therefore examines the effect of sports and exercise therapy in the day-care treatment of unipolar depression.

Objectives:
- treatment of depressive disorders
- implementation of sports therapy under the conditions of everyday care

Methods: Patients with a depressive disorder as their main clinical diagnosis (F32./F33.) who underwent day clinic treatment for 5-11 weeks were included. People in the intervention and control groups completed a minimum of 2.0 and a maximum of 0.5 exercise sessions per week respectively. To investigate the effect of sports and exercise therapy on aerobic performance, the intervention group completed a submaximal, bicycle ergometric step test (PWC test), whereby the heart rate was measured over the individual exercise levels in a pre-post comparison. Furthermore, the change in depression symptoms between the intervention and control group was recorded at admission and discharge from treatment using the BDI-II.

Results: Patients in the intervention group (IG) showed a significantly greater reduction in depression symptoms compared to the control group (CG) (ΔBDI-II; M = - 8, p <.01).

In the pre-post comparison of PWC, IG achieved a significant increase in performance of 7 and 12 watts respectively (p <.05; t-test). Further inferential statistical results are reported.

Conclusions: Regular physical training can lead to a significant improvement in endurance performance and an improvement in depressive symptoms.

Disclosure of Interest: None Declared

EPP400

Examining the Relationship Between Depression, Rumination, and Anxiety: Insights from the DiSCoVeR Trial

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Introduction: The DiSCoVeR trial (The DiSCoVeR Project: Examining the synergistic effects of a cognitive control videogame and a self-administered non-invasive brain stimulation on alleviating depression) is a double-blind, sham controlled, randomized controlled trial (RCT) investigating the feasibility and efficacy of an innovative, self-applied treatment approach for patients diagnosed with major depressive disorder (MDD). The multi-site trial is conducted at three clinical trial sites (Hadassah, Israel; Riga Stradiņš University, Latvia; Ludwig-Maximilian-University, Germany). During the first study visit of this trial data on different patient baseline parameters were gathered including assesment of depressive symptoms, anxiety symptoms and rumination.

Objectives: The aim of this abstract is to examine the relationship between depression, rumination and anxiety in this patient sample. Rumination, often characterized by repetitive, negative thinking, can exacerbate symptoms of anxiety and depression by maintaining and intensifying negative emotional states. This cycle creates a challenging clinical problem making it difficult to break free without targeted interventions.

Methods: This analysis includes baseline data from 106 MDD patients enrolled in the DiSCoVeR trial as of April 2024. Depression severity was assessed using the Montgomery–Åsberg Depression Rating Scale (MADRS), anxiety symptoms were measured using the Generalized Anxiety Disorder Questionnaire (GAD-7), and rumination was evaluated with the Ruminative Response Scale (RRS). Data were analyzed using the Jamovi statistical platform, applying linear regression model to explore the relationship between depression, rumination, and anxiety. All assumptions for linear regression were met prior to analysis.

Results: The mean age of the participants in this study sample ranged from 18 to 63 years old (mean age 33.4 years). 65.7% of the participants were female. Regression analysis revealed a significant positive association between anxiety (GAD-7) and rumination (RRS), suggesting that increased anxiety symptoms are associated with higher levels of rumination (p < .001). However, age and gender were not significant predictors of rumination. While depression (MADRS) was moderately associated with rumination, this effect was not statistically significant. Educational level showed a marginal effect, with university-educated individuals showing higher rumination levels compared to those with professional education.

Conclusions: In this patient sample overall, anxiety (GAD-7 score) was the strongest predictor of rumination, while other factors such as depression, age, and gender did not show significant effects. Education level might have a marginal impact, especially for individuals with university education.

Disclosure of Interest: None Declared

EPP401

Impact of history of esketamine treatment in the current depressive episode on response to iTBS

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Introduction: An increasing number of patients with treatment-resistant depression (TRD) are treated with a novel form of transcranial magnetic stimulation (TMS): the intermittent theta burst stimulation (iTBS). In this retrospective naturalistic study, we analyzed the outcome of iTBS treatment in patients with treatment-resistant depression.

Objectives: To investigate the impact of history of esketamine treatment in the current depressive episode on response to iTBS.

Methods: In this study, we included 66 hospitalized patients (57.6% female; mean age, 52.7 years) from the University Department of Psychiatry, University of Münster. Prior to iTBS treatment, 10 patients were treated with esketamine (60% female; average age, 49.8 years) and 56 were not (57% female; average age, 53.25 years). A Chi-squared test was utilized to investigate the impact of history of esketamine treatment on response to iTBS.
Results: The overall response rate was 51.5%. Prior to iTBS, 15% of the patients were treated with esketamine in the current episode. In the patient group with history of esketamine treatment (ESK+), 40% of the patients responded to iTBS. In the patients without history of esketamine treatment (ESK-) in the current episode, the response rate to iTBS was 53.6 %. However, history of esketamine treatment in the current episode had no significant impact on iTBS outcome (P = 0.505; χ2 = 0,626; df = 1). The difference in baseline disease severity between the groups was not statistically significant (CGI-S 6.3 (ESK+) vs 6.1 (ESK-), P = 0.281; F = 1.184; df = 64). The total rate of treatment dropouts was 3%.
Conclusions: History of esketamine treatment in the current episode was associated with worse outcome of iTBS. This finding was not statistically significant. iTBS may be an effective (40% response rate) and safe treatment for patients who did not respond to esketamine therapy.

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EPP402

Self-Assessment Scales for Depression Screening: A Review of Recent Trends

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Introduction: Depression significantly impacts quality of life, and the growing global mental health burden necessitates effective strategies for early detection. Traditional diagnostic methods often involve clinician-led interviews and assessments, which can be time-consuming and may not always be accessible to individuals in underserved or remote areas. As a result, self-assessment scales have emerged as a valuable tool for initial depression screening, offering a cost-effective and timely alternative that empowers individuals to monitor their mental health independently.
Recent trends in self-assessment tools for depression highlight the development of digital platforms, such as smartphone apps and web-based applications, which allow for greater reach and real-time data collection.
Objectives: The primary objective of this study is to systematically review recent trends in the development and use of self-assessment scales for depression screening. With the growing global prevalence of depression and the necessity for early detection, self-assessment tools have become a widely adopted method for screening, offering the advantage of accessibility, cost-effectiveness, and user autonomy. This study aims to evaluate these tools in terms of their psychometric properties, including reliability, validity, and sensitivity, which are crucial for ensuring accurate and dependable depression detection.
Methods: A systematic review methodology was employed, focusing on studies published between 2015 and 2024. The sample included 40 peer-reviewed articles sourced from academic databases, with studies chosen based on their relevance to self-assessment depression screening tools. The sampling strategy involved selecting scales used in diverse settings, including clinical environments, schools, and online platforms. Key tools such as the Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI), and the Depression Anxiety Stress Scales (DASS-21) were analyzed.
Results: Results indicated an increase in the utilization of digital and app-based self-assessment tools, with advancements in adaptive testing and machine learning-based algorithms improving the accuracy and sensitivity of depression screening. Additionally, the results showed promising psychometric reliability and validity across different cultural contexts. However, the study also highlights challenges, including the potential for over-reliance on self-reporting and the underrepresentation of marginalized populations in the development of these tools.
Conclusions: Despite the significant advancements in self-assessment scales for depression screening, challenges remain in ensuring that these tools are both equitable and inclusive. One critical area for future research involves addressing cultural and demographic biases that may limit the effectiveness of these scales in diverse populations.

Disclosure of Interest: None Declared

EPP404

Examining the needs, outcomes, and current treatment pathways of 2461 people with Treatment-Resistant Depression: A mixed-methods study

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Introduction: Major Depressive Disorder (MDD) is a pervasive global health issue, contributing significantly to disability and impaired quality of life. A substantial proportion of individuals with MDD develop Treatment-Resistant Depression (TRD), characterised by the failure to respond to at least two adequate antidepressant treatments (at an adequate dose and duration). TRD poses additional challenges due to its complex clinical presentation and limited treatment options, making it crucial to better understand its impact and develop more effective care strategies.
Objectives: To investigate the prevalence and clinical profiles of TRD in a large NHS Mental Health Trust and explore the treatment experiences and perceptions of TRD patients and healthcare professionals (HCPs) involved in their care.