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 availably 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 diagnose 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

EPV0624

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 hypothesised 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

venlafaxine could precipitate the start of a CVE in genetically susceptible individuals. Therefore, identify and clarify potential risk factors other than previous history of CVE is critical to reduce morbidity and mortality in these patients.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; Cardiovascular; Depression

EPV0625

Utilization of Psychiatric Team Driven Ketamine Infusions

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Introduction: In 2018 Missouri University Psychiatric Center, an inpatient psychiatric hospital established a ketamine infusion team to treat severely depressed and acutely suicidal clients. Over 80 infusions were delivered over three years, with positive outcomes and minimal side effects.
Objectives: To evaluate outcomes of an inpatient psychiatric intravenous ketamine team to deliver treatment without anesthisia colloabration, which could open the horizon for future intravenous medications in a psychiatric inpatient setting.
Methods: A team consisting of a psychiatrist supported by a psychiatric PA, psychiatric pharmacist, and a mental health nurse devloped a protocol including physical and mental health screening, inclusion/exclusion criteria, dosing, and client monitoring. For data collection, the team monitored vital signs and mental status changes for tolerability and depression screening tools for efficacy.
Results:

Table 1: Ketamine Infusion Data

Total Clients	32
Male	15
Female	17
Dosing	0.5mg/kg adjusted bodyweight infused over 40 minutes
Average Baseline Depression Screening (PHQ or QIDS)*	20.8
Average Baseline Follow up Screening (PHQ or QIDS)*	7.5
Average Change in Screening Score (PHQ or QIDS)*	-14.1
% Change From Baseline in Screening Score (PHQ or QIDS)*	65.5%
Adverse Events Documented	Dissociation 5 (15.6%); Nausea/Vomiting 3 (.09%), Extreme Euphoria 2 (.06%); sedation 1 (.03%); BP Increase 1 (.03%)

Conclusions: Overall, ketamine infusions were tolerated well with limited adverse drugs reactions reported or observed and were easily addressed by the team without any serious adverse events. Given the rapid improvement of symptoms and overall tolerability, intravenous ketamine infusions conducted solely by a psychiatric-based team advances our field for further treament modalities.

Disclosure: No significant relationships.
Keywords: Ketamine; Suicidal Ideations; intervention; Depression

EPV0627

A comparison between patients who suffer from major depression and are treated with Esketamine – one group participates in group therapy and the other one does not

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Introduction: Major depressive disorder is present in approximately 7% of the general population. There are some patients that remain treatment-resistant - patients who were treated with two or more different medications and did not demonstrate any improvement in their mental state. These patients can be treated with a new treatment – Esketamine. The recommended Esketamine treatment protocol includes 8-treatment sessions, each session lasts about two hours. In our clinic, we added a therapy group after each treatment. The therapy group is led by two co-therapist and lasts 30 minutes. The patients are invited to share their experiences from the session, their thoughts and emotions.
Objectives: The study that we will present was conducted in the Esketamine treatment unit at a psychiatric hospital. There were two groups - 1. A group whose treatment included a therapeutic group at the end of each Esketamine treatment (n=30); 2. A group whose treatments did not include a therapeutic group at the end of the Esketamine treatment (n=30).
Methods: The current study examines the role of the therapeutic group. It compares between the standard treatment protocol, with and without a therapeutic group. All participants completed three questionnaires, about their emotions, three times during the treatment (before the first session, after 4 sessions and after 8 sessions).
Results: We will present first results as well as vignette to demonstrate.
Conclusions: The expectation is to find a better patient experience and a better insight about the clinical changes following the Esketamine treatment, in the group which participates in the therapy group

Disclosure: No significant relationships.
Keywords: resistance; major depression; esketamine; group therapy

EPV0628

Levothyroxine supplementation among individuals with Subclinical Hypothyroidism and Depression | a review

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Introduction: Depression is known to be associated with changes in the hypothalamic-pituitary-thyroid axis and the brain is a major