Conclusions: BPI led by a group of therapists seem to be an effective therapeutic adjuvant in the "unfreezing" of the psychic processes in depressive patients. Our results point out the importance of jointly aiming at symptomatic improvement and therapeutic alliance.

Disclosure: No significant relationships.
Keywords: Psychotherapy; group; psychodynamic; Depression

EPP0544

The DiSCoVeR trial – first look at patient training and their expectations regarding a new, innovative treatment

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Introduction: The DiSCoVeR trial is a multi-site, double-blind, sham controlled, randomized controlled trial (RCT) investigating the feasibility and efficacy of an innovative, self-applied treatment approach for patients suffering from major depressive disorder (MDD). The treatment approach incorporates non-invasive brain stimulation, i.e. prefrontal transcranial direct current stimulation (tDCS), and a videogame designed to enhance emotional cognitive control. This treatment is aimed to be applied at home and monitored remotely.
Objectives: In this study we are looking at the first 10 single-site patients and comparing expected in person visits (according to the study protocol) versus actual in person visits as well as looking at the patients initial view of the therapy using the therapy evaluation form (CEQ) submitted after the 5th session.
Methods: Before continuing to self-administer the treatment at home patients undergo supervised training, during clinic visits, for up to 5 sessions. At the end of the 5th session, they are asked to fill out a therapy evaluation form (CEQ).
Results: Patients needed on average 2.3 in person training sessions before continuing the intervention remotely. Nine patients completed CEQ. Results show that on average patients thought that this course will be 4.78 (with probability 95% CI 4.74 to 4.82) points successful at raising their level of functioning and thought that their functioning will have increased on average by 37.8% (CI 37.2% to 38.4%) by the end of the study.
Conclusions: Patients needed less than half of planned in person training visits. Most patients felt like they will gain some improvement from this intervention.

Disclosure: No significant relationships.
Keywords: transcranial direct current stimulation; major depressive disorder; cognitive control videogame; expectations

EPP0545

Antidepressants in epilepsy

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Introduction: Depressive disorders are one of the most frequent psychiatric comorbidity in epilepsy and they have a negative impact on the quality of life. Depression often requires antidepressant treatment. However, it is often left untreated in people with epilepsy, in part due to fear that antidepressants could cause seizures.
Objectives: The goal of this study was to do a review and describe the evidence of the efficacy and safety of pharmacological treatment for depression in epilepsy.
Methods: Review of literature sources were obtained through electronic search in PubMed database with special focus in papers published in the last 5 years.
Results: The existing evidence of the effectiveness of antidepressants in treating depressive symptoms associated with epilepsy is still limited and response rate was highly variable. It is essential first to optimize seizure control and minimize unwanted antiepileptic drug-related side effects. As the first line of treatment you should consider the use of SSRI or IRSN. The improvement in depressive symptoms ranged from 25% to 82% according to the different studies and depending on the antidepressant administered. A review of the literature indicates that the risk of antidepressant-associated seizures is low although some antidepressants such as amoxapine or bupropion are not recommended.
Conclusions: There are few comparative data to support the choice of antidepressant drug or drug class in terms of efficacy or safety for the treatment of people with epilepsy and depression. It would be important to design controlled trials of antidepressants in large cohorts of participants with epilepsy and clinically significant depression.

Disclosure: No significant relationships.
Keywords: Antidepressants; Epilepsy; Depression; Pharmacotherapy

EPP0546

Clinical stability after compassionate use of intranasal esketamine in treatment-resistant depression

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Introduction: The compassionate use of intranasal esketamine is approved in Spain for treatment-resistant depression (TRD).
Objectives: The objective of the study is to assess the clinical stability in the medium-term follow-up of patients with TRD after esketamine use.
Methods: Descriptive, retrospective and multicenter study carried out in Spain. Patients with TRD who had received esketamine treatment, and for whom there were clinical data of subsequent evolution, were included. The scores on the MADRS and Hamilton scales were changed into scores on the CGI scale according to the studies by Leucht et al. The Student's t test was performed to assess differences in the CGI.
Results: Eleven patients were included: 72.7% were women and the mean age was 56 (SD: 12.9). The maximum dose of esketamine used was 84mg in 63.7%. The onset of antidepressant action was observed from the 1st dose in 72.6% of the patients. The mean time in treatment was 6.6 months (SD: 2.3) and 90.9% reached remission criteria. After 7.4 months (SD: 3.0) from the end of the treatment, 90.9% remained in remission and without visits to the emergency room or hospitalization for psychiatric reasons. The mean baseline score on the CGI-SI was 5.7 points, at the end of the treatment was 1.2 points and after longitudinal follow-up it was 1. Statistically significant differences were observed ($p<0.001$) both at the end of the treatment and in the post-esketamine follow-up compared with baseline score.
Conclusions: In our sample, the use of esketamine in TRD shows clinical stability in the medium-term follow-up.

Disclosure: Daniel Hernández has participated in medical meetings and/or received payment for presentations from Otsuka, Lundbeck, Janssen, Angelini, Casen Recordati, and Ferrer.
Keywords: Depression; esketamine; Treatment-resistant depression

EPP0547

Prevalence of depression in Europe using two different PHQ-8 scoring methods

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Introduction: The prevalence of depression based on the Patient Health Questionnaire-8 (PHQ-8) may vary depending on the scoring method.
Objectives: 1) To describe the prevalence of depression in Europe using two PHQ-8 scoring methods. 2) To identify the countries with the highest prevalence according to each method.
Methods: Data from 27 countries included in the European Health Survey (EHIS-2) for the year 2014/2015 were used (n=258,888). All participants who completed the PHQ-8 were included. The prevalence of depression and its 95% Confidence Interval (95%CI) were calculated overall for the whole of Europe and for each country using a PHQ-8≥10 cut-off point and the PHQ-8 algorithm scoring method. Weights derived from the complex sample design were considered for their calculation.
Results: The overall prevalence of depression for all Europe was lower using the PHQ-8>=10 cut-off point (6.38%, 95%CI 6.24-6.52) than the PHQ-8 algorithm (7.01%, 95%CI, 6.86-7.16). Using the PHQ-8≥10 cut-off point, the highest prevalence was observed in Iceland (10.33%, 95%CI, 9.33-11.32), Luxembourg (9.74%, 95% CI, 8.76-10.72) and Germany (9.24%, 95%CI, 8.82-9.66). Using the PHQ-8 algorithm the highest rates were observed in Hungary (10.99%, 95%CI,10.14-11.84), Portugal (10.63%, 95%CI, 9.96-11.29) and Iceland (9.80%, 95%CI, 8.77-10.83).
Conclusions: There is variability in the prevalence of depression rates in Europe according to the PHQ-8 scoring method. These findings suggest the necessity of identify the method of choice for each country comparing with a gold standard measure (clinical diagnosis). Countries with consistent higher prevalence of depression based on PHQ-8 regardless of scoring method deserve further study.

Disclosure: This work has been funded by CIBERESP (ESP21PI05)
Keywords: Prevalence; Depression; Europe; PHQ-8

Psychophysiology / Psychosurgery & Stimulation Methods (ECT, TMS, VNS, DBS)

EPP0548

Autonomic responses during gambling: the effect of outcome type and sex in a large community sample of young adults

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Introduction: Autonomic arousal is believed to be an underlying reinforcer for problematic gambling behavior. Theories suggests that near-misses (outcomes falling just short of a true win) are structural characteristics affecting emotion and motivation while increasing gambling persistence.
Objectives: Psychophysiological responses to different outcomes in gambling were investigated in a community-based sample of young adults. Furthermore, sex differences in responses to different gambling outcomes were investigated.