Social distancing and suicide in COVID-19 age

S0062

How COVID-19 related psycho-social stressors affect longevity

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Introduction: Before the COVID-19 pandemic, the literature on psychosocial stressors and psycho-social protective factors already clearly indicated that the two were linked in a multitude of ways to longevity. These ways include 1) directly through increased risk in suicides with respect to psycho-social stress or lack of connectivity 2) increased risk for psychopathologies such as depression, post-traumatic stress disorder and others, which in turn can decrease longevity in indirectly, and 3) a worse/healthier lifestyle that may be associated through decreased/improved social connectivity. With the advent of the COVID-19 pandemic, the ways in which these psychosocial factors could be impacted by policy came into focus. Attempting to quantify the potential future impact of such policies on longevity through psycho-social changes appeared necessary to allow better guidance of policy making.
Objective: This presentation aims to leverage the experience gained from making a projection of the impact of pandemic mitigation strategies on longevity in the early advent of the COVID-19 pandemic.
Results: The authors model indicated the high need for measures that are protective of the general populations' psychosocial health in the face of a pandemic and associated mitigation strategies.
Discussion: This presentation will discuss issues concerning quantifications of the impact of COVID-19 related policy on psychosocial health. The assumptions necessary to arrive at projective models may be at odds with parts of the current culture in the field. The presentation will discuss potential strategies in order for the scientific community to be better prepared for similar events in the future.

Disclosure: No significant relationships.
Keywords: Psychosocial Stress; Projection Studies; Covid; Longevity

S0060

Swedish perspectives and ethical discussion

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As COVID-19 spread, many countries in the world responded swiftly in an attempt to reduce transmission. Sweden, however, took a different approach to many other nations and did not implement a nationwide lockdown, instead deciding on a more "holistic approach to public health". The focus was on minimising transmission as much as possible, protecting those in risk groups, ensuring that the response strategies were sustainable long-term, mitigating other health concerns as a result of the response and that evidence-based methods were used as much as possible. At this stage, it is difficult to know how exactly the Swedish strategy has fared in comparison to other responses. In Sweden, there has been much debate about the strategy, particularly concerning the protection of the elderly due to unexpectedly high mortality rates in the older population as well as among residents in retirement homes. Many ethical questions remain in regard to which strategies would have been preferable.

Disclosure: No significant relationships.
Keywords: holistic approach; ethical questions; risk groups; Swedish COVID-19 response

Personalising ECT for depression

S0061

Effect of electrode placement on speed of response to ECT

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Objective: Electroconvulsive therapy (ECT) can be rapidly effective in treating severe depression. Right unilateral (RUL) or bitemporal (BT) electrode placement may affect the speed of ECT effectiveness although our current understanding of demographic and clinical factors for predicting predict speed of response and remission with ECT is limited. We investigated differences in improvement speed and also time to achieving response and remission criteria between brief-pulse moderate-dose (1.5 x seizure threshold) BT ECT and high-dose (6 x seizure threshold) RUL ECT. Additionally, we explored the influence of demographic and clinical characteristics.
Methods: Se analysed weekly 24-item Hamilton Depression Rating Scale scores obtained from severely depressed patients participating in the EFFECT-Dep trial (ISRCTN23577151). Improvement speeds in patients treated randomly with a course of either BT (n = 69) or RUL ECT (n = 69) were compared using independent sample t-tests. Weekly proportions of responders and remitters were compared using chi-square tests. Cox regression analyses were used to explore predictors of speed to achieve response and remission status.
Results: Se found no differences between RUL and BT ECT in speed of improvement or time to achieve response or remission. Exploratory analyses indicated that a wide variety of demographic and clinical features did not serve to predict speed of response and remission to ECT.
Conclusion: Electrode placement did not substantially influence speed of improvement, response and remission with twice-weekly brief-pulse ECT. Minimising the cognitive side-effects of ECT may be of more relevance when choosing between BT and RUL electrode placement for ECT.

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Keywords: response; Electroconvulsive therapy; Depression; remission

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