Introduction: Chronic pain is very prevalent in the population, with an estimated prevalence of 20.5% of the adult population experiencing pain every day or most days. Chronic pain is one of the main factors that generate dysfunctionality in patients, and it can even lead to dependence in activities of daily living. Chronic pain is strongly associated with depression, and can induce a major depression which, due to its characteristics, will become chronic. Several studies have shown that intravenous ketamine can be effective in the treatment of chronic pain. Major depression associated with chronic pain has a worse outcome and is more frequently associated with resistance to pharmacological treatment, making the management of these patients a clinical challenge.
The present study shows the response in a series of cases with major depression and chronic pain treated with inhaled esketamine, showing their evolution through the Montgomery-Asberg Depression Rating Scale (MADRS) and Fibromyalgia Impact Questionnaire (FIQ) as main outcomes.
Objectives: The main objective of this study is to describe the use of inhaled esketamine in patients with major depression and chronic pain in real clinical practice, using the MADRS and FIQ as main outcomes to show the evolution.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 2 years. The patients selected were those who completed treatment with inhaled esketamine and had a diagnosis of major depression and a diagnosis of chronic pain at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 5 patients with a diagnosis of major depression and chronic pain (n: 5) all treated with inhaled esketamine were included in the study. The efficacy of inhaled esketamine was high in the reduction of pain during the months of treatment with it, presenting an improvement in the MADRS and the FIQ. At the end of treatment, there was a significant difference between patients who had made changes in their daily life habits (sport, improved daily activities, improvement in the quality of life) and those who had not made changes in their daily life habits.
Conclusions: This study shows that inhaled esketamine may be a useful drug in the treatment of major depression associated with chronic pain. Treatment with esketamine improved depressive symptoms and also chronic pain. A significant influence of changes in lifestyle habits was observed in maintaining the response to pain relief once treatment with esketamine was finished. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPV0591

Real clinical experience of inhaled esketamine in psychotic depression. A retrospective study

S. Benavente López[1]*, E. Toro Carrasco[1], I. Pedrero Torrejon[1], A. Lara Fernández[1], A. Parra González[1], M. Mejia Quiterio[1], A. Viñas Arboleda[1] and E. Baca García[1]

[1]Department of Psychiatry, Hospital Universitario Infanta Elena, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1304

Introduction: Psychotic depression is a severe mental disorder that can cause severe suffering and dysfunctionality in the patient. It is characterised by the presence of major affective symptoms together with the presence of psychotic symptoms in the form of delusions and/or sensory-perceptual alterations. Psychotic depression is particularly severe when it becomes resistant to pharmacological treatment, often requiring the combination of antipsychotics with antidepressants and even the use of electroconvulsive therapy. Lifetime prevalence of psychotic depression ranges from 0.35% to 1%, being more frequent in the elderly. Previous studies have shown positive experience with intravenous ketamine in the treatment of psychotic depression, improving psychotic symptomatology and showing a good safety and tolerability profile. The present study shows the response in a series of cases with psychotic depression treated with inhaled esketamine, showing their evolution through the Montgomery-Asberg Depression Rating Scale (MADRS) as well as their safety and tolerability profile.
Objectives: The main objective of this study is to describe the use of inhaled esketamine in patients with psychotic depression in real clinical practice, using the MADRS as main outcomes to show the evolution.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 2 years. The patients selected were those who completed treatment with inhaled esketamine and had a diagnosis of psychotic depression at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 5 patients with a diagnosis of psychotic depression (n: 5) all treated with inhaled esketamine were included in the study. The efficacy of inhaled esketamine was very high in the treatment of patients with psychotic depression, achieving a 100% response rate (MADRS<10). All 5 patients showed a rapid improvement in psychotic symptomatology, with cessation of psychotic symptoms in the initial phases of treatment, showing a rapid response. No worsening of psychotic symptoms was observed at any time with the administration of inhaled esketamine. Tolerability was excellent, with no serious adverse effects occurring during treatment administration.
Conclusions: The present study shows a high efficacy of esketamine in the treatment of psychotic depression, with a high response rate and an excellent tolerability profile. Inhaled esketamine could be a useful tool in the treatment of psychotic depression, helping to rapidly restore patients' functionality. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPV0593

Hostility and self-destructive behavior in depression

T. I. Medvedeva[1], O. M. Boyko[1]*, S. N. Enikolopov[1] and O. Y. Vorontsova[1]

[1]Clinical psychology, Mental Health Research Center, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1305

Introduction: Self-destructive behavior in depression is most often a pathological way of emotional self-regulation, but it may increase

suicidal risk. In this regard, the identification of risk factors for self-destructive behavior is of practical importance.
Objectives: The aim was to study hostility as risk factor self-destructive behavior in depression.
Methods: The study included 155 women from 16 to 25 years old (mean age 19,77) hospitalized with depression in a clinic of FSBSI MHRC. The Buss-Perry Aggression Questionnaire (BPAQ), the Symptom Checklist-90-reserved (SCL-90-R), the Physical Appearance Comparison Scale—Revised (PACS–R), the Body Investment Scale (BIS), anamnestic data about self-destructive behavior, a question to assess the level of autoaggression («Sometimes I deliberately injure myself » was measured on a Likert scale from 0 to 5) were used. ANOVA and Spearman's rank correlation coefficient were used. To analyze the features associated with the level of hostility, the sample was divided into subgroups "with low hostility" (78 people, mean age 19.91) and "with high hostility" (77 people, mean age 19.6), according to the median value of the "Hostility" parameter of BPAQ - 23.
Results: Correlation analysis showed a statistically significant relationship between the level of "Hostility" and the frequency of "deliberately injure" ($r=0.19$, $p<0.05$). Comparison of subgroups according to the parameters of SCL-90-R showed a higher level of psychopathologic symptomatology in the group with high hostility: SOM (1.11±0.80 in the "low hostility" group vs. 1.50±0.85 in the "high hostility" group at p=0.001), OC (1.60±0.87 vs. 2, 16±0.77 at p=0.000), INT (1.32±0.84 vs. 2.16±0.90 at p=0.000), DEP (1.73 ±0.98 vs. 2.27±0.87 at p=0.000), ANX (1.27±0.92 vs. 1.90±1.01 at p=0.000), HOS (0, 89±0.87 vs. 1.41±0.89 at p=0.000), PHOB (0.81 ±0.86 vs. 1.42±0.89 at p=0.000), PAR (0.74±0.65 vs. 1.43±0.84 at p=0.000), PSY (0.87±0.65 vs. 1, 26±0.78 at p=0.000), GSI (1.22±0.66 compared to 1.77±0.71 at p=0.000), PDSI (2.12±0.60 compared to 2.39±0.56 at p=.002), PSI (48.66±17.14 compared to 64.20±16.16 at p=0.000). BIS scores on the "body Investment subscale" (3.18±1.18 compared to 2.55±1.12 at p=0.001) on the total scale (3.38±0.58 compared to 3.15±0.54 at p=0.008) The PACS-R scale data demonstrate differences in the physical comparison parameter (2.02 ±1.37 versus 2.66±1.23 at p=0.002).
Conclusions: A higher level of hostility in depression in women with self-destructive behavior is associated with both a worse mental status and a stronger rejection of one's body, manifested in a decreased concern for it and an increased need to compare oneself with others. This allows us to consider hostility as one of the markers of high risk of self-harming behavior in depression.

Disclosure of Interest: None Declared

EPV0594

Fat Chance: The risk of Vortioxetine-induced Hypertriglyceridaemia

E. Cahalan[1]
[1]Psychiatry, HSE, Galway, Ireland
doi: 10.1192/j.eurpsy.2025.1306

Introduction: Hypertriglyceridaemia as a side effect of antidepressants including venlafaxine and mirtazepine has been described in the literature. A relatively new SSRI, vortioxetine has never been reported to contribute to hypertriglyeridaemia and it is not mentioned in the prescribing information for this agent. Dyslipidaemia is an important risk factor for morbidity in people who suffer with mental illness, most often observed in patients who are prescribed antipsychotic medications. Evidence to date with antidepressant medication is mixed but may represent a clinically relevant additional cardiovascular risk.
Objectives: This case report explores the possible relationship between Vortioxetine and worsening hypertriglyceridaemia in a patient with depressive illness.
Methods: Clinical case report and brief literature review
Results: A 58 year old female, with a history of Recurrent Depressive Disorder was admitted to an acute psychiatric inpatient unit with a relapse in depressive illness with anxious distress and suicidality. Prior to admission, her medications included Mirtazepine 60mg, Duloxetine 120mg and Olanzapine 7.5mg. She had a family history of dyslipidaemia. A blood panel was taken which revealed mildly deranged lipid profile - Total Cholesterol of 7.72mmol/L (Upper limit of Normal - 5.0mmol/L); HDL 1.02mmol/L (ULN - 2.0mmol/L) ; LDL 5.44mmol/L (ULN - 3.0mmol/L) ; Triglycerides 2.78mmol/L (ULN - 2.0mmol/L).
The patient's Duloxetine was switched to Venlafaxine and repeat lipid levels one week later revealed a dramatic rise in triglycerides to 12.16 mmol/L, and then 14.07 mmol/L 2 days later again. Venlafaxine was discontinued in view of these findings with a reduction in serum triglycerides to 11.43mmol/L within 24h.
Vortioxetine 10mg was commenced and the patient's lipid profile was again repeated with an upswing in triglyceride levels to a peak of 15.4mmol/L within 48h of commencement. Vortioxetine was discontinued and fenofibrate was commenced to treat the patient's dyslipidaemia due to a risk of acute pancreatitis and atherosclerotic disease. Serum triglycerides reduced to near-normal levels within days.
Conclusions: This case report highlights the risk of dyslipidaemia associated with antidepressant prescribing and identifies vortioxetine as an agent which may contribute to this. This patient had a number of risk factors for developing hyperlipidaemia including co-prescription with olanzapine and mirtazepine which have known metabolic effects, as well as a family history for hyperlipidaemia and a post-menopausal state. However, it was notable that her significant hypertriglyceridaemia was cause by venlafaxine, and exacerbated further by vortioxetine. Cardiovascular risk profiles must always be considered in the psychiatric patient population and we feel that this case report may add to the literature around commonly prescribed antidepressant medications and their contribution to this risk.

Disclosure of Interest: None Declared

EPV0595

Depressive symptoms among heterosexual and sexual minority college students: network analyses

E. B. Camargo Júnior[1]*, G. G. Silva[1], M. N. D. F. Fernandes[2] and E. C. D. S. Gherardi-Donato[3]
[1]University of Rio Verde, Rio Verde; [2]Federal University of Maranhão, Imperatriz and [3]Ribeirão Preto College of Nursing, Ribeirão Preto, University of São Paulo, Ribeirão Preto, Brazil
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1307

Introduction: Depression is one of the most prevalent mental disorders worldwide, and network analyses in psychopathology allow for an improved understanding of its development,