

hopelessness was lower at 65% vs 70%, while it was higher in youths who had never had dental care at 3.3% vs 1.7%.

Conclusions: Further research is warranted to evaluate reduced oral health care awareness among participants feeling sad or hopeless.

Keywords: Depression; Youth Risk Behavior Survey; Suicide; Dental health

EPP0540

Improvements in mood symptoms, cognitive symptoms and functioning in outpatients with mdd in greece treated with vortioxetine: A patient-rated evaluation

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Introduction: Functional recovery is the contemporary treatment goal in Major Depressive Disorder (MDD). Although consistency among physician and patient expectations may influence the therapeutic result (Demyttenaere K et al, 2011), patients' perceptions are not always fully captured. Vortioxetine, a multimodal antidepressant, has shown encouraging data in achieving functional recovery, improving both mood and cognitive symptoms (Mahableshwarkar AR et al, 2015).

Objectives: The aim of the study was to assess the effectiveness of vortioxetine on mood symptoms, cognitive symptoms and functionality, assessed by patient-rated tools, in MDD outpatients in Greece.

Methods: In this non-interventional study, vortioxetine was administered as flexible dosing (5-20 mg/d). Mood symptoms, cognitive symptoms and functioning were assessed by the patient-rated scales PHQ-9, PDQ-D and SDS respectively, at baseline, 1 and 3 months. Repeated measures analysis of variance and t-test were used for the statistical analyses.

Results: 336 patients participated in the study. PHQ-9 score $\pm$ SD decreased from 16.1 ± 5.3 , to 10.0 ± 5.7 and 4.6 ± 4.5 , PDQ-D score $\pm$ SD decreased from 37.3 ± 16.6 to 23.1 ± 14.8 and 12.0 ± 10.6 , SDS Score $\pm$ SD decreased from 18.7 ± 5.3 to 12.9 ± 5.9 and to 7.8 ± 6.5 , at baseline, 1 and 3 months, respectively. The 3 SDS subscales: work/school life improved from 5.8 ± 2.4 to 4.2 ± 2.2 and 2.6 ± 2.2 , social life improved from 6.6 ± 2.0 to 4.5 ± 2.2 and 2.7 ± 2.3 and family life improved from 6.3 ± 2.0 to 4.3 ± 2.1 and 2.6 ± 2.3 -baseline, 1 and 3 months, respectively ($p < 0.001$ for all paired comparisons).

Conclusions: MDD patients in Greece treated with vortioxetine significantly improved on mood symptoms, cognitive symptoms and functioning, enriching the already published efficacy data which is mostly based on clinician-rated scales.

Conflict of interest: A. Galanopoulos and E. Papalexi are full-time employees in Lundbeck Hellas.

Keywords: Mood; Functionality; Patient-rated; Vortioxetine

EPP0541

Treating with esketamine nasal, will increase blood pressure?

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Introduction: Esketamine has been risen as a potential treatment for Resistant Depression, becoming an alternative for the use of Electroconvulsive Therapy. In Spain since 2020, it has been applied for compassionate use but is not widely used. Although Esketamine is defined safe and effective in preliminary studies, there are common side effects which could reduce its use.

Objectives: Increasing blood pressure has been found commonly in elderly population treated with Esketamine Nasal. Studies showed as very common side effect (10% or more) increasing systolic and diastolic blood pressure which is higher in elderly people. Our aim is to show that esketamine is well tolerated and safe in elderly people without increasing blood pressure, although is combined with oral antidepressant therapy.

Methods: Presenting female 65-year-old with 4 years of treatment maintaining a moderate-severe symptoms. Although numerous pharmacological strategies have been attempted, with optimal time and maximum doses, which have been progressively withdrawing showing lack of efficacy or appearance of adverse effects. Among the drugs used we find; 11 antidepressants, 3 antipsychotics, benzodiazepines and even lithium, without response after 6 weeks of treatment. Furthermore, patient refusal to receive Electro-Convulsive Therapy. Treating with Esketamine nasal and applying the established guidelines.

Results: Assess the response to Esketamine Nasal with Montgomery-Asberg depression scale (MADRS) we found that decrease the initial score in 26 points. Evaluating blood pressure before and after each time with no increased value.

Conclusions: Concluding esketamine is well tolerated and safe in elderly people without increasing blood pressure. These findings and results should be confirmed with further studies.

Keywords: Depressive Disorder; esketamine; treating depression; resistant depression

EPP0542

Efficacy and safety of mif821 in patients with treatment-resistant depression: Results from a randomized, placebo-controlled, proof-of-concept study

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