

is etiologically important and provides valuable guidance for future research.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

O005

Effectiveness of Repeated Ketamine Infusions in Treatment Non-Responding Obsessive Compulsive Disorder: a Randomised Controlled Trial

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Introduction: Though glutamate modulators have been increasingly used with some success in cases of OCD resistant to SRIs, there is limited data on the use of ketamine in OCD. There is one study on the use of multiple ketamine infusions in SRI-resistant OCD, but no studies have yet compared the effectiveness of multiple infusions of ketamine with multiple infusions of an active comparator agent. Benzodiazepines are commonly prescribed for OCD despite the lack of recommendations. The current study was a hospital-based prospective, single-blind, randomised controlled trial conducted over a period of one and a half years to compare the effectiveness of multiple infusions of ketamine with those of midazolam.

Objectives: To look into the immediate effects of ketamine infusion in terms of reduction in illness severity in OCD treatment non-responders in comparison to midazolam infusion.

To determine the time-point associated with the largest change in symptom severity in patients receiving repeated ketamine infusions in comparison to midazolam infusions.

To determine the overall proportion of response of OCD treatment non-responders to ketamine infusions in comparison to midazolam infusions.

Methods: In a hospital setting, we compared the effectiveness of 6 sessions of ketamine infusions (0.5 mg/kg body weight) with that of 6 sessions of midazolam infusions (0.045 mg/kg body weight), given on alternate days on a Monday-Wednesday-Friday schedule, in 30 patients with treatment non-responding OCD. Assessments were made using rating scales: DY-BOCS, MADRS, HAM-A, CADSS and SAFTEE.

Results: At 1 hour and 4 hours after the 1st ketamine infusion, 26% of patients achieved treatment response, while none in the midazolam group did so at these time points (Figures 1 and 2). Maximum symptom reduction occurred after the 1st infusion. By the 6th infusion, 40% of ketamine patients achieved treatment response, compared to 20% in the midazolam group. At 4 weeks after the last infusion, only 1 patient (6%) in the ketamine group maintained treatment response, with none in the midazolam group. Overall, the result indicates that the ketamine group showed significant improvement compared to the midazolam group ($F=1.541$, $p=0.048$) with a medium effect size ($\eta^2=0.056$) (Figure 3). There were no statistically significant differences between the two groups in terms of overall reductions in MADRS.

Image 1:

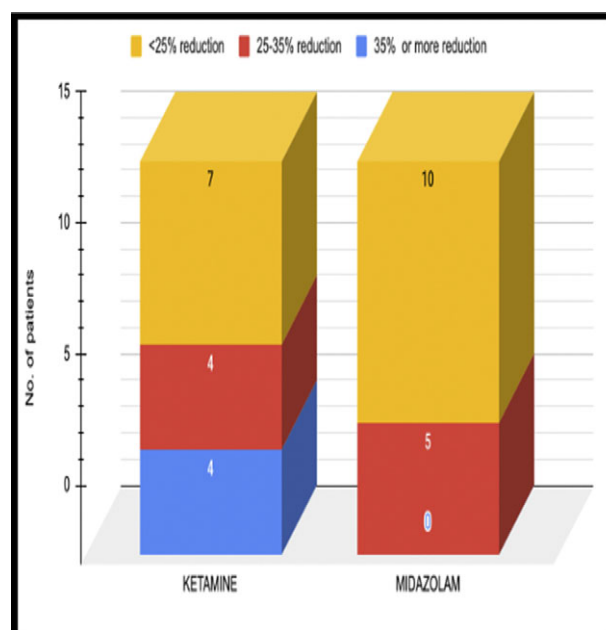


Figure 1: Stacked column chart showing the distribution of degrees of % reductions in DY-BOCS Global Score in ketamine and midazolam groups at 1 hour after 1st infusion.

Image 2:

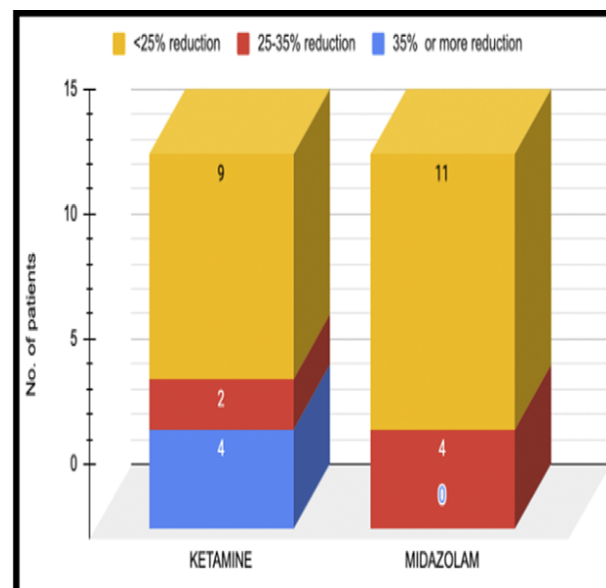


Figure 2: Stacked column chart showing the distribution of degrees of % reductions in DY-BOCS Global Score in ketamine and midazolam groups at 4 hours after 1st infusion.

Image 3:

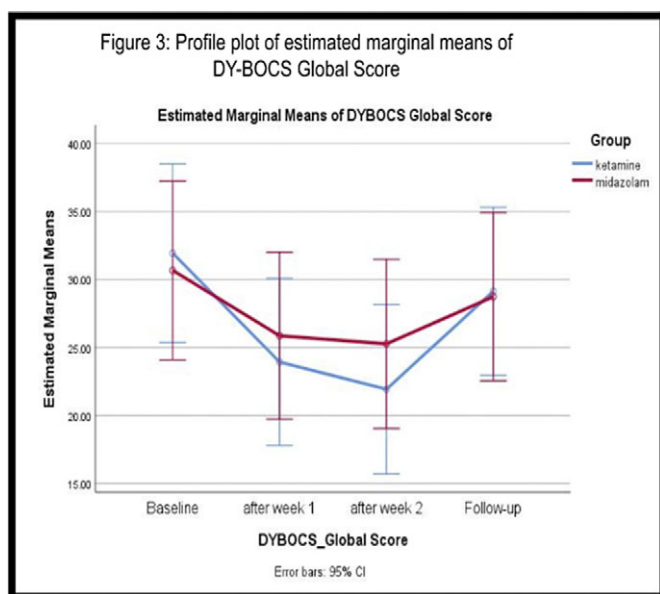


Figure 3: Profile plot of estimated marginal means of DY-BOCS Global Score

Conclusions: Ketamine, though modest in action, is superior to midazolam. Our findings lie between those of 2 prior studies—that by Bloch et al. (2012), who showed it to be largely ineffective, and that of Rodriguez et al. (2013), who found that half of their participants continued to show response even 1 week after the infusion. The differential overall improvement in DY-BOCS in the ketamine group over the midazolam group was independent of the reductions in depressive symptoms.

Disclosure of Interest: None Declared

O006

Deep brain stimulation (DBS) in patients with obsessive-compulsive disorder – a two-year follow-up on quality of life

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Introduction: Deep brain stimulation (DBS) is a neurosurgical procedure in which thin electrodes connected to a neuro-pacemaker

are implanted into deep brain structures to modulate pathological neuronal activity with electrical current. DBS is used for symptom relief in Parkinson's disease (Groiss *et al.* TAN Disord 2009; 2 79–91) and is under investigation for several psychiatric conditions (Naesström *et al.* NJP 2016; 70 483–91). Severe and treatment-resistant obsessive-compulsive disorder (OCD) may be treated with DBS to achieve reduced OCD symptoms, ultimately aiming for an improved quality of life.

Objectives: Our objective is to present preliminary data on OCD patients' self-reported quality of life related to the development of OCD symptoms, before DBS surgery, and up to two years after surgery.

Methods: Patients with severe OCD (n=12) were enrolled in an open-label clinical trial on DBS delivered into the brain area of the bed nucleus of stria terminalis (BNST), as previously described (Naesström *et al.* W Neurosurg 2021; 149 e794-e802). The patients completed the EuroQOL five dimensions questionnaire (EQ-5D-3L) and were assessed with the Yale-Brown Obsessive Compulsive Scale (YBOCS) before DBS surgery and after six, 12, and 24 months. The paired *t*-test was used to analyze for group differences.

Results: The mean age at DBS surgery was 39.2 years (standard deviation [SD] 15.5) and the baseline YBOCS score corresponded to severe to extreme OCD (mean 33, SD 3.0). The mean EQ-5D index score was 0.62 (SD 0.11) at baseline and had improved to 0.74 (SD 0.13) at the two-year follow-up and the difference was statistically significant ($t = 2.8$, $df = 7$, p -value = 0.025). The EQ-5D VAS scores measured pre-surgery were low (mean 35.9, SD 22.2) and had increased two years post-surgery (mean 54.4, SD 21.0), but with no statistically significant difference ($t = 1.9$, $df = 8$, p -value = 0.093).

Conclusions: Quality of life in OCD patients two years after DBS surgery measured with the EQ-5D-3L showed an improvement two years following surgery for the EQ-5D index but not for the VAS scale. These preliminary data show that self-assessment with the EQ-5D-3L scale may be used to follow up on patients' quality of life after DBS and longer follow-up periods are warranted.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

O007

Effect of Nurse-Led Interventions in Reducing Post-Traumatic Stress Disorder Symptoms in Inpatients: A Systematic Review and Meta-Analysis

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Introduction: Psychologically, traumatic incidents often involve physical injuries that threaten a person's survival and sense of security. After a sudden health problem or other kind issues, hospital admission can be an experience that negatively affects psychological health and recovery, often including symptoms of post-traumatic stress disorder, anxiety, and depression. Nurses who spend a longer