Methods: A concurrent mixed-methods approach, incorporating patient and public involvement (PPIE), was used. Quantitative analysis of anonymised electronic health records (EHRs) identified the TRD cohort and key characteristics (e.g. age, gender, employment status). Binary logistic regression explored predictors such as comorbidities and service use. The qualitative component included semi-structured interviews with TRD patients (n=7) and HCPs (n=8), analysed using thematic analysis to explore lived experiences and treatment barriers. Findings from both approaches were integrated to provide a comprehensive understanding of TRD.
Results: TRD was prevalent in 48% of patients diagnosed with MDD. Predictors of TRD included recurrent depression (OR=1.24, CI 95%=1.05–1.45), comorbid anxiety (OR=1.21, CI 95%=1.03–1.41), personality disorders (OR=1.35, CI 95%=1.10–1.65), and cardiovascular diseases (OR=1.46, CI 95%=1.02–2.07). Qualitative findings highlighted the severe emotional impact of TRD on patients' lives and revealed significant dissatisfaction with treatment options, particularly frustration with the "trial and error" approach of pharmacological treatments. HCPs echoed concerns about the lack of standardised treatment pathways, with both groups emphasising the need for more holistic and personalised care, citing limited access as a serious barrier to effective treatment.
Conclusions: This study highlights the significant burden of TRD, affecting nearly half of MDD patients within the examined NHS Trust. By combining quantitative and qualitative methods, it offers a comprehensive understanding of TRD's prevalence and complexities. The findings support a shift toward holistic, patient-centred care, addressing institutional barriers and enhancing healthcare provider resources to improve outcomes.

Disclosure of Interest: None Declared

EPP405

Changes in depression medication following the initial assessment by specialised psychiatry services in the Helsinki-Uusimaa Region

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Introduction: Depressive disorders often require specialised psychiatric services. Timely, appropriate medication initiation and/or change plays a crucial role in improving patient (pt) outcomes (Kraus *et al.* Transl Psychiatry 2019;9 127).
Objectives: Describe the type of, and time to, medication changes within 12 months of the initial assessment of pts with depression recorded by specialised psychiatric care (SPC).
Methods: This cohort study leveraged Finnish pt data from 19 registries from 2014– 2020. Adult pts with a depression diagnosis recorded by SPC in the Helsinki and Uusimaa region in 2015 (with no depression diagnosis given by SPC within the previous year) were included. All treatments were recorded as monotherapy or combination/augmentation therapy. The Kaplan-Meier method was used to analyse time to treatment change (TTC).
Results: 9305 pts were included; baseline characteristics are reported (**Table 1**). There was no change to the baseline treatment status in 39.7% of pts (**Table 2**). The most common change was from no medication to monotherapy (2138 pts [45.6% of those with no treatment before]). 2202 (23.7%) pts remained untreated throughout the study. Median (95% confidence interval) TTC following the initial assessment by SPC was 53 (50–56) days (**Figure 1**).
Image 1:

Table 1. Baseline characteristics

	Total (N=9305)
Age, years, mean (standard deviation)	43.7 (14.6)
Gender, male, n (%)	3420 (36.8)
Medications before first SPC assessment, n (%)	
0	3581 (38.5)
1	3984 (42.8)
2	1452 (15.6)
3+	288 (3.1)

Medications before first SPC assessment were used for ≥4 weeks in the 12 months prior.
SPC: specialised psychiatric care.

Image 2:

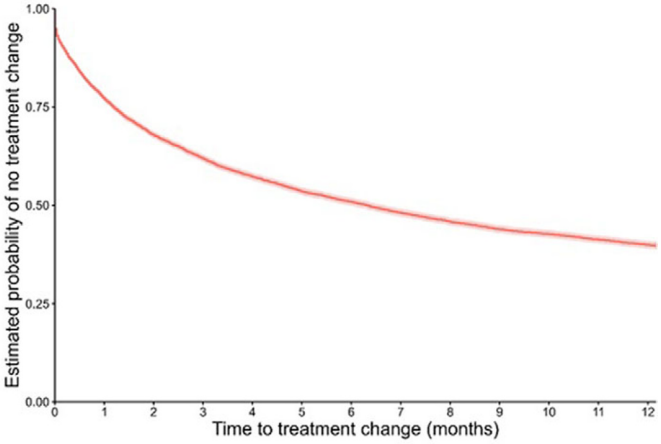
Table 2. Medication changes[a] following first SPC assessment, n, (%, calculated per 'treatment before' category)

From\To	No ongoing medication[b]	Monotherapy	C/A therapy[d]	No change
No ongoing medication[b]		2138 (45.6)	348 (7.4)	2202 (47.0)
Monotherapy	1417 (37.3)	261 (6.9)[c]	810 (21.3)	1312 (34.5)
C/A therapy[d]	75 (9.2)	414 (50.7)	150 (18.4)[c]	178 (21.8)

Treatment before/after: the latest ongoing treatment ≤12 months before consultation/the first treatment initiated ≤12 months since consultation.
[a]Medications were categorised as selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, TCAs, monoamine oxidase inhibitors, mood stabilisers, atypical antipsychotics or "other antidepressants"; [b]For 30 days prior to first SPC assessment; [c]Substance class changes: changes within therapy type; [d]Combination: use of ≥2 medications simultaneously for ≥30 days; Augmentation: addition of atypical antipsychotics, quetiapine, lithium or lamotrigine to existing antidepressant therapy for ≥30 days. C/A: combination/augmentation; SPC: specialised psychiatric care; TCA: tricyclic antidepressants.

Image 3:

Figure 1. Time to treatment change



Treatment change reported as a composite of all possible changes. For the full population (N=9305), median (95% CI) TTC was 189 (178–200) days. For pts experiencing treatment change within 365 days after consultation (N=5613), TTC was 53 (50–56) days.
CI: confidence interval; TTC: time to treatment change.

Conclusions: Around 40% of pts referred to SPC had no prior pharmacotherapy. Monotherapy was the most common treatment provided. Almost 40% of pts had no change in their baseline treatment over 12 months, highlighting the need for further research to optimise care.

Disclosure of Interest: None Declared

EPP406

Real world clinical practice, efficacy and safety of esketamine nasal spray in MDD patients: the French ELLIPSE study

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Introduction: Major depressive disorder (MDD) is the leading cause of disability worldwide. About one third of patients with MDD fails to achieve remission despite treatment and can be considered as Treatment-Resistant patients. Esketamine nasal spray (ESK) is indicated since 2019 in US and Europe for adults with Treatment-Resistant Depression (TRD), who have not responded to at least two different treatments with antidepressants in the current moderate to severe depressive episode. ELLIPSE is the first prospective observational study on ESK in real world conditions in France.
Objectives: The aim of the study is to describe the profile of all patients treated with ESK in real-world clinical practice, the modalities of the use of ESK, the patient management at the site of care and the efficacy and safety outcomes during 12 months after ESK treatment initiation for MDD patients.
Methods: ELLIPSE is a French prospective, multicenter, non-interventional study designed to describe patients presenting MDD treated with ESK, and for whom the decision to prescribe ESK is independent of the study. Data were collected from physicians as part of routine clinical practice and from patients via self-questionnaires.
Results: Thirty-one sites have included 211 MDD patients treated with ESK. The analysis will describe patient profiles (sociodemographic and disease characteristics, medical history, comorbidities), use of ESK at initiation and during study (reason for initiation, posology, frequency, administration, surveillance, treatment duration), safety profile (percentage of reported adverse events) and efficacy (MADRS response and remission rates over 12 months). The study results will be available in January 2025 and will be detailed in the poster presented at the conference.
Conclusions: ELLIPSE is the first large prospective French study providing real world evidence on patients treated with ESK, including patient's profile, condition of use of ESK treatment and follow-up efficacy and safety data. This study should confirm that ESK has its place in therapy for the treatment of MDD.

Disclosure of Interest: P.-M. Llorca Consultant of: Abbvie, Boehringer-Ingelheim, Eisai, Ethypharm, HAC, Janssen, Karla Therapeutics, Lilly, Lundbeck, MSD, Neuraxpharm, Newron, Novartis, Otsuka, Roche, Sanofi, Teva. He provided expert testimony for Janssen, Otsuka., L. Mékaoui Consultant of: Janssen, M. Rotharmel Consultant of: Janssen, P. de Maricourt Consultant of: Janssen, C. Wicart Employee of: Janssen, E. Gaudre-Wattinne Employee of: Janssen, J. Dupin Employee of: Janssen.

EPP407

Machine Learning Prediction of Suicidal Ideation in Community-Based Older Adults using Deep Phenotypes

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Introduction: Suicide is a major public health concern, especially among older adults. Early identification of individuals at risk of suicide is crucial for early intervention, which significantly improves prevention efforts. Early identification of individuals at risk of suicide is crucial for prevention.
Objectives: This study aimed to develop a model for predicting suicidal ideation in community-based older adults using deep phenotype data with machine learning classifiers.
Methods: A study investigating suicidal ideation in community-based older adults utilized a mobile assessment bus to collect data from 358 participants. Deep phenotype data, including Patient Health Questionnaire-9 (PHQ), Generalized Anxiety Disorder-7 (GAD), World Health Organization Quality of Life (WHOQOL), Perceived Stress Scale-10 (PSS) questionnaires, and 32-channel EEG recordings using the 10/20 system, were acquired. Of these participants, 238 completed all assessments. Suicidal ideation was defined by a score of 1 or higher on the ninth question of the PHQ-9. Data from both groups were compared, and features with an effect size of 1 or greater (Cohen's D) were selected for further analysis. Cohen's D. Machine-learning classifiers, including Support Vector Machine (SVM), Random Forest (RF), and Linear Discriminant Analysis (LDA) were employed to predict suicidal ideation using a 7:3 training-test split repeated 100 times to obtain performance metrics.
Results: Scores on the PHQ, GAD, and WHOQOL scales differed significantly, while the PSS data showed variations in all items except one between the group with suicidal ideation and the group without. Notably, analysis of the EEG data from eight brain regions identified disparities in 108 out of 248 features. Among all data, ten features with Cohen's D values exceeding 1 were identified, primarily consisting of questions directly related to themes of negative emotions. Using these features, the classification model achieved an