Objectives: The focus of this e-poster is to explore the incidence, pathophysiology, and treatment of depression disorder and antidepressant iatrogenic sexual dysfunction.
Methods: A bibliopgraphical review was performed using PubMed platform. All relevant articles were found using the keywords: depression, sexual disfunction, antidepressant.
Results: Sexual dysfunction is a common symptom of depression. Although decreased libido is most often reported, difficulties with arousal, resulting in vaginal dryness in women and erectile dysfunction in men, and absent or delayed orgasm are also prevalent. Sexual dysfunction is also a frequent adverse effect of treatment with most antidepressants and is one of the predominant reasons for premature drug discontinuation. Selective serotonin reuptake inhibitors are the most widely prescribed antidepressants and have significant effects on arousal and orgasm compared with antidepressants that target norepinephrine, dopamine, and melatonin systems. The availability of an antidepressant that does not cause or exacerbate sexual dysfunction represents an advance in pharmacotherapy for mood disorders and should reduce treatment noncompliance and decrease the need for switching antidepressants.
Conclusions: The sexual problems reported range from decreased sexual desire, decreased sexual excitement, diminished or delayed orgasm, to erection or delayed ejaculation problems. There are a number of case reports of sexual side effects, such as priapism, painful ejaculation, penile anesthesia, loss of sensation in the vagina and nipples, persistent genital arousal and nonpuerperal lactation in women.

Disclosure of Interest: None Declared

EPV0412

Psychotic Depression, Mannerisms and Alzheimer's Disease: a case report

A. Izquierdo De La Puente[1]*, P. del Sol Calderón[1] and R. Fernandez Fernandez[2]

[1]Psychiatry, Hospital Universitario Puerta de Hierro de Majadahonda, Majadahonda and [2]Psychiatry, Hospital Universitario Infanta Cristina, Parla, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1121

Introduction: We present the case of a 56-year-old patient with two depressive episodes with psychotic symptomatology in a period of three years, who began with mania and developed Alzheimer's disease.
Objectives: The case is presented with the aim of providing a brief review of psychiatric symptomatology as a prodrome of Alzheimer's disease.
Methods: A 56-year-old patient, with no psychiatric antecedents of interest, who presented a depressive episode with psychotic symptoms, requiring admission to a short hospitalisation unit, as well as antidepressant treatment with sertraline at 200mg daily and olanzapine 20mg. He remained stable for two years and was able to withdraw treatment progressively. However, after remaining euthymic without pharmacological treatment for six months, he had another episode with psychotic symptoms. In this last episode, he did not require hospital admission, but he did require a change in antidepressant treatment, given that he did not tolerate treatment with sertraline. Treatment was therefore started with duloxetine 120mg, aripiprazole 20mg and as no clear improvement was observed, months later it was decided to use lamotrigine 100mg as a stabiliser.
Results: In this last episode, despite the significant affective improvement and maintaining psychopathological stability, without presenting psychotic symptoms, the patient presented marked dysfunction in day-to-day life due to a striking attention deficit, lack of concentration and reduced short-term memory. At the same time, he also exhibits mannerisms which are observed in the consultation room, in the form of repetitive hand movements.
For these reasons, it was decided to request MRI and SPECT, obtaining results compatible with possible incipient cognitive deterioration.
Conclusions: It seems that up to 40% of patients with dementia have depressive symptoms. It seems that depression at an advanced age may in fact be a prodromal symptom of dementia.

Disclosure of Interest: None Declared

EPV0416

Esketamine in resistant depression: a case report

L. Carrión Expósito[1], G. Chauca Chauca[1]*, R. Galan Armenteros[1] and M. Rodriguez Lopez[2]

[1]Psiquiatra and [2]Enfermera, Córdoba, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1122

Introduction: Major depressive disorder is a common psychiatric condition affecting around 264 million people worldwide (WHO: Depression Fact Sheet. [Apr;2021]). Despite pharmacological advances, many patients still do not respond to antidepressant treatment or do so partially.
It is estimated that only 50-70% of patients respond to the initial antidepressant treatment according to the STAR-D study. 15% percent of cases do not respond significantly to various pharmacological and psychotherapeutic attempts (Rush AJ et. STAR*D report. al Am J Psychiatry). The current consensus places resistant depression for a practical approach in one that has been treated with two different antidepressant strategies in adequate doses and time and has not been remitted (Souery D et el, Treatment-resistant depression. J Clin Psychiatry 2006). We present a clinical case of a patient with Major Depressive Disorder, resistant to several therapeutic lines, in which intranasal esketamine was initiated.
Objectives: The main objective is to report the result of treatment with esketamine in a clinical case.
Methods: This work analyze the clinical evolution and reponse of a 62-year-old patient after initiating intranasal esketamine.
This is a patient with a single depressive episode, with no personal psychiatric history of interest that, after exhausting several options of pharmacological and non-pharmacological treatment.
Regulated psychotherapy based on cognitive behavioral therapy was carried out along with different pharmacological strategies according to the recommendations of the main clinical guidelines: antidepressant dose increase, antidepressant change, combination of several antidepressants and potentiation with another drug. We

measured clinical changes with MADRS Scale (Montgomery-Asberg Depression Rating Scale) at diferent times.
Results: From the fifth administration of esketamine the patient presented a clear improvement. At three months, the score on the MADRS scale improved markedly and at 6 months, the patient reported euthymia.
Score MADRS:

- Basal 46
- 3 Months 14
- 6 Months 1

As for the adverse effects, the patient presented in all administrations very mild dizziness.
Conclusions: The use of esketamine is a new therapeutic approach, being fast, safe and well tolerated in patients with depression who do not respond to other treatments (Sapkota A et al. Efficacy and Safety of Intranasal Esketamine in Treatment-Resistant Depression in Adults: A Systematic Review. Cureus.2021 Aug 21;13(8)). In our patient has proven to be effective and fast.

Disclosure of Interest: None Declared

EPV0417

Deafness and depression in the workplace: is there an association?

W. Ayed[1], D. Brahim[1], I. Yaich[2], C. BENSAID[2], L. HOUISSA[3]*, N. MECHERGUI[1], H. BENSAID[1], M. MERSNI[1], G. BAHRI[1], I. YOUSSEF[1], M. BANI[1], N. BRAM[2] and N. LADHARI[1]

[1]Occupational pathology and fitness for work, Charles Nicolle Hospital; [2]Forensic Psychiatry department, Razi Hospital, La Manouba and [3]Occupational pathology and fitness for work department Charles Nicolle hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1123

Introduction: Chronic exposure to damaging noise can lead to hearing loss . People suffering from hearing problems find it increasingly difficult to communicate and become withdrawn. This lack of contact can lead to the onset of anxiodepressive disorders .
Objectives: To study the epidemiological and clinical particularities of hearing loss in patients with psychoaffective disorders.
To study the impact of this association on the medical aptitude for work.
Methods: Retrospective descriptive study of depressive patients with hearing loss who consulted the Occupational Medicine Department at Charles Nicolle Hospital over a six-year period from January 2016 to November 2022.
Results: Out of 150 patients with hearing loss who consulted our service, 10 patients had an axio-dépressive disorder . Seven were men and three were women. The mean age was 43 ± 5 years and the mean job seniority was 11 years [3-20]. they belonged to the telecommunications (n=6), industry (n=2), printing(n=1), and transport sectors (n=1) . The job positions were : teleconsultant (n=6), operator machine (n=3) and driver (n=1) the symptoms presented by the patients were hearing loss (n=4), otalgia (n=1) , diziness (n=1), tinnitus(n=1) . The average time to onset of symptoms was 13±8 years [1-35] . The hearing deficits presented by the patients were: sensorineural hearing loss (n=7), mixed hearing loss (n=1) and conductive hearing loss (n=2). The mean of Hearing loss were 34±9 dB in the right ear and 34±6 dB in the left ear . A declaration of the deafness as an occupational disease was indicated in two of the cases. the univariate statistical study showed that anxiety-depressive disorders were associated with tinnitus (p=0,036,OR=4,2[0,99-17,659]) and the position of teleconsultant (p=0,009,OR=5,622[1,338-23,627] . Eviction from exposition to noise was indicated in seven cases
Conclusions: According to our study, hearing loss in patients with anxio-depressice disordes is associated with tinnitus and teleconsultant job position . Early screening early screening of people at risk is recommended.

Disclosure of Interest: None Declared

EPV0418

Attachment disturbance in women with depressive spectrum disorder, its connection with hostility

S. N. Enikolopov[1], O. U. Vorontsova[1], T. I. Medvedeva[1], O. M. Boyko[1]* and I. V. Oleichik[2]

[1]Clinical psychology and [2]Department of endogenous mental disorders and affective states, Federal Stare Budgetary Scientific Institution "Mental Health Research Center", Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1124

Introduction: The results of the study of psychological factors of hostility in depression are presented. The topicality of the study is due to hostility considered, on the one hand, as a property of depression, and on the other hand, as a risk factor, associated with the likelihood of auto-aggressive behavior.
Objectives: The aim of the study was to analyze the relationship between hostility and attachment disorders in endogenous depression.
Methods: The study involved 49 patients with depressive disorder (mean age 19,8±4,5). All patients were assessed using the Hamilton Depression Rating Scale (HDRS-17 mean 21,03±6,02). All completed the following methods: Revised Experiences in Close Relationships (ECR-R); Symptom Check List-90-Revised (SCL-90R); Aggression Questionnaire by Buss and Perry (BPAQ); I-structural test by G. Ammon (ISTA). According to the "depression" parameter of the SCL-90R, the group was divided into subgroups with high and medium severity of depression. Analysis of variance (ANOVA) or Mann-Whitney test were. Correlation analysis (Spearman) and stepwise multiple regression analysis were also used.
Results: At high levels of depression, the indicators of "hostility", "destructive" and "deficit aggression" are statistically significantly higher. The severity of depression significantly correlates with the severity of "anxiety" in attachment (close relationships), as well as with pathological "narcissism", "destructive external self-delimitation", "deficient internal self-delimitation".
For the measure of depression, regression analysis showed that the regression model explained more than 76% of the variance, with the measures of "interpersonal sensitivity", "deficit narcissism", and "avoidance" in attachment making significant contributions. For the "hostility" the regression model explains about 62% of the