

phase2 as compared to 8.24% in phase1 ( $p < 0.00$ ). Those aged 50 years and above (vs 21-34 years) ( $p < 0.02$ ), highest educational attainment of primary school (vs University) ( $p < 0.05$ ), being economically inactive (vs employed) ( $p < 0.01$ ), having mild levels of anxiety ( $p < 0.007$ ) and having severe levels of depression, anxiety or, stress ( $p < 0.005$ ) was seen to be significantly associated with insomnia.

**Conclusions:** Insomnia prevalence rose from 8.24% in phase1 to 8.83% in phase2 and was significantly associated with anxiety disorder, psychological distress, and perceived stress among Singapore residents in both phases. These findings could be ascribed to the failure in re-establishment of pre-COVID-19 pandemic norms, social situations and working dynamics that might have led to sleep curtailment and insomnia. Study findings can be utilised to design effective targeted interventions like cognitive behavioural therapy, therapist assisted relaxation and meditation programs to improve sleep and reduce psychological distress. Mentioned interventions can be delivered via smartphone applications enabling easy access, monitoring, delivery, and utilization by the vulnerable groups.

**Disclosure of Interest:** None Declared

## Depressive Disorders

### EPP125

#### Investigating amygdala habituation in major depressive disorder: an fMRI study in UK Biobank

L. Fortaner-Uyà<sup>1,2\*</sup>, C. Verga<sup>2</sup>, S. Cademartiri<sup>1</sup>, E. Tassi<sup>3,4</sup>, P. Brambilla<sup>3</sup>, E. Maggioni<sup>4</sup>, C. Fabbri<sup>5</sup>, F. Benedetti<sup>1,2</sup> and B. Vai<sup>1,2</sup>

<sup>1</sup>University Vita-Salute San Raffaele; <sup>2</sup>Division of Neuroscience, IRCCS San Raffaele Hospital, Psychiatry and Clinical Psychobiology Unit; <sup>3</sup>Department of Neurosciences and Mental Health, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico; <sup>4</sup>Department of Electronics - Information and Bioengineering, Politecnico di Milano, Milan and <sup>5</sup>Department of Biomedical and Neuromotor Sciences, University of Bologna, Bologna, Italy

\*Corresponding author.

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**Introduction:** Major depressive disorder (MDD) is a severe psychiatric condition with a high risk of suicide. Research on MDD and suicidality has identified structural and functional abnormalities in the cortico-limbic network as candidate biomarkers, but little is known about the temporal dynamics of these brain regions. Recently, abnormal amygdala habituation to emotional stimuli has been highlighted as a reliable fMRI phenotype linked to emotional dysregulation and increased suicide risk.

**Objectives:** Our study aimed to assess amygdala habituation to emotional stimuli in MDD and explore differences between suicide attempters (SA) and non-attempters (nSA). Additionally, we examined the relationship between amygdala habituation and depressive symptoms.

**Methods:** 414 MDD patients (239 SA, 175 nSA) selected from the UK Biobank underwent fMRI during a block-designed emotion processing task, including faces and shapes conditions. We obtained bilateral amygdala activation for each block using FSL. Habituation was quantified using two methods: the regression approach (REG) and First minus Last block (FmL). One sample T-tests were used to investigate whether habituation rates

significantly differed from zero. Group differences were analysed using Mann-Whitney U-tests. Generalized linear models (GLM) were applied to examine relationships between habituation and depression severity, controlling for age, sex, group (SA vs. nSA), and handedness.

**Results:** In both MDD and SA groups, no significant habituation was observed for either emotional or non-emotional stimuli ( $p_{FDR} > .05$ ). However, the nSA group showed significantly positive habituation rates for left amygdala in both conditions and for right amygdala in faces condition using REG ( $p_{FDR} < .05$ ), suggesting a possible sensitization process. Moreover, nSA showed significantly higher habituation rates than SA in all conditions with REG ( $p_{FDR} < .01$ ). GLM analyses revealed no significant associations with depression severity.

**Conclusions:** Our results suggest that MDD is characterized by a lack of amygdala habituation to emotional stimuli, potentially offering new insights into its pathophysiology. This biomarker may help in developing novel therapeutic strategies targeting the amygdala and its regulation within the cortico-limbic system.

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### EPP126

#### Is there a risk of addiction to ketamine during the treatment of depression? A systematic review of available literature

G. Ingrosso<sup>1,2\*</sup>, A. Cleare<sup>1</sup> and M. Juruena<sup>1</sup>

<sup>1</sup>Institute of Psychiatry, Psychology and Neuroscience, King's College London, Centre for Affective Disorders, London, United Kingdom and

<sup>2</sup>Department of Health Sciences, University of Milan, Milan, Italy

\*Corresponding author.

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**Introduction:** Depression is a leading cause of disability globally, and while conventional treatments, such as antidepressants and psychological therapy, benefit many patients, a significant proportion fail to achieve symptom relief. Ketamine has demonstrated both rapid and sustained efficacy in treating depression, especially in treatment-resistant cases. However, concerns regarding the addictive potential of ketamine during long-term depression treatment persist among clinicians.

**Objectives:** The review aimed to assess the prevalence of addiction phenomena associated with ketamine treatment of depression in adult populations.

**Methods:** The review followed PRISMA guidelines and was pre-registered on PROSPERO (CD42023435468). A comprehensive search was conducted in Medline, Embase, PsycInfo and Global Health databases, with additional relevant studies identified through reference lists. Data extraction and study selection were performed by two independent reviewers. Risk of bias was assessed using appropriate tools based on study design.

**Results:** Sixteen studies were included, comprising six randomised controlled trials, three single-arm open-label studies, one retrospective study, three case series and three case reports, for a total of 2174 patients. The studies employed various routes of administration, including intravenous, intramuscular, intranasal, oral and sublingual. Ketamine was administered in the racemic

form, except for the studies that utilised intranasal esketamine. Four patients were reported to exhibit clear signs of tolerance to the antidepressant effects of ketamine or dependence on the drug, while the majority did not. Additionally, papers discussing addiction phenomena in studies that did not meet the inclusion criteria are also reviewed.

**Conclusions:** Despite the heterogeneity in study designs and outcome assessment methods, the review underscores the relative safety of ketamine treatment for adult patients with depression, emphasising the importance of medically supervised administration, vigilant monitoring and judicious dosing. Future long-term studies employing quantitative scales to assess dependence phenomena could contribute to strengthen the evidence for a safe and effective use of ketamine in the treatment of depression.

**Disclosure of Interest:** None Declared

## EPP127

### Heterogeneity in depression treatment trajectories and associated social factors: a longitudinal cohort study in older adults in Denmark

K. Ishtiaq-Ahmed<sup>1,2</sup>, C. Rohde<sup>1,2</sup>, O. Köhler-Forsberg<sup>2,3</sup>, K. S. Christensen<sup>4,5</sup> and C. Gasse<sup>1,2,3\*</sup>

<sup>1</sup>Department of Affective Disorders, Aarhus University Hospital Psychiatry; <sup>2</sup>Department of Clinical Medicine, Aarhus University; <sup>3</sup>Psychosis Research Unit, Aarhus University Hospital Psychiatry; <sup>4</sup>Research Unit for General Practice and <sup>5</sup>Department of Public Health, Aarhus University, Aarhus N, Denmark

\*Corresponding author.

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**Introduction:** While depression trajectories have been extensively studied in recent decades, research has predominantly focused on younger and middle-aged individuals, often overlooking vulnerable older patients. Classifying patients based on treatment trajectories may enhance personalized care efforts and long-term treatment management for older adults.

**Objectives:** This study investigates the varying patterns of depression treatment trajectories and examines the influence of social factors on these trajectories in older adults initiating first-time depression treatment over a three-year period.

**Methods:** We conducted a nationwide cohort study using Danish registers, including all adults aged 65 and older who filled their first-time antidepressant prescriptions between 2006 and 2015 (with no prescriptions in the previous decade). Depression treatment patterns were assessed through antidepressant prescription redemptions and psychiatric hospital contacts for depression. Latent class growth modeling identified distinct treatment trajectories over the three years, while multinomial logistic regression analyzed the association between social factors and trajectory group membership.

**Results:** Among the 66,540 older adults included in the study (55.2% female, mean age: 77.3 years), three unique depression treatment trajectories emerged: 'brief treatment' (33.7%), where treatment ended within six months; 'gradual withdrawal' (26.5%), where treatment tapered off over two years; and 'persistent treatment' (39.8%), where treatment continued throughout the three years. Association analyses showed that female sex, living alone, and residing in less-urbanized regions were

associated with higher odds of membership in the persistent treatment group. In contrast, older individuals, those who were widowed or separated, and individuals of non-Danish ethnicity were associated with lower odds of membership in the persistent treatment group.

**Conclusions:** This study identifies three distinct depression treatment trajectories in older adults. Social factors such as sex, household composition, place of residence, and ethnicity were associated with treatment duration and trajectories. Tailored interventions based on patient characteristics may enhance depression care for older adults, ensuring more personalized and effective treatment strategies.

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## EPP128

### Financial performance of people with affective disorders: A prospective, European-wide study

T. Jiang<sup>1\*</sup>, G. Gaastra<sup>1</sup> and J. Koerts

Department of Clinical and Developmental Neuropsychology, University of Groningen, Groningen, Netherlands

\*Corresponding author.

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**Introduction:** Financial capability, which encompasses both financial competence and financial performance, is a key requirement for an autonomous and independent life. However, individuals with psychiatric disorders often report difficulties with financial capability and financial stress.

**Objectives:** The current study aims to disclose the impact of affective disorders (AD) on financial performance using prospective data from wave 8 and wave 9 of the Survey of Health, Retirement and Ageing in Europe (SHARE).

**Methods:** The SHARE project includes individuals born on or before 1971 or households with at least one member meeting this age criterion. During each wave, participants reported whether they received one of 17 diagnoses, including "affective or emotional disorders, including anxiety, nervous or psychiatric problems". Furthermore, monthly household net income and whether participants experienced difficulties in managing money, challenges in making ends meet, and their debt situation were recorded. The differences between the AD and a control group (i.e., participants without affective or neurological conditions) on monthly household net income and the three financial performances were examined for both waves. Logistic regression analyses were performed to analyze whether an AD diagnosis predicted financial performances in wave 8 and wave 9.

**Results:** 2,645 individuals reported an AD diagnosis in wave 8, and 47,068 were classified as controls. In wave 9, 3,574 individuals indicated having an AD diagnosis and 60,902 were classified as controls. In both waves, individuals with AD received a lower monthly household net income and reported more difficulties across all three financial performances relative to controls.