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Introduction: It is knowed the relationship between psychological problems and cardiovascular disease. Pychological alterations can cause cardiovascular diseases, and a cardiovascular event can trigger psychological alterations.
Objectives: The aim was to present a clinical case about a young man with cardiovascular alterations and depressive symptoms and to analyze the role played by cardiovascular drugs, psychoactive drugs, and their interactions.
Methods: We present the clinical case and search the relation between cardiovascular disease and depressive symptoms and treatment at scientific literature of last five years.
Results: A 38-year-old man comes to the emergency room with symptoms of palpitations, fatigue and shortness of breath for 2 weeks. An electrocardiogram is performed showing premature ventricular beats. The patient reports that he is sadder recently due to the loss of work, for which he is prescribed sertraline 50 mg daily and is referred to cardiology. No medical history or consumption of alcohol, tobacco or other toxins. The cardiologist requests ergometry, echocardiography, and Holter monitoring, resulting in all normal tests, with no evidence of ischemia. Bisoprolol 2.5 mg daily is prescribed and sertraline 50 mg daily is maintained. After two months, the patient reports feeling better in spirit. The control electrocardiogram is normal and the patient reports disappearance of palpitations. You are referred to your family doctor.
Conclusions: Elevation of cortisol, platelet hyperactivity, and alteration in heart rate variability were found in depressives. The SSRIs would be the ones of choice. Dual serotonin and noraderaline reuptake inhibitors should be avoided. Other atypical drugs such as bupropion or trazodone should be considered.

Disclosure: No significant relationships.
Keywords: Depression; Psychotropic drugs; mental health and cardiovascular disease; arrythmia

EPV0243

They are not real patients

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Introduction: Cognitive depressive disorder (or depressive pseudodementia) is a condition defined by functional impairment, similar to dementias or other neurodegenerative disorders, in the context of psychiatric patients. It is important to consider a differential diagnosis in patients with cognitive impairment.
Objectives: Presentation of a clinical case of a patient with depression with psychotic symptoms who presents cognitive impairment.
Methods: Bibliographic review of the differential diagnosis between cognitive depressive disorder and real dementia by searching for articles in PubMed.
Results: We present a 51-year-old woman, previously diagnosed with adjustment disorder (with mixed anxiety and depressed mood) and unspecific anxiety disorder, who was admitted to the hospital due to delusional ideation of harm and Capgras syndrome, ensuring that her relatives had been replaced and the rest of the patients were not real patients, but actors who conspired against her. The MRI (Magnetic Resonance Imaging) was strictly normal (tumors or acute injuries as stroke or hemorrhage were discarded), and a MoCA (Montreal Cognitive Assesment) test was performed to screen any cognitive impairments (obtaining a score of 19/30, with language fluency and abstraction particularly affected). It would be convenient to repeat the test when this episode and the psychotic symptoms are resolved or improved.
Conclusions: 1. Some patients may have cognitive impairment in the context of a mood disorder. 2. A differential diagnosis and follow-up of these patients should be performed to assess prognosis, reversibility and treatment. 3. Depressive cognitive impairment may precede the development and establishment of a dementia or neurodegenerative picture.

Disclosure: No significant relationships.
Keywords: Depressive pseudodementia; psychotic depression; cognitive impairment; cognitive depressive disorder

EPV0244

Hyperoxia in depression

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Introduction: Several studies of normobaric hyperoxia in some neurological conditions have demonstrated clinical benefits. Oxygen enriched air may increase oxygen pressure in brain tissue and have biochemical effects such as on brain erythropoietin gene expression, even in patients without lung disease.
Objectives: This pilot, randomized, double-blind study examined the efficacy of normobaric hyperoxia as a treatment for depression.
Methods: Fifty-five consenting patients aged 18-65 years with mild to moderate depression were included in the study. Participants underwent a psychiatric inclusion assessment and a clinical evaluation by a psychiatric nurse at baseline, 2 and 4 weeks after commencement of study intervention. Participants were randomly assigned to normobaric hyperoxia of 35% fraction of inspired oxygen or 21% fraction of inspired oxygen (room air), through a nasal tube, for 4 weeks, during the night. Patients were rated blindly using the Hamilton Rating Scale for Depression (HRSD); Clinical Global Impression (CGI) questionnaire; Sheehan Disability Scale (SDS).
Results: The present study showed a significant improvement in HRSD ($p<0.0001$), CGI ($p<0.01$) and in SDS ($p<0.05$) among patients with depression who were treated with oxygen-enriched air, as compared to patients who were treated with room air. In CGI, 69% of the patients who were treated with oxygen-enriched air improved compared to 23% patients who were treated with room air.
Conclusions: This small pilot study showed a beneficial effect of normobaric hyperoxia on some symptoms of depression.

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Disclosure: No significant relationships.
Keywords: oxygen; HDRS; CGI; Depression

EPV0245

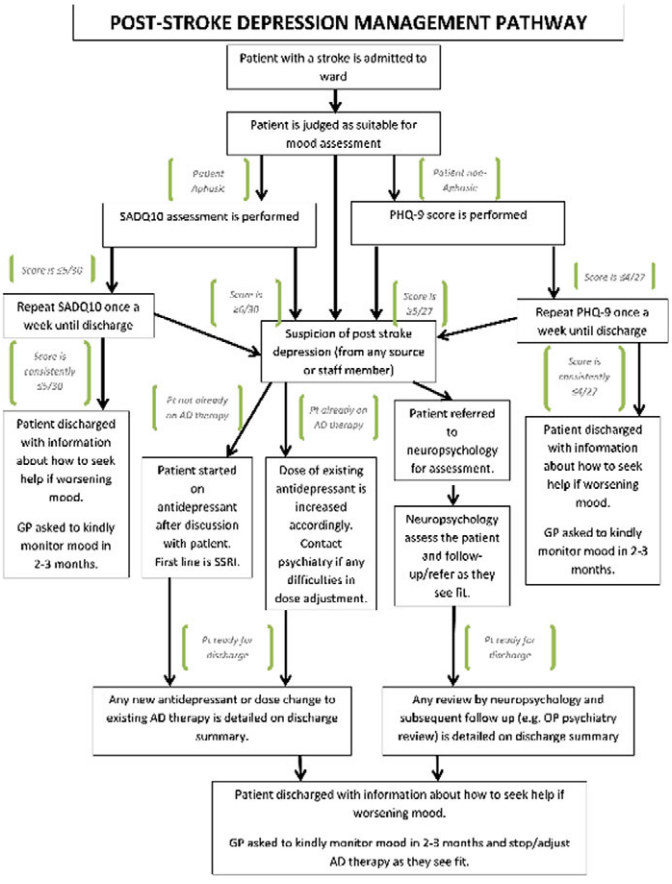
Constructing a hospital post-stroke depression management protocol by studying the management of post-stroke depression in a hospital setting

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Introduction: A stroke is a potentially debilitating event which can render the victim unable to perform many tasks and functions, significantly decreasing their quality of life. This, in addition to emotional/mental changes post-stroke, can lead to a phenomenon known as "post stroke depression" (PSD), characterised by persistent low mood following a stroke.
Objectives: This study aims to amalgamate recommendations based on national guidelines and previous literature, in addition to an original inpatient study of stroke patients within a hospital, to construct a standardised protocol of the management of PSD in the hospital setting.
Methods: 248 patients who had been treated for stroke within a hospital were analysed using hospital notes to assess for incidence of PSD, in-hospital management, and outpatient follow-up. In addition a literature search was conducted and national guidelines were consulted to develop a PSD management protocol.
Figure 1: Post stroke depression management protocol.
Results: While 8% (20/248) of stroke patients experienced low mood immediately post stroke, 45% (9/20) of these patients did not receive any therapy or drug treatment, 80% (16/20) did not receive any outpatient monitoring of their mood and 100% of patients received no outpatient monitoring of newly commenced antidepressants.
Conclusions: Using the results and literature search, a PSD management protocol, encompassing both appropriate in-hospital therapy and robust outpatient monitoring, was developed (Figure 1). We hope that through this, hospital care of PSD can be improved and optimised, in order for victims of PSD to receive the best possible, evidence-based care available to treat this potentially devastating condition.



Disclosure: No significant relationships.
Keywords: post stroke depression; management protocol

EPV0246

Electroconvulsive therapy in the medical comorbidities context: A case report

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Introduction: Electroconvulsive therapy (ECT) is today one of the main treatments available and used in psychiatry for serious mental illnesses. Eighty years after its introduction, the ECT procedure has evolved to become a safe option based on scientific evidence. Nowadays there are no absolute contraindications for ECT, regardless of the type of population and clinical situation.
Objectives: To illustrate the electroconvulsive therapy in medical comorbidities context with a case report.
Methods: Descriptive case study.
Results: We present a 66 years old patient who suffers from a psychiatric decompensation with a diagnosis of major depressive disorder with psychotic symptoms. Due to her cardiological history (prolongation of the QT interval of possible psycopharmacological origin and a 2:1 AV block, that required the implantation of a definitive pacemaker) and partial response to psychotropic medication, the initiation of electroconvulsive therapy is proposed as the best alternative. The pacemaker was previously studied by cardiology for a very complete analysis before the procedure. It was recommended to convert it to fixed rate pacing by using a magnet. To do this, we placed it over the pacemaker during the technique. While waiting for a clinical improvement, no incidence has been produced during the sessions.
Conclusions: ECT should not be postponed as a last resort. Numerous studies conclude that ECT is globally the treatment of choice (70-85% response) in severe depressive conditions, over and above antidepressant drugs. The incidence of relevant cardiac complications on ECT is relatively rare (0.9%). Regarding the use of pacemakers, electroconvulsive therapy represents an effective and safe option for the patient.