detection of potential risk factors can significantly prevent the occurrence of PPD and significantly affect the central psychological process in the postpartum period, which is related to the development of the emotional relationship between mother and child.

Disclosure of Interest: None Declared

EPV0602

Paroxetine-induced hypoglycemia: a clinical case report

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Introduction: Major Depressive Disorder (MDD) is a prevalent mental health condition that significantly impairs daily life and increases suicide risk. Selective serotonin reuptake inhibitors (SSRIs), such as paroxetine, are widely prescribed due to their efficacy and favorable safety profile. However, SSRIs can impact glucose metabolism, leading to both hyperglycemia and hypoglycemia, particularly in diabetic patients.
In rare instances, SSRIs have induced hypoglycemia in non-diabetic individuals. Paroxetine, known for its strong inhibition of serotonin reuptake, has been implicated in cases of hypoglycemia, though the precise mechanisms remain unclear.
Objectives: With the present report, we examined wheter the hypotesis that paroxetine induces hypoglycemia is valid.
Methods: This case report discusses an episode of paroxetine-induced hypoglycemia in a 60-year-old female, non-diabetic patient with a history of MDD.
Results: The patient was admitted to our in-patient psychiatric unit due to worsening depressive symptoms and recurrent episodes of sweating, dizziness, tremors, and loss of consciousness, suggestive of hypoglycemic crises. Over the previous three years the patient had been on paroxetine 40 mg/day, thus the drug was suspected as a potential cause of these hypoglycemic episodes and it was discontinued whereas fluoxetine and trazodone were administered. By discharge, her depressive symptoms and insomnia had improved significantly
Conclusions: This case highlights the potential for SSRIs, particularly paroxetine, to induce hypoglycemia even in non-diabetic patients. Although hypoglycemia is typically linked to diabetic treatments, this case demonstrates that antidepressants can also play a role in disrupting glucose regulation. In this case, the symptoms subsided after the discontinuation of paroxetine, strongly suggesting its role in the hypoglycemic episodes, as supported by a "probable" causality score on Naranjo's scale. Given the nonspecific nature of hypoglycemic symptoms and the risk of misdiagnosis as psychiatric or somatic conditions, it is crucial for healthcare providers to consider medication-related causes. This report underscores the importance of monitoring glycemic levels in patients on SSRIs, particularly when presenting with atypical symptoms. Increased awareness can help prevent misdiagnosis and facilitate timely intervention to avoid severe complications.

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EPV0603

Combined treatment with intranasal esketamine and electroconvulsive therapy in resistant depression. Two cases report

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Introduction: Depressive symptoms that do not respond to 2 lines of antidepressant treatment in adequate doses for 6-8 weeks are known as resistant depression. As therapeutic alternatives we currently have, among other options, intranasal esketamine and electroconvulsive therapy (ECT).
Objectives: To present two cases of resistant depression in combined treatment with esketamine and ECT as an effective tratment
Methods: 2 cases report
Results: The first one is a 60-year-old male with a diagnosis of recurrent depression who was admitted after an autolytic attempt by drug overdose. Our second patient is a 59-year-old male with a diagnosis of bipolar disorder, current major depressive episode with psychotic symptoms. He had a history of previous depressive episodes, requiring treatment with ECT on 2 occasions due to resistance to psychopharmacological treatment.
Both patients had major depressive symptoms resistant to conventional pharmacological treatment, with a predominance of sadness, apathy, anhedonia, hopelessness, psychomotor inhibition and self-induced suicidal ideation. One of them also presented psychotic symptoms congruent with mood.
The first patient received treatment with intranasal esketamine with partial response, so a combination with ECT was started once the 8 biweekly sessions of the induction phase were completed. The second patient was initially ambivalent to a new cycle of ECT. For this reason, treatment with esketamine was proposed and after 6 biweekly sessions he agreed to overlap treatment with ECT. In both patients there was a clear improvement in clinical symptoms and adequate tolerability, allowing discharge home.
Conclusions: There are few data in the literature on combined treatment with intranasal esketamine and ECT. Our experience in the 2 cases described points to an adequate response and tolerability. Specific studies would be necessary in this regard.

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EPV0604

Short-term efficacy of theta-burst stimulation for treatment resistant depression in an outpatient setting – a retrospective naturalistic study

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