

Disclosure: No significant relationships.

Keywords: oxygen; HDRS; CGI; Depression

EPV0245

Constructing a hospital post-stroke depression management protocol by studying the management of post-stroke depression in a hospital setting

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Introduction: A stroke is a potentially debilitating event which can render the victim unable to perform many tasks and functions, significantly decreasing their quality of life. This, in addition to emotional/mental changes post-stroke, can lead to a phenomenon known as “post stroke depression” (PSD), characterised by persistent low mood following a stroke.

Objectives: This study aims to amalgamate recommendations based on national guidelines and previous literature, in addition to an original inpatient study of stroke patients within a hospital, to construct a standardised protocol of the management of PSD in the hospital setting.

Methods: 248 patients who had been treated for stroke within a hospital were analysed using hospital notes to assess for incidence

of PSD, in-hospital management, and outpatient follow-up. In addition a literature search was conducted and national guidelines were consulted to develop a PSD management protocol. Figure 1: Post stroke depression management protocol.

Results: While 8% (20/248) of stroke patients experienced low mood immediately post stroke, 45% (9/20) of these patients did not receive any therapy or drug treatment, 80% (16/20) did not receive any outpatient monitoring of their mood and 100% of patients received no outpatient monitoring of newly commenced antidepressants.

Conclusions: Using the results and literature search, a PSD management protocol, encompassing both appropriate in-hospital therapy and robust outpatient monitoring, was developed (Figure 1). We hope that through this, hospital care of PSD can be improved and optimised, in order for victims of PSD to receive the best possible, evidence-based care available to treat this potentially devastating condition.

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Keywords: post stroke depression; management protocol

EPV0246

Electroconvulsive therapy in the medical comorbidities context: A case report

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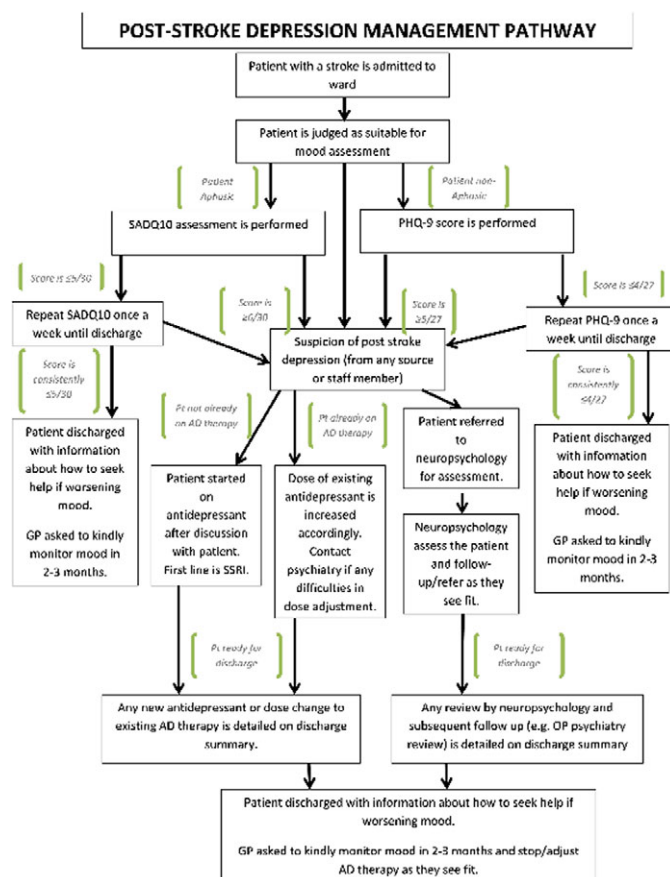
Introduction: Electroconvulsive therapy (ECT) is today one of the main treatments available and used in psychiatry for serious mental illnesses. Eighty years after its introduction, the ECT procedure has evolved to become a safe option based on scientific evidence. Nowadays there are no absolute contraindications for ECT, regardless of the type of population and clinical situation.

Objectives: To illustrate the electroconvulsive therapy in medical comorbidities context with a case report.

Methods: Descriptive case study.

Results: We present a 66 years old patient who suffers from a psychiatric decompensation with a diagnosis of major depressive disorder with psychotic symptoms. Due to her cardiological history (prolongation of the QT interval of possible psychopharmacological origin and a 2:1 AV block, that required the implantation of a definitive pacemaker) and partial response to psychotropic medication, the initiation of electroconvulsive therapy is proposed as the best alternative. The pacemaker was previously studied by cardiology for a very complete analysis before the procedure. It was recommended to convert it to fixed rate pacing by using a magnet. To do this, we placed it over the pacemaker during the technique. While waiting for a clinical improvement, no incidence has been produced during the sessions.

Conclusions: ECT should not be postponed as a last resort. Numerous studies conclude that ECT is globally the treatment of choice (70-85% response) in severe depressive conditions, over and above antidepressant drugs. The incidence of relevant cardiac complications on ECT is relatively rare (0.9%). Regarding the use of pacemakers, electroconvulsive therapy represents an effective and safe option for the patient.



Disclosure: No significant relationships.

Keywords: ECT; pacemaker; Depression; comorbidities

EPV0247

Comparison of psychological characteristics of women with depression and self-harming behavior

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Introduction: Existing literature supports the association between depression and self-harm, a prominent risk factor of suicide.

Objectives: Analysis of psychological characteristics of women with depression and self-harming behavior and their differences from patients with depression without self-harm.

Methods: The study involved 62 women with depression (age 16–23), 36 with self-harming, 26 did not have episodes of self-harm. Hamilton Scale (HDRS), Wisconsin Card Sorting Test (WCST), Iowa Gambling Task (IGT), SCL-90-R, Rosenberg self-esteem scale, Body Investment Scale (BIS) were used.

Results: Computer test execution time is shorter in the self-harming group, the total time in WCST and IGT tests is significantly shorter (T Test $p < 0.001$), «inhibition» (HDRS) in this group is significantly lower. The self-harmed group demonstrates higher feelings of guilt (2.222 ± 1.141 versus 1.367 ± 1.326 in the non-self-harm group, $p < 0.001$), suicidal ideation (2.653 ± 1.302 versus 1.100 ± 1.373 $p < 0.001$), psychopathological symptoms in SCL90-R: sensitivity (1.812 ± 0.861 versus 1.185 ± 0.553), hostility (1.388 ± 0.965 versus 0.729 ± 0.700 $p = 0.004$), GSI (1.539 ± 0.705 versus 1.205 ± 0.473 $p = 0.039$), and a special attitude towards body - a decrease of somatic symptoms (HDRS), decreased parameter of "protection" of body and the «attitude to the body» in Body Investment Scale (BIS).

Conclusions: The study revealed psychological characteristics that distinguish a group of depressed women with self-harming: a mismatch of the severity of the components of depressive tirade - motor and ideator inhibition was less pronounced, while the affective component was significantly more pronounced. The body investment is reduced, the need to protect one's own body is ignored. High level of guilt, and the increased sensitivity characteristic of these patients can be a vulnerability factor.

Disclosure: No significant relationships.

Keywords: Implicit associations; Depression; self-harm; Suicidal risk

EPV0249

Physical training for patients with depression and anxiety - a randomized controlled study

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Introduction: Pharmaceutical treatment and psychotherapy constitute the most common treatment methods for depression and anxiety. Physical training has been shown to have comparable effect to cognitive behavioral therapy in treatment of mild to moderate depression and anxiety. Physically active individuals also show lower risks to develop depression and relapse in depression.

Objectives: The objectives are to evaluate how physical activity can affect depressive and anxiety symptoms, by examining biomarkers in the blood and from the gut and also by measuring cognitive functions. Hopefully, this can lead to new treatment strategies for patients with depression and anxiety.

Methods: 102 patients are randomized to two groups and undergo 12 weeks intervention as add-on to standard outpatient psychiatric treatment. The first group will participate in physical training three times per week and the other group will receive relaxation therapy on a weekly basis. Daily activity intensity will be measured before and at the last week of intervention with an accelerometer. Blood and faeces sample collection, symptom grading by clinician together with self-rating scales and cognitive screening will be performed at baseline, week 12 and one year of follow-up. The cognitive screenings are performed digitally in cooperation with Mindmore.

Results: The RCT is currently recruiting patients at the Department of Psychiatry of Örebro University Hospital.

Conclusions: The project aims to be holistic in its approach, combining the defining clinical psychiatric symptoms in patients who have both depression and anxiety with the finding and evaluation of new biomarkers from blood and gut to improve cognitive functions.

Disclosure: No significant relationships.

Keywords: Depression; Anxiety; Exercise; cognitive functions

EPV0250

Anxiety-depressive disorders in patients with dysarthria against the background of organic brain damage

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Introduction: The presence of acquired speech disorders of varying evidence can cause maladjustment and job loss. Often there is no adequate psychological and psychotherapeutic assistance for these patients, which hinders the process of recovery and reintegration into the social environment.

Objectives: To study the level of anxiety and depression in patients with dysarthria who have undergone various types of cerebrovascular accidents. To give practical recommendations regarding the correction of these conditions.