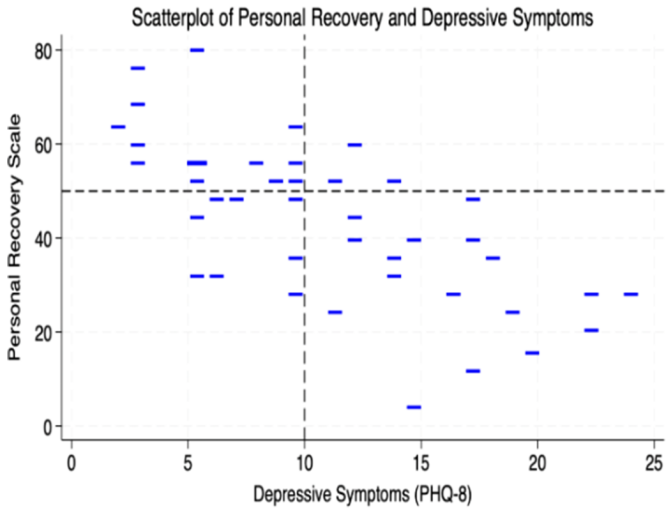
Image 3:



Conclusions: Individuals with MDD value a diverse range of outcomes. These findings may suggest the need to personalize treatment toward patient-defined goals, which include more positive outcomes. Incorporating measures of flourishing and personal recovery alongside measurement of symptoms may yield a more comprehensive understanding of overall mental health.

Disclosure of Interest: None Declared

EPP021

Postpartum depression in outpatient care in Latvia: symptom prevalence and associated clinical and sociodemographic factors

M. Lazareva[1]*, L. Renemane[1], L. Rubene-Kesele[1], V. V. Vinogradova[1], S. Cīpare[1], L. Ķīse[2], K. Šulte[2], A. Bērziņa[2] and E. Rancāns[1]

[1]Department of Psychiatry and Narcology and [2]Department of Obstetrics and Gynaecology, Rīga Stradiņš University, Riga, Latvia
*Corresponding author.
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Introduction: Postpartum depression has emerged as one of the most socially significant medical concerns, exerting a profound impact on maternal health, family relations, and child development (McNab et al. BMC Pregnancy and Childbirth 2022, 22(1):342; Slomian et al., Women's Health 2019, 15:55). Exploring associations between the prevalence of depressive symptoms and various clinical and sociodemographic factors may provide valuable insights for the development of targeted screening strategies, thereby ensuring appropriate care and support for women in fulfilling their role as mothers.
Objectives: Our study aimed to provide the first systematic assessment of postpartum depressive symptom prevalence, associated sociodemographic and clinical characteristics of women in outpatient care in Latvia.
Methods: All women aged 18 years and older who consecutively attended the country's largest Riga Maternity Hospital's outpatient unit 4-6 weeks postpartum were screened with the Patient Health Questionnaire-9 (PHQ-9). Based on sensitivity and specificity analysis, a cut-off score of 8 was identified as the optimal threshold for the PHQ-9. Sociodemographic data were collected via self-administered questionnaires; clinical data were extracted from medical records. Group differences in PHQ-9 score distributions were analyzed using chi-square tests.
Results: Over one year, 272 women aged 18-49 (mean 30.66 ± 5.59) were assessed. Depressive symptoms (PHQ-9 ≥8) were observed in 18.01%. Birth complications were significantly associated with higher PHQ-9 scores (p=0.031), and self-reported sleep problems showed a strong association (p=0.010). Mode of delivery (p=0.184), infant health problems (p=0.172), difficult infant temperament (p=0.124), and stressful events during pregnancy (p=0.100) showed non-significant trends. No significant differences were observed with respect to age, residence, ethnicity, education, marital and employment status, income, or other clinical factors (all p>0.05).
Conclusions: Postpartum depressive symptoms were present in nearly one-fifth of women, underscoring the relevance of mental health in perinatal care. Birth complications and sleep problems emerged as significant associated factors, while other perinatal and psychosocial variables showed non-significant trends. These findings underscore the importance of systematic screening and early identification of women at risk, as well as the need for further studies to elucidate causal pathways and inform effective prevention and intervention strategies.

Disclosure of Interest: None Declared

EPP022

Social Isolation and Incident Post-Stroke Depression: A Population-Based Cohort Study

Y. Ou[1], Y. Chen[2], M. Li[1] and Y. Y. Liang[1]*

[1]Institute of Psycho-neuroscience, The Affiliated Brain Hospital, Guangzhou Medical University, Guangzhou, China and [2]Department of Psychology, The University of British Columbia, Vancouver, Canada
*Corresponding author.
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Introduction: Post-stroke depression, a prevalent and persistent neuropsychiatric complication, adversely affects stroke recovery outcomes. Almost half of stroke survivors experience social isolation. Yet the contribution of social isolation to post- stroke depression development remains unclear.
Objectives: We investigate the association between social isolation and incident depression in stroke survivors.
Methods: We included 7,267 UK Biobank participants with prior stroke (mean±SD age =60.5 ±6.9 years, 55.6% male) without baseline depression. Degree of social isolation was assessed with three questions: 1) "Including yourself, how many people are living together in your household? (Include those who usually live in the house such as students living away from home during term, partners in the armed forces, or professions such as pilots)" (1 point for living alone); 2) "How often do you visit friends or family or have them visit you?" (1 point for answering rarely, never, or monthly); and 3) "Which of the following [leisure/social activities] do you engage in once a week or more often? You may select more

than one" (1 point for none of the above). Incident post-stroke depression was ascertained from hospital records and death registries. We used Cox cause-specific hazards models to estimate hazard ratios (HRs) adjusted for demographics, socioeconomic status, comorbidities, health behaviours and physiological covariates. We also performed a relative importance analysis to rank risk factors. We calculated the Percentage of Excess Risk Mediated (PERM) by grouping explanatory covariates into categories, such as medication, behaviors, and comorbidities.
Results: Over a median 10.2-year follow-up, 591 stroke survivors developed depression. Compared with the least isolated participants, the most isolated group showed a significantly higher risk of depression (HR: 1.35, 95% CI: 1.07-1.70). In a risk-factor ranking, social isolation ranks higher than traditional risk factors, including hypertension and obesity, as a predictor of post-stroke depression. Health behaviors mediated the association between social isolation and elevated depression risk most strongly, accounting for 32-44% (PERM) of the effect. This mediating effect was significantly greater than that explained by medication, comorbidities, and other covariates.
Conclusions: In this population-based cohort study of UK Biobank participants with stroke, social isolation was significantly associated with an increased risk of post-stroke depression. These findings suggest that interventions targeting social connectivity may improve clinical outcomes in stroke survivors.

Disclosure of Interest: None Declared

EPP023

Long-Term Effectiveness and Tolerability of Intranasal Esketamine in Treatment-Resistant Depression: A Real-World, Single-arm Study of Over 100 sessions

N. Ayad and S. Makhoul*

Reem Neuroscience Center, Abu Dhabi, United Arab Emirates
*Corresponding author.
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Introduction: Treatment-resistant depression (TRD) poses a significant clinical challenge, with limited evidence guiding long-term pharmacological strategies. Esketamine, a glutamatergic modulator, has demonstrated short-term efficacy in TRD, but data on its extended use in real-world settings remains scarce
Objectives: This study aimed to evaluate the long-term effectiveness and tolerability of intranasal esketamine in adults with TRD over more than 100 treatment sessions.
Methods: We conducted a retrospective, single-arm pre-post study of 20 patients with TRD at a private psychiatric clinic in the United Arab Emirates. All participants received ≥100 sessions of intranasal esketamine alongside oral antidepressants. Depression and anxiety symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7) scales. Tolerability was monitored through blood pressure, sedation, dissociation, urinary symptoms, and psychiatric side effects.
Results: After an average of 129 esketamine sessions (mean duration 2.5 years), PHQ-9 and GAD-7 scores significantly decreased ($p<0.001$). 85% of patients improved in depressive severity, with 25% achieving remission. 65% improved in anxiety severity, and 20% reached remission. Esketamine was generally well-tolerated; side effects were mild and transient, with no serious adverse events. No clinical or demographic factors significantly predicted response.
Conclusions: Intranasal esketamine demonstrated sustained effectiveness and acceptable tolerability in a real-world TRD cohort with extensive psychiatric comorbidity. These findings support its long-term use in complex clinical populations and underscore the need for further prospective, multi-site studies.

Disclosure of Interest: None Declared

EPP024

Association Between Childhood Neglect and Major Depressive Disorder: A Systematic Review, Meta-Analysis and Meta-Regression

M. Merola[1]*, S. Carletto[1], L. Ostacoli[2] and F. Oliva[1]

[1]Department of Clinical and Biological Sciences and [2]Department of Psychology, University of Turin, Turin, Italy
*Corresponding author.
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Introduction: Major depressive disorder (MDD) is one of the most prevalent psychiatric conditions worldwide and is strongly associated with early adverse experiences. While the impact of childhood abuse has been extensively studied, the specific contribution of neglect, encompassing physical, emotional, and unspecified subtypes, has historically received less attention. Given its potential to disrupt attachment and emotion regulation, quantifying its association with MDD is crucial.
Objectives: This study aimed to investigate the association between childhood neglect and MDD by estimating pooled Odds Ratios (ORs) for unspecified, physical, and emotional neglect. A secondary objective was to examine moderators of these associations through meta-regression analyses.
Methods: Following PRISMA guidelines, PubMed, Scopus, and Web of Science were systematically searched in September 2024. Eligible studies included adults with a diagnosis of MDD and documented exposure to childhood neglect assessed with validated instruments.
Random-effects model based on the inverse variance method was applied to calculate pooled ORs and between-study heterogeneity was quantified using Cochran's Q and I^2 statistics. Meta-regression models were performed to explore potential moderators influencing the outcomes across studies.
Results: Twenty-two studies were included. Childhood neglect was significantly associated with MDD across all subtypes: unspecified neglect (OR = 4.14, 95% CI [1.73–9.89]; I^2 = 67.7%, p = 0.015), emotional neglect (OR = 3.71, 95% CI [2.33–5.88]; I^2 = 85.1%, $p < 0.001$), and physical neglect (OR = 3.30, 95% CI [2.22–4.91]; I^2 = 79.7%, $p < 0.001$). High heterogeneity was observed, particularly for emotional and physical neglect, reflecting variability across studies.
Conclusions: These results are consistent with previous meta-analyses reporting strong associations between neglect and depression (Mandelli et al. Eur Psychiatry 2015; 30:665–680; Nelson et al. Br J Psychiatry 2017; 210:96–104; Norman et al. PLoS Med 2012; 9: e1001349), although the ORs in the present study were higher. Prior evidence indicates that neglect, especially emotional neglect, is more strongly linked to depressive outcomes than other forms of maltreatment (Humphreys et al. Child Abuse Negl 2020; 102:104361; Infurna et al. J Affect Disord 2016; 190:47–55).
The consistency and strength of these associations support the role of childhood neglect as a key vulnerability factor for MDD and

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