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Screening Accuracy of the Portuguese version of the Postpartum Depression Screening Scale-7 according to DSM-5 criteria

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Introduction: The Portuguese shortest version of the Perinatal Depression Screening Scale/PDSS-7 proved to be valid and reliable, in Portugal and Brazil, but it is essential to analyze its operational characteristics before using it for screening purposes.
Objectives: To determine PDSS-7 cut-off points and associated conditional probabilities to screen for major depression, according to the DSM-5.
Methods: he pregnancy sample was composed of 259 women in the second trimester (Mean gestation weeks=17.83±4.750). The postpartum sample consisted of 241 women assessed between the 2nd-6thmonths postpartum(M=17.99±4.689 weeks postpartum). All women completed the PDSS-7 and were interviewed with the Diagnostic Interview for Psychological Distress(Pereira et al., 2017), a semi-structured clinical interview to assess the most prevalent psychiatric disorders in the perinatal period according to the DSM-5 criteria. MedCalc was used to perform ROC analysis.
Results: During pregnancy, the major depression prevalence was of 4.6%(n=12). The cut-off point that maximizes the Youden Index(J=.98, 95%CI: .97-.99; AUC=.99; se=.004; p<.001) was of 18(95% CI:17-19), which resulted in a sensitivity of 100%(71.5%-100%), a specificity of 97.98%(95.3%-99.3%), a positive predictive value/+PP of 68.8%(48.0%-84.0%) and a negative predictive value/-PP of 100%. In the postpartum, the major depression prevalence was of 10.4%(n=25). The cut-off point(J=.79, 95%CI: .63-.82; AUC=.89; se=.036; p<.001) was of 14(95%CI: 12-16), with a sensitivity of 85.0%(69.3%-93.2%), a specificity of 85.0%(69.3%-93.2%), a +PP of 56.5%(46.1%-67.3%) and a -PP of 97.5%(94.6%-98.8%).
Conclusions: The Portuguese version of PDSS-7 presents good combinations of sensitivity and specificity, being accurate and usable to screen for depression during pregnancy and in the postpartum both in research and primary health care.

Disclosure: No significant relationships.
Keywords: PDSS; Postpartum; perinatal mental health

O0065

Efficacy and safety of intermittent theta burst stimulation (iTBS) in treatment resistant depression

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Introduction: Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive neuromodulatory treatment option, which is used in a variety of neurological and psychiatric diseases. It is approved for depression treatment and recommended in international guidelines. A significant reduction in treatment duration was achieved by using theta burst stimulation (TBS) protocols, which are practicable and non-inferior to conventional TMS.
Objectives: To analyse the efficacy and safety of intermittent theta burst stimulation (iTBS) of left DLPFC in inpatients with treatment-resistant depression.
Methods: We evaluated n=44 inpatients with treatment resistant major depressive disorder (n=37) and bipolar depression (n=7), who were treated with the 5 Hz intermittent TBS once daily for 3-6 weeks according to clinical decision. A total of 600 pulses and 200 bursts were applied in each treatment session. Clinical and response data were obtained by chart review.
Results: Mean age at time of first stimulation was 54 years. 61,3 % of patients were female. On average, the current episode started 21 months before the first stimulation. In total, 924 treatment sessions were performed. On average, patients received 21 sessions. The mean MADRS Score pre-treatment was 27.2. Post-treatment, there was a clear reduction in depression severity (MADRS 18.3). No severe adverse events and no seizures occurred in this clinical observational analysis.
Conclusions: Intermittent TBS is efficacious and safe in patients with chronic and refractory depression.

Disclosure: No significant relationships.
Keywords: treatment resistant depression; iTBS; TMS; TRD

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Impact of invasive VNS on depression severity and the need of concomitant drug and neuromodulatory treatment dose

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Introduction: Invasive vagus nerve stimulation (VNS) is an adjunctive long-term treatment option for chronic and recurrent difficult-to-treat depression (DTD).
Objectives: In this prospective observational open-label case series we report on the effects of invasive VNS on depression severity, medication load and the need of maintenance electroconvulsive therapy (ECT) and esketamine treatment after 12 months.
Methods: Patients were treated with invasive VNS according to clinical indication. All patients were included in the Restore-Life-Study. The assessment of depression severity (MADRS) and concomitant treatment was performed at baseline and in 3-months intervals postoperatively over a 12 months period.
Results: Twelve patients were treated with adjunctive VNS due to unipolar (n=10) and bipolar (n=2) depression. The majority of patients were female (n=9). The mean age at baseline was 53.8 years (range 38-66). Patients were severely affected by a variety of depression symptoms which was reflected in high MADRS Scores (median 29, mean 28) at baseline. All patients received at least 2 or more psychotropic drugs at baseline. After 12 months of VNS a