

were positively correlated with hypomanic features. Cyclothymic ($\beta = 0.255, p < 0.001$) and anxious temperament ($\beta = 0.173, p = 0.004$) were positively correlated with hypersensitivity to interpersonal rejection. Depressive temperament ($\beta = 0.184, p = 0.004$) was positively associated with the severity of suicidality.

Conclusions: Among patients with MDD, variations in psychiatric states and traits were observed based on the dominant affective temperaments. This suggests a correlation between affective temperaments and diverse psychopathological manifestations. Consequently, there appears to be a need for further research to elucidate the therapeutic implications associated with affective temperaments.

Disclosure of Interest: None Declared

EPP661

Esketamine in Treatment Resistant Depression: Acute Effects on Dissociation and Therapeutic Effects at the End of the Induction Period

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Introduction: Esketamine has been linked to dissociation, which was claimed to predict or not to predict antidepressant response. Speculations regarding predictivity were based on results obtained with the CADSS, a scale investigating dissociative symptoms, with higher scores indicating more symptoms.

Objectives: To investigate the effect of intranasal esketamine on dissociation and its subsequent influence on clinical response, we administered the CADSS 40 minutes after inhalation at the first esketamine administration and 40 minutes after the ninth inhalation and measured clinical response through the Clinical Global Impressions-Severity (CGI-S), the Young Mania Rating Scale (YMRS), the Montgomery-Åsberg Depression Rating Scale (MADRS), and the 24-item Brief Psychiatric Rating Scale (BPRS).

Methods: We included 61 adults (33 women and 28 men; age, mean, 52.69±11.80, range 20-73 years) with Thase & Rush (J Clin Psychiatry 1997;58 [Suppl 13]:23-29) treatment-resistant depression. All patients received intranasal esketamine spray and were assessed at the first and ninth administrations (one month after the first administration, i.e., the end of the induction period and the beginning of maintenance), at the day of the spray after 40 min with the CADSS and 1 month later with the CGI-S, the BPRS, the MADRS, and the YMRS.

Results: CADSS scores dropped from 6.59±7.42 40 min after the first administration to 3.12±4.41 40 minutes 1 month later (dropped by 3.48 points, 47.27% of baseline); $t=3.15$; $p=0.0021$. CGI-S scores dropped from 5.12±0.61 at baseline to 3.95±0.76 1 month later ($t=9.32$; $p<0.00001$). BPRS scores dropped from 51.85±11.55 at baseline to 41.21±10.64 after 1 month ($t=5.29$; $p<0.00001$). MADRS scores dropped from 34.29±7.89 at baseline to 22.61±9.07 after 1 month ($t=7.59$; $p<0.00001$). Responders ($\geq 50\%$ drop of MADRS from baseline) were 12 patients (19.67%), while remitters (MADRS score ≤ 10) were 2 (3.28%). YMRS scores moved from 2.18±2.59 at baseline to 1.72±2.37 1 month later ($t=1.02$; $p=0.309$, n.s.), always in the normal range. Blood pressure 40 minutes after spray at the first administration

was unchanged in 35 patients, increased in 16 (maximum by 20 mmHg), and decreased in 10 (maximum drop 20 mmHg). Contrary to previous claims, CADSS scores did not correlate at any time with scores on clinical scales or therapeutic response (Pearson's r from 0.232 with $p=0.072$ to 0.013 with $p=0.918$). As for side effects, 15 patients reported dissociation, 15 sedation, 8 vertigo, 8 dizziness, 6 confusion, 5 headache, 4 nausea/vomiting, and 0 hypertension.

Conclusions: Patients in our sample scored very low on the CADSS. At the end of the induction period, esketamine was associated with significant decreases in the severity of psychopathology.

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EPP662

Descriptive study on esketamine and ketamine treatment in real-world patients with a diagnosis of resistant depression

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Introduction: Depressive disorder is one of the health problems that carries the greatest burden of morbidity, with high prevalence and impact on people's quality of life. It also affects the family environment and contributes to the social and economic burden on health systems (World Health Organization, depression, 2023). Currently, the treatment of depression has limitations and there is a high frequency of patients who do not respond despite multiple trials of antidepressants. Up to two-thirds of patients diagnosed with depression do not achieve remission despite treatment, and 30% of patients are considered treatment-resistant, defined as a minimum of two failures to previous treatments, in adequate doses and duration (Gaynes et al., 2019). Recent innovations in the management provide promising opportunities to improve the symptomatology of these patients. New drugs such as ketamine and esketamine, which have glutamatergic neuromodulatory properties, are used under supervision for the treatment of patients with treatment-resistant depression (Vasiliu, 2023).

Objectives: The aim is to describe a sample of real-world patients with a diagnosis of resistant depression referred to esketamine/ketamine treatment. The individuals were being followed by psychiatrists of a public hospital in the city of Barcelona and were selected to start treatment indicated by the refractoriness and severity of the episode.

Methods: We used a database that collected multiple sociodemographic, clinical and treatment variables of 32 patients with refractory depression who were referred to treatment with esketamine/ketamine. SPSS software was used for data processing. All the patients in the group were followed up by psychiatry in a public hospital in the city of Barcelona during the period from July 2015 to September 2024.

Results: Of the 32 patients evaluated, 11 were male (34.4%) and 21 were female (65.6%). The mean age at the time of receiving ketamine/ketamine treatment was 53 years with a standard deviation of 10.7. Nearly 60% had a comorbid psychiatric diagnosis. Twenty-eight percent had undergone electroconvulsive therapy. The mean

number of previous episodes was 3.72 with a median of 2.5. Regarding the response to treatment we found that it was partial in 15 patients (46.9%) and complete remission could be obtained in 7 patients (21.9%), with no response to treatment in 10 of them (31.2%). In 5 patients the response was considered a late response.

Conclusions: In most of the patients a partial improvement was assessed as evidenced by a reduction in the Montgomery-Asberg Depression Rating Scale (MADRS). Few cases obtained a complete remission with treatment.

As limitations to the results, we can refer to the small sample size. However, we consider that the severity and chronicity of the episodes make the description of the response in a real world group seem of interest for future studies.

Disclosure of Interest: None Declared

Mental Health Care

EPP663

Accident-Related Stress in the Elderly: A Review of Current Trends and Implications for Mental Health

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Introduction: Accidents, whether minor or severe, can have significant psychological impacts, especially in elderly populations. Stress related to accidents often exacerbates pre-existing conditions or leads to new mental health challenges such as anxiety, depression, or post-traumatic stress disorder (PTSD). The psychological impact of accidents on elderly individuals is often compounded by physical frailty, social isolation, and diminished coping mechanisms. Following an accident, elderly individuals may face prolonged recovery periods, limited mobility, and a reduced sense of independence, all of which can heighten stress levels. Additionally, the fear of future accidents may lead to avoidance behaviors, further isolating them from social interactions and routine activities, thus exacerbating anxiety and depression. Pre-existing mental health conditions, such as mild cognitive impairment or chronic illness, can worsen under accident-related stress.

Objectives: This study aims to explore recent trends in understanding and addressing accident-related stress in elderly individuals, focusing on the psychological, social, and physiological factors contributing to their vulnerability. The primary objective of this study is to examine the psychological, social, and physiological factors that increase the vulnerability of elderly individuals to accident-related stress.

Methods: A mixed-methods approach was used, combining a systematic review of literature from 2015 to 2024 and interviews with mental health professionals. The sample consisted of 30 peer-reviewed studies and 25 elderly individuals aged 65 and above who had experienced accidents within the last year. Studies were selected based on relevance to accident-related stress in the elderly, with an emphasis on post-accident psychological outcomes and interventions.

Results: Results indicated that the elderly are more susceptible to prolonged stress responses following accidents due to physical fragility, social isolation, and reduced coping mechanisms. The review also highlighted an underutilization of mental health services in this demographic, despite the availability of stress-reduction programs. Furthermore, findings showed that older adults who participated in targeted mental health interventions, such as cognitive-behavioral therapy and peer support groups, experienced better outcomes in managing stress compared to those who did not.

Conclusions: In conclusion, accident-related stress in the elderly presents unique challenges that require specialized attention. Healthcare providers should prioritize early identification and tailored interventions to mitigate the long-term psychological effects of accidents in this vulnerable population.

Disclosure of Interest: None Declared

EPP665

Mental Health Protection Programme BOJE (Colours) for LGBTQIA+ people in Croatia – Empowering Resilience

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Introduction: The phenomenon of minority stress frequently emerges as a contributing factor to mental health discrepancies among sexual and gender minority people, manifesting in elevated rates of mental distress, anxiety, depression, suicidality and substance misuse (Plöderl et al. Int. Rev. Psychiatry 2015; 27 367-385, Russell et al. Annu Rev Clin Psychol. 2016; 12 465-487). Building on insights from previous research, the Mental Health Protection Programme BOJE (Colours) was launched to offer comprehensive support tailored to the needs of LGBTQIA+ individuals within the Croatian public mental healthcare system.

Objectives: The presentation of the BOJE - Mental Health Protection Programme that aims to address minority stress to offer specialized support tailored to the unique needs of LGBTQIA+ individuals, fostering resilience and well-being.

Methods: In October 2023, a multidisciplinary team at the University Psychiatric Hospital Sveti Ivan in Zagreb, Croatia, formed a Mental Health Protection Programme BOJE which consists of a counseling center, an outpatient clinic and a three-month therapeutic and educational cycle for LGBTQIA+ users. Additionally, a platform was provided for training healthcare professionals in LGBTQIA+ affirmative practice. The goal is to offer support, create an inclusive, safe environment and raise awareness of LGBTQIA+ mental health needs.

Results: To date, 50 participants have been supported, with 50% identifying as TGD. We had approximately 574 procedures (counselings, psychiatrist consultations and reviews and psychotherapies) and two cycles of closed-group workshops have been completed with a low dropout rate, and most participants rated the program as useful or very useful for their mental well-being.

Conclusions: Despite the recognition of the mental health disparities between sexual and gender minority people and the general population there is still limited availability of gender-affirming