships.
Keywords: Depression; inhibition; rumination; Executive function

EPV0613

Clinical consensus regarding the importance of rapid reduction in depressive symptoms in major depressive disorder with acute suicidal ideation or behavior (MDSI)

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Introduction: Patients with major depressive disorder (MDD) with acute suicidal ideation or behavior (MDSI) require immediate intervention. Though oral antidepressants can be effective at reducing depressive symptoms, they can take 4–6 weeks to reach full effect.
Objectives: This study aimed to identify unmet needs in the treatment of patients with MDSI, specifically exploring the potential clinical benefits of rapid reduction of depressive symptoms.
Methods: A Delphi panel consisting of practicing psychiatrists (n=12) from the US, Canada and EU was conducted between December 2020–June 2021. Panelists were screened to ensure they had sufficient experience with managing patients with MDD and MDSI. Panelists completed two survey rounds, and a virtual consensus meeting.
Results: This research confirmed current unmet needs in the treatment of patients with MDSI.
Hopelessness, functional impairment, worsening of MDD symptoms, recurrent hospitalization and higher risk of suicide attempt were considered as key consequences of the slow onset of action of oral antidepressants.
Treatment with rapid acting antidepressant was anticipated by panelists to provide short-term benefit such as rapid reduction of core MDD symptoms which may contribute to shorter hospital stays and improved patient engagement/compliance, allowing for earlier interventions and improved patient outcomes. For long-term benefits, panelists agreed that improved daily functioning and increased trust/confidence in treatment options, constitute key benefits of rapid-acting treatments
Conclusions: There is need for rapid-acting treatments which may help address key unmet needs and provide clinically meaningful benefits driven by the rapid relief of depressive symptoms particularly in patients with MDSI.

Disclosure: SB, ED, KJ, MO'H, QZ, MM, MH, SR, JA and DZ are employees of Janssen and hold stock in Johnson & Johnson Inc. AN is currently employed by Neurocrine Biosciences Inc. RP is an employee of Adelphi Values PROVE hired by Janssen.
Keywords: esketamine; suicidal behavior; major depressive disorder; suicidal ideation

EPV0614

Investigating Depression and Anxiety among Turkish Immigrants with Endocrine Disorders Treated at the NPZR

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Introduction: Immigrants encounter difficulties in adapting to social life due to cultural and socioeconomic differences which consequently causes psychological and physical problems. Previous studies demonstrated that diabetes, high blood pressure, dyslipidemia and obesity are associated with psychological disorders.
Objectives: This study aimed to investigate the frequency of depression and anxiety and to observe associated sociodemographic among endocrine patients treated at NPZR.
Methods: 190 Turkish psychiatric patients with at least one endocrine disorder (45.3% were male (n=86) and 54.7% were female (n=104) between the ages of 30-65, who participated in group therapy session at the NPZR, were recruited. Demographics, prevalence of depression and anxiety as well as current psychological conditions of participants were analyzed through Beck Depression Inventory, Hamilton Anxiety Scale, SCL-90-R and Personal Information Form.

Results: The findings of our study demonstrated that prevalence of depression, anxiety and sleep disorders among Turkish immigrant patients with endocrine diseases is high. The mean scores of depression and anxiety were 31.39 and 32.61 respectively. The most common endocrine diseases were hypertension (51.6 %) and obesity (49.6%). Analysis of our research showed that there was no significant gender differences in the anxiety and depression scores. However, there was a significant relationship between income of participants and prevalence of anxiety, depression ($p<0.05$).
Conclusions: The results of this research suggest that anxiety and depression disorders are highly prevalent among Turkish psychiatric patients with endocrine diseases Using the data of this study, the frequency of endocrine diseases among immigrant psychiatric patients can be analyzed.

Disclosure: No significant relationships.
Keywords: Depression; Turkish immigrants; Endocrine diseases; Anxiety

EPV0615

Do malignant self-regard and depressive personality account for appearance evaluation? Preliminary results

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Introduction: Despite the growing number of studies focusing on the relationship between appearance evaluation and personality dimension, few is known regarding the role of depressive personality and malignant self-regard regarding this topic. Moreover, there is a lack of studies investigating the potential role of both clarity of self-concept and interpersonal exclusion feelings in this relationship.
Objectives: To extend the knowledge regarding the relationships between malignant self-regard, depressive personality and appearance evaluation.
Methods: We administered to a very large sample of adults a battery of self-report questionnaires including the subscale Appearance evaluation of the Multidimensional Body-Self Relations Questionnaire, the Self Concept Clarity Scale, the Malignant self-regard questionnaire, the Depressive Personality Inventory and the Core Exclusion Schema Questionnaire.
Results: We found that depressive personality negatively predicted positive appearance evaluation whereas the inverse pattern of results was obtained in relation to malignant self-regard. Moreover, we found that both poor self-concept clarity and feelings of exclusion mediate the relationship between malignant self-regard and positive appearance evaluation.
Conclusions: Depressive personality and Malignant self-regard appear to be promising construct to investigate in the field of eating disorders.

Disclosure: No significant relationships.
Keywords: depressive personality; appearance evaluation; malignant self-regard

EPV0619

Intranasal Esketamine + CBT: a 6 months follow-up of a resistant depression complicated case

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Introduction: TRD is a highly disabling condition, often responsible for chronic clinical course, high number of relapses and elevated suicide risk. Intranasal esketamine is currently the only available pharmacological therapy specifically indicated for TRD, as add-on therapy to antidepressant treatment with SSRI or SNRI.
Objectives: The purpose of the study was to evaluate the safety and efficacy of intranasal esketamine associated with CBT in a complex clinical case of TRD, over a six-month follow-up.
Methods: A 67-year-old patient with TRD was selected for treatment with intranasal esketamine+CBT as add-on to antidepressant therapy. Before each treatment session the HAM-D rating scale was administered. The patient underwent weekly CBT sessions throughout the 6 months follow-up. The effect on physical well-being and social functioning was evaluated by means of Short-Form-Health-Survey-36.
Results: After the first two administrations of intranasal esketamine the total score on HAM-D decreased by 10 units (from 26 to 16). After 6 weeks of treatment decreased from 26 to 12 with the disappearance of suicidal ideation present at T0. After 6 months the total HAM-D score decreased from 26 to 8. Treatment was well tolerated, with mild adverse effects, confined to the first two hours post-administration. In particular, mild sedation, dizziness, slight transient blood pressure rise were reported, never required medical intervention and resolved spontaneously during the observation period.
Conclusions: Intranasal esketamine add-on therapy + CBT was an effective and safe treatment allowing to achieve and maintain symptomatic remission in a complex case of TRD, improving quality of life, social functioning, and reducing suicidal ideation over a six-month follow-up.

Disclosure: No significant relationships.
Keywords: esketamine; treatment resistant depression; CBT; Quality of Life

EPV0621

Cold water swimming as an add-on treatment for depression. A feasibility study

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Introduction: In Denmark, about 14% of patients with depression develops treatment resistant depression (TRD) in the following year after the first hospital contact. Possible explanations for TRD include lack of adequate clinical effect of pharmacological treatment and reluctance to treatment due to unacceptable side