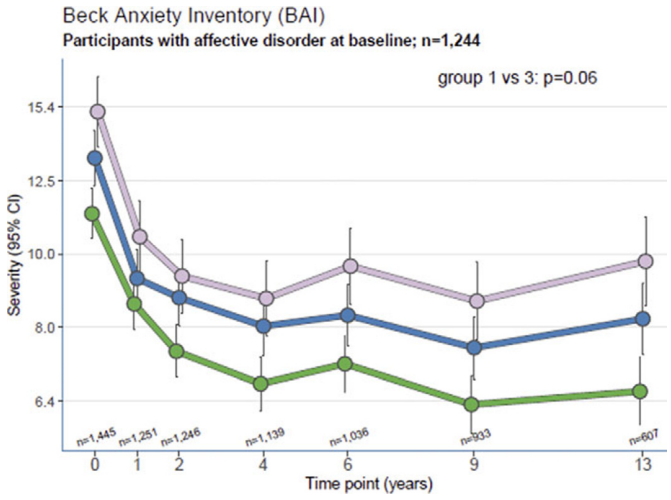
Image 2:



Conclusions: In this cohort, individuals with comorbid migraine showed consistently higher severity of depressive and anxiety symptoms than non-headache individuals over 13 years. Recovery time from an affective disorder was similar for migraine and non-headache individuals.

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EPV0683

Pharmacological management of late-onset major depression – Evidence-based approaches from the first episode to treatment-resistant cases

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Introduction: Depression in older adults may present itself as a recurring disorder originating from earlier life, as a new onset depression (late-onset depression, LOD), or as a depression due to organic diseases (e.g., vascular depression). An estimated 30% of all cases of depression in older adults are represented by LOD. Low tolerability due to the changes of the pharmacodynamic and pharmacokinetic profile (e.g., lower volume of distribution, reduction of renal clearence, longer half-time, different receptoral sensitivity and density), as well as low efficacy of antidepressants and high risk of completed suicide, have been reported in this population.

Objectives: To explore the current state of evidence for the pharmacological treatment of LOD through a narrative literature review.

Methods: This review included three databases (Web of Science/Clarivate, PubMed, and Cochrane), explored from their inception to June 2024, for papers published in English using the keywords "late-onset depression," "geriatric depression," "old age depression," and "antidepressants" or "treatment."

Results: Based on the results of 27 selected primary and secondary reports, selective serotonin reuptake inhibitors (SSRIs), especially escitalopram and sertraline, are considered the first line of treatment for LOD, with >50% rate of responsiveness being reported. SSRIs are followed by serotonin-norepinephrine reuptake inhibitors (SNRIs), and other new-generation antidepressants, mainly mirtazapine, vortioxetine, and bupropion. The therapeutic guidelines recommend the correct treatment of comorbid neurocognitive disorders; however, the available evidence shows that antidepressants have very limited efficacy in the presence of dementia. The number needed to treat (NNT) for LOD was between 6.7 and 14.4 (Alexopoulos *Transl Psychiatry* 2019;188 9). For treatment-refractory LOD (TRLOD), augmentation with lithium, aripiprazole, memantine, or methylphenidate, as well as switching to phenelzine, nortriptyline, desipramine, or a combination of antidepressants, such as bupropion and nortriptyline have been suggested as potential solutions, but the evidence to support such recommendations has low quality. Regarding the tolerability of antidepressants in this specific population, electrolyte imbalance, worsening of cognitive dysfunction, increased coagulation time, and falls should be considered.

Conclusions: SSRIs are the first-line pharmacological approach in LOD, with SNRIs and other new-generation antidepressants as the second-line. The pharmacological recommendations for TRLOD are based on low-quality data. Due to the tolerability and safety-specific aspects, special care should be given when monitoring these patients during the pharmacological treatment.

Disclosure of Interest: None Declared

EPV0685

Improvements in Functioning with Esketamine Nasal Spray versus Quetiapine Extended Release in Patients with Treatment Resistant Depression

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Introduction: In the ESCAPE-TRD study, esketamine nasal spray (ESK-NS) significantly increased chance of remission at Week 8 versus (vs) quetiapine extended release (Q-XR) in patients (pts) with treatment resistant depression (TRD; Reif *et al.* NEJM 2023; 389:1298–309). Changes in disability and functional impairment due to depressive symptoms assessed with the Sheehan Disability Scale (SDS) are reported.
Objectives: To assess the effect of ESK-NS vs Q-XR on pts' daily functioning using SDS, considering their symptom evolution.
Methods: ESCAPE-TRD was a randomised phase IIIb trial comparing the efficacy of ESK-NS vs Q-XR, both alongside an ongoing selective serotonin/serotonin-norepinephrine reuptake inhibitor, in pts with TRD. Clinical response (CRes) was defined as ≥50% improvement in Montgomery-Åsberg Depression Rating Scale (MADRS) score from baseline or total score ≤10, clinical remission (CRem) was defined as total MADRS score of ≤10, and functional remission (FRem) was defined as SDS total score ≤6. The Kaplan-Meier method was used for time to event analyses, and hazard ratios (HRs) were estimated using Cox regression models. Time in each state was estimated by treatment arm and compared between arms using analysis of covariance.
Results: 336 and 340 pts were randomised to ESK-NS and Q-XR, respectively. Significantly more ESK-NS treated pts achieved CRes, CRem and FRem (HRs: 1.848, 1.711 and 1.819, respectively; all p<0.001), and achieved these faster, compared to Q-XR (**Figure 1**). In each arm and at each time point, more pts reached CRes than CRem, and more reached CRem than FRem, illustrating that FRem is more difficult to achieve (**Figure 1**). Total time in CRes was 5.4 weeks greater for ESK-NS compared with Q-XR; total time in CRem was 3.7 weeks greater and in FRem 2.0 weeks greater for ESK-NS vs Q-XR, respectively (**Table 1**).

Image 1:

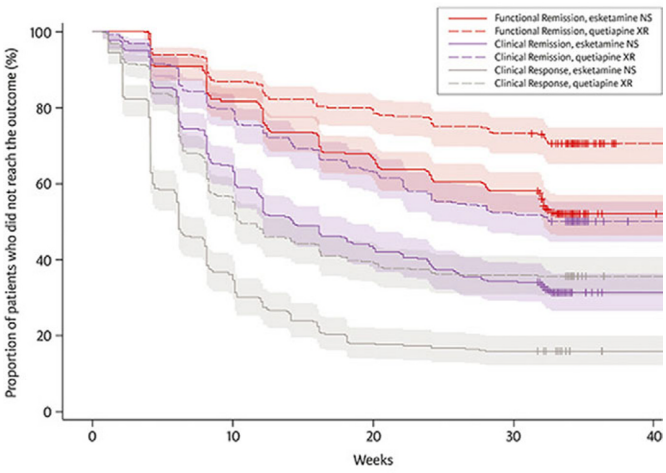
Table 1. Difference in cumulative time in health states between treatment arms (weeks)

Outcome	Esketamine nasal spray + SSRI/SNRI LS-means N=336 (SE) [95% CI]	Quetiapine extended release + SSRI/SNRI LS-means N=340 (SE) [95% CI]	Difference Estimate (SE) [95% CI], p value	% increase
Clinical response	17.0 (1.0) [15.0, 19.0]	11.6 (1.0) [9.6, 13.7]	5.4 (0.8) [3.7, 7.1], p<0.0001	+46.4
Clinical remission	10.5 (0.9) [8.7, 12.3]	6.8 (0.9) [5.0, 8.6]	3.7 (0.8) [2.2, 5.2], p<0.0001	+55.0
Functional remission	6.7 (0.8) [5.1, 8.2]	4.7 (0.8) [3.1, 6.2]	2.0 (0.7) [0.7, 3.3], p=0.0023	+43.2

Full analysis set. CI: confidence interval; LS: least squares; SE: standard error; SNRI: serotonin-norepinephrine reuptake inhibitor; SSRI: selective serotonin reuptake inhibitor.

Image 2:

Figure 1. Time to clinical response, clinical remission and functional remission



Full analysis set: includes all randomised patients. NS: nasal spray; XR: extended release.

Conclusions: These data support a temporal cascade of events from CRes to CRem to FRem; ESK-NS improved time to, and in, each outcome vs Q-XR. Treatments that reduce clinical symptoms better and faster provide the best chance of improving functional impairment.

Disclosure of Interest: None Declared

EPV0686

Social support and financial status are associated with depression symptoms among healthcare workers one year after the onset of the COVID-19 pandemic in France

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Introduction: One year after COVID-19's emergence, studies show healthcare workers (HCWs) face significant depression risk linked to pandemic stressors. While the pandemic impacted social and economic factors, the link between depression and social support/financial hardship in HCWs remained unclear.
Objectives: This study leaded in France investigates depression prevalence and its association with these factors among HCWs one year after the onset of the COVID-19 pandemic.
Methods: Data collection was conducted in 2021 where participants completed an online questionnaire to assess probable major depressive disorders (MDD) using the 9-item Patient Health Questionnaire (PHQ-9).
Results: Among the 655 respondents, 21.1% had probable MDD. Using log-binomial regression, we found an association between perceived loneliness, lack of psychosocial support at work and