

of which was empty, two semi-empty packs of antidepressants. Under the bed there was a photo album containing 58 pages to which the photographs of the lady's wedding were attached. In all the photographs the groom's face appeared torn. The hygienic-sanitary conditions of the house were precarious. The analysis of the medical record showed that the lady was being treated for major depressive disorder with psychotic manifestations, severe chronic insomnia disorder and abuse of ethyl alcohol and anxiolytics, which arose after separation from her husband five years before her. The toxicological examination performed on blood and urine confirmed the presence of massive doses of benzodiazepines and ethanol, causing death from respiratory depression.

**Conclusions:** In similar cases, the clinical and family history as well as the toxicological examination help the forensic pathologist in defining the cause of death. Depression leads to family and social isolation, affecting all aspects of a person's life. Divorce is not only a painful and expensive experience but also harmful to health. The subject is not only in a condition of marital and economic abandonment but also health because the resources currently used in this field are few. Together with the legal process, there should also be a health process with prevention strategies such as questionnaires, interviews, exercises in order to identify those at risk and treat them appropriately.

**Disclosure of Interest:** None Declared

## EPV0456

### rTMS efficacy in major depression disorder: comparing two reviews

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**Introduction:** Transcranial magnetic stimulation (TMS) is perhaps the most popular of the new brain stimulation techniques because its clinical effects are produced without the need for a craniotomy (as with deep brain stimulation (DBS)) or seizure induction (as with electroconvulsive therapy (ECT)). Recently, TMS is typically used to improve depression symptoms when other depression treatments haven't been effective.

**Objectives:** This is a review that discusses the efficacy of the antidepressant effect of TMS.

**Methods:** A narrative review was conducted based on a search in PubMed using the keywords: "rTMS" and "depression".

**Results:** One of the reviews studied proved the efficacy of rTMS in the treatment of depression but there is still a clinical need for the complementary use of antidepressants. Although rTMS is more expensive than conventional antidepressants, it remains more interesting for patients who have not found benefits with pharmacological treatments. The other review also demonstrated the antidepressant effect of rTMS and that this effect, once completed, appears to be as long-lasting as that of antidepressants. TMS is also a promising new therapy and a powerful research tool. The body of TMS literature suggests that daily, left prefrontal TMS for 3–6 weeks has antidepressant effects that are clinically meaningful (30% remission), with low side effects and no drug-drug interactions. Furthermore, TMS shows promise in several other psychiatric disorders, particularly treating acute and chronic pain.

**Conclusions:** Even though The Food and drug administration (FDA) has accorded RTMS' initial clearance of the first device in 2008, additional researches are still needed. The TMS coil location, stimulation intensity and frequency, and dosing strategy have to be more precise for better results.

**Disclosure of Interest:** None Declared

## EPV0457

### Open-Label placebo for the treatment of unipolar depression: Results from a randomized controlled trial

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**Introduction:** The response to placebo is robust in studies of various antidepressant treatments. The strong placebo response, combined with the absence of side-effects, has prompted suggestions to use the ethically sound open-label placebo (OLP) as a treatment for depression.

**Objectives:** The aim of the present study was to assess the efficacy of OLP in the setting of a randomized controlled trial for the treatment of unipolar depression.

**Methods:** Thirty-eight patients (28 females, 73.7%) were randomized to either an eight-week treatment with OLP (n=18) or four weeks of treatment as usual (TAU) followed by four weeks of OLP (n=20). Clinical and socio-demographic measures were assessed at baseline, after four weeks, and at the end of the trial. Response to treatment was determined using the Quick Inventory of Depressive Symptomatology (QIDS SR-16).

**Results:** There was an overall decrease in depression levels over time,  $F(2,35) = 3.98, p = .028$ . A significant *group x time* interaction was found only among non-geriatric patients (<65y) with an early onset of depression (<50y),  $F(2,22) = 3.89, p = .036$ . Post-hoc tests indicated a significant decrease during the first four weeks, but only in the OLP group,  $t(11) = 2.29, p = .043$ .

**Table 1:** Demographic measures of OLP and TAU patients.

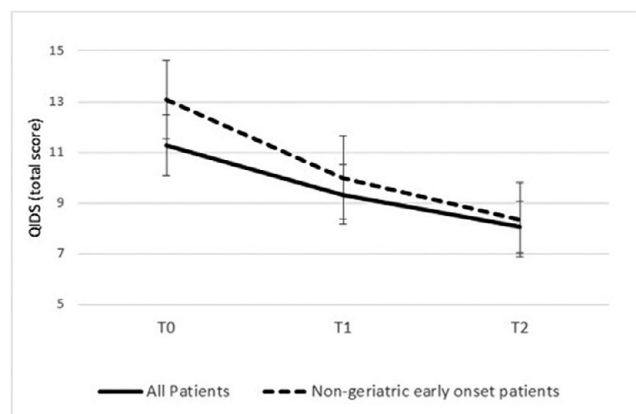
Measures	OLP (n = 18)	TAU (n = 20)	Statistical analyses
Age (years) [Mean ± SD]	48.17 ± 16.86	51.65 ± 17.68	$t(36) = -0.62, p = .539$
Education level (years) [Mean ± SD]	15.61 ± 3.66	14.22 ± 2.62	$t(34) = 1.31, p = .200$
Gender (male/female) [no.]	4 / 14	6 / 14	$\chi^2(1) = 0.30, p = .587$
Age of onset (years) [Mean ± SD]	34.19 ± 15.82	32.45 ± 17.72	$t(36) = 0.32, p = .752$
Number of depressive episodes (no.) [Mean ± SD]	2.58 ± 2.61	6.64 ± 9.16	$t(21) = -1.47, p = .156$
Number of hospitalizations (no.) [Mean ± SD]	0.12 ± 0.33	0.17 ± 0.38	$t(33) = -0.40, p = .689$

Notes

OLP = Open label placebo; SD = Standard deviation; TAU = Treatment as usual.

**Image 3:**

**Figure 1.** Average QIDS scores for all patients and non-geriatric adults (<65y) with an early on-set of depression (<50y) in the OLP group.

**Notes**

The bars denote the standard error of measurement (SEM).

OLP = Open label placebo.

**Conclusions:** Our findings support the possibility that OLP is an effective treatment for the relatively young population of patients suffering from depression. Additional studies are warranted in order to explore the use of open-label placebo in clinical work.

**Disclosure of Interest:** None Declared

**EPV0458**

### Intranasal esketamine + Intensive CBT: a 12 months follow-up of two complicated cases of Treatment Resistant Depression at high suicidal risk

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**Introduction:** Treatment Resistant Depression (TRD) is a complex, heterogeneous and multifactorial clinical condition that affects patients' quality of life, their psychosocial functioning as well as suicidal risk. Intranasal esketamine is a new add-on treatment specifically approved for TRD.

**Objectives:** The aim of the study was to evaluate the efficacy and safety of intranasal esketamine treatment combined with intensive Cognitive Behavioral psychotherapy (CBT), together with treatment satisfaction, in two complex clinical cases of TRD with high suicidal risk in a 12 months follow-up.

**Methods:** Two male patients, 67 and 63 years old, with TRD, defined by at least two therapeutic failures with SSRI/SNRI and

positive screening for high suicidal risk at the Columbia Suicide Severity Rating Scale, were selected for treatment with intranasal esketamine + CBT as an add-on to SSRI/SNRI antidepressant therapy. Psychopathological assessment were made by means of Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Rating Scale (HAM-A), Columbia Suicide Severity Rating Scale (C-SSRS), Clinical Global Impression (CGI), Short Form Health Questionnaire (SF-36 items) at T0, every 7 days for the first 3 months, then every month. Treatment satisfaction was evaluated by means of the Client Satisfaction Questionnaire (CSQ-8), administered by trained nursing staff at 1, 3, 6 and 12 months. CBT specifically focused on depression was administered by a certified psychotherapist, weekly for the first 4 months, fortnightly for the next 3 months, monthly for the remaining 3 months.

**Results:** After 2 administrations of esketamine the total HAM-D score was reduced by an average of 10 units and the suicidal risk was progressively reduced to zero according to C-SSRS. After 12 months one of the two patients reached and actually maintains clinical remission; the other one maintains a condition of mild depression; both without suicidal ideation and with a significant increase in perceived quality of life. Treatment was well tolerated, with mild and temporary adverse effects, self-limited to the administration sessions. CBT has contributed to increasing insight, cognitive resources, social interaction and self-esteem, and has made it possible to structure and carry on new life projects. The variation of the mean scores for CSQ-8 shows that esketamine + CBT treatment was considered as very satisfactory throughout the observation period.

**Conclusions:** Intranasal esketamine associated with intensive CBT sessions showed to be effective, safe and satisfactory in the real world clinical management of two complex cases of TRD with high suicidal risk, improving quality of life, social functioning and eliminating suicidal ideation within 12 months follow-up. Satisfaction with the treatment contributed to strengthening adherence and improving the operator-patient therapeutic relationship.

**Disclosure of Interest:** None Declared

**EPV0459**

### Self-esteem is associated with loss of autonomy and depression in the elderly

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**Introduction:** Self-esteem is an important aspect of adaptive processes at all ages of life and particularly in older adults: it is linked to the quality of adaptation, well-being, life satisfaction and health.

**Objectives:** study the links between self-esteem, autonomy and depression in the elderly

**Methods:** This is a descriptive and analytical study carried out over four months in the offices of three doctors. The population of the