of which was empty, two semi-empty packs of antidepressants. Under the bed there was a photo album containing 58 pages to which the photographs of the lady's wedding were attached. In all the photographs the groom's face appeared torn. The hygienic-sanitary conditions of the house were precarious. The analysis of the medical record showed that the lady was being treated for major depressive disorder with psychotic manifestations, severe chronic insomnia disorder and abuse of ethyl alcohol and anxiolytics, which arose after separation from her husband five years before her. The toxicological examination performed on blood and urine confirmed the presence of massive doses of benzodiazepines and ethanol, causing death from respiratory depression.
Conclusions: In similar cases, the clinical and family history as well as the toxicological examination help the forensic pathologist in defining the cause of death. Depression leads to family and social isolation, affecting all aspects of a person's life. Divorce is not only a painful and expensive experience but also harmful to health. The subject is not only in a condition of marital and economic abandonment but also health because the resources currently used in this field are few. Together with the legal process, there should also be a health process with prevention strategies such as questionnaires, interviews, exercises in order to identify those at risk and treat them appropriately.

Disclosure of Interest: None Declared

EPV0456

rTMS efficacy in major depression disorder: comparing two reviews

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Introduction: Transcranial magnetic stimulation (TMS)is perhaps the most popular of the newbrain stimulation techniques because its clinical effects are produced without the need for a craniotomy (as with deep brainstimulation (DBS)) or seizure induction(as with electroconvulsive therapy (ECT)).Recently ,TMS is typically used to improve depression symptoms when other depression treatments haven't been effective.
Objectives: This is a review that discuss the efficacy of the antidepressant effect of TMS.
Methods: A narrative review was conducted basedon a search in pubmed using thekeywords: "rTMS" and "depression".
Results: One of the reviews studied proved the efficacy of rtms in the treatment of depressionbut there is still a clinical need for the complementary use of antidepressants.Although rTMS is more expensive than conventional antidepressants, it remains more interesting for patients who have not found benefits with pharmacological treatments.The other review also demonstrated the antidepressant effect of rTMS and that this effect, once completed, appears to be as long-lasting as that of antidepressants. TMS is also a promising new therapy and a powerful research tool. The body of TMS literature suggests that daily, left prefrontal TMS for 3–6 weeks has antidepressanteffects that are clinically meaningful (30% remission), with low side effects and nodrug-drug interactions. Furthermore, TMS shows promise in several other psychiatricdisorders, particularly treating acute and chronic pain.
Conclusions: Even though The Food and drug administration (FDA) has accorded RTMS' initial clearance of the first device in 2008 ,additional researches are still needed.The TMS coil location, stimulation intensity and frequency, and dosing strategy have to be more precise for better results.

Disclosure of Interest: None Declared

EPV0457

Open-Label placebo for the treatment of unipolar depression: Results from a randomized controlled trial

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Introduction: The response to placebo is robust in studies of various antidepressant treatments. The strong placebo response, combined with the absence of side-effects, has prompted suggestions to use the ethically sound open-label placebo (OLP) as a treatment for depression.
Objectives: The aim of the present study was to assess the efficacy of OLP in the setting of a randomized controlled trial for the treatment of unipolar depression.
Methods: Thirty-eight patients (28 females, 73.7%) were randomized to either an eight-week treatment with OLP (n=18) or four week of treatment as usual (TAU) followed by four weeks of OLP (n=20). Clinical and socio-demographic measures were assessed at baseline, after four weeks, and at the end of the trial. Response to treatment was determined using the Quick Inventory of Depressive Symptomatology (QIDS SR-16).
Results: There was an overall decrease in depression levels over time, $F(2,35) = 3.98$, $p = .028$). A significant *group* x *time* interaction was found only among non-geriatric patients (<65y) with an early onset of depression (<50y), $F(2,22) = 3.89$, $p = .036$]. Post-hoc tests indicated a significant decrease during the first four weeks, but only in the OLP group, $t(11) = 2.29$, $p = .043$.

Table 1: Demographic measures of OLP and TAU patients.

Measures	OLP (n = 18)	TAU (n =20)	Statistical analyses
Age (years) [Mean ± SD]	48.17 ± 16.86	51.65 ± 17.68	$t(36) = -0.62$, $p = .539$
Education level (years) [Mean ± SD]	15.61 ± 3.66	14.22 ± 2.62	$t(34) = 1.31$, $p = .200$
Gender (male/female) [no.]	4 / 14	6 / 14	$X^2(1) = 0.30$, $p = .587$
Age of onset (years) [Mean ± SD]	34.19 ± 15.82	32.45 ± 17.72	$t(36) = 0.32$, $p = .752$
Number of depressive episodes (no.) [Mean ± SD]	2.58 ± 2.61	6.64 ± 9.16	$t(21) = -1.47$, $p = .156$
Number of hospitalizations (no.) [Mean ± SD]	0.12 ± 0.33	0.17 ± 0.38	$t(33) = -0.40$, $p = .689$

Notes
OLP = Open label placebo; SD = Standard deviation; TAU = Treatment as usual.