

form, except for the studies that utilised intranasal esketamine. Four patients were reported to exhibit clear signs of tolerance to the antidepressant effects of ketamine or dependence on the drug, while the majority did not. Additionally, papers discussing addiction phenomena in studies that did not meet the inclusion criteria are also reviewed.

Conclusions: Despite the heterogeneity in study designs and outcome assessment methods, the review underscores the relative safety of ketamine treatment for adult patients with depression, emphasising the importance of medically supervised administration, vigilant monitoring and judicious dosing. Future long-term studies employing quantitative scales to assess dependence phenomena could contribute to strengthen the evidence for a safe and effective use of ketamine in the treatment of depression.

Disclosure of Interest: None Declared

EPP127

Heterogeneity in depression treatment trajectories and associated social factors: a longitudinal cohort study in older adults in Denmark

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Introduction: While depression trajectories have been extensively studied in recent decades, research has predominantly focused on younger and middle-aged individuals, often overlooking vulnerable older patients. Classifying patients based on treatment trajectories may enhance personalized care efforts and long-term treatment management for older adults.

Objectives: This study investigates the varying patterns of depression treatment trajectories and examines the influence of social factors on these trajectories in older adults initiating first-time depression treatment over a three-year period.

Methods: We conducted a nationwide cohort study using Danish registers, including all adults aged 65 and older who filled their first-time antidepressant prescriptions between 2006 and 2015 (with no prescriptions in the previous decade). Depression treatment patterns were assessed through antidepressant prescription redemptions and psychiatric hospital contacts for depression. Latent class growth modeling identified distinct treatment trajectories over the three years, while multinomial logistic regression analyzed the association between social factors and trajectory group membership.

Results: Among the 66,540 older adults included in the study (55.2% female, mean age: 77.3 years), three unique depression treatment trajectories emerged: 'brief treatment' (33.7%), where treatment ended within six months; 'gradual withdrawal' (26.5%), where treatment tapered off over two years; and 'persistent treatment' (39.8%), where treatment continued throughout the three years. Association analyses showed that female sex, living alone, and residing in less-urbanized regions were

associated with higher odds of membership in the persistent treatment group. In contrast, older individuals, those who were widowed or separated, and individuals of non-Danish ethnicity were associated with lower odds of membership in the persistent treatment group.

Conclusions: This study identifies three distinct depression treatment trajectories in older adults. Social factors such as sex, household composition, place of residence, and ethnicity were associated with treatment duration and trajectories. Tailored interventions based on patient characteristics may enhance depression care for older adults, ensuring more personalized and effective treatment strategies.

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EPP128

Financial performance of people with affective disorders: A prospective, European-wide study

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Introduction: Financial capability, which encompasses both financial competence and financial performance, is a key requirement for an autonomous and independent life. However, individuals with psychiatric disorders often report difficulties with financial capability and financial stress.

Objectives: The current study aims to disclose the impact of affective disorders (AD) on financial performance using prospective data from wave 8 and wave 9 of the Survey of Health, Retirement and Ageing in Europe (SHARE).

Methods: The SHARE project includes individuals born on or before 1971 or households with at least one member meeting this age criterion. During each wave, participants reported whether they received one of 17 diagnoses, including "affective or emotional disorders, including anxiety, nervous or psychiatric problems". Furthermore, monthly household net income and whether participants experienced difficulties in managing money, challenges in making ends meet, and their debt situation were recorded. The differences between the AD and a control group (i.e., participants without affective or neurological conditions) on monthly household net income and the three financial performances were examined for both waves. Logistic regression analyses were performed to analyze whether an AD diagnosis predicted financial performances in wave 8 and wave 9.

Results: 2,645 individuals reported an AD diagnosis in wave 8, and 47,068 were classified as controls. In wave 9, 3,574 individuals indicated having an AD diagnosis and 60,902 were classified as controls. In both waves, individuals with AD received a lower monthly household net income and reported more difficulties across all three financial performances relative to controls.

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.

Disclosure of Interest: None Declared

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