EPV0405

Depressive episode as initial symptoms of Perry syndrome

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Introduction: Perry syndrome is a rare neurological disorder, characterized by atypical parkinsonian symptoms, sleep disturbances, central hypoventilation, weight loss, and psychiatric symptoms, especially apathy or depression. This syndrome is due to a TDP-43 proteinopathy as a result of a mutation in the DCTN-1 gene.
Objectives: To present the case of a patient with a mutation in the DCTN1 gene, related to Perry syndrome, who debuted with several depressive episodes, with apathy and weight loss.
Methods: A non-systematic literature review was conducted on PubMed database on depressive episodes related to Perry´s syndrome. The clinical case report was prepared through the review of the clinical record of the patient.
Results: The authors present the case of a 49-year-old man, who contacted psychiatry for the first time 10 years earlier due to depressive symptoms, suffering multiple episodes. These episodes consisted of hypothymic mood, apathy, anhedonia and marked irritability, together with suicidal ideation, leading to several drug overdoses. He also presented disruptive behaviors, such as abusive drinking and aggressiveness. These episodes responded to antidepressants at medium doses, although maintaining several relapses. Given this, it was decided to introduce valproic acid as a mood stabilizer, with good tolerance.
In parallel, the patient's mother, who had also suffered from depressive episodes, began with dementia symptoms, after which it was decided to request a genetic study. In this context, a mutation, similar in both patients, was observed in the DCTN1 gene, related to Perry syndrome.
In the case of the patient presented, no other associated alterations were found, neither in the neurological examination or in the rest of the tests performed (polysomnography without notable alterations, functional imaging tests without pathological findings).
Conclusions: Neurological diseases as Perry syndrome can show depressive symptoms and other behavioral changes at the beginning, developing the rest of the symptoms (parkinsonism, weight loss or central hypoventilation) several years after the onset of the symptoms. It must be taken into account in patients with a family history of mutations or atypical depressive symptoms. It should also be assessed in terms of genetic counseling.

Disclosure of Interest: None Declared

EPV0406

Relationship between dementia and depression: a case series

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Introduction: Four cases are presented who debut with depressive episodes and after close follow-up, are diagnosed and treated for Alzheimer's disease
Objectives: The aim of this case series is to give a brief review of the depressive prodrome of dementia.
Methods: Four women, aged 67-77 years, treated on an outpatient basis, consulted for depressive symptoms. In addition to affective symptoms such as apathy, lack of interest, sadness, increased emotional lability and anhedonia, all three reported cognitive impairment. In their follow-up after two years, they became progressively more dependent on their partners, with more memory lapses, forgetfulness and progressive loss of higher cognitive functions. With the progression of cognitive impairment, anxious symptoms have become increasingly present.
Results: The mean age of the patients is 70 years. Two of them had an insidious onset of depressive symptoms, while the other two had a psychotic onset of depression. None of the patients had no previous history of depression. All four were started on antidepressant treatment with little response. Following the diagnosis of cognitive impairment, treatment was started with rivastigmine, with an adequate response.
Conclusions: Dementia and depression are very common in the elderly. It appears that up to 40% of patients with dementia have depressive symptoms. It appears that depression in old age may actually be a prodromal symptom of dementia.

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EPV0407

Barriers to deprescribing anti-depressants in a primary care setting; an observational study - Are SSRI drugs of dependence and should these be re classified as schedule 3 drugs

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Introduction: There has been an exponential rise in SSRI prescribing, between 2021 and 2022 there was a 5% increase. The majority of SSRI prescription initiation takes place in primary care. This is a national trend and mirrored internationally.
Objectives: The study was undertaken to understand barriers to deprescribing both prescribing clinicians and patients and the potential of dependence caused by continued prescribing of SSRI and SNRI. We wanted to understand deprescribing challenges and both clinical anxiety and difficulty experienced and see if there is a correlation with the Drug use screening tool (DUST) tool.
Methods: Those patients who were stable on SSRI were offered lowering of dose and deprescribing as part of routine medication reviews. During medication reviews patients were asked about willingness to embark on a deprescribing schedule. Patients were screened during medication reviews on the DUST to see if this can