

EPV0399

The preponderance of major depressive disorder among women of reproductive age and the clinical utility of sertraline

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Introduction: Major depressive disorder (MDD) is twice as common in women than men and is more frequently reported during their reproductive years (Shi *et al.* Front. Psychiatr 2021; 12 589687). MDD affects up to 12.7% of pregnant women and can significantly impact foetal and maternal health. Hence, clinical practice guidelines recommend focused screening and expedited management of MDD in women (Guo *et al.* Obstet. Gynecol 2018; 131(4) 671-679). Despite this, drug labelling or dosing recommendations rarely account for gender or physiological differences between sexes, even though sex steroid level variations can impact drug absorption, distribution, metabolism, and activity both pharmacokinetically and pharmacodynamically (Soldin *et al.* Clin Pharmacokinet. 2009; 48(3): 143–157). Sertraline, an SSRI approved for the treatment of MDD, is one of the safer agents which can be given to childbearing or breastfeeding women (Cuomo *et al.* Expert Opin Drug Saf 2018; 17(7) 719-725). However, studies on the efficacy of sertraline for the treatment of MDD among women of childbearing age are limited.

Objectives: This post-hoc pooled analysis evaluated the efficacy of sertraline in women with MDD, with a particular focus on women of reproductive age.

Methods: A pooled data analysis of 8 short-term clinical studies of sertraline in persons with MDD (comprising 1600 participants from North America and Europe, of whom 947 were females; with moderate to severe MDD [mean±SD baseline HAM-D17 score was 23.73±3.58 for sertraline and 23.37± 3.47 for placebo]; sertraline dose, 50-200 mg) was performed. HAM-D17 total score was used to assess the efficacy of sertraline compared with placebo. The study period was 8 weeks. An MMRM method was used to analyse changes over time and ANCOVA to evaluate the change from baseline at week 8 with LOCF employed to manage missing data.

Results: The analysis set consisted of 947 women (sertraline, 612; placebo, 335). The change from baseline in HAM-D17 total score was significantly higher for sertraline than for placebo at the end of 8 weeks (LS mean difference, 95% CI: -1.81 [-3.01, -0.62], p=0.0029, Figure 1A). This change from baseline was statistically significant starting from week 2 and increased over time (Week 2-8; Figure 2A).

The analysis set for women of child-bearing age consisted of 572 participants aged 18-44 (sertraline, 359; placebo, 213) from 7 clinical studies. The change from baseline in HAM-D17 total score was significantly higher for sertraline than for placebo at the end of 8 weeks (LS mean difference, 95% CI: -2.08 [-3.52, -0.64], p=0.0047, Figure 1B). This change from baseline was statistically significant starting from week 2 (Figure 2B).

Image:

Figure 1. Least square mean (95% CI) change from baseline at end of 8 weeks (ANCOVA[#])

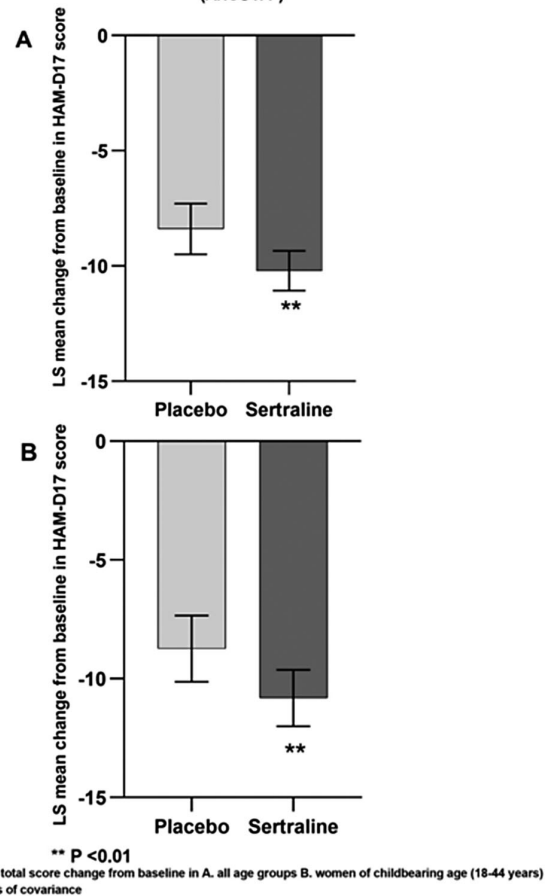
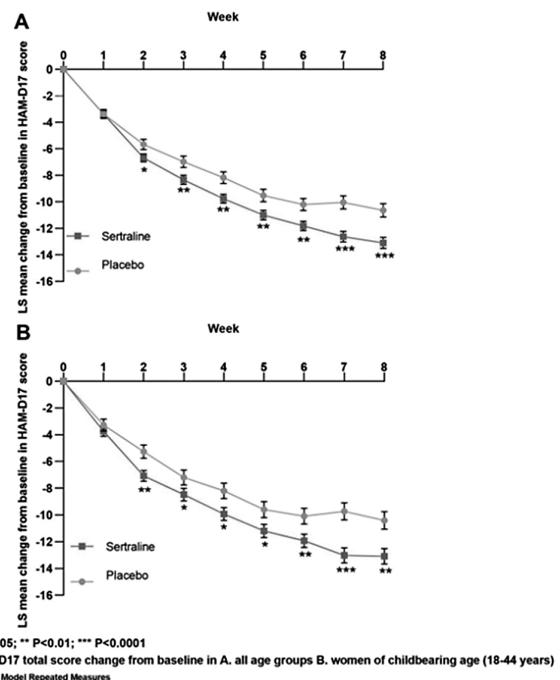


Image 2:

Figure 2. Least square mean (95% CI) changes from baseline over time (1-8 weeks, MMRM[#])



Conclusions: Significant improvement in HAM-D17 scores was observed in the analysis, suggesting that sertraline is efficacious in treating women with MDD, including those in the childbearing age.

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EPV0400

Antidepressants and suicide risk in children and adolescents

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Introduction: In recent years, the prescription of antidepressants for children has faced significant scrutiny due to studies suggesting an elevated risk of suicide among those treated with these medications. The primary objective of this study is to examine the causal connection between antidepressant use and suicidal behavior in children and adolescents.

Objectives: In this article, we will examine the current research on this topic and discuss the current status of practical guidelines and recommendations for prescribing antidepressants to children and adolescents.

Methods: We conducted a literature review using the Google Scholar database, employing keywords such as antidepressants, suicide, children, and adolescents.

Results: The literature yielded conflicting data. While it has been established that SSRIs moderately elevate the risk of suicide ideation and attempts, with venlafaxine, paroxetine, and sertraline showing a higher risk compared to other SSRIs like fluoxetine and citalopram, several studies indicate that their use is linked to a noteworthy reduction in suicide rates among children and adolescents.

Conclusions: The existence of a definitive causal relationship between antidepressants and suicidality in children and adolescents is currently uncertain, and the underlying mechanisms remain inadequately understood.

Disclosure of Interest: None Declared

EPV0402

Assessing the relationships between emotion regulation, depression, anxiety, and stress symptoms in a Tunisian University Setting

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Introduction: Difficulties in emotion regulation are known to be associated with various mental health problems, particularly depression, and anxiety.

Objectives: This study aimed to explore the relationship between emotion regulation, depression, anxiety, and stress symptoms in a Tunisian university setting.

Methods: A cross-sectional, descriptive, and analytical study was conducted among Tunisian students from August to September 2023. Data were collected through an anonymous online questionnaire, assessing sociodemographic characteristics, the Arabic version of the difficulties in emotion regulation scale short form (DRES-SF), and the depression, anxiety, and stress scale (DASS-21).

Results: A sample of 307 university students were enrolled. The sex ratio (M/F) was 0.28. In the assessment of emotional regulation difficulties, participants reported a mean total score of 42.47 ± 12.68 . The mean score of stress was 18.2 ± 11.36 , reflecting a mild severity. Participants with higher stress levels have more difficulties in emotional regulation ($r=0.658$, $p=0.00$). Participants with depressive symptoms showed a higher DRES-SF total score ($r=0.629$, $p=0.00$). Participants had a mean anxiety score of 15.6 ± 10.57 , reflecting a severe severity. A significant correlation between total DRES-SF score and anxiety ($r=0.606$, $p=0.00$).

Conclusions: Our study concluded significant positive correlations between depressive symptoms, anxiety, and stress symptoms with emotion regulation difficulties.

Disclosure of Interest: None Declared

EPV0403

Adaptation and analysis of the Hungarian version of the Snaith-Hamilton Pleasure Scale

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Introduction: Anhedonia (loss of ability of experience pleasure) is a transdiagnostic symptom which is presented as a prominent complain in several psychiatric disorders, such as depressive