S830 e-Poster Viewing

in a pilot study of patients with PDD. All interviews were audio recorded, with consent from the participant, and transcribed verbatim. Data were analyzed using Grounded Theory, with a constant comparative analysis method, using Atlas.ti version 9 software.

Results: Qualitative data are currently being analyzed. We expect to identify important themes relevant to the patient's and caregiver's personal experience and learn how they use and implement self-management in their lives.

Conclusions: PPEP4All may help patients with PDD and caregivers learn important self-management techniques to effectively cope with chronic depression and its consequences, and thus, it may help them meet their needs for care.

Disclosure of Interest: None Declared

EPV0419

Diagnostic and psychopharmacotherapy in the general practictioner practice

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Introduction: Due to the often long-standing and extensive doctor-patient relationship, family doctors have special access to the mental state of their patients. They are often the first point of contact, and consequently the treatment of depression often begins in the GP's practice or even takes place entirely there. This requires dedicated knowledge on the part of the general practitioner, especially with regard to diagnostic criteria and treatment.

Objectives: The aim of this article is to describe the basic diagnostic process for the general practitioner's practice, to give advice on the indication and implementation of psychopharmacological interventions, and to present the results. This overview summarises the most relevant connections to the diagnosis, assessment of the severity and psychopharmacotherapy of depression in general practice.

Methods: The following therapy algorithms and remarks are essentially based on the treatment recommendations of the Swiss Society for Psychiatry and Psychotherapy (SGPP) and the Swiss Society for Anxiety and Depression (SGAD) as well as the German S3 guideline of the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN).

Results: Family doctors play a central role in the treatment of depressive disorders. They are often the first point of contact for patients with depression and in about 40 percent of cases even the only contact point. The likelihood of developing a depressive episode in the course of a lifetime is 10 to 15 percent globally. Evaluations by the World Health Organisation WHO show that 9 to 23 percent of people with chronic illnesses have depression as a concomitant illness. A cross-sectional epidemiological study in Germany showed that 60 percent of patients in general medical care were not treated with antidepressants and/or psychotherapy in accordance with guidelines. In Switzerland, about half of the antidepressants are currently prescribed by general practitioners. Image 1 shows a detailled overview (in German) of the current medication.

Image:

Substanzklassa oder Wirkweise				
SSRI	Eschalopram	10-20 mg	Gutes Nutzen Rollio Verhältnis, aldivierend, auch bei Angststärungen und Zallegen	Appetitveränderungen, Unruhe, Schwitzen, Übelleit, Schlaffesigkeit, sexuelle Dysfunktion
	Otalopram	20 - 40 mg, im Atlantur 20 mg		
	Serarate	50 - 200 mg		
	Fuoretin	20 - 80 mg	Gutes Nutzen-Risiro-Verhältres, auch bei Zwongsztörungon, sehr lange Hallowertszeit. [49]	slehe oben, jedoch wiiniger sexuelle Funktionsstörungen als andere SSRI
	Euroximin	50 - 300 mg	Wie Ruswetin, jedoch kürzere Halbwertszeit	
	Parosecin	20 - 40 mg	Gutes Nutzen Risiko Verháltnis, aktivierend. auch bei Angstststrungen und Zwängen	siehe aben, jedoch weniger Obelkeit, sowie Unruhe als andere SSR
NaSSA	Mrtazapin	15-45 mg	Sederand, wanig anticholinang nicht bei schweren Laber- oder Neirenschäden	Schüfrgleit, Mundrodenheit, Apper und Gewichtstunahme, Kopfschmerz
	Marsein	30 - 90 mg		Gewichtszunuhme, Öderne, Schläfrigkeit, erhöhte Leberenzyme
SNRS	Ventatavin	75-225 mg	Gutes Nutzen Risilio Verhalbres, auch bei Angszoorungen, aktivierend, auch bei neuropathischen Schmerzen	Unruhe Agiter theit sowie Butdruckaroteg
	Dulewan	20-90 mg		
Trizyklika	Ameriptylin	50-150 mg	Sedierand, auch bei neuropathischen Schmerzen, chronischen Spannungs- kopfschmerzen sowie zur Migräne prophykine	Antichainerg, Hypotenson, Gewichts zunahme, QTo-Zeit Verüngenungen, tothes Rissioproff, racht Mittell der ersten Walti
	Clomipramin	50 - 75 mg	Sedierend, auch bei Panik, Zwängen und Chronischen Schinerzauszänden	
Serotonin- modulatoren	Vortionation	5-20 mg	Geeignet bei kognitiven Symptomen im Kahmen der Depression, wirkt auch über noradrenerge/dopaminenger glutamaterge Transmitter	Obelier, Jud 1862, Haaraustal
	frazodon	Schlafanstossend 50 - 100 mg, antidepressiv 300 mg	Anchistaminerge Effekte mit schlafan stossender Winkung, flerandpoliparal von handen, keine Gewichtszunahme, weriger sexuelle Funktionsstörungen	Sedation, orthogratische Hypotonie, Schwindel
Melatonerge AD	Agomelatin	25-50 mg	Schlafanstossend, KI bei Demenz und eingeschräniser Leberfunktion	Kopfschmerzen, Schwindel, Übefleit, Transaminasenerhöhung
Dopaminerge AD	Bupropion	150 - 300 mg	Allowerend, auch für Nikotinentung zu- geläcsen, kil bei Anfürberkrankungen und Leberzeithose	Kopfschmerzen, Herabsetzen der Krampfschwelle, Tachykanden
Monoaminoxi- dase-Hemmer Typ A	Mocloberrid	300 - 600 mg	Keine Kombination mit senstonengen Substancen, Einsatz bei schwerer Depression	Serotonerges Syndrom, insbesonders bei franylcypromin und tyraminheitig Okit
Pflanzliche AD	johannskraut	900 mg	Nur für leichte und mittelgradige Episoden	Wechsewirkungen durch Induktion Cyp450 und p-Glykoprotein
	Stevan	80-160 mg	Leichtere gemischt ängstlich-depressive Zustände, subsyndromal	Dyspepsie Aufstossen, allergische Hautreaktionen
Neue Entwicklungen	Esketamin	Nasenspray. Doserung nach Plan des Herstellers	Zur adjuvanten Behandlung von TRD in der Chraugelassen, Durchführung spesiel ausgerüssenen Ambulatorien und Frasien vorbehalten	Schwindel, Dissociation, Obelier, Kopfschmerzen, erhöhter Budhuck
	Zuranolon	30 mg	Kinsche Studie in Phase III für schwere und postpartale Depression (50) (in CH nicht zugelessen)	Kopfschmerzen, Übelkeit, Schwindel, Schläfrgkeit
	Psylocism	20 - 30 mg	Kirrische Stude in Phase It für Behandlung von Arigst und Depression in Kombination mit Psychotherapie (SI) (in CH nicht zugel.)	Schwinder, Übelkeit, Erbrechen und Pankattacken
	Destrometor- phan-Burpoprion- Kombinision		Face-Track-Zulassung in USA 2022 (in CH nicht zugelassen)	

Conclusions: Specialists in general internal medicine have a central role in recognition and treatment of depressive syndromes. Somatic causes can be ruled out by means of physical examination, laboratory and ECG/EEG/imaging. Mild and moderate depressive episodes can be treated by psychoeducation, counselling and medication. If the symptoms are mild, psychosocial support or psychotherapy alone can be considered. If acute suicidal tendencies or psychotic symptoms are identified, emergency symptoms, emergency admission to a psychiatric hospital should be considered. The presence of other psychiatric comorbidities, resistance to therapy or complex psychiatric medication necessitate referral to outpatient specialists. Metabolic and cardiovascular side effects and interactions between psychopharmacological and internal medicine must be considered.

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EPV0420

The antidepressant properties of ketamine (literature review)

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Introduction: Major depression is a common condition. Despite significant advances in psychopharmacology since the 1950s, the onset of action and drug resistance remain therapeutic challenges for traditional antidepressant agents, such as serotonin reuptake blockers. The recent discovery of the rapid antidepressant effect of ketamine, receptor antagonist, has revolutionized research in this field.

Objectives: demonstration of the antidepressant properties of ketamine