

Methods: We conducted a study in which we examined adropin concentrations in depressive disorder in individuals who were diagnosed with depression for the first time and compared adropin levels with healthy controls. We followed up with depressive patients after six months of introducing SSRIs (Selective Serotonin Reuptake Inhibitors) antidepressants.

Results: The adropin values after the introduction of antidepressants and improvement of depressive symptoms were significantly higher after six months compared to the initial blood draw.

Conclusions: Our study measured serum adropin levels in patients who had not previously been treated for depressive disorder. After introducing SSRIs (Selective Serotonin Reuptake Inhibitors) and six months after the initiation of therapy, we repeated the adropin measurements. The results showed a statistically significant difference between the first and second measurements. In the second measurement, adropin levels were higher than in the first. We can conclude that with the improvement of depressive symptoms, the serum adropin levels, as a neuroprotective biomarker, also increased.

Disclosure of Interest: None Declared

EPV0631

An Exploration of Gender and Age Differences in Psychosomatic Responses to Depression and Stress: An Analysis of Beck and DASS-42 Scales

W. Wójtowicz¹, A. Zielazek¹, Z. Wydrych¹, N. Wyroba¹, N. Wojdacz¹, P. Omylak¹ and K. Krysta^{1*}

¹Department of Rehabilitation Psychiatry, Medical University of Silesia, Katowice, Poland

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1337

Introduction: This research investigates gender differences in psychosomatic responses among individuals of various ages, who had been diagnosed with depressive or anxiety disorders, or were in remission. It evaluates symptoms using the Beck Depression Inventory–Second Edition (BDI) and DASS-42 scales in a cohort of 30 adults in an outpatient clinic environment.

Objectives: The aim of the study was to demonstrate the relationship between the degree of development of nicotine and the severity of symptoms related to emotions and mood with patients suffering from schizophrenia.

Methods: A total of 30 adult participants (ages 21–69) were assessed using the BDI and DASS-42 scales. The study is focused on somatic symptoms (as measured by specific DASS-42 items) and their relationship to gender, age, and the severity of depression. The severity of depression was classified into mild, moderate, and severe categories based on BDI scores.

Results: The study revealed that depression significantly affects both daily functioning and emotional responses to stress, with individuals suffering from severe depression showing psychosomatic symptoms most often, regardless of gender. The findings revealed that women diagnosed with depression reported higher rates of psychosomatic symptoms, such as dry mouth, breathing difficulties, and increased heart palpitations, compared to men. Men, on the other hand, exhibited difficulties in emotional

regulation in response to stress, which can potentially indicate a general sense of insecurity and anxiety. Younger female individuals, under the age of 40, diagnosed with depression according to the BDI, exhibited more intense psychosomatic symptoms compared to older female patients. Furthermore, within the same cohort of women under 40, the intensity of psychosomatic symptoms was significantly higher in comparison to men in the same age group.

Conclusions: The study uncovered the strong and interconnected relationship between stress and depression. Moreover, it indicated that the severity of psychosomatic symptoms associated with depression and stress is influenced by gender and age. As a result, it is crucial to adopt a comprehensive and personalized approach when treating patients, considering the severity of their conditions. The BDI and DASS-42 scales are effective in capturing these differences, highlighting their usefulness in both clinical and research contexts.

Disclosure of Interest: None Declared

EPV0634

“Electroconvulsive Therapy: A Lifeline for Depression with Psychotic Features and Cognitive Decline” A case series

M. Ligerio Argudo^{1*}, I. M. Peso Navarro¹, C. García Cerdán¹, C. Munaiz Cossío¹, C. Payo Rodríguez¹, R. K. González Bolaños¹, P. Andrés Olivera¹ and E. Domínguez Álvarez¹

¹Psychiatry, Clinical Hospital of Salamanca, Salamanca, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1338

Introduction: Depressive disorders with psychotic symptoms in elderly individuals are serious conditions whose diagnosis may be complicated by confusion with neurocognitive disorders. Electroconvulsive therapy (ECT) is an effective intervention for these patients when pharmacological treatments are either ineffective or not feasible due to medical comorbidities.

Objectives: To describe three clinical cases of women over 69 years of age with an initial diagnosis of depression with psychotic symptoms versus neurocognitive disorder.

To assess the clinical response to ECT during their hospitalization.

Methods: A retrospective observational case series was conducted. Three female patients over 69 years old, admitted with a diagnosis of major depression with psychotic symptoms and signs of cognitive impairment, and who received ECT as part of their treatment, were included. The patients' medical records were reviewed to gather information on their diagnosis, evolution, and response to treatment.

Results: Case 1: Patient A (80 years old): psychomotor slowing, delayed response latency, nihilistic delusions with major affective symptoms. She received 10 sessions of ECT, with significant improvement in psychotic, depressive, and cognitive symptoms. She was discharged for outpatient follow-up.

Case 2: Patient B (70 years old): delusions of guilt, impersonation, and persecution, with concomitant major affective symptoms. She received 11 sessions of ECT, with significant improvement in affective, psychotic, and cognitive symptoms. Upon discharge, she continued follow-up with her Mental Health team.

Case 3: Patient C (72 years old): perplexed gaze, hypomimic facies, psychomotor slowing, thought blocking, no delusional symptoms, and major affective symptoms. She received 10 sessions of ECT, with little response in the affective and cognitive spheres. Care continued in the Convalescence Unit (subacute), and she was later institutionalized in a senior residence.

ECT was effective in two of the three patients in terms of psychotic, affective, and cognitive symptom response. In the third patient, where symptoms were more indicative of a neurocognitive disorder, ECT was ineffective, requiring long-term follow-up coordinated between Psychiatry and Neurology.

Conclusions: ECT is effective in treating major depression with psychotic symptoms in elderly patients, although it may have limited response in cases of cognitive impairment. Therefore, a comprehensive approach and multidisciplinary follow-up are required to manage these cases.

Disclosure of Interest: None Declared

EPV0636

Approach to depression in Parkinson's Disease. A case report

B. Lopez Abellan^{1*}, P. Abril Bohórquez¹, N. Linero Rios¹, R. Justicia González¹ and N. Echeverría Hernández¹

¹Psiquiatría, Complejo Asistencial de Ávila, Ávila, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1339

Introduction: Parkinson's Disease is associated with depigmentation of the substantia nigra and locus coeruleus, with specific pathophysiological alterations. It is characterized by tremor at rest, bradykinesia, postural instability and rigidity. But there are also other comorbid psychiatric disorders that accompany it, such as cognitive impairment, psychotic symptoms (hallucinations and delusions), mood disorders and sleep disorders, among others.

Objectives: The main objective of this work is to review the current scientific evidence on the management of depression in Parkinson's Disease.

Methods: The case of a 75-year-old man with a neurological history and a diagnosis of depression with a poor evolution is presented. A detailed search was performed on UpToDate using the search terms "Parkinson's Disease" and "Depression".

Results: This is a 70-year-old man with a history of Parkinson's disease and comorbid depression with a poor evolution. A multitude of therapeutic options have been tried, such as SSRIs, SNRIs, antipsychotics, tricyclic antidepressants and an intensive psychotherapeutic approach. Despite what has been described, the expected improvement is not obtained and, given the difficulties in the treatment of his Parkinson's Disease, an update is necessary according to the scientific evidence collected.

According to the scientific evidence consulted, among the antidepressants most studied in Parkinson's Disease are SSRIs, SNRIs and tricyclic antidepressants. The choice of antidepressant

treatment will depend on the patient's main symptoms and the risk-benefit assessment of starting treatment. The importance of cognitive-behavioral treatment is also highlighted.

Conclusions: Depression is one of the most common psychiatric disorders seen in PD. Depressive symptoms in PD are associated with increased motor disability and decreased quality of life. It is estimated that up to 50% of patients have depressive symptoms. In conclusion, the approach to depression in Parkinson's Disease must be multidisciplinary and comprehensive, with both pharmacological and psychotherapeutic treatment.

Disclosure of Interest: None Declared

EPV0637

Music therapy and pharmacotherapy as a combination treatment: a case of periodic depression in comorbidity with subthreshold autism

H. N. Lund^{1*} and A. Drago¹

¹Unit for Depression, Aalborg University Hospital, Psychiatry, Aalborg, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1340

Introduction: This case study investigates the combined use of pharmacotherapy and music therapy in treating a 44-year-old male patient with recurrent depression and subthreshold autism traits. These traits contributed to emotional rigidity and reduced treatment outcomes, requiring an interdisciplinary approach to enhance treatment effects.

Objectives: To explore the efficacy of pharmacotherapy and music therapy in treating recurrent depression complicated by subthreshold autism traits, focusing on emotional regulation and coping strategies in a neuroatypical patient.

Methods: The patient was treated in outpatient psychiatry with citalopram (10 mg/day) and nortriptyline (100 mg/day) while attending 18 months of individual music therapy at Aalborg University Hospital. The music therapy involved listening and improvisation aiming at addressing neuroatypical emotional rigidity and sensitivity.

Results: While pharmacotherapy alleviated depressive symptoms, music therapy enabled expression and management of difficult emotions improving emotional flexibility and enhancing coping strategies. The patient was not diagnosed with Asperger's syndrome, but exhibited traits of autism that influenced the treatment response.

Conclusions: The combination of pharmacotherapy and music therapy proved beneficial for the patient, offering a non-verbal approach to emotion regulation. This case highlights the value of interdisciplinary approaches for treating depression in patients with subthreshold autism, especially in complex, treatment-resistant cases.

Disclosure of Interest: None Declared