

pharmacological treatments are often inefficient, sometimes requiring extended periods to achieve acceptable remission through combinations or augmentations. Non-pharmacological approaches constitute an element in the therapeutic options for this mental disorder. In recent years, there has been a growing interest in non-pharmacological biological treatment interventions. Among the principal ones are Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), Deep Brain Stimulation (DBS), and Vagus Nerve Stimulation (VNS).

**Objectives:** The aim of this paper is to review the current available literature to expand our knowledge about biological non-pharmacological treatment in depression, particularly ECT, TMS, DBS, and VNS.

**Methods:** A qualitative review was conducted over the last 5 years, using the Medline database through PubMed. We selected studies in English or Spanish that met the objectives of the review, excluding references in other languages. The scientific evidence obtained was analyzed and synthesized.

**Results:** There is growing evidence in this area. TMS, whose place in clinical guidelines remains unclear, is a less available treatment but might be considered in patients with moderate to severe depression who cannot receive pharmacological treatment. DBS, which shows good results in treatment-resistant major depressive disorder, achieves response rates greater than 50%. VNS has accumulated studies since its approval for treatment-resistant depression, showing some latency of response but demonstrating improvement persistence for at least two years, although some studies have not clearly shown a benefit. We also found studies demonstrating the effectiveness and favorable cost-benefit balance of ECT.

**Conclusions:** This review highlights the importance of increasing knowledge in these types of treatments. They have shown significant progress in recent years. We have a better understanding and use of the technique of ECT, while newer options have gained evidence in effectiveness over these years, with improvements facilitating their use in patients with treatment-resistant depression.

**Disclosure of Interest:** None Declared

## EPV0409

### Neurocognitive Targets for Psychological Assistance in Patients with the Anhedonia Phenomenon within the Framework of Affective Pathology

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**Introduction:** Anhedonia is a transdiagnostic psychopathological phenomenon that is considered a key feature for several disorders, primarily affective spectrum disorders. It exhibits a significant association with social and occupational maladjustment, reduced quality of life, and increased suicidal risk among psychiatric patients.

**Objectives:** The aim of this study is to identify recommendations for psychotherapeutic assistance for patients with affective spectrum disorders.

**Methods:** A total of 26 patients with affective spectrum disorders (ICD-10 code - F33, F31) and the phenomenon of anhedonia were examined. We utilized neuropsychological methods aimed at investigating a wide range of cognitive functions (Dynamic praxis; Color interference test; Arithmetic Tasks; Number of skips and impulsive errors; Reverse and straight rows; Verbal fluency; Design fluency; Rey-Osterritz figure) and psychometric methods designed to diagnose various types of anhedonia (consummatory (TEPS), anticipatory (TEPS), social (RSAS), and physical (PAS)).

**Results:** Among patients with depression, the consummatory type of anhedonia was the most pronounced. A relationship was found between anticipatory anhedonia and phonetic verbal fluency ( $r = 0.487$ ;  $p < 0.01$ ). Additionally, there were correlations between immediate (consummatory) pleasure experience and Rey figure errors ( $r = -0.349$ ;  $p < 0.05$ ). Social anhedonia was associated with phonetic verbal fluency productivity ( $r = -0.509$ ;  $p < 0.01$ ) and performance in visual fluency productivity ( $r = -0.473$ ;  $p < 0.01$ ).

**Conclusions:** The obtained results allow us to hypothesize that anhedonia is associated with difficulties both in evaluating and imagining possible positive stimuli, which leads to a lack of emotional response to the current stimulus. Thus, the availability of current pleasure may be linked to memory accessibility and regulatory function. When these domains are weakened, the respondent loses the ability to associate the current stimulus with positive past experiences, making it challenging to generate an emotional response in the current stimulus situation and disrupting the anticipation of pleasure. Based on the results, we propose the effective use of behavioral activation and work on the actualization of past experiences. Behavioral activation can be implemented by gradually introducing behaviors associated with past pleasures into the patient's life, followed by cognitive restructuring aimed at focusing the emotional response on past and current stimuli. In addition to this, from a neurocognitive perspective, an additional element of therapy could involve training various types of cognitive functions, with an emphasis on the auditory modality.

**Disclosure of Interest:** None Declared

## EPV0410

### Sexual dysfunction, depression, and the impact of antidepressants

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**Introduction:** Sexual dysfunction is a common side effect of antidepressants and can have significant impact on the person's quality of life, relationships, mental health, and recovery. The reported incidence of sexual dysfunction associated with antidepressant medication varies considerably between studies, making it difficult to estimate the exact incidence or prevalence.