hopelessness was lower at 65% vs 70%, while it was higher in youths who had never had dental care at 3.3% vs 1.7%.
Conclusions: Further research is warranted to evaluate reduced oral health care awareness among participants feeling sad or hopeless.

Keywords: Depression; Youth Risk Behavior Survey; Suicide; Dental health

EPP0540

Improvements in mood symptoms, cognitive symptoms and functioning in outpatients with mdd in greece treated with vortioxetine: A patient-rated evaluation

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Introduction: Functional recovery is the contemporary treatment goal in Major Depressive Disorder (MDD). Although consistency among physician and patient expectations may influence the therapeutic result (Demyttenaere K et al, 2011), patients' perceptions are not always fully captured. Vortioxetine,a multimodal antidepressant, has shown encouraging data in achieving functional recovery, improving both mood and cognitive symptoms (Mahableshwarkar AR et al, 2015).
Objectives: The aim of the study was to assess the effectiveness of vortioxetine on mood symptoms, cognitive symptoms and functionality, assessed by patient-rated tools, in MDD outpatients in Greece.
Methods: In this non-interventional study, vortioxetine was administered as flexible dosing (5-20 mg/d). Mood symptoms, cognitive symptoms and functioning were assessed by the patient-rated scales PHQ-9, PDQ-D and SDS respectively, at baseline, 1 and 3 months. Repeated measures analysis of variance and t-test were used for the statistical analyses.
Results: 336 patients participated in the study. PHQ-9 score ±SD decreased from 16.1±5.3, to 10.0±5.7 and 4.6±4.5, PDQ-D score ±SD decreased from 37.3±16.6 to 23.1±14.8 and 12.0±10.6, SDS Score ±SD decreased from 18.7±5.3 to 12.9±5.9 and to 7.8±6.5, at baseline, 1 and 3 months, respectively. The 3 SDS subscales: work/school life improved from 5.8±2.4 to 4.2±2.2 and 2.6±2.2, social life improved from 6.6±2.0 to 4.5±2.2 and 2.7±2.3 and family life improved from 6.3±2.0 to 4.3±2.1 and 2.6±2.3 -baseline, 1 and 3 months, respectively ($p<0.001$ for all paired comparisons).
Conclusions: MDD patients in Greece treated with vortioxetine significantly improved on mood symptoms, cognitive symptoms and functioning, enriching the already published efficacy data which is mostly based on clinician-rated scales.
Conflict of interest: A. Galanopoulos and E. Papalexi are full-time employees in Lundbeck Hellas.

Keywords: Mood; Functionality; Patient-rated; Vortioxetine

EPP0541

Treating with esketamine nasal, will increase blood pressure?

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Introduction: Esketamine had been rised as a potential treatment for Resistant Depression, becoming an alternative for the use of Electroconvulsive Therapy. In Spain since 2020, it has been applied for compassionate use but is not widely used. Although Esketamine is defined safe and effective in preliminary studies, there are common side effects which could reduce it use.
Objectives: Increasing blood pressure has been found commonly in ederly population treated with Esketamine Nasal. Studies showed as very common side effect (10% or more) increasing systolic and diastolic blood pressure which is higher in elderly people. Our aim is to show that esketamine is well tolerated and safe in ederly people without increasing blood pressure, although is combinate with oral antidepressant therapy.
Methods: Presenting female 65-year-old with 4 years of treatment maintaining a moderate-severe symptoms. Althougt numerous pharmacological strategies have been attempted, with optimal time and maximum doses, which have been progressively withdrawing showing lack of efficacy or appearance of adverse effects. Among the drugs used we find; 11 antidepressants, 3 antipsychotics, benzodiazepines and even lithium, without response after 6 weeks of treatment. Futhermore, patient refusal to receive Electro-Convulsive Therapy. Treating with Esketamine nasal and applying the established guidelines.
Results: Assess the response to Esketamine Nasal with Montgomery-Asberg depression scale (MADRS) we found that decrease the initial score in 26 points. Evaluating blood pressure before and after each time with no increased value.
Conclusions: Concluding esketamine is well tolerated and safe in ederly people without increasing blood pressure. These findings and results should be confirmed with futher studies.

Keywords: Depressive Disorder; esketamine; treating depression; resistant depression

EPP0542

Efficacy and safety of mij821 in patients with treatment-resistant depression: Results from a randomized, placebo-controlled, proof-of-concept study

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Introduction: MIJ821 is a novel N-methyl-D-aspartate (NMDA) receptor antagonist, with a potentially low rate of the psychotomimetic side effects that limit the therapeutic utility of ketamine in treatment-refractory depression (TRD).
Objectives: To assess efficacy and safety of MIJ821.
Methods: Adults with TRD (>2 prior treatment failures; Montgomery-Asberg Depression Rating Scale [MADRS], >24) were eligible and were randomized (n=70) to low versus high doses of MIJ821, with two dosing regimens of weekly or biweekly, versus ketamine versus placebo. The primary outcome was change in MADRS total score at 24 hours and final follow up was at 6 weeks.
Results: At 24 hours, adjusted mean differences (ΔAM) versus placebo were −8.25 (p=0.001), −5.71 (p=0.019) and −5.67 (p=0.046) and at 48 h were −7.06 (p=0.013), −7.37 (p=0.013), −11.02 (p=0.019) in the pooled MIJ821 low dose, high dose, and ketamine groups, respectively. At 6 weeks, ΔAM (80% CI) versus placebo on MADRS were −6.46 (−11.8, −1.15); p=0.059 for low dose MIJ821, −5.42 (−10.8, −0.02); p=0.099) for high dose MIJ821, and −5.24 (−10.4, −0.06); p=0.097 for ketamine. Further details on dosing, efficacy, and safety outcomes will be provided.
Conclusions: In this proof-of-concept study, MIJ821 was effective and tolerable in TRD. This study was funded by Novartis. Clinical trial.gov: NCT03756129
Conflict of interest: Employee of Novartis.

Keywords: MIJ821; depression; efficacy; safety

EPP0543

Evaluation of plasma levels of BDNF in patients with disorder depressive

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Introduction: According to the World Health Organization (WHO, 2017) depressive disorder continues to be the most widespread and growing mental illness in the world, also assumes that in 2020 depression will have a prevalence equal to one in six individuals. Studies of neuroanatomy have highlighted structural alterations in the hippocampus, striatal nuclei and prefrontal cortex in patients with mood disorders. This alteration in depressed patients is closely related to the secretion of neurotrophic factors, in particular there is a reduction in BDNF (Brain Derived Neurotrophic Factor).
Objectives: The objective of this study is to demonstrate which treatments are effective in reducing depressive symptoms that allow the increase of BDNF and consequently the structural homostaticity of the brain.
Methods: We have selected data from the literature of the last decade, collected on major search engines such as: Google Scholar, Research Gate, PubMed, Ebsco. Articles collected by selecting the following Keyword: depression, BDNF (Brain Derived Neurotrophic Factor), neuroimaging cognitive behavior therapy.
Results: The results show that in patients treated with a single drug treatment or vagus nerve stimulation, repetitive transcranial magnetic stimulation (Lang et al., 2008) or electroconvulsive therapy had improvements in BDNF levels, although compared to drug treatment there are problems of no responders, no compliance and lack of effectiveness in reducing vulnerability to relapse. In addition, the study has shown that patients treated with cognitive behavioral therapy have reported greater changes in the frontal and temporal cortex reducing both depressive symptoms and the risk of relapse.
Conclusions: Underlines the importance of an integrated approach

Keywords: Depressive Disorder; plasma level; BDNF

EPP0544

Prevalence of psychoemotional disorders in patients with pathological kinking of the internal carotid arteries

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Introduction: Pathological kinking of the internal carotid arteries (PK ICA) is a controversial issue of angioneurology. Patients with PK ICA often present a variety of complaints, such as headache, dizziness, decreased concentration, memory impairment, and general weakness [1].
Objectives: To study the prevalence of anxiety and depression in patients with PK ICA.
Methods: We studied 132 patients who had PK ICA (main group) and 86 patients without brachiocephalic artery pathology (control group). Hospital Anxiety and Depression Scale (HADS) was used to evaluate anxiety and depression, considering depression or anxiety if the score was ≥10. Statistical analysis was performed with SPSS software, p-value<0.05 was considered statistically significant.
Results: The mean age of the patients in the main group was 38.4±5.2 years, in patients of the control group 41.2±4.8 years, respectively. Anxiety disorders were detected significantly more frequently in the main group of patients than in the control group (35.7% and 10.2%, p=0.017 respectively). The frequency of depressive disorders was comparable in both groups – 13.6% and 14.3%, p=0.061, respectively. The level of anxiety was also significantly higher in the group of patients with PK compared to the control group (14.2±4.3 and 9.7±3.1 points, p=0.019). patients with PK ICA with anxiety are more likely suffered from depression (10.2% and 5.8%, p<0.001).
Conclusions: Anxiety disorders were present in one-third of patients with PK ICA, while depressive disorders were not typical for this group. In patients with PK ICA, in addition to collecting complaints, anamnesis, and evaluating the neurological status, it is advisable to conduct neuropsychological testing. References:1. Medvedeva LA, Zagorulko OI.Korsakov Journal 2019

Keywords: Anxiety; Depression

EPP0546

Pessimistic attributional style for positive life events as a predictor of low mental health in russian sample

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