describe depressive symptoms that appear in patients with history of psychosis. PPD unveils itself as a separate nosological entity, differing from the adverse effects typically associated with antipsychotics, the negative symptoms of psychosis, and other psychiatric disorders that present with both psychotic and depressive symptoms (e.g. bipolar disorder, schizoaffective disorder, or psychotic depression).
Objectives: The authors present a case of a 64 year-old man hospitalized due to inaugural psychosis with persecutory and grandiose delusions as well as auditory hallucinatory activity, who began to develop a depressive clinical picture whilst under treatment. A brief discussion on post-psychotic depression, from its clinical presentation to its treatment and implications in prognosis is also presented.
Methods: A brief non-systematized literature review using the *Pubmed* platform as well as presentation of a clinical case.
Results: Depressive complaints are a common complication of psychotic episodes, with the literature estimating that approximately a quarter of psychotic patients present with PPD. Although typically described in association with schizophrenia, recent literature describes PPD occurring alongside other psychotic presentations, including first-episode psychosis. A division between affect and psychosis has been attempted in terms of psychiatric classification, however, the blurred lines between the two continue to contribute to difficulties in differential diagnosis. This becomes a challenge when distinguishing between extrapyramidal symptoms associated with antipsychotics, negative symptoms (i.e apathy, abulia and alogia) and psychiatric disorders with affective-psychotic overlap. Having only recently been considered a distinct clinical entity in psychiatric classification systems, research on its etiology, course, treatment and prognosis are scarce. In regards to the previously described patient, a depressive disorder whilst in treatment for psychosis was identified, and through early recognition of the symptoms treatment with an antidepressant was initiated with favourable response.
Conclusions: PPD is a relatively common phenomenon which is gaining more attention in recent literature. As classifications have begun to consider PPD as a distinct clinical entity, as well as unifying defining criteria, further studies can be developed so as to clarify aspects which remain to be defined. The clinician should be aware of this entity as well as the potentially confounding symptom presentations, so as to provide adequate early treatment thus contributing to improved patient outcomes.

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EPV0454

Resistant depression. Clinical manifestations and diagnosis. Purposely a case

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Introduction: The term "depression" can be used in different senses: it can be a syndrome, a mood state, a mental disorder, and all of them are distinct clinical conditions…There are no pathognomonic features of bipolar/unipolar depression. A good medical history is the most important component of the evaluation. We have to use clinical variables and differential epidemiology for a correct diagnosis.
Objectives: They both analyze clinical, psychopathological and epidemiological characteristics of resistant depression and they review causes, incidence, prevalence, diagnostic, therapeutic tools and the importance of maintaining the treatment, because the abandonment of the treatment is a good predictor of possible relapses.
Methods: A literature Review of the last five years concerning resistant depression has been done: prevalence, incidence, pathogenesis and its relationship with other psychiatric disorders encoded in DSM-V.
Results: Unipolar major depression (major depressive disorder) is characterized by a history of one or more major depressive episodes and no previous history of mania or hypomania symptoms. A major depressive episode is presented with five or more of the following nine symptoms for at least two consecutive weeks; at least one of them must be either a depressed mood or a loss of interest or pleasure. In addition, the symptoms must cause significant distress or psychosocial impairment, and not be a direct result of a substance or general medical condition.
Conclusions: Symptoms of unipolar depression in adults can overlap with symptoms of other psychiatric and general medical disorders. Unipolar depression needs to be distinguished from these other disorders to prevent inappropriate treatment.

Disclosure of Interest: None Declared

EPV0455

DIVORCE AND DEPRESSION: A FORENSIC CASE OF OUR OBSERVATION AND PREVENTION STRATEGIES

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Introduction: Nearly 300 million people worldwide are affected by depression. According to the DSM-5, the depressive episode is characterized by a depressed mood, a marked decrease in interest or pleasure in all activities, insomnia, agitation or psychomotor slowdown. It occurs mainly in the female sex. Traumatic life events are associated with a depressive onset.
Objectives: It is well known that interpersonal relationships are foundations for human beings, especially emotional ones and that they have an important effect on mental health. Specifically, 60% of divorced people with a previous history of depression will develop a new depressive episode; this will develop in 10% of subjects without a previous history of depression. The recurring thought of death and suicide is also frequent, as well as the abuse of drugs and ethanol in cases of depression. The forensic pathologist often finds himself having to carry out complex inspections in order to trace the cause of death in these types of deaths.
Methods: We report the case of a lady, found dead at her home, in her bed.
Results: A medical prescription for benzodiazepines was found on the cabinet next to her bed with five bottles of benzodiazepines, one