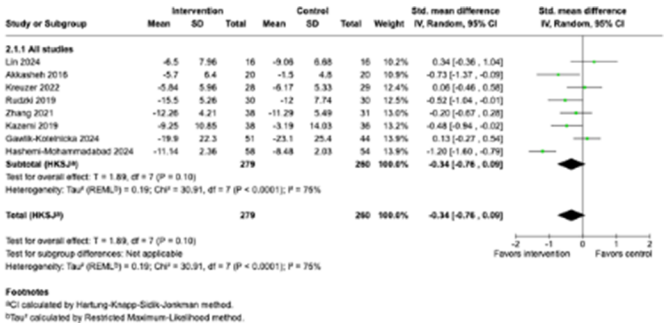
mean differences (SMDs) with 95% confidence intervals (CIs). Exploratory subgroup analyses were conducted based on probiotic formulation, dosage, and strain composition.
Results: Eight RCTs with 539 participants were included. Of these, 279 patients (51.8%) received probiotic supplementation and 260 (48.2%) received placebo or standard therapy alone. Probiotic use was associated with a greater, though non-significant, reduction in depressive symptoms (SMD –0.34; 95% CI: –0.76 to 0.09; I^2 = 75%; Image 1). Subgroup analysis suggested larger effects with multistrain formulations and capsule-based delivery.

Image 1:



Conclusions: Probiotic supplementation with *Lactobacillus* and *Bifidobacterium* may modestly reduce depressive symptoms in MDD. Subgroup trends favor multistrain, capsule-based products. Given their safety, low cost, and accessibility, probiotics represent a promising adjunctive strategy. Further trials are warranted.

Disclosure of Interest: None Declared

EPP017

Predictors of Sexual Dysfunction in Unipolar Depression: A Register-Based Nested Case-Control Study

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Introduction: Sexual dysfunction (SD) is a frequent comorbidity and a potential adverse consequence of treatment in depression. Antidepressants - particularly those with serotonergic effects - are known to contribute to sexual side effects, yet SD often remains underrecognized in clinical settings. Despite high self-reported rates in survey-based studies, large-scale data on clinically recorded SD and associated treatment patterns in depressed populations remain limited. Understanding predictors of SD at the population level is crucial for improving detection, guiding therapeutic decisions, and informing patient care.
Objectives: To identify pharmacological and clinical predictors of SD in men with depression using Swedish nationwide registers.
Methods: In a cohort of 73,566 men aged 18–65 with incident depression (ICD-10: F32/F33) in Sweden, we identified 1,483 SD cases (ICD-10: F52.0–52.3 or ATC: G04BE) within one year from the depression diagnosis, matched 1:5 to 6,704 controls by age, time since depression diagnosis, and region of residence. Predictors were prescriptions of antidepressants (serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, bupropion, mirtazapine), atypical antipsychotics (quetiapine, olanzapine, aripiprazole), and clinical variables (e.g., depression severity, psychiatric comorbidities, suicide attempts). Conditional logistic regression models were used to estimate adjusted odds ratios (aORs) with 95% confidence intervals (CI).
Results: The use of SSRIs (aOR 1.37, 95% CI 1.17–1.61), SNRIs (aOR 1.81, 95% CI 1.47–2.23), and multiple antidepressants (aOR 1.71, 95% CI 1.44–2.04) was statistically significantly associated with SD. In contrast, the use of mirtazapine (aOR 1.01, 95% CI 0.79–1.29), bupropion (aOR 1.56, 95% CI 0.91–2.69), and TCAs (aOR 1.34, 95% CI 0.85–2.09) showed no statistically significant association. Among antipsychotics, only quetiapine was statistically associated with SD (aOR 1.57, 95% CI 1.07–2.31). No statistically significant associations were found for depression severity, psychiatric comorbidities, or recent suicide attempts.
Conclusions: This national case-control study found that serotonergic antidepressants were associated with higher odds of recorded SD in men with depression, whereas bupropion and mirtazapine showed no significant associations. No clear associations were observed with baseline clinical characteristics. While causality cannot be inferred, findings suggest pharmacological factors may influence SD risk and underscore the importance of addressing sexual health in depression management.

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