

Furthermore, in both waves, AD individuals reported having more debts on cars and other vehicles, debt on credit/store cards, loans, debts to relatives or friends, overdue bills, and other types of debts than controls. In wave 8, the odds of experiencing difficulties in managing money, making ends meet, and having debts were 3.61, 1.45, and 1.73 times higher, respectively, in AD individuals than in controls. A diagnosis of AD increased the likelihood of future (i.e., during wave 9) financial difficulties: 2.67, 1.38 and 1.68 times for managing money, making ends meet, and having debt, respectively.

Conclusions: Individuals with AD are more prone to experiencing impairments with both current and future financial performance and might face financial difficulties. The present study emphasizes the importance of recognizing financial difficulties in individuals with AD and offering financial assistance when necessary, especially since financial difficulties might exacerbate affective symptoms.

Disclosure of Interest: None Declared

EPP129

Clinical improvement of moderate depression with a combination of rhodiola and saffron in a non-student population: a double-blind, placebo-controlled study

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Introduction: A number of medicinal plants have produced noticeable results in depression treatment including *Rhodiola rosea* and *Crocus Sativus* (saffron).

Objectives: To evaluate the efficacy and safety of a combination of rhodiola and saffron in patients with moderate depression.

Methods: Adults with moderate depression (International Classification of Diseases [ICD-10]) of moderate intensity (Hamilton Depression Score [HAM-D] ≥ 17 and ≤ 23) were recruited (n=126; 64 students, 62 non students). Patients took 2 tablets of the supplement (i.e. 308 mg rhodiola and 30 mg saffron) or a placebo daily for 6 weeks. Main criterion was the evolution of HAM-D score between Day (D) 0 and D42. Other criteria were evolution of HAM-D, Hospital Anxiety and Depression Scale (HADS)-anxiety and HADS-depression, Patient's Global Impression of Change (PGIC), Clinical Global Impression of severity and improvement (CGI-S and -I) at D0, D21 and D42, tolerability and compliance.

Results: A significant 10-point decrease in HAM-D score was observed only in the supplemented non-student population between D0 and D21 (from 18.9 ± 1.7 to 8.6 ± 3.4 in Supplement group versus 18.5 ± 1.8 to 11.2 ± 4.2 in Placebo group, $p=0.005$). At D42, a 12-point decrease was observed in the Supplement group; the difference between the two groups being marginally significant (from 18.9 ± 1.7 to 7.1 ± 5.0 in Supplement group versus from 18.5 ± 1.8 to 8.8 ± 4.2 in Placebo group, $p=0.087$). The percentage of patients with a HAM-D score reduction $>75\%$ was higher in the Supplement group ($p<0.05$). The HAM-D score decrease was particularly marked in patients with HADS-anxiety ≥ 11 at D21. The distribution of patients by severity HAM-D classes (no, mild, moderate depression) was significantly different between the two

groups ($p<0.05$ at D21 and D42), with a greater number of patients with no or mild symptoms in the Supplement group. The remission rate (HAM-D ≤ 7) was higher in this group ($p<0.05$ at D21 and D42). These results by classes were also found with HADS-depression scale. Results for CGI-S and CGI-I were in favor of the Supplement group ($p<0.05$ at D21). These results were not observed in students. Compliance and tolerability were good.

Conclusions: As expected, the rhodiola plus saffron combination improved psychological well-being of non-student patients with moderate depression. The poor results observed in students suggest that health professionals should ascertain the real depressive state of students confronted with stressful and/or anxiety-provoking situations linked to exams, professional future or precarity. When prescribing, clinicians should not only rely on quantitative scales, but above all on their clinical feelings.

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EPP130

Assessment of clinical course among patients with major depressive disorder treated with sertraline: a retrospective observational real-world study

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Introduction: Major depressive disorder (MDD) is a chronic condition with recurrence rates ranging between 50-90%. MDD is also one of the leading causes of functional impairment (Moriarty AS *et al. Br J Gen Pract.* 2020 Jan 30;70(691):54-55). Therefore, clinical practice guidelines (CPGs) recommend continuing antidepressant treatment of MDD (6-24 months) beyond achieving clinical remission to prevent relapse. Sertraline, a selective serotonin reuptake inhibitor, is recommended as a first line agent by most CPGs in the management of MDD (Lam RW *et al. Can J Psychiatry.* 2024 Sep;69 (9):641-687, NICE guideline Jun 2022).

Objectives: To evaluate the effectiveness of sertraline in the long-term management of MDD in a real-world clinical practice setting.

Methods: A retrospective, observational study of real-world data assessed the clinical course in patients with MDD with or without comorbid anxiety disorders (N=713, female=526), who were prescribed sertraline. Data from >25 mental health centers in the USA from Holmusk's NeuroBlu database were used to estimate the effectiveness of sertraline in patients with moderate to severe MDD (CGI-S ≥ 4 , n=556, female=414). Changes in CGI-S from baseline to months 2, 3, 6, 9 and 12 following sertraline initiation were analyzed. One point or more reduction in CGI-S was regarded