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Introduction: To reduce the heterogeneity of depressive GWAS samples it seems relevant to evaluate and compare current instruments for depression phenotyping.

Objectives: The aim is to evaluate the agreement of DSM criteria and HADS scores in depression phenotyping for population studies.

Methods: The self-report data was obtained from 5116 clients (females 50,63%; mean age 36,92±9,82 years, Me=42; Q1=35, Q3=76) of genetic testing company Genotek Ltd.. The respondents completed an on-line questionnaire with items on social status and biometrics. Depression phenotyping was based on DSM-5 criteria (life-time and current for major and bipolar depression) and HADS (current).

Results: Mean HADS scores were: HADS-A – 6,43±2,9, Me=8; Q1=6, Q3=18; HADS-D – 4,5±2,83, Me=6; Q1=4, Q3=17. Abnormal anxiety and depression (≥11 for each subscale) were present in 9% (N=456) and 3,4% (N=174) of respondents, respectively; borderline (8-10) – in 23% (N=1172) and 11,9% (N=592), respectively. The life-time report of major depression according to DSM-5 criteria was 17,6% (N=261) and of bipolar disorder – 8,3% (N=139). Moderate correlations were present for borderline HADS anxiety scores and DSM major depression (0.19, p<.01). Similar correlations of HADS anxiety scores were registered for DSM bipolar depression (0.20, p<.01). Moreover, HADS depression scores did not correlate with any DSM depressive phenotype.

Conclusions: Our study shows significant correlations only for DSM depression criteria and HADS anxiety, but not depression scores. It could indicate the different significance of individual scale items in depression phenotyping and the need for their separate further evaluation.

Conflict of interest: The research is supported by the Russian Scientific Fund grant #20-15-00132.

Keywords: Depression; phenotyping; screening scales; DSM criteria

EPP0538

Depression in elderly patients hospitalized in psychiatry

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Introduction: Depression in the elderly represents a major public health problem, due to its high prevalence and its deleterious consequences in terms of morbidity and mortality, in particular by suicide.

Objectives: 1-Draw up the socio-demographic and clinical profile of elderly patients hospitalized in psychiatry for a major depressive episode 2-Determine the semiological and therapeutic characteristics of depression in the elderly.

Methods: Participants were outpatients of Psychiatry B department in Hedi chaker University Hospital Center in Tunisia, over the age of 65, hospitalized in psychiatry for a major depressive episode, recruited between 2000 and 2015. The data was collected using a pre-established sheet containing socio-demographic information, the clinical and evolutionary characteristics of the depressive episode and the therapeutic data concerning the depressive episode.

Results: 30 patients were included in this study with an average age (69 Y) and sex ratio (0.66). More than half (53.3%, 16 patients) had a history of chronic somatic disease. The average length of hospitalization was 26 days. The most frequent reason for hospitalization is sadness of mood (43.3%) with cognitive impairment as the predominant clinical symptomatology (40%). 93.3% of the population received as treatment an antidepressant mainly Fluoxetine (50%).

Conclusions: Depression and its different modes of expression in the elderly is a serious condition with direct effects on quality of life. Early detection is desirable in order to set up appropriate management, and thus prevent the occurrence of complications such as suicide.

Keywords: Depression; Elderly

EPP0539

Dental health awareness in patients feeling sad or hopeless- an estimate from youth risk behavior surveillance survey

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Introduction: Research has found that low mood including sadness and hopelessness is an important factor for decreased awareness in one's oral health and lowered frequency of visit to the dental office, this relationship is not well studied in national representative samples. Poor mental wellbeing can lead to poor oral health.

Objectives: Aim is to examine the relationship between feeling sad or hopeless and awareness for dental care.

Methods: Data were obtained from the Youth Risk Behavior Surveillance Survey (YRBS-CDC), USA, for years 2009-2017. All ages from 12 to 18 years, feeling sad or hopeless and dental visits were identified. Univariable relationship between feeling sad or hopeless (>2 weeks in the past year) and dental office visits for all dental care (during the past 12 months, 12-24 months, >24 months, and never) was evaluated using chi-square test.

Results: Out of a total of 53,098 youths, 30.5% of youths were feeling sad or hopeless. Within the youths feeling sad or hopeless, the prevalence of youth who never received dental care was higher at 37.1% in comparison to youths who received dental care >24 months ago 36.4%, 12-24 months 33.7%, and visited the dental office in the past 12 months 28.9%. (p<0.0001). In youths who had dental care in the last 12 months, the prevalence of sadness or

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 in combination 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 mjr821 in patients with treatment-resistant depression: Results from a randomized, placebo-controlled, proof-of-concept study

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