Objectives: We we aim to conduct a qualitative review, comparing clinical efficacy, tolerability and acceptability between the use of Esketamine and ECT as a TRD treatment.
Methods: We conduct a non-systematic review of recent evidence between the use of Esketamine and ECT as a TRD treatment, using PubMed/Medline database.
Results: To compare clinical efficacy, tolerability and acceptability between the use of Esketamine and ECT as a TRD treatment we analyzed outcomes of interest. First,ECT was superior to Esketamine improving depressive symptoms. Comparing suicidal ideation and suicide attempts, most results were not statistically different. About cognition impairment, Esketamine performed better than ECT, particularizing attention, verbal memory, and executive functions; no differences were found for immediate memory or visual memory.About adverse effects Esketamine has less risk of headache and muscle pain, but higher reports of transient, dissociative or depersonalization symptoms, blurred vision, diplopia and nystagmus. An important consideration for clinicians is the comparative tolerability and safety of Esketamine vs ECT; as ECT involves a full dose of anesthesia,it is expected that Esketamine would be better tolerated and safer than ECT. But no study assessed the relative tolerability or acceptability of these different adverse effect profiles.The best strategy for relapse prevention appears to be continuing ECT, continuing pharmacotherapy, or using some combination of both; but Esketamine continuing treatment is effective too.
Conclusions: ECT may be superior to Esketamine for improving depression severity in the acute phase, but long-term outcomes of these treatments are important to be considered. There are just two studies with long-term follow-up after the trial completed:one found no difference in depression severity during the 3-month follow-up, and the other reported that the remission rates were not different between groups by the 12-month follow-up period. Therefore,future research is needed to further optimize long-term treatment outcomes for both Esketamine and ECT to prevent relapse. Until then,treatment options should be individualized and patient-centered.

Disclosure of Interest: None Declared

EPV0437

Quality of life of depressed patients with chronic diseases

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Introduction: Chronic diseases are a public health problem and high prevalent on depressed patients.
Objectives: To describe the sociodemographic characteristics and the quality of life of a sample of depressed patients with hypertension and oder diabetes as comorbidity.
Methods: It is the baseline evaluation of 361 persons participating in a clinical trial that studies the effectiveness of a psychoeducational intervention for this type of patients.
Persons with moderate or severe depression and with hypertension and or diabetes attending 8 primary care centers in Santiago were invited to participate .
Results: The sample consisted of 361 study participants,the majority female(89.97%).The mean age was 59.81 years(de=10.28),with an age range observed from 26 to 83 years.Most of the participants had primary(35,91%)or secondary (43.21%)education level.More than a third of the participants reported houshold chores(34.09%) and a quarter were working for income(28.41%).About half of the participants were married(44.48%).The mean PHQ-9 score was 18.73(sd=2.81).Most of the participants had a previous diagnoses of depression(60.39%).The sample obtained an average of 34.99 points(sd=20.82) in the mental health component of the 12-item Short Form Health Survey indicative of poor quality of life related to mental health.
Conclusions: Depressed patients with chronic diseases ,users of primary care clinics, have poor quality of life,so it is urgent to review care protocols to achieve better health results.

Disclosure of Interest: None Declared

EPV0438

Assessing the Efficacy of Repetitive Transcranial Magnetic Stimulation in the Management of Treatment Resistant Depression: A Scoping Review

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Introduction: Treatment-resistant depression (TRD) is the failure to accomplish and/or achieve remission after an adequate trial of different classes of antidepressant treatments. TRD presents with significant disability and high prevalence. It results in a substantive socio-economic burden at the community and global levels. TRD. Studies comparing pharmacotherapy and electroconvulsive therapy with repetitive transcranial magnetic stimulation (rTMS) have demonstrated evidence in support of the therapeutic efficacy of rTMS in TRD.
Objectives: This comprehensive scoping review aimed to explore and garner information in the literature regarding the crucial role of rTMS and its therapeutic efficacy as a treatment modality for TRD.
Methods: Electronic data searches in PubMed, PsycINFO, Medline, Embase, and Cinahl were conducted to identify important articles on rTMS for TRD. The data search strategy was limited to articles written in English and published within the last five years, to the date of the data search (February 2022). Articles were reviewed if they reported on a completed randomized controlled trial of rTMS treatment in TRD. Articles were excluded if they were protocols of rTMS on TRD and studies with rTMS for the treatment of conditions other than TRD. The review process was reported using the PRISMA Extension for Scoping Reviews (PRISMA-ScR).
Results: In total, 17 studies met the eligibility criteria for this review. The geographical breakdown of the extracted studies consisted of North America (n = 9), Europe (n = 5), Asia (n = 2), and Australia (n = 1). The frequencies of rTMS applied in the various studies ranged from 5 Hz to 50 Hz, with stimulation intensities ranging from 80% MT to 120% MT. Overall, 16 out of the 17 studies demonstrated evidence that suggested rTMS treatment was effective, safe, and tolerated in the management of patients with TRD.

Conclusions: Overall, rTMS appeard to provide significant therapeutic benefits for patients with TRD through the reduction of depressive symptoms. However, while there is progressive evidence in support of rTMS in TRD, more research is needed to define the standardized protocols of rTMS application in terms of localization, frequency, intensity, and pulse parameters to realize its full potency in TRD.

Disclosure of Interest: None Declared

EPV0439

Adjunctive Therapy of Text4Support for Treatment-Resistant Depression Patients Receiving Repetitive Transcranial Magnetic Stimulation. A Multicenter Randomized Controlled Pilot Trial

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Introduction: Despite several treatment strategies for treatment-resistant depression (TRD) exist, including the use of repetitive transcranial magnetic stimulation (rTMS), new therapeutic options are being introduced. Text4Support is a form of cognitive behavior therapy that allows patients with depression to receive daily supportive text messages that seek to correct or alter negative thought patterns through positive reinforcement. Text4Support is deemed a useful augmentation treatment strategy for patients with TRD. It is however currently unknown if adding the Text4Support intervention will enhance patients with TRD's response to rTMS treatments
Objectives: This study aims to assess the initial comparative clinical effectiveness of rTMS when used with and without the Text4Support program as an innovative patient-centered intervention for the management of participants diagnosed with TRD.
Methods: This study is a multicentered prospective, parallel-design, two-arm, rater-blinded randomized controlled pilot trial. In total, 200 participants diagnosed with TRD will be randomized to one of two treatment arms (rTMS alone and rTMS with Text4-Support). Participants in each arm will be made to complete evaluation measures at baseline, 1,3, and 6 months. The primary outcome measure will be the mean change to scores on the Hamilton Depression Rating Scale. Patient service utilization data and clinician-rated measures will also be used to gauge patient progress. Patient data will be analyzed with descriptive statistics, repeated measures, and correlational analyses.
Results: The result of the study is expected to be available 18 months after the start of recruitment. We hypothesize that participants enrolled in the rTMS plus Text4Support intervention will achieve superior outcomes compared with participants enrolled in the rTMS treatment alone.
Conclusions: The concomitant application of the combination of these two treatment techniques has not been investigated previously. Therefore, we hope that this project will provide a concrete base of data to evaluate the practical application and efficacy of using a novel combination of these two treatment modalities.

Disclosure of Interest: None Declared

EPV0440

Comparative Effectiveness of Daily Supportive Text Messages Versus Email Messages for Patients with Depression. Randomized Hybrid Type II Effectiveness-Implementation Trial

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Introduction: Background: Major depressive disorder (MDD) is a global health problem accounting for about 40.5% of disability-adjusted life years caused by mental and substance use disorders. Barriers to accessing healthcare services have been reported, highlighting the need for innovative, accessible, and cost-effective psychological interventions. Several clinical trials have proven the effectiveness of supportive SMS text messaging in ameliorating depressive symptoms, however, this approach can only be accessible to individuals having cell phones.
Objectives: This paper aims to evaluate the effectiveness, feasibility, and user satisfaction of daily supportive email messaging as a non-inferior intervention compared to daily supportive text messaging as an add-on treatment for patients with depression.
Methods: This trial will be carried out using a hybrid type II implementation-effectiveness design. In addition to the usual care, patients with depression will be randomized to receive either supportive text messages or supportive email messages. The messages in both groups will have the same content and will be provided daily for 6 months. The implementation evaluation will be guided by the Consolidated Framework for Implementation Research and the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework. Descriptive and inferential statistics will be employed in the analysis of the quantitative outcome measures, while thematic analysis will be used for Qualitative data.
Results: The results are expected to be available 18 months after the start of recruitment. The results will highlight the feasibility, acceptability, and effectiveness of using automated emails as a strategy for delivering supportive messages to patients with depression as non-inferior to text messaging.
Conclusions: The outcome of this trial will have a translational impact on routine patient care and access to mental health, as well as potentially support mental health policy decision-making for health care resource allocation.

Disclosure of Interest: None Declared

EPV0441

Risk factors for psychiatric readmission among inpatients with major depressive disorder: A patient-chart based study

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