

material was carried out using a package of applied statistical programs: Excel, Word (version 2108).

Results: Analysis of the results of assessing the severity of depressive and anxiety manifestations on the HADS scale and the level of cognitive functioning using the PDQ questionnaire allowed us to state that at the end of 8 weeks of therapy with vortioxetine, 89% of patients showed significant clinical improvement. The positive dynamics of patients is confirmed by data on the CGI-C scale. The answers to the SF-36 questionnaire indicate an improvement in the life quality indicators. Statistically significant changes were observed in the parameters "Physical condition", "Mental health" and "Vital activity".

The tolerability of vortioxetine in all patients was good, side effects in 13.5% of the subjects in the form of dizziness, nausea and daytime drowsiness were reduced within 1 week.

There were no significant changes in the biochemical parameters of blood, coagulogram, electrolyte composition. When assessing the indicators of blood pressure, heart rate, there was a significant improvement in indicators by the end of the research. In 8 weeks, the frequency of angina attacks and arrhythmias significantly was decreased.

Conclusions: When prescribing vortioxetine to patients with cardiological pathology for 8 weeks, there was distinct positive dynamics both in terms of indicators of the cardiovascular system, and in the emotional sphere, cognitive and social functioning.

Disclosure of Interest: None Declared

EPP656

Depression in multiple sclerosis and associated factors

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Introduction: Multiple sclerosis (MS) is a chronic, immune-mediated disorder that affects the central nervous system, leading to a range of neurological impairments. Depression is a common comorbidity in MS, affecting up to 50% of patients over the course of the disease. This association not only worsens functional outcomes but also increases disability, reduces treatment adherence, and negatively impacts overall quality of life.

Objectives: The aim of this study is to assess the prevalence of depression in patients with MS and identify its associated factors.

Methods: A cross-sectional study was conducted in the neurology department of Razi University Hospital (Tunisia) between October 2023 and June 2024. Patients with a diagnosis of MS based on the 2017 McDonald criteria were recruited, excluding those with active disease relapses. Participants completed questionnaires covering sociodemographic data, medical history, clinical and radiological characteristics and psychological symptoms. Disability was evaluated via the Expanded Disability Status Scale (EDSS). Depression, anxiety and stress were assessed using the DASS-21 scale. Insomnia was evaluated using the Pittsburgh Sleep Quality Index (PSQI). Data analysis was performed using SPSS version 26.

Results: A total of 83 patients with MS were recruited, with ages ranging from 19 to 66 years. The study population had a predominantly female sex ratio of 3.4. The majority of participants (75.9%)

were from urban areas, and 74.7% had a university-level education. Moreover, 49.1% were married, and 60.2% were employed. Regarding medical history, 40.3% had a comorbid condition, and 30.1% had a psychiatric history. The mean age at disease onset was 26 ± 10 years. First-line treatments (interferon, glatiramer acetate, teriflunomide, dimethyl fumarate) were prescribed to 27.7% of patients. Second-line treatments (natalizumab, ocrelizumab, fingolimod) were prescribed to 69.9% of patients.

In our study, the prevalence of depression was 52.6% according to the DASS-21 scale. In our population, 24.1% had severe depression, 18.1% had moderate depression, and 10.4% had mild depression. Depression was significantly associated with employment status ($p=0.05$), socioeconomic status ($p=0.02$), personal organic history ($p=0.01$), personal psychiatric history ($p=0.02$), the presence of more than 10 lesions on MRI ($p=0.01$), disability status measured by the EDSS score ($p=0.03$), as well as anxiety, insomnia, and stress ($p<0.001$).

Conclusions: The relationship between MS and depression is complex. Routine screening for depression during MS follow-ups is crucial. Effective management of mood disorders in MS patients can significantly improve their quality of life.

Disclosure of Interest: None Declared

EPP657

Outpatient Intravenous Ketamine Protocol for Psychiatric Care at the General Hospital of Corfu

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Introduction: Intravenous (IV) ketamine has garnered increasing attention as a rapid-acting treatment for severe psychiatric conditions such as major depressive disorder (MDD) and suicidal ideation, particularly in treatment-resistant cases. Unlike traditional antidepressants, which often take weeks to exhibit therapeutic effects, IV ketamine can provide relief within hours. While the nasal spray form of ketamine has been approved for clinical use, it remains costly and may not be accessible to all patients. Developing a standardized, cost-effective protocol for the outpatient administration of IV ketamine could enhance treatment accessibility while maintaining safety and efficacy.

Objectives: To develop and evaluate a protocol for the outpatient administration of IV ketamine that ensures patient safety, maximizes clinical effectiveness, and reduces costs compared to alternative ketamine formulations, while maintaining practical outpatient management without requiring inpatient monitoring.

Methods: This study enrolled 46 patients diagnosed with treatment-resistant MDD. Each patient received an initial IV ketamine infusion at a dose of 0.2 mg/kg, followed by 0.5 mg/kg in subsequent sessions, administered over 45 minutes in a 100 mL saline solution. Treatments were performed in an outpatient setting with close monitoring during the infusion and for one hour post-infusion. Symptom improvement was evaluated using standardized psychiatric assessment tools, such as the Montgomery-Åsberg Depression Rating Scale (MADRS) and the Hamilton Depression Rating Scale (HAM-D).

The protocol also outlined strategies for managing side effects, including transient dissociation, nausea, and hypertension.

Results: The outpatient ketamine protocol demonstrated rapid and significant symptom relief in the majority of patients, with most reporting improvement after the first or second session. Adverse effects were generally mild, with the most common being transient dissociation and elevated blood pressure, both of which resolved without requiring additional intervention. Importantly, the need for expensive inpatient care or nasal spray formulations was minimized, making the treatment more accessible. The cost savings compared to other ketamine delivery methods were notable, making this protocol a viable option for outpatient psychiatric care.

Conclusions: This study establishes that IV ketamine can be safely and effectively administered in an outpatient setting, offering rapid symptom relief for treatment-resistant MDD while minimizing side effects and reducing overall treatment costs. The protocol presents a practical, cost-effective alternative to more expensive ketamine formulations, providing a feasible solution for broader clinical use in psychiatric outpatient settings. Further research is recommended to validate these findings across larger patient populations and explore long-term outcomes.

Disclosure of Interest: None Declared

EPP658

Prevalence and Associated Risk Factors of *Toxoplasma gondii* IgG Antibodies in Patients Diagnosed with Depression from Western Romania: A Case-Control Study

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Introduction: Chronic toxoplasmosis has been reported to cause neuroinflammation in humans, linking it to neuropsychiatric disorders, including depression.

Objectives: To assess the prevalence of *Toxoplasma gondii* IgG antibodies in patients diagnosed with depression from Western Romania and compare the findings with a control group of healthy volunteers from the general population without any psychiatric disorders.

Methods: We included 230 participants, consisting of 115 psychiatric patients diagnosed with depression at the Psychiatric Clinic, County Emergency Hospital of Arad, Western Romania. These patients were matched by age and gender with a healthy control group of 115 volunteers. Clinical evaluations, a brief questionnaire to assess the risk factors, and laboratory tests were conducted, including serological testing for the presence of *Toxoplasma gondii* IgG antibodies.

Results: In both the study group and the control group the mean age was 52.96 ± 10.29 years and 72/115 (62.61 %) were female. A significantly higher seroprevalence of *Toxoplasma gondii* IgG antibodies was demonstrated in patients with depression when compared to healthy volunteers (p value < 0.001). We noted a higher

prevalence of *Toxoplasma gondii* IgG antibodies in depressive patients aged between 50-59 years (p value = 0.008) and 60-69 years (p value = 0.03) when compared to their counterparts from the control group. Females diagnosed with depression presented a significantly higher seroprevalence of *Toxoplasma gondii* IgG antibodies (p value < 0.001) when compared to healthy female volunteers. No difference between the two groups was noted when we assessed the participants educational level, contact with the soil, consumption of undercooked meat and contact with cat feces.

Conclusions: The presence of *Toxoplasma gondii* IgG antibodies was significantly higher in depressive patients attending the Psychiatric Clinic in Arad County, Western Romania, when compared to healthy controls. Our findings suggest a potential link between chronic *Toxoplasma gondii* infection and depression.

Disclosure of Interest: None Declared

EPP660

State and Trait Characteristics Based on Affective Temperament in Patients with Major Depressive Disorder

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Introduction: Affective temperament is associated with various clinical characteristics in patients with mood disorders. However, little is known about clinical characteristics based on affective temperament specifically in patients diagnosed with major depressive disorder (MDD).

Objectives: This study aims to explore the impact of affective temperament on both the traits and states of individuals diagnosed with MDD.

Methods: This study consecutively recruited 247 outpatients, aged 18 to 49, presenting for their initial visit to a mood disorder clinic. Affective temperament was assessed using the Temperament Evaluation of the Memphis, Pisa, Paris and San Diego-Autoquestionnaire. A Z-score of 1 or higher on each affective temperament was defined as a dominant affective temperament. The patients completed various assessments, including the Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Seasonal Pattern Assessment Questionnaire, Alcohol Use Disorders Identification Test, Hypomania Checklist-32, Interpersonal Sensitivity Measure, and Depressive Symptom Index - Suicidality Subscale. Multiple linear regression analysis was conducted to identify the impact of affective temperament on both psychiatric states and trait characteristics.

Results: This study comprised 247 patients with a mean age of 29.34 ± 9.16 , of whom 152 (61.5%) were female. Depressive ($\beta = 0.247, p < 0.001$) and irritable temperament ($\beta = 0.138, p = 0.032$) were positively associated with the severity of depressive symptoms, while hyperthymic temperament ($\beta = -0.123, p = 0.041$) showed a negative association. Furthermore, depressive ($\beta = 0.246, p < 0.001$), irritable ($\beta = 0.195, p = 0.002$) and cyclothymic temperament ($\beta = 0.148, p = 0.018$) were positively associated with the severity of anxiety symptoms. Cyclothymic ($\beta = 0.211, p = 0.001$) and anxious temperament ($\beta = 0.136, p = 0.027$) were positively correlated with seasonality. Hyperthymic temperament showed a positive correlation with harmful drinking patterns ($\beta = 0.179, p = 0.006$). Also, hyperthymic ($\beta = 0.200, p = 0.002$) and cyclothymic temperament ($\beta = 0.140, p = 0.036$)