play a pivotal role in this process, requiring essential knowledge and skills
Objectives: To assess nurses' knowledge and attitudes regarding PPD.
Methods: A cross-sectional study was conducted among maternity nurses at a university hospital who have direct contact with postpartum patients. Our sample was a convenience sampleData was collected using a self-administered anonymous questionnaire. The questionnaire consisted of two parts : the first part collected demographic information about the nurses, and the second part assessed nurses' knowledge and attitudes regarding postpartum depression.
Results: A total of 50 nurses participated in the study. Nearly half (49%) of participants had over 10 years of professional seniority. The majority (92%) were aware of the postpartum period during which the disorder occurs, as well as the early warning signs of PPD (82%). However, more than half of the participants (52%) were unaware of the risk factors for PPD. The majority (92%) were aware that nurses play a major role in early detection of this disorder. Only 52% knew that the Edinburgh Postnatal Depression Scale (EPDS) is the screening tool for PPD. Nearly half of the suggestions to improve the management of PPD (46%) focused on improving patient conditions and well-being. Moreover, 40% of participants made suggestions centered on collaboration and communication.
Conclusions: Despite their involvement in postpartum care, nurses demonstrated limited knowledge of postpartum depression risk factors, emphasizing the need for enhanced education and support.

Disclosure of Interest: None Declared

EPV0600

Gender Differences in Depressive Symptomatology Among Turkish Immigrants: An Analysis of PHQ9 Scores

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Introduction: Depression is a pervasive mental health disorder that can significantly influence symptomatology, which remains a crucial area of research. This study aims to investigate whether gender correlates with PHQ-9 total scores, enhancing the general understanding of depression across different demographic groups.
Objectives: This study examines the correlation between gender and PHQ-9 total scores, investigating the hypothesis that gender influences various depressive symptoms as measured by the PHQ-9. We aim to determine whether there is a significant difference in depression severity between male and female participants.
Methods: To fulfill this purpose, we collected data from a total of 146 participants, primarily Turkish immigrants of the first and second generation, who were recruited from the Neuro-Psychiatrisches Zentrum Riem. First, we gathered the participants' sociodemographic data, including gender, marital status, and education level. Furthermore, they were asked to complete the PHQ-9 questionnaire, and we conducted a Pearson correlation analysis.
Results: The PHQ-9 total scores and gender show a significant correlation, with a p-value of 0.040. Furthermore, these results indicate that female participants had higher average PHQ-9 scores compared to male participants, suggesting a greater intensity of depressive symptoms among women. Since the participants were predominantly Turkish immigrants, these findings may suggest that Turkish women are more prone to severe depressive symptoms, potentially as a consequence of their immigration history.
Conclusions: This study emphasizes the significance of gender in relation to depressive symptoms, as measured by the PHQ-9 questionnaire. However, future research should investigate other factors, besides gender, that may influence the severity of depressive symptoms in immigrant participants. It is recommended that these studies focus on the long-term effects of immigration, depression, and gender by including a diverse range of participants, such as immigrants from the first, second, third, and fourth generations. These generational differences could indicate significant variations in the experiences and consequences of severe depressive symptoms.

Disclosure of Interest: None Declared

EPV0601

Predictive significance of constellation factors of the newborn in the onset of postpartum depression

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Introduction: Postpartum depression (PPD) includes any non-psychotic depressive disorder that occurs during the first year after childbirth, with an estimated prevalence of 10-15%. Mothers suffering from PPD often exhibit irritability, loss of appetite, lack of interest in their surroundings, insomnia, or excessive sleep unrelated to the baby's sleep-wake rhythm, and are less responsive to their infants' needs. This not only impairs the bond between mother and child but also the child's cognitive, behavioral, and social-emotional development and physical health. While studies suggest a multifactorial etiology of PPD, such as psychosocial stressors and biological factors, the etiology of PPD remains unclear.
Objectives: Reviewing certain constellative factors of the newborn as potential risk factors for the occurrence of PPD in the early postpartum period.
Methods: A prospective study included 30 mothers and their newborn babies. The presence of depression was determined using the Edinburgh Postnatal Depression Scale (EPDS). The EPDS was filled in by mothers after giving birth, retesting was performed on the 3rd and 6th months postpartum. The diagnosis of PPD was established if the score on the EPDS after the 3rd and 6th month postpartum was greater than 9. Constellating factors of the newborn were extracted from the newborn's medical records.
Results: Constellation factors of the newborn, body weight, body length of the child at birth, and APGAR score did not significantly differ between the examined groups of mothers. The gestational age of the newborn was significantly higher in the group of mothers who developed PPD compared to the group of healthy mothers ($p<0.01$).
Conclusions: A few papers have been published on the subject of the influence of constitutive factors of the newborn (gender, body weight, body length, APGAR score, clinical age, and gestational age) on the occurrence of PPD. No strong evidence was found for an increased risk of PPD for any of the investigated factors individually. However, some authors from this group of newborn constellation factors single out the low birth weight of the newborn, below 1500 g, as one of the risk factors for the occurrence of PPD, which does not coincide with the results of our research. In our research, the gestational age of the newborn is a risk factor for the occurrence of PPD. Early

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.

Disclosure of Interest: None Declared

EPV0604

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

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