

Objectives: To present the case of a 74-year-old woman with TRD who successfully underwent ECT after failing multiple medications.

Methods: A literature review was conducted on ECT for TRD in elderly patients. The clinical case is detailed, focusing on treatment, ECT application, and outcomes.

Results: The patient had a history of severe depressive episodes. Previous hospitalizations were managed with tricyclic antidepressants, lithium, and olanzapine. However, lithium was discontinued after discharge due to subclinical hypothyroidism and renal function impairment. Although the patient remained stable for a time, her mood progressively worsened, leading to a marked decline in daily functioning and eventual admission to the psychiatric unit. Upon admission, the patient presented with severe depression, including loss of functionality, self-neglect, and passive suicidal ideation, hyporeactive state, significant vegetative symptoms, and moderate-to-severe anxiety. Given the lack of response to a comprehensive pharmacological regimen, ECT was initiated. The patient underwent six sessions of ECT, with initial improvements observed after the first session. By the third session, she showed marked improvements in mood, energy, and anxiety levels. By the end of the ECT course, she had regained full functionality and emotional stability.

Conclusions: This case underscores the effectiveness of ECT in managing psychotic depression in elderly patients when pharmacological treatments are ineffective or poorly tolerated. The patient's rapid response aligns with previous findings suggesting that early symptom improvement predicts favorable ECT outcomes. Additionally, the presence of melancholic features may have contributed to the success of ECT, as described in the literature. Given the patient's history of lithium intolerance and multiple pharmacological failures, ECT emerged as the most viable treatment option. ECT also demonstrated long-term benefits.

This case also highlights the importance of considering ECT earlier in the treatment process for elderly patients and demonstrates the crucial role of ECT in achieving rapid and sustained recovery in elderly patients with psychotic depression resistant to pharmacological treatments. Early intervention with ECT was essential for the patient's full functional recovery, reinforcing its value as a therapeutic option in severe, treatment-resistant cases.

Disclosure of Interest: None Declared

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The efficacy of combined antidepressant therapy in depressed patients

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Introduction: According to certain researches, it is known that depressed patients are represented by a high percentage of psychiatric diseases. In these patients, there is a reduction of volitional dynamism, especially the drive to live as well as the social drive.

Failure to treat these patients can lead to serious consequences, suicides and social dysfunction (reluctance for any activity and social isolation).

That is why it is of great importance to apply adequate antidepressant therapy. On the other hand, according to data from the literature, it is known that depression abounds with a multitude of symptoms that cannot be overcome with the use of only one type of antidepressant, so a combination of them is needed.

Objectives: The Aim of this study is to assess the effectiveness of combined antidepressant therapy in the treatment of depressed patients

Methods: This prospective present study included groups of 30 patients of either sex between 26-55 years with diagnosis F32, F33 evaluated in Private Psychiatric Institution Zora Mitic, Skopje. The study was conducted for 6 month. All the patients was written informed consent. Exclusion criteria was exist depressive disorders, patients with another psychiatric disorders and another organic disorders were not included in the study. The patients were examination before treatment and after treatment with Mirtazepine 15-30mg/day and Sertraline 50-100mg/day doses. The patients were assess using sociodemographic information by semi-structured questionnaire specially designed for the study. The sociodemographic data was:, marital status, education status and employment. Depression in patients was assessed by HAMD scale: 21 items graded ranging 0-4. The results obtained were compared using the t-test and Chi-square test. The quantitative data was expressed in number and percentage. The p value of statistical significance was set at $p < 0.05$

Results: Results The obtained results indicated that there is a statistical difference in depressive patients before treatment and after six months of treatment with antidepressant therapy the level of education ($p=0,07$), marital status ($p=0,12$); employment ($p=0,09$) were without statistical significantly. But we got that the HAMD scale score were statistically significant when compare before treatment and after treatment with antidepressant therapy ($p=0,03$).

Conclusions: Conclusion The results obtained in the study confirmed that the combined antidepressant therapy in patients with rich symptomatology reduced the depressive symptomatology and enabled an improvement in the functioning of the individuals.

Disclosure of Interest: None Declared

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Diferences in concetration of transforming growth factor beta and interferon gama in adults with major depressive disorder regarding on severity of disorder

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Introduction: Over the past 30 years, cytokines have been extensively studied in relation to neuroplasticity, modulation of neuro-signaling, and various psycho-immunological aspects of depression. Interferon gamma (INF- γ) is traditionally recognized for its