

Objectives: Comparative study of the efficacy and safety of therapy for atypical depression (AtD) in the structure of bipolar affective disorder (BAD), recurrent depressive disorder (RDR) and psychogenic depression (PD).

Methods: Clinical and clinical follow-up methods examined 77 patients with AtD, of which 35 - with bipolar disorder, 18 - with RDR and 24 - with PD. Patients in all three groups received monotherapy with an antidepressant or a mood stabilizer, or a combination of antidepressant and antipsychotic, antidepressant and mood stabilizer, mood stabilizer and antipsychotic, as well as a combination of antidepressant, antipsychotic and mood stabilizer.

Results: Agomelatine was the most frequently used (27.3%) and effective in reducing MADRS in all groups both in monotherapy and in combination with other drugs. Also in the PD group, escitalopram and vortioxetine were highly effective. Of the antipsychotics, when combined with antidepressants, sulpiride was found to be the most effective. When comparing the tolerance of antidepressants in all groups showed the best results (by the CGI scale), agomelatine and venlafaxine, in the BAR group is also vortioxetine.

Conclusions: The best strategy for effective and safe treatment of atypical depression is the use of modern antidepressant, which does not increase the symptoms of the atypical spectrum and, if necessary, can be supplemented with some antipsychotics.

Disclosure: No significant relationships.

Keywords: recurrent depressive disorder; psychogenic depression; Bipolar Affective Disorder; atypical depression

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The Role of Vagus Nerve Stimulation in Depression: What We Know?

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Introduction: Depression is a leading cause of disability affecting over 300 million individuals worldwide. About 1/3 of patients with depression fail to achieve remission despite treatment with multiple antidepressants and are considered to have treatment-resistant depression (TRD). In view of such facts, vagus nerve stimulation (VNS) therapy was approved as an adjunctive long-term treatment for TRD.

Objectives: The authors elaborate a narrative literature review about the effectiveness of VNS in treatment for TRD.

Methods: PubMed database searched using the terms "treatment-resistant depression", "vagus nerve stimulation"

Results: The pathophysiology of depression is complex and includes social environmental stress factors, genetic and biological processes, inflammation, and disturbances in monoamine neurotransmission. The overdrive of the HPA axis is most consistently seen in subjects with more severe depression, when the cortisol feedback inhibitory mechanisms are impaired, contributing to cytokine oversecretion. It has been shown that chronic exposure to elevated inflammatory cytokines can lead to depression. The vagus nerve represents the main component of the parasympathetic nervous system, which oversees a vast array of crucial bodily

functions, including control of mood and immune response. VNS therapy has a demonstrated anti-inflammatory effect which might be a significant reason for its efficacy in patients who did not respond to antidepressants. Treatments that target the vagus nerve increase the vagal tone and inhibit cytokine production and the stimulation of vagal afferent fibers in the gut influences monoaminergic brain systems.

Conclusions: The mechanisms by which VNS may benefit patients nonresponsive to conventional antidepressants is unclear, with further research need to clarify this.

Disclosure: No significant relationships.

Keywords: Depression; Treatment-resistant depression; vagus nerve stimulation

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Postpartum Depression, Catatonia and Covid-19 Infection: One Case, Different Clinical Presentations

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Introduction: Post-partum depression may occur in the first year after childbirth in approximately 25% of women, at times presenting with psychotic symptoms and catatonic states. Catatonia is a psychomotor syndrome that occurs in association with various neuropsychiatric disorders and can be described according to the characteristics of its manifestation in types such as retarded or agitated.

Objectives: We report the case of a patient with postpartum depression and catatonic syndrome who, after a session of electroconvulsive therapy, was infected with Sars-COV-2, suspended treatment, and had her condition aggravated with distinct clinical manifestations.

Methods: Clinical case report and non-systematic review of articles consulted in the PubMed platform.

Results: A 24-year-old patient develops depressive symptoms and obsessive behaviour 6 months after delivery and deteriorates with mutism, stupor and motor immobility. She was hospitalised and medicated with lorazepam, with no improvement. One session of electroconvulsive therapy was carried out with improvement of the symptoms. Due to an inpatient Covid-19 outbreak, in which the patient was infected, treatment was suspended. During isolation, deterioration of the patient's condition was observed with psychomotor agitation, bizarre behaviour, and perseverative speech. The patient resumed treatment with ECT, with total remission of the catatonic syndrome and improvement of the affective symptoms.

Conclusions: Catatonic syndromes are relatively rare, but its association with post-partum depression is not so uncommon. The occurrence of different presentations of catatonia, although described as possible in the same episode in the literature, were not found in any clinical studies reviewed, which leads us to conclude that it is an uncommon situation.

Disclosure: No significant relationships.

Keywords: postpartum depression; Covid-19; Catatonia