

## SP092

### Typical clinical manifestations of anxiety and depression in patients with medical illness and general notions about their treatment

L. Bartova

Department of Psychiatry and Psychotherapy, Clinical Division of General Psychiatry, Medical University of Vienna, Vienna, Austria  
doi: 10.1192/j.eurpsy.2025.174

**Abstract:** Anxiety and depression are common psychiatric comorbidities in chronic medical illnesses, such as cardiovascular, endocrine, and neurological diseases. These conditions are associated with greater disease severity, poorer functional outcomes, and reduced quality of life for patients and their families. Despite their significant global burden, they are often underdiagnosed due to overlapping symptoms with primary medical conditions. Symptoms in medically ill patients may differ from classic psychiatric presentations, often involving heterogeneous (psycho)somatic phenomena like fatigue, autonomic irregularities, gastrointestinal symptoms, sleep disturbances, and cognitive impairments. Anxiety typically manifests as hypervigilance, excessive worry, and irritability, while depression presents with persistent sadness, psychomotor slowing, and loss of motivation, pleasure, and interest. Subsyndromal symptoms, though often untreated, can exacerbate functional decline and disease progression. Effective management requires a multimodal approach, with modern psychopharmacotherapy as a cornerstone. Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) are recommended first-line treatments due to their safety and efficacy. In case of insufficient response, add-on strategies may include second-generation antipsychotics, lithium, esketamine, or pregabalin for predominant anxiety. Emerging evidence supports the use of phytotherapeutics as Silexan and Rhodiola rosea for subsyndromal symptoms. Non-pharmacological interventions also play an important role. Cognitive Behavioral Therapy remains the first-line psychotherapeutic option, complemented by mindfulness techniques, psychoeducation, biofeedback, and relaxation strategies, particularly for anxiety. Chronobiological treatments like bright-light therapy and sleep deprivation have proven effective for depression, especially in seasonal patterns. Brain stimulation methods, including transcranial magnetic stimulation and electroconvulsive therapy, may also be considered based on individual needs. Importantly, successful physician-patient interactions, directly and promptly addressing emotional and psychological concerns during consultations and daily rounds, are crucial in fostering treatment adherence and improving outcomes. In conclusion, anxiety and depression in medically ill patients present unique diagnostic and therapeutic challenges. Early recognition and individualized, multimodal treatment strategies can enhance adherence and outcomes. Integrating pharmacological and non-pharmacological approaches within collaborative care models and recommended treatment algorithms is essential for effectively addressing individual clinical presentations.

**Disclosure of Interest:** None Declared

## SP093

### Psychopharmacological treatment of anxiety and depression in patients with diabetes. Pharmacodynamics and pharmacokinetic considerations, drug interactions

F. Novais<sup>1\*</sup> and D. Telles-Correia

Faculdade de Medicina, Lisboa, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.175

**Abstract:** Anxiety and depression are prevalent mental health conditions in patients with diabetes, significantly impacting their quality of life and complicating glycaemic control. The interplay between psychopharmacological agents and diabetes medications presents unique challenges in managing both mental health and metabolic conditions. This presentation reviews of psychotropic drugs commonly used to treat anxiety and depression in diabetic patients, with a focus on their efficacy, safety, and potential adverse effects. Special attention will be given to drug interactions between antidepressants, anxiolytics, and antidiabetic medications, which can influence treatment outcomes. Key considerations include the effects of psychotropic agents on insulin sensitivity, glucose metabolism, and the risk of hypoglycaemia. The presentation will also discuss personalized treatment strategies, adjusting for individual patient profiles and comorbidities. By integrating both psychiatric and endocrinological perspectives, we aim to improve clinical outcomes through optimized pharmacological management and minimize the risk of adverse drug interactions in this vulnerable patient population.

**Disclosure of Interest:** None Declared

## SP094

### Psychopharmacological treatment of anxiety and depression in patients with liver and/or kidney disease. Pharmacodynamics and pharmacokinetic considerations, drug interactions.

M. Stuhec<sup>1,2</sup>

<sup>1</sup>Pharmacology Department, Medical Faculty Maribor, University of Maribor, Maribor and <sup>2</sup>Clinical Pharmacy, Ormoz Psychiatric Hospital, Ormoz, Slovenia

doi: 10.1192/j.eurpsy.2025.176

**Abstract:** Psychopharmacological treatment of anxiety and depression in patients with liver and/or kidney disease is complex, primarily due to the differences in pharmacokinetics compared to healthy individuals. Most medications are excreted via the kidney and/or liver, so dose adjustments are often necessary in these patients. Drug-drug interactions are also a significant clinical concern in liver and/or kidney disease, making regular monitoring essential. These factors may contribute to treatment relapse and severe adverse drug reactions associated with psychotropic medications and comedications. Medication selection is, therefore, based on these considerations. Clinicians must regularly monitor kidney and liver function,