Introduction: Patient-reported outcomes are becoming increasingly important in the evaluation of antidepressant drug therapy. They capture the patient's perspective on their symptoms, treatment experiences, and overall well-being, unlike traditional clinical measures that focus only on objective assessments (clinical scales measuring symptom reduction and psychological changes). These outcomes provide a more comprehensive understanding of the impact of antidepressants on daily living.
Objectives: The main objective of the study was to determine patient-reported outcomes of antidepressant drug therapy.
Methods: 300 patients from three study centers were included - a geriatric hospital (Germany), a Specialized psychiatric clinic (Germany), Outpatient psychiatric clinic (Croatia). Patients were assessed with the same questionnaire that consisted of two parts - the first one included questions about the patient's current state (possible symptoms) and the second one included questions about possible antidepressant side effects. The main inclusion criterium was continuous antidepressant therapy, and the main exclusion criterium was the inability to communicate via a questionnaire.
Results: Comparative analysis of patient perceptions in an acute psychiatric, outpatient psychiatric and geriatric patient cohort showed all patient cohorts were adherent to taking their medication but differed significantly in the level of awareness of any information regarding their medication taking (why are they taking it, when, what is the prescribed dose, etc.) with geriatric patients being the least aware. The results also show other differences between the three cohorts, especially between the Croatian and German cohorts. An interesting difference is shown in the open question about medication side effects - 99 Croatian patients didn't report having side effects, while only 31 patients from one German center and 71 from another German center answered that they had no side effects when asked openly. When asked specifically, patients from all three cohorts gave similar answers.
Conclusions: Understanding patient-reported outcomes can be extremely beneficial, as antidepressant efficacy as well as side effect severity varies widely among individuals and affects adherence to treatment. Patient-reported outcomes are a great starting point for moving in the direction of patient-centered medicine and can help healthcare providers make more informed decisions regarding antidepressant drug therapy.
This study is a part of ArtiPro ERA PerMed (Multidisciplinary research projects on personalized medicine- development of clinical support tools for personalized medicine implementation) project. The main goal is to establish an artificial intelligence-based platform that integrates data from clinical research involving biomarkers as predictors of illness and treatment outcomes with a goal to identify robust multimodal biomarkers and outcomes for depression.

Disclosure of Interest: None Declared

EPV0641

Resistant depressive disorder: electroconvulsive therapy versus esketamine

M. P. Pando Fernández[1], P. Martínez Gimeno[1], M. A. Andreo Vidal[1], M. Calvo Valcárcel[1], M. D. L. Á. Guillén Soto[1], O. Martin Santiago[1]*, G. Medina Ojeda[1], A. Rodríguez Campos[2], L. Rodríguez Andrés[1], N. Navarro Barriga[1], B. Rodríguez Rodríguez[1], M. Fernández Lozano[1], M. J. Mateos Sexmero[1], A. Aparicio Parra[1], L. Rojas Vázquez[1], G. Lorenzo Chapatte[1], M. Ríos Vaquero[1], A. Monllor Lazarraga[1], L. Sobrino Conde[1], L. del Canto Martínez[1], F. J. González Zapatero[1] and M. E. Espinosa Muth[1]
[1]Psiquiatría and [2]HCUV, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1344

Introduction: Electroconvulsive therapy (ECT) has long been regarded as highly effective in the treatment of Treatment-Resistant Depression (TRD), with remission rates ranging from 50% to 70%. In recent years, esketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, has emerged as a novel treatment option for TRD due to its rapid and potent antidepressant effects (1).
Objectives: This case aims to reflect on the comparative use of esketamine versus ECT in the management of TRD, considering clinical outcomes, side effects, and patient response.
Methods: A literature review was conducted using PubMed to gather evidence on the efficacy of esketamine and ECT for TRD. We also present a case study of a 53-year-old female patient with TRD to illustrate the clinical application and response to esketamine.
Results: The patient, a 53-year-old divorced woman with a 31-year-old son, has a history of three psychiatric admissions in 2021 due to major depressive episodes. She was previously treated at a day hospital and continues follow-up care in outpatient settings. Her current psychopharmacological regimen includes Venlafaxine 300 mg and Mirtazapine 30 mg, with Aripiprazole recently discontinued.
The patient presented to the emergency department with a marked deterioration in mood, neglect of daily activities, and increased social isolation. Psychiatric evaluation revealed a depressed appearance, slowed speech, bradypsychia, and passive thoughts of death, though without suicidal ideation. Her biological rhythms were disrupted, and she experienced unquantified weight loss, despite good family support.
The patient received her first intranasal dose of esketamine (56 mg) without complications, followed by six additional doses twice weekly. Mild side effects included nausea and occasional depersonalization and derealization. Over time, the patient showed progressive improvement in both affective symptoms and daily functioning.
Conclusions: This case highlights the rapid antidepressant effects of esketamine in TRD patients, aligning with current literature. Esketamine is noted for its quick action and efficacy compared to second-generation antipsychotics (2, 3). Despite these benefits, ECT remains a more cost-effective option with higher remission rates for TRD, even though it is slightly less expensive than esketamine (1). The patient experienced significant clinical improvement with esketamine, which was well-tolerated with minimal side effects. However, the long-term efficacy and cost-effectiveness of esketamine relative to ECT remain under discussion. Further research is needed to clarify esketamine's role in TRD treatment and to establish the best approach for long-term management.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2025.1344 Published online by Cambridge University Press