Depressive Disorders

EPP0376

The Impact of Severe Wildfires on Mental Health: Prevalence of Major Depressive Disorder and Related Factors among Residents in Alberta and Nova Scotia, Canada.

W. Mao[1]*, R. Shalaby[1], B. Agyapong[1], G. Obuobi-Donkor[2], R. Dias[2] and V. I. Agyapong[1,2]

[1]Psychiatry, University of Alberta, Edmonton and [2]Psychiatry, Dalhousie University, Halifax, Canada
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.538

Introduction: Hundreds of fires have been burning from coast to coast across the country since March 2023, putting Canada on track to experience the worst wildfire season ever. From East to West, provinces such as Quebec, Ontario, Nova Scotia, Alberta, and British Columbia have been particularly affected by large and uncontrollable wildfires.
Objectives: This study aimed to determine the prevalence and predictors of depression symptoms among residents of Alberta and Nova Scotia during the Canadian wildfires of 2023.
Methods: This study conducted a cross-sectional quantitative survey for data collection. In the period between 14th May and 23rd June 2023, an online survey was administered using REDCap. Through the Text4Hope program, participants subscribe to receive supportive SMS messages daily. After the first message, participants were invited to complete an online questionnaire, containing demographic information, wildfire-related information, and responses to the Patient Health Questionnaire-9 (PHQ-9) for depression assessment. SPSS version 25 was used to analyze the data. Descriptive, univariate, and multivariate regression analyses were employed.
Results: A total of 298 respondents completed the online survey out of 1802 who accessed it, resulting in a response rate of 16.54 %. Most of the respondents were females (85.2%, 253), below 40 years of age (28.3%, 84), employed (63.6%, 189), and in a relationship (56.4%, 167). A historical depression diagnosis (OR = 3.15; 95% CI: 1.39–7.14) was a significant predictor of moderate to severe MDD in our study. While employment status did not significantly predict MDD, unemployed individuals were two times more likely to report moderate-to-severe symptoms of MDD than employed individuals (OR = 2.46; 95% CI: 1.06–5.67). Among the total sample population, the moderate to severe MDD prevalence was 50.4%, whereas it was 56.1% among those living in wildfire-affected areas.
Image:

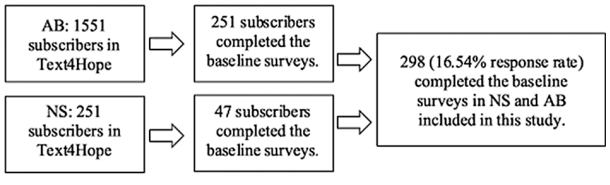

Figure 1. The Text4Hope survey flow chart.

Image 2:

Table 3: Logistic regression results of study respondents to present with likely depression.

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B) Lower	Upper
Age	≥ 60y			2.148	3	.542			
	50-59y	.484	.463	1.090	1	.296	1.622	.654	4.023
	40-49y	-.099	.504	.038	1	.845	.906	.337	2.433
	<40y	.145	.485	.089	1	.765	1.156	.447	2.990
Employment Status	Employed			5.664	3	.129			
	Unemployed	.899	.427	4.429	1	.035	2.457	1.064	5.674
	Student	.461	.838	.303	1	.582	1.586	.307	8.196
	Retired	-.358	.518	.476	1	.490	.699	.253	1.932
Education	Post-secondary Education	-.527	.434	1.478	1	.224	.590	.252	1.381
Housing status	Own Home			1.636	2	.441			
	Rented Accommodation	.335	.378	.789	1	.375	1.398	.667	2.931
	Live with Family or Friends	.576	.518	1.237	1	.266	1.779	.645	4.912
Previous mental health diagnosis	Depression Yes	1.147	.417	7.558	1	.006	3.150	1.390	7.138
	Anxiety Yes	.060	.374	.026	1	.872	1.062	.510	2.210
	Personality Disorder Yes	-.131	.697	.035	1	.851	.877	.224	3.439
	ADHD Yes	1.232	.858	2.060	1	.151	3.427	.637	18.424
	Received no mental health diagnosis. Yes	.284	.545	.271	1	.603	1.328	.456	3.867
Are you on any of the following medications for a mental health concern?	Antidepressants Yes	.260	.339	.587	1	.443	1.297	.667	2.519
	Antipsychotics Yes	.453	.760	.355	1	.551	1.572	.355	6.968
	Benzodiazepines Yes	.933	.722	1.667	1	.197	2.541	.617	10.470
	Mood Stabilizers Yes	.068	.640	.011	1	.916	1.070	.305	3.755
	Sleeping Tablets Yes	.292	.475	.377	1	.539	1.338	.528	3.395
Constant		-.967	.677	2.038	1	.153	.380		

Conclusions: As a result of our study, the development of moderate to severe MDD symptoms during wildfire disasters was significantly associated with a history of depression diagnosis. Although employment status did not significantly predict MDD, unemployed individuals had a greater likelihood of experiencing moderate-to-severe symptoms than employed individuals. Further research is necessary to ascertain reliable predictors of mental health issues among those who have experienced disasters, as well as to offer appropriate interventions and treatment options to the communities and individuals who are most vulnerable.

Disclosure of Interest: None Declared

EPP0377

Real-world effectiveness and safety of esketamine intranasal spray combined with treatment-as-usual in psychiatric inpatients

E. Kavakbasi[1]*, M. Yilmaz[1], Ö. Bulut[1], H. Berndt[1] and B. T. Baune[1,2,3]

[1]Department of Psychiatry, University Hospital Münster, University of Münster, Münster, Germany; [2]Department of Psychiatry, Melbourne Medical School, The University of Melbourne, Melbourne and [3]The Florey Institute of Neuroscience and Mental Health, The University of Melbourne, Parkville, Australia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.539

Introduction: Esketamine intranasal spray has been approved in both the USA and EU as a novel treatment in patients with treatment-resistant major depression (TRD) and for the management of acute depressive emergencies during the course of major depressive disorder (MDD). Real-world data on the effectiveness and safety of esketamine nasal spray in clinical use are limited.
Objectives: To investigate the clinical effects and safety of esketamine nasal spray on depression severity and suicidal ideation during inpatient treatment in n=76 patients in a German university hospital.
Methods: In this retrospective chart review, we analyzed the change in depression severity and safety after a treatment series with esketamine nasal spray combined with treatment-as-usual in patients with treatment-resistant depression (TRD) in inpatient treatment setting of a University Hospital. Depression severity has been rated with the Montgomery–Åsberg Depression Rating Scale (MADRS) as well as with the BDI-II (Beck Depression Inventory-Second Edition) before and after the treatment series. The intensity of suicidal ideation has been evaluated using MADRS item 10 on suicidal thoughts.
Results: A total of 76 patients have been included (women 55.3, n=42) in this analysis. Mean BDI-II pre-treatment was 37.6 and mean MADRS was 33.6 corresponding to severe depression. Mean score on item-10 pre-treatment was 2.4 (median 2.0). On average patients received 10.9 sessions (standard deviation 4.2, median 11.0) of esketamine nasal spray (min 1, max. 19 sessions). There was clear improvement after the treatment series in both the BDI-II (mean change -10.1, $p < 0.001$) as well as in MADRS score (mean reduction -10.0, $p < 0.001$). Suicidal ideation on item-10 also decreased significantly (-0.9, $p < 0.001$). The effect sizes were large for all three measures: Cohen's d 1.050 for BDI-II; 0.986 for MADRS and 0.742 for changes in suicidal ideation. Overall, esketamine treatment was well tolerated. In five cases esketamine treatment has been terminated early (after a mean of 3.4 sessions) due to dissociations (n=4; 5.3%) or due to non-response (n=1).
Conclusions: Esketamine nasal spray is a novel effective and safe treatment option, which leads to significant decrease in depression severity as well as in suicidal ideation. More data from real-world patients are needed to position esketamine in the algorithm of depression treatment. Rate of treatment discontinuation due to side-effects in this study was comparable to those in other esketamine studies (4.2% in Reif et al, NEJM, 2023).

Disclosure of Interest: None Declared

EPP0378

Comparison of Staging Methods for Treatment-Resistant Depression: Chart Review

K. B. Avanoğlu[1*], N. Oktar Erdoğan[2], E. Ağaoğlu[3] and K. Başar[4]
[1]Psychiatry, Yalova State Hospital, Yalova; [2]Psychiatry, Pamukkale University Faculty of Medicine, Denizli; [3]Psychiatry, Bahçelievler Medipol Hospital, İstanbul and [4]Psychiatry, Hacettepe University, Faculty of Medicine, Ankara, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.540

Introduction: Treatment-resistant depression (TRD) lacks a universally consistent definition due to varied interpretations despite attempts to define it based on inadequate response or remission despite sufficient antidepressant treatment. There's a crucial demand for a uniform definition and staging to streamline its effective management amid diverse treatment options and the complex nature of resistance. Five methods have emerged to define and classify treatment resistance reliably.
Objectives: The aim of this study is to compare the five staging methods (Thase&Rush SM (T&R), European Staging Method (ESM), Maudsley Staging Method (MSM), Massachusetts General Hospital Staging Method (MHG-s), Conway Staging Method(Conway)) in assessing treatment resistance within a single sample.
Methods: Retrospective analysis involved medical records of inpatient psychiatry clinic admissions at Hacettepe University between October 2012 and October 2014. Patients with a primary diagnosis of bipolar affective disorder, schizophrenia, other chronic psychotic disorders, dementia or cognitive disorders, alcohol and substance use disorders, and those with missing data were excluded.
Results: Initial screening yielded a total of 115 patients. 64 patients were included in the study, 13 patients were excluded due to missing data, and 38 patients were excluded due to comorbidity.

Characteristic	Total (N=64)	Last Episode Characteristics	Total (N=64)
Female - N(%)	44 (69)	Episode duration – month (mean ± SD)	13.75 ± 16.09
Age – yr (mean ± SD)	48.39 ± 18.81	Psychotic symptoms – N(%)	20 (31)
Married – N(%)	41 (64)	Anxiety symptoms – N(%)	24 (38)
Secondary school and over – N(%)	38 (59)	Suicidal attempt – N(%)	19 (30)
Employed – N(%)	16 (25)		

TRD definition and staging method (N=55)	T&R	ESM	MSM	MGH-S	Conway
Not resistant by this method	26 (47.3)	45 (81.8)	0 (0)	27 (49.1)	43 (78.2)
Identified by this method	29 (52.7)	10 (18.2)	55 (100)	28 (50.9)	12 (21.8)
Exclusively identified by this method	0 (0)	0 (0)	21 (38.2)	0 (0)	0 (0)
By this and one other method	27 (49.1)	0 (0)	11 (20)	5 (9.1)	0 (0)
By all methods	10 (18.2)	10 (18.2)	10 (18.2)	10 (18.2)	10 (18.2)
Identified as TRD					
Age of onset (mean ± SD)	40.28 ± 17.42	35.6 ± 18.27	40.44 ±18.38	40.07 ± 17.9	38.17 ± 17.71
ATHF score (mean ± SD)	7.55 ± 5.46	12.1 ± 6.51	4.93 ± 4.98	7.43 ± 5.69	11.08 ± 6.47
Last episode duration (month) (mean ± SD)	17.11 ± 17.25	22.10 ± 20.96	14.22 ± 17.08	16.33 ± 17.66	20.83 ± 19.25