The reality is that there are few clearly effective treatments to treat this disorder which makes the symptoms even more chronic which has a negative impact on the functionality of patients with clear influence at a personal and work level. Without treatment, dysthymia sometimes progresses to major depression, called "double depression" what can be a most serious problem.
Objectives: Finding new lines of treatment or management in these patients seems to be essential because of the inability that can occur in some of them and the high demand they can produce.
Methods: A 45-year-old woman diagnosed of dysthymia has been followed for more than 10 years. Multiple visits to the emergency room and several outpatient mental health services. absenteeism and great repercussion in the family environment. Many side effects to antidepressants and a benzodiazepine overuse tendency. She has been receiving psychotherapeutic treatment for many years with little effectiveness. Worsening of the symptoms with the appearance of obsessiveness around what is happening to her
Results: Several alternative treatments are tested for the management of anxious depressive and obsessive symptoms being Aripiprazole 10mg the only effective one with almost complete recovery of symptoms. The patient returns to work and significantly improves her family situation.
Conclusions: Dysthyma is a disorder with difficult pharmacological and psychological management. Trying different little-used treatments can open up a different view about the disorder.
The use of serotonin reuptake inhibitor antidepressant drugs is not always effective and the risk posed by using benzodiazepines for long time forces us to look for other treatments for the control of the main symptoms The use of aripiprazole at moderate doses may be a good new way to control symptoms.

Disclosure of Interest: None Declared

EPV0445

Good Practice for Treatment-Resistant Depression during SARS CoV – 2 outbreak: are ketamine infusions an effective alternative for TRD patients? A case series

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Introduction: The Mood Disorder ward, in San Raffaele Turro Hospital, is one of the reference centers for the cure of Treatment-Resistant Depression (TRD), mainly due to the use of Electroconvulsive Therapy (ECT). During the pandemic period, in particular, in 2020, such a procedure was discontinued because it is considered aerosolizing. For this reason, we enhanced already available treatments for TRD; among those one of the most effective is the use of endovenous (EV) ketamine. It's been more than 20 years since the first time a double-blind randomized placebo-controlled study demonstrated the rapid antidepressant effects of endovenous (EV) ketamine after a single dose (0.5 mg/kg infused in 40 minutes) in 7 patients. Ketamine, an anesthetic drug, has also analgesic, anti-inflammatory, and antidepressant properties. These effects are mainly due to non-competitive antagonism on the NMDA receptor (N-methyl-D-aspartate). We introduce our clinical experience in 7 cases of treatment-resistant depressed (TRD) inpatients; all of them show a high level of pharmacoresistance, assessed in the third degree of Thase Stages (2 or more SSRI/SNRI + at least 1 TCA); 3 of them were previously treated with a complete cycle of Electroconvulsive Therapy (ECT).
Objectives: Assess the efficacy and tolerability of EV ketamine with particular regard to patients previously treated with ECT.
Methods: 7 TRD patients (4 females; 3 males) were recruited in San Raffaele Turro Hospital in April 2020. All patients (6 unipolar and 1 bipolar) were diagnosed with a Major Depressive Episode according to DSM-5 criteria. We administered, under anesthesiological supervision, EV ketamine, 0.5 mg/kg in 40 minutes, twice a week, for three weeks. Every morning medication was postponed on the days of infusion. Clinical scales (HAM-D, SSI, HAMD-A; MADRS, CADSS) were administered to assess symptoms and side effects before, during, and after every administration. Moreover, clinical efficacy's been assessed in 2 follow-ups: at 3 and 6 months.
Results: 4 patients were in remission (final HAM-D score <8) at the end of the treatment. 4 patients confirmed clinical response (final HAM-D score < 50 % respect baseline value) at the first follow-up. 4 Out of 7 patients were in complete remission at 6 months, and just one of them was between those remitted at the end of the treatment. 4 Out of 4 patients were in complete remission at six months follow-up; 3 of them underwent a cycle of ECT during the course of their illness.
Conclusions: The use of EV ketamine in our TRD patients showed good effectiveness and tolerability. Data on long-term effectiveness are promising, a previous ECT seems to be a predicting factor of remission at follow-up, but not of the end-treatment response. Given that, future research is needed in order to identify predicting factors on relapse prevention efficacy.

Disclosure of Interest: None Declared

EPV0446

Therapeutic education program in adults with unipolar depression

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Introduction: Depression is one of the most common chronic illnesses. It requires long-term multidisciplinary care, combining pharmacological and non-pharmacological treatments. Hence the need for an educational approach to improve the quality of life of these patients.
Objectives: Our objective is to create a personalized educational program for patients followed for depression allowing them to acquire the necessary skills to become autonomous in the management of their pathologies on a daily basis.
Methods: The therapeutic education program is aimed at patients followed for depression and their families. Our team is multidisciplinary made up of a psychiatrist, a nurse and a dietitian. The educational tools are rich and varied, including computerized resources, written information, brochures and educational games.

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Results: The first step is the educational diagnosis which allows to identify the personalized needs of the patient. The caregiver-educator sets with the patient the objectives to be achieved throughout the course, thus defining the educational contract. Then the patient and his entourage can follow a personalized therapeutic patient education program. We offer a program consisting of 7 sessions at the rate of one session per one to two months (2 individual sessions and 5 group workshops). At the end of the program, evaluation and self-evaluation grids are completed.
Conclusions: Therapeutic patient education provides knowledge through which patients with depression develop personal and interpersonal coping skills. This program will allow them to give an acceptable place to their disease so that they can evolve well with it.

Disclosure of Interest: None Declared

EPV0447

Partner inclusive parenting intervention: Evidence of a culturally adapted low-cost group psychosocial intervention for depressed fathers

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Introduction: Depression is the leading cause of disability worldwide and low and middle-income countries (LMICs) carry over 80% of this disease burden. Attempts have been made to address depression in LMICs, with improvements in the home environment and maternal knowledge. However paternal depression is a neglected and under-researched area. Since maternal depression is associated with depression in fathers there is a need for partner inclusive parenting programs to address parental mental health and improve child outcomes.
Objectives: To evaluate the clinical and cost effectiveness of partner inclusive Learning through play plus (LTP+) intervention in reducing depression in fathers and mothers.
To evaluate the effectiveness of LTP + intervention in improving child outcomes.
To conduct process evaluation and identify challenges in transition to scale up of the intervention across Karachi, Pakistan from the perspective of fathers, mothers, and other stakeholders.
Methods: This is a cluster randomised controlled (cRCT) trial of partner inclusive group parenting program called (Learning Through Play (LTP+) across 18 towns in the city of Karachi. Over 5000 parents (fathers and partners) will participate in the study with a capacity building component of training 4000 Community Health Workers across Pakistan.
Results: This large cRCT will confirm the clinical and cost-effectiveness of LTP+ in reducing depression in parents and improving child outcomes along with the barriers and facilitators to implement the LTP+ group parenting program and the possibilities to roll out the innovation at national level through engagement with policy makers.
Conclusions: Addressing depression in parents is hugely important because of its adverse effects both for child and parents. This low-cost group parenting program will help in scaling up the innovation across health services in Pakistan and other LMICs.

Disclosure of Interest: None Declared

EPV0448

The Influence of Probiotic Supplementation on Depression, Anxiety, and Stress Level, as well as Inflammation, Anthropometric and Metabolic Parameters in Patients with Depressive Disorders - preliminary results of an RCT

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Introduction: There is a huge need to search for new treatment options for depression but as well as its comorbidities. Particularly, depression and metabolic abnormalities often coexist, while a pathophysiological overlap, including microbiota changes, may play a role. Thus, the trials of microbiota interventions (e.g., probiotics) may establish a safe and easy-to-use treatment option as an adjunctive therapy in patients only partially responsive to pharmacological treatment.
Objectives: The paper presents preliminary results of an RCT on the effect of probiotic supplementation on depression, anxiety and stress level, anthropometric, metabolic, and inflammatory parameters in adult patients with depressive disorders.
Methods: The trial was a two-arm, parallel-group, prospective, randomized, double-blind, controlled design that included 43 participants and lasted 60 days. The probiotic preparation contained Lactobacillus helveticus Rosell®-52 and Bifidobacterium longum Rosell®-175 in the amount of 3×10^9 colony forming units (CFU). We assessed depression level with Montgomery-Asberg Depression Rating Scale (MADRS), depressiveness, anxiety and stress level with 21-item version of Depression, Anxiety and Stress Scale (DASS-21), quality of life, blood pressure, body mass index and waist circumference, complete blood count, serum levels of C-reactive protein, high-density lipoprotein cholesterol, triglycerides, fasting glucose, selected secondary markers of inflammation and metabolic risk, as well as noninvasive biomarkers of liver fibrosis (APRI and FIB-4).
Results: There were no differences in sociodemographic traits and psychometric questionnaires scores, as well as in anthropometric and basic laboratory findings between placebo and probiotic group at the start of the intervention period. Interestingly, there was a statistically significant improvement in MADRS score in both, placebo (p=0,010) and probiotic group (p=0,037) after intervention (see figure). The same finding was observed in total DASS-21 score as well as anxiety subscale of DASS-21. However, there were no differences in anthropometric, inflammation or metabolic laboratory parameters at the end of the study regardless of intervention.