trials to assess whether side effect ratings co-vary with HDRS-17 ratings. Specifically, data from all HDRS-17-rated, industry-sponsored pre- and post-marketing trials (n = 4647) comparing the serotonin and noradrenaline reuptake inhibitor, duloxetine, to placebo and/or to a selective serotonin reuptake inhibitor were pooled. Severity was assessed for side effects related to sleep, somatic anxiety, gastrointestinal function, and sexual dysfunction. Analysis of covariance was used to assess the relation between these side effects and ratings of relevant HDRS-17-derived outcome parameters. Side effects related to sleep, somatic anxiety and sexual dysfunction significantly and exclusively associated with higher scores on HDRS-17 items measuring the corresponding domains. Side effects related to gastrointestinal function associated with higher HDRS-17 item scores on all assessed domains. Treatment outcome was significantly related to side effect severity when assessed using HDRS-17-sum (beta 0.32 (0.074), $p < 0.001$), but not when the HDRS-6-sum-score (beta 0.035 (0.043), $p = 0.415$) or the depressed mood item (beta 0.007 (0.012), $p = .527$) were used as effect parameters. That some HDRS-17 items co-vary with common antidepressant side effects likely leads to an underestimation of antidepressant efficacy. Finally, based on data from a recent study (2), it will be argued that the Montgomery-Åsberg Depression Rating Scale is biased in the same direction as the HDRS-17 (underestimates antidepressant efficacy), albeit to a lesser extent.

References: 1. Hieronymus et al. Do side effects of antidepressants impact efficacy estimates based on the Hamilton Depression Rating Scale? A pooled patient-level analysis. Transl Psychiatry. 2021;11:249.
2. Hieronymus et al. The response pattern to SSRIs as assessed by the Montgomery-Åsberg Depression Rating Scale: a patient-level meta-analysis. World Psychiatry. 2022;21:472-473.

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S0007

Digital tools for at-distance psychiatric support in war time

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doi: 10.1192/j.eurpsy.2023.44

Abstract: Digital technologies help to improve the work of psychiatric services through the use of modern approaches.

The use of telepsychiatry (TP) during war allows people with psychiatric disorders to receive quality treatment that would otherwise be unavailable.

TP and other digital technologies are an important resource for providing psychiatric care to internally and externally displaced persons affected by war.

As our experience shows, the conditions for effective use of TP are availability of legislative, technical and staff base. The services are implemented according to the protocol, which defines the methods of treatment's effectiveness evaluation.

The presentation will provide methodological approaches to the use of TP and other digital tools.

Disclosure of Interest: None Declared

S0008

Current Controversies in Antidepressant Therapy: A Patient-level Perspective

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Abstract: The value of pharmacological antidepressants have been contested since they were first introduced in the 1960s, but the points of contention have varied over time. This session will examine and critically discuss some of the concerns that are commonly voiced today, with particular emphasis on the evaluation of efficacy. The session will cover topics such as the utility of dichotomized outcome measures (e.g., response and remission) and whether the use of these measures risk inflating apparent efficacy, whether antidepressant effect sizes are too small to be clinically meaningful, and whether there is individual variability in the response to pharmacological antidepressants.

Disclosure of Interest: F. Hieronymus Speakers bureau of: I have received speaker's fees from Janssen and H Lundbeck.

S0009

What does the immunometabolic status tell us about depression?

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Abstract: Despite being a clinical identifiable entity, major depressive disorder (MDD) is an heterogenous clinical syndrome, with a variety of clinical presentations which likely reflects different biological underpinnings. The identification of biologically-based depression symptoms profiles would be of great importance to unravel different pathophysiological pathways in MDD and therefore to achieve more precise and personalized therapeutical approaches as well as preventive strategies.

Converging evidence from epidemiological and clinical studies, points to the importance of inflammation in MDD, shown by increased levels of pro-inflammatory proteins and increased