

effects. Cold water swimming (CWS), also known as winter swimming, describes swimming outdoors - mainly during the winter season in cold to ice-cold water on a regular basis. Many winter swimmers believe that exposure to cold water is beneficial for their health. However, evidence of health effects have been anecdotal or based on results from small sample-size studies. The available studies report that winter swimming abolishes general tiredness, boosts self-esteem and improves mood and/or general well-being.

Objectives: To test if it is possible for patients with depression to participate in two weekly sessions of CWS and to measure the effects of CWS on general well-being and depression among the participating patients.

Methods: All psychiatric in- and outpatients from the department of psychiatry at Little Belt Hospital, Vejle with a diagnosis of depression are eligible for inclusion. CWS-sessions will include a dip in an inlet - and if desired a short swim for a few minutes - depending on individual preferences. The CWS sessions will take place at the local inlet at a recreational area with sauna and changing facilities available.

Results: The study starts in October 2021 and we expect to have results by April 2022.

Conclusions: Conclusion: Awaiting.

Disclosure: No significant relationships.

Keywords: Depression; prevention; cold water swimming

EPV0623

Attitudes towards death in adolescents hospitalized with depressive disorder

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Introduction: The study of attitudes towards death in patients of different nosological groups is an urgent task for modern science. It becomes especially relevant when working with adolescents with severe depressive disorder: for many of them, thoughts about death in various forms become the main reason for contacting specialists and the most subjectively painful symptom.

Objectives: Revealing the characteristics of attitudes towards death in adolescents with severe depressive disorder.

Methods: The study involved 135 adolescents (12-17 years old) with depressive disorder, hospitalized in a psychiatric hospital. Participants completed the following methods: Hamilton Rating Scale for Depression, Columbia Suicide Severity Rating Scale, Death Attitude Profile-Revised, Fear of Personal Death Scale, Death Anxiety Scale.

Results: The severity of depressive symptoms is significantly associated with the "death-as-flight" scale ($r = 0.639$, $p = 0.000$). The values on the "fear of death" scale are positively associated with the indicators on the scales "death anxiety" ($r = 0.432$, $p = 0.025$), "consequences of death for the individual" ($r = 0.658$, $p = 0.000$), "transcendental consequences of death" ($r = 0.711$, $p = 0.000$), "the consequences of

my death for loved ones" ($r = 0.496$, $p = 0.008$). Indicators on the "active death search" scale are negatively associated with indicators on the "neutral acceptance of death" scale ($r = -0.503$, $p = 0.007$) and positively with the "fear of oblivion" scale ($r = 0.432$, $p = 0.024$).

Conclusions: The attitude towards death in adolescents with depressive disorder has a pronounced specificity, which can become one of the targets of psychotherapeutic work.

Disclosure: No significant relationships.

Keywords: Adolescents; attitudes towards death; depressive disorder

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Atrial fibrillation debut following first electroconvulsive therapy combined with venlafaxine: a case report and a literature review

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Introduction: Cardiovascular events (CVE) are infrequent adverse effects in patients receiving electroconvulsive therapy (ECT). Nonetheless, it constitutes a threat for patient's life and may compromise continuing ECT.

Objectives: To describe a case of acute-onset atrial fibrillation under combined therapy with ECT and venlafaxine.

Methods: We present a 76-year-old man diagnosed of delusional disorder and without any previous CVE, who was hospitalized in our acute psychiatric unit by major depressive episode with psychotic symptoms resistant to pharmacological treatment (valproic acid 100mg/d, haloperidol 6mg/d, venlafaxine 300mg/d). ECT was initiated presenting atrial fibrillation after first session of ECT, requiring amiodarone and anticoagulant treatment for stabilization. Second session of ECT was delayed for three-weeks, worsening the psychiatric symptoms. Haloperidol was discontinued initiating lurasidone with better cardiovascular profile.

Results: CVE occur in 2% of the patients receiving ECT, being acute arrhythmia the most frequent one. Among them, few cases of atrial fibrillation (AF) under ECT have been reported. It has been hypothesized that initial vagal response followed by catecholamine surge secondary to ECT could facilitate the development of AF. In addition venlafaxine, an antidepressant drug, may also predispose to arrhythmia in high-risk individuals. High doses of venlafaxine (>300mg/d) combined with ECT have been related with an increment of CVE.

Conclusions: Although clinically effective for the treatment of major depression disorder, combined therapy of ECT and