

Depressive Disorders 01

EPP0042

Gender differences in response and remission rates among patients receiving esketamine

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Introduction: Depressive disorders are among the leading causes of disability. The lifetime risk for developing clinically significant depression is estimated around 15%. Multiple studies have found female-male ratio of 2:1 across nations and cultures. The reason for this marked difference is still not clear, although several theories addressing social, biological, and environmental contributors have been suggested. Respond to anti-depressant treatment is considerably similar in both genders. However, several studies have shown worse outcomes among women during menopause.

In 2019, the US Food and Drug Administration (FDA) approved a nasal spray formulation of esketamine for the treatment of resistant depression (TRD) in adults, and the treatment has been approved to use by the ministry of health in Israel since 2020. Recent studies found more than 50% response and 35% remission rates, when nasal esketamine was given as an add-on therapy.

Objectives: to assess gender differences in response and remission rates among patients receiving esketamine as an add-on therapy for TRD in a real-world setting

Methods: 23 female and 22 males received at least 12 weeks of esketamine treatment in a day-care setting. Data collected included depression, dissociation and quality of life scales.

Results: Females tend to experience more severe dissociation during treatment. Average response and remission rates were similar in both groups (48% and 32% respectively), however females were less favorable to show rapid response (during the first 4 weeks). among responders no major differences in time to response has been found.

Conclusions: no major gender differences in response or remission rates have been found among patients receiving esketamine treatment for TRD aside from lower rates of rapid response. Additionally, Females report more severe dissociation during treatment.

Disclosure of Interest: None Declared

EPP0043

Depression and loneliness among parents of premature infants admitted to Neonatal Intensive Care Unit (NICU)

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Introduction: When newborns are born prematurely, it is often necessary to be hospitalized in a Neonatal Intensive Care Unit

(NICU). As a result, they are immediately separated from both parents, who experience an intense emotional burden throughout their baby's hospitalization. Newborns' entrance in Intensive Care Unit can trigger negative emotions in both parents.

Objectives: To assess the feeling of loneliness, depressive symptoms and post-traumatic stress of parents with premature infants who are hospitalized in Neonatal Intensive Care Units (NICUs).

Methods: Our sample consisted of 251 parents, whose newborn was hospitalized in the Neonatal Intensive Care Unit (NICU) of three hospitals in Athens, the capital of Greece. The data were collected through a questionnaire which included (a) questions related to socio-demographic and clinical data, (b) the Center for Epidemiological Studies-depression scale, (c) the UCLA Loneliness Scale (d) the Impact of Event Scale- Revised- Greek version (IES-R-Gr) for the detection of post-traumatic stress.

Results: The majority of our sample were women (69.7%) with a mean age of 32.2 years (SD = 15.4 years). Mothers experienced significantly higher scores on each scale, suggesting more symptoms of depression and post-traumatic stress as well as a higher sense of loneliness compared to fathers. Parents whose infants were underweight and parents with previous experience of hospitalization in NICU exhibited a statistically significant higher sense of loneliness. 62.6% of parents developed depressive symptoms. There was a statistically significant positive correlation between feeling lonely and the onset of depressive symptoms and a statistically significant negative correlation between psychological support from hospital staff and the appearance of depressive symptomatology. The 60.1% of our participants showed symptoms of post-traumatic stress. The more depressive symptoms the participants exhibited, the more symptoms of avoidance, resuscitation, and overstimulation were noted. The greater the feeling of loneliness, the more symptoms of avoidance the participants exhibited.

Conclusions: Early detection of depressive symptoms, loneliness and post-traumatic stress in parents whose newborn is hospitalized in NICU is of major importance. Consequently, a systematic and well-organized training of the staff working in NICU should be provided. Specific protocols, as well as individualized interventions should be implemented to manage the needs and feelings of this vulnerable population.

Disclosure of Interest: None Declared

EPP0044

Predicting Depression Severity from Spontaneous Speech as Prompted by a Virtual Agent

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Introduction: One of the major challenges in clinical psychiatry remains the absence of well established objective measures of symptoms' severity. Clinical insights are mainly provided through keen behavioral observation and subjective questionnaires and scales.

Objectives: The aim of this paper is to predict depression severity through speech using the features extracted from the speech as