| Antidepressant | Brand name and dosage | Lactose per tablet (mg) |
|----------------|-----------------------|-------------------------|
| Sertraline | Sonalia ® 50 mg | 19.80mg |
| Paroxetine | Paroksetin PharmaS® | 10mg |
| Escitalopram | Escital ® 10mg | 117.8mg |
| | Elicea ® 5mg | 51.3mg |
| Citalopram | Citalon ® 20mg | 23mg |
| Mirtazapine | Calixta ® 15mg | 44.4mg |
| | Mirzaten ® 30mg | 120.56mg |
| | Mirzaten Q tab ® 15mg | 35.63mg |

Conclusions: With this research, we have pointed out a high proportion of the most commonly prescribed antidepressants that contain lactose. Considering the high proportion of the general population with lactose intolerance, we have pointed out the importance of knowing the data that antidepressants do not contain lactose in order to choose an adequate therapy for our patients, while not causing them disconfort that will further reduce the effectiveness of the therapy, as well as increase the percentage of those who due to the side effects of the drug, they stop taking the therapy. This research will help clinicians in their daily work to choose the most optimal therapy for their patients. With this study, we will give doctors a list of medications for depression treatment without lactose.

Disclosure of Interest: None Declared

EPV0417

Depression and anxiety in family caregivers of patients with schizophrenia in tunisia

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Introduction: Around 1% of the general population have schizophrenia. It dramatically affects not only the patients who suffer from it, but also their family members. It represents a difficult task for family caregivers, especially at the time of deinstitutionalization of the patients, when they have to assume some of the functions and care previously provided by psychiatric institutions. This day-today care can influence the lives of the caregivers and cause anxiety or depression, which might affect the care that the patients receive. **Objectives:** The objectives of our study were to assess anxiety and depression in family caregivers of patients with schizophrenia and to identify associated risk factors.

Methods: We conducted a cross-sectional study including family caregivers of patients with schizophrenia. Anxiety and depression were assessed using the 14-item Anxiety and Depression Scale in its

validated version in Tunisian dialect (HAD scale). Statistical analysis was performed by SPSS 26.0.

Results: We included 30 family caregivers of patients with schizophrenia.

The prevalence of depression in family caregivers was 40 % while 56% of them were anxious. Six caregivers had both depression and anxiety, 63.3% of them were unemployed and 52.2% stopped working to take care of their relative.

In our study, the schizophrenic patient's history of aggression towards the caregiver was statistically associated with depression (p=0.025). The worse the compliance of the patient to the treatment, the more likely the caregiver is to develop anxiety (p=0.027). The parents (mother or father) were the most exposed to depression, anxiety or both (p=0.016). Family caregivers who lived with the patient under the same roof developed more anxious symptoms than the ones who didn't (p=0.005). The time spent taking care of the patient was higher for the caregivers with depression, anxiety or both (p = 0.046).

Conclusions: Schizophrenia may cause a significant psychological distress for family members such as depression or anxiety .Several factors seem to be involved, inherent to the disease, to the patient and to the caregiver.

Disclosure of Interest: None Declared

EPV0418

The need for self-management in patients with Persistent Depressive Disorder (PDD) and their caregivers: A qualitative study using Grounded Theory

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Introduction: The Persistent Depression and Self-Management Study is a mixed-methods pragmatic randomized controlled trial that evaluated the "*Patient and Partner Education Program for All Chronic Illnesses*" (PPEP4All) in patients with persistent depressive disorder (PDD) compared to care as usual (CAU). PPEP4All is a brief, structured self-management program that focuses on functional recovery and involves the partner/caregiver in the program. The latter may improve patient outcomes and reduce caregiver psychosocial burden related to PDD.

Objectives: In addition to evaluating the cost- and clinicaleffectiveness of PPEP4All, we conducted a nested qualitative study to deepen our understanding of how patients with PDD and their caregivers cope with chronic depression. Additionally we identify areas in which they require care and learn how they could benefit from a self-management program like PPEP4All.

Methods: In the nested qualitative study, 28 patients (16 from PPEP4All, 12 from CAU) and 9 partners/caregivers agreed to participate. The in-depth semi-structured interviews took place at participant's home, the main research location, or over telephone. For each interview, we used a topic list, which was initially evaluated