

Results: The available evidence indicates that there exists a reciprocal relationship between depression and alcohol use disorder (AUD), wherein each disease can serve as a triggering factor for the other. This interplay between depression and AUD forms a detrimental cycle that intensifies the severity of both conditions. The comorbidity of various disorders may be attributed to the presence of shared neurochemical pathways, with a particular emphasis on the serotonin system. Furthermore, the co-occurrence of both illnesses frequently leads to heightened symptom severity, reduced treatment efficacy, and a higher risk of suicide.

Conclusions: The complex relationship between alcohol use disorder (AUD) and depression underscores the need for a comprehensive and integrated therapy strategy. The effective management of this comorbidity necessitates the implementation of multidisciplinary collaboration, patient education, and early intervention.

Disclosure of Interest: None Declared

EPV0372

Post-psychotic depression: what are its characteristics?

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Introduction: Depression in psychosis has been more or less neglected as a field of study, due to its vague nosographic framework. Some studies have nevertheless focused on certain features of depression in psychosis, such as post-psychotic depression. This is a frequent phenomenon with a nosographic and etiopathogenic complexity that can lead to confusion.

Objectives: To study the characteristics of post-psychotic depression and compare results with those in the literature.

Methods: It is a prospective, descriptive, case series study conducted at the Ar-Razi psychiatric hospital in Salé. Inclusion criteria were patients diagnosed with a brief psychotic disorder, schizophreniform disorder or schizophrenia, in remission, who met the criteria for a DSM 5 characterized depressive episode. Data are collected during the psychiatric interview with the patient, using a questionnaire.

Results: Ongoing

Conclusions: Ongoing

Disclosure of Interest: None Declared

EPV0374

The peak of the ‘Blue Monday’ depression and winter blues.

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Introduction: For many people, January is the most depressing month of the year. “Blue Monday” encompasses the generally

accepted belief that Monday is the hardest day of the week compared to Friday and Saturday, which are the most anticipated days of the week. The connection between the color blue and Monday is in the emotional stage, which is presented as emotional anger. The third Monday in January is currently known as the most depressing day of the year. Speaker Cliff Arnall was the first to declare that day in 2014. The theory says that this is the time of the year when respiratory diseases are common, the day is shorter, the weather conditions are worse, and the time when people are burdened with guilt about whether they will achieve their New Year’s resolutions.

Objectives: The aim of this work was to investigate that on third Monday in January there were more suicide attempts and that there were more depressive disorders in emergency psychiatric admissions.

Methods: In the research, we included participants who were examined at the Emergency Psychiatric Admission of the Clinical Hospital Center in Split, in the period from 2019. until 2023. Inclusion criteria were respondents of both sexes, examined in the outpatient clinic on Mondays in January for five years.

Results: There were 198 of them in total. The primary outcome of the research is to determine the occurrence (incidence) of psychological deterioration in patients diagnosed with the anxiety-depressive spectrum. The secondary research outcomes are of a descriptive nature, patient follow-up, examination outcome, and psychiatric heredity.

Conclusions: For now, there are no strong scientific foundations that justify the formula of “the most depressing day” of the year, some scientists believe that it is a marketing trick to achieve higher tourist revenues. However, the post-holiday period can have an impact on individuals.

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EPV0376

“It was all yellow” first patient with resistant depression treated with esketamina

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Introduction: Esketamine, an active Ketamine isomeric form that indirectly inhibits the GABAergic neuronal pathways, has been recently approved to treated severe, resistant depressive disorders. Here, we present the case of a 64 years old woman diagnosed with severe, resistant depression and an initial score of 28 points in the Hamilton Depression Rating Scale who was treated with Esketamine with excellent response and a HDRS of 8 points after 4 months.

Objectives: To expose our experience with the first patient treated with Esketamine in our Hospital.

Methods: Describing the patient’s patobiography and the different treatments lines tried in first place and exposing the experience among Ketamine treatment and the final results.