

## EPV0651

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

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**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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**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 health-care 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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**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.