Conclusions: The results demonstrated that current local LLMs are not adequate for clinical utility in automatic depression screening. Future studies are required to fine tune locally operated LLMs for depression screening.

Disclosure of Interest: None Declared

EPV563

Swallowing Grief: Medication, Memory, and Relapsing

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Introduction: Psychotic depression is a severe and recurrent condition in which episodes are often triggered by psychosocial stressors. The role of symbolic meaning in treatment—such as the transference to a specific medication or the significance of traumatic anniversaries—may play an important role in relapse. This case highlights the complex interplay between pharmacological treatment, traumatic memory, and symbolic associations.
Objectives: To illustrate how medication transference and the emotional weight of significant anniversaries may contribute to the recurrence of psychotic depression, despite long-term remission.
Methods: A 59-year-old woman presented to the psychiatric emergency service with a two-week history of worsening symptoms: insomnia unrelieved by hypnotics, a sensation of being unable to swallow due to a sticky tongue, difficulty eating, gastric discomfort, inner restlessness, fear of loss of functionality, fear of upcoming daylight-saving changes, and a loss of her usual daily rhythm. She reported feeling detached from herself and unable to function.
Results: The patient had experienced a single previous episode of psychotic depression in 2016, following her son's suicide. At that time, her symptoms included withdrawal, insomnia, and swallowing difficulties similar to the current episode. She remained in stable remission for nine years on paroxetine 30 mg, venlafaxine 75 mg, and olanzapine 10 mg. At a recent follow-up, olanzapine was reduced to 5 mg due to weight gain. Within two months she relapsed. Exploration revealed that her son's birthday had occurred 10 days earlier, and the tenth anniversary of his death was approaching. Importantly, her son had also been prescribed the same brand of olanzapine at the time of his death. For the patient, this medication appeared to function as a transitional object, maintaining a symbolic connection to her son. Despite weight concerns, she was reluctant to discontinue the drug, resumed 10 mg, and was motivated to increase to 15 mg. After reinstatement, her physical symptoms and sleep improved rapidly, while psychotic features diminished but did not fully remit.
Conclusions: This case illustrates how psychiatric medications may acquire symbolic meaning and serve as transitional objects, especially in the context of unresolved trauma. The interplay of medication symbolism and traumatic anniversaries may contribute to relapse even after long remission. Greater awareness of these dynamics could enrich clinical understanding and guide more sensitive treatment planning.

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EPV564

The association between anhedonia and quality of life in treatment-resistant depression: effects of a three-month treatment with esketamine nasal spray

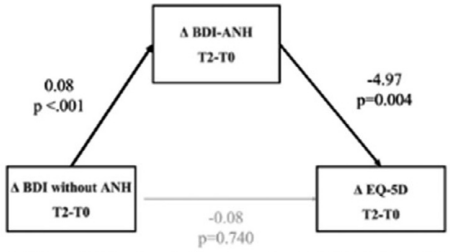
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Introduction: Anhedonia is a core and frequently treatment-refractory symptom dimension of treatment-resistant depression (TRD), strongly associated with functional impairment and reduced quality of life. Esketamine nasal spray (ESK-NS) has demonstrated anti-anhedonic effects in real-world clinical settings; however, the extent to which improvement in anhedonia contributes to functional and quality-of-life recovery remains insufficiently explored.
Objectives: This study examined changes in depressive symptoms, anhedonia, and quality of life in TRD patients treated with ESK-NS for three months. In addition, we investigated whether reductions in anhedonia mediate the association between improvements in depressive symptoms and quality of life.
Methods: Fifty patients with TRD (36.3% female; mean age 54.7 ±12.4 years) receiving ESK-NS for three months were retrospectively included. Depression severity was assessed using the Montgomery–Åsberg Depression Rating Scale (MADRS) and the Beck Depression Inventory-II (BDI-II). Anhedonia was evaluated using the anhedonia subscales of the MADRS and BDI-II. Quality of life was measured with the EuroQol-5 Dimensions (EQ-5D). Statistical analyses included descriptive measures (mean ± SD, percentages), repeated-measures ANOVA, and mediation analysis, with significance set at $p<0.05$.
Results: ESK-NS significantly improved depressive symptoms over the treatment period (MADRS, p=0.006; BDI-II, p=0.002). Anhedonia significantly decreased according to MADRS anhedonia scores (p=0.04), while BDI-II anhedonia scores showed marked improvement at the endpoint ($p<0.001$). Quality of life improved significantly following three months of treatment ($p<0.001$). Mediation analysis demonstrated that reductions in anhedonia significantly mediated the relationship between depressive symptom improvement and enhanced quality of life (Figure 1).

Image 1:

Figure 1. Mediation pathway of the association between changes in depressive symptoms and changes in health-related quality of life through anhedonia.



Path diagram of the mediation model (X = change in depressive symptoms excluding anhedonia, ΔBDI without ANH; M = change in anhedonia; ΔBDI-ANH; Y = change in quality of life, ΔEQ-5D; T0=baseline; T2=endpoint). Each arrow displays unstandardized estimates and p (p-values). Significant paths are represented in black, while the non-significant direct path is shown in grey.