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Introduction: Suboptimal response to antidepressant pharmacotherapy (nonresponse or partial response but no remisson) is the most challenging issue in the treatment of depressive disorders. Open and controlled clinical studies show that augmentation of the given antidepressant with lithium, atypical antipsychotics, antiepileptics and thyroid hormones are effective in 30-40% in such cases.

Objectives: To explore the possiblity wether bipolar mixed depression is the ideal subject of good response to psychotroic augmentation.

Method: Literature review.

Results: Studies consistently indicate that in contrast to unipolar MDE (=MDD) the rate of antidepressant-resistant depression is higher not only in bipolar I and II depression but also in MDE with subthreshold bipolarity (bipolar mixed depression). However, lithium, atypical antipsychotic and antiepileptic (but not thyroid) augmentation works much better in bipolar depression and in unipolar MDE with subthreshold bipolarity (mixed depression) tjan in unipolar MDE without subthreshold bipolar features. In addition to this, almost all clinical predictors of good response to lithium/atypical antipsychotics/antiepileptics are classical bipolar markers (familial bipolarity, eraly onset, intradepressive hypomanic symptoms, agitation, cyclothymic tempermanent, shorter episodes, more than three depressive episodes, and suicidality).

Conclusion: Considering that lithium, atyipcal antipsychotics and antiepileptics, but not thyroid stimulating drugs have more and less antimanic effect, these results suggst that tretating intradecpressive hypomanic symptoms in bipolar mixed depression is a new (if not the only) explanation among the several previously proposed mechanisms of action of successful psychotropic augmentation of antidepressants in patients with MDE.

Disclosure of Interest: None Declared

SP0054

Suicidal behavior in combat veterans with mood disorders

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doi: 10.1192/j.eurpsy.2024.101

Abstract: Introduction. Military conflicts are ubiquitous. There are many combat veterans around the world. The combat environment is characterized by violence, physical strains, separation from loved ones, and other hardships. Mood disorders and suicidality in combat veterans are a large and important issue.

Objectives: To discuss the pathophysiology and prevention of suicidal behavior in combat veterans with mood disorders

Methods: A review of the literature on suicidal behavior in combat veterans with mood disorders including own publications.

Results: Combat deployment may lead to multiple emotional, cognitive, psychosomatic symptoms, mood disorders, suicidal ideation and behavior. Pre-deployment, deployment and post-deployment adversities may increase risk of mood disorders and suicide in combat veterans. The act of killing in combat is a stressor which may raise suicide risk. Combat-related injuries are associated with significantly increased depression and suicide risk. Post-deployment difficulties of reintegrating into civilian life may lead to depression and suicidality. Studies suggest that suicidal behavior in combat veterans may have a neurobiological basis. Prevention of mood disorders and suicide among combat veterans should include pre-deployment screening to exclude individuals with psychiatric disorders; psychological support and prevention of harassment and/or abuse during deployment; psychosocial support after deployment; diagnosing and treating psychiatric and medical disorders including neurological disorders; frequent depression and suicide screening; education of mental and non-mental health clinicians, war veterans, their families and friends regarding signs/symptoms of mood disorders and suicidality; and restriction of access to lethal means.

Conclusion: Combat veterans are a unique population. They are frequently exposed to psychological, physical, and biological factors which are unusual for civilians or non-combat military veterans. We need to study the specific psychobiology of combat veterans to understand how to develop effective depression and suicide prevention interventions for this population.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2024.101 Published online by Cambridge University Press