EPV0651

Proposal of a therapeutic algorithm for the psychopharmacological management of treatment-resistant depression

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doi: 10.1192/j.eurpsy.2022.1451

Introduction: The lack of a standardised definition for the concept of TRD and an adequate criteria for therapeutic response make difficult the management of patients with MDD who do not achieve remission with one or more courses of treatment. All classifications suggested to define TRD are arbitrary, partially evidence-based, subordinated to the pharmacological findings of the time in which they are written and with serious inconsistencies, making it difficult to construct a universal and enduring diagnostic system.
Objectives: Considering that the most important goal in treating a patient with Major Depressive Disorder (MDD) should be remission and return to previous functionality, the search for a standardised, evidence-based classification system will allow timely and effective interventions leading to the reduction of this devastating condition.
Methods: Bibliographic review
Results: The proposed therapeutic algorithm arises from the combination of several fundamental principles for the management of treatment-resistant depression: the different classification systems of the concept, as well as the concepts of response, relapse, recurrence and remission; the scientific evidence found in the current literature, routine clinical practice, knowledge of switching and augmentation strategies, the new pharmacological targets and neurobiological hypothesis discovered, without forgetting finally the different clinical profiles of depressive symptomatology and the specific indications of each antidepressant.
Conclusions: Resistant depression is difficult to treat successfully and is not a uniform entity. Recently there has been a move to characterise treatment-resistant depression as 'difficult-to-treat' depression on the basis that the former description implies that depression treatments are normally effective and that non-response is therefore somehow abnormal.

Disclosure: No significant relationships.
Keywords: TRD; psychopharmacological; evidence-based; algorithm

EPV0646

Implementation of an innovative web base support system (Psynary) and Nurse Practitioner led service to support optimisation of treatment for depression (OptiMA2).

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doi: 10.1192/j.eurpsy.2022.1452

Introduction: There is overwhelming evidence to show that achieving full remission in depression is important — especially in reducing the indirect costs of depression. Evidence further demonstrates that in primary care, clinicians are not optimising treatments for depression in a timely way —resulting in them not being able to achieve early remission for their clients experiencing depression. Presently, secondary care is unable to provide specialist input for this client cohort.
Objectives: This project is implementing a model which extends specialist care to primary care. This project assists GP's through optimising treatments for clients presenting with moderate to severe depression This model uses nurse practitioner led care, with 'Psynary', an online system which optimises treatments for moderate to severe depression.
Methods: Mixed methods pilot service implementation study, utilising: literature review of published service implementation models; service data gap analysis; qualitative interviews and focus group methodology.
Results: GP and client focus group outcomes, as well as client remission rates in the OptiMA2 trial demonstrate that this healthcare pathway is effective.
Conclusions: The OptiMA2 trial focused on the qualitative analysis of the co-design process to implement the initial care pathway.The OptiMA3 trial will examine the cumulative clinical outcomes to consider if increased rates of remission are achieved and identify potential predictive factors. The long term goal for the system is to support the development of community based care-extender models, including specialist nurses, pharmacists and GPs, to extend specialist mental health expertise to larger primary care populations where the greatest burden of mental illness occurs.

Disclosure: No significant relationships.
Keywords: Depression; Research; nurse practitioner; innovation

EPV0651

The possible role of the Microbiota-Gut-Brain-Axis in the etiology of Major depressive Disorder (MDD) The possible role of the Microbiota-Gut-Brain-Axis in the etiology of Major depressive Disorder (MDD) The possible role of the Microbiota-Gut-Brain-Axis in the etiology of Major depressive Disorder (MDD)

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doi: 10.1192/j.eurpsy.2022.1453

Introduction: 1.Introduction MDD is a heterogeneous disorder, with a wide variety of symptoms and inconsistent treatment response, and is not completely understood. A dysregulated stress system is a consistent finding, however, and exhaustion is a consistent trait in adolescent patients. In order to open up our thinking about MDD we take up the challenge to reframe depression, specifically focusing on the possible role of the Microbiota-Gut-Brain-Axis in the etiology of MDD.
Objectives: We propose a 'bidirectional feedback hypothesis': microbiota can promote or inhibit a pro-inflammatory state, (in) directly altering the hypothalamic pituitary adrenal (HPA) axis response and the microbiome and further increasing or decreasing its pro-inflammatory state. The aim is to show that the pro-inflammatory state is an integral part of a HPA axis stress spiralling mechanism that plays a role in the etiology of MDD.

Methods: A systematic review based on publications from PubMed, Embase and PsycInfo
Results: The etiology of MDD can be understood as sliding down a spiral. This stress spiralling mechanism can be promoted or inhibited by: 1.factors such as a poor lifestyle or (pre-existing) illness 2.bettering someone's lifestyle, coping behavior or providing pro-/prebiotics in combination with personalised therapeutics.
Conclusions: We argue that an interdisciplinary One Health approach is the most promising preventive and therapeutic option for MDD.

Disclosure: No significant relationships.
Keywords: HPA axis; pro-inflammatory state; microbiota; MDD

EPV0652

Effectiveness of vortioxetine in real-world clinical practice: French cohort results from the global RELIEVE study

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doi: 10.1192/j.eurpsy.2022.1454

Introduction: Major depressive disorder (MDD) affects around 10% of the French population annually and significantly impacts patient functioning. Efficacy of vortioxetine was demonstrated in randomised controlled trials, data on its real-world performance is needed.
Objectives: To describe the effectiveness and safety of vortioxetine in real-world setting from patients enrolled from France in the global RELIEVE study.
Methods: RELIEVE was a prospective, multi-national, observational study of outpatients initiating vortioxetine treatment for MDD at physician's discretion. Data were collected at routine clinical visits. Here we present the outcomes of treatment of patients in France. The primary outcome was functioning measured by SDS. Secondary outcomes included depressive symptoms measured by PHQ-9, cognitive symptoms measured by PDQ-5 and DSST. Changes from baseline to month 6 were estimated with a linear mixed model of repeated measures approach.
Results: A total of 184 patients (mean age, 50.2 years, 65% female, 67.9% of patients had at least one comorbidity) were enrolled from France and included in the analysis. Mean(SD) SDS total score, PHQ-9, PDQ-5 scores at baseline were 21.1(5.4), 17.5(4.7) and 11.7(4.4), the scores(SE) decreased by 10.9(0.59), 9.3(0.48) and 6.1(0.37) from baseline to month 6. Mean(SD) DSST improved from 41.6(15.2) at baseline to 49.1(19.0) at month 6. Safety and tolerability profile of vortioxetine was in line with previous studies.
Conclusions: Sustained improvements in overall functioning, depressive symptoms, cognitive function were observed in patients treated with vortioxetine in a real-world setting, which provided further evidence of effectiveness and safety of vortioxetine in a broad MDD population in France.

Disclosure: M. Rabbani is an employee of Lundbeck France. K. Simonsen and H. Ren are employees of H. Lundbeck A/S.
Keywords: real world evidence; vortioxetine; Depression; effectiveness

e-Mental Health

EPV0653

Integration of real-world clinical data into the Munich Mental Health Biobank – clinical and scientific potential and challenges

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doi: 10.1192/j.eurpsy.2022.1455

Introduction: New insights into the pathophysiology of mental disorders and innovations in psychiatric care depend on the availability of representative, longitudinal and multidimensional datasets across diverse, transdiagnostic populations. Biobanks usually attempt to collect such data in parallel to clinical routine, which is resource-intensive, puts additional burden on health-care providers, and may reduce the generalizability of the results. Despite containing rich phenotypic and biological information, data generated in routine clinical care is seldomly used for research purposes, because it is usually unstructured and locked in data silos. To truly link clinical practice and research, solutions that optimize the generation and scientific utilization of real-world clinical data are needed.
Objectives: Evaluation of a new digital infrastructure which warrants the efficient, automatized, and structured collection of real-world data in psychiatric care, and integrates the generated data into existing biobanking efforts.
Methods: We have developed a new documentation system which augments the existing IT-structures, enables the collection of routine clinical data in a structured format and involves patients in the data generation process. In an implementation science approach, to replicate and extend the findings of Blitz et al. (JMIR Ment Health 2021), we are investigating the acceptance, efficacy, and safety of the system in our outpatient clinic for affective disorders.
Results: First results describing the technical safety, usage metrics, and acceptance of the system, and the quality of the collected data will be presented.
Conclusions: Challenges of collecting real-world data for biobanking and research purposes and perspectives on future digital solutions will be discussed.

Disclosure: No significant relationships.
Keywords: digitalization; biobank; real-world data; affective disorders

EPV0654

Mental Health and Information Reporting Assistant: technological innovation including low- and middle-income countries - an update

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doi: 10.1192/j.eurpsy.2022.1456