

The reality is that there are few clearly effective treatments to treat this disorder which makes the symptoms even more chronic which has a negative impact on the functionality of patients with clear influence at a personal and work level. Without treatment, dysthymia sometimes progresses to major depression, called “double depression” what can be a most serious problem.

**Objectives:** Finding new lines of treatment or management in these patients seems to be essential because of the inability that can occur in some of them and the high demand they can produce.

**Methods:** A 45-year-old woman diagnosed of dysthymia has been followed for more than 10 years. Multiple visits to the emergency room and several outpatient mental health services, absenteeism and great repercussion in the family environment. Many side effects to antidepressants and a benzodiazepine overuse tendency. She has been receiving psychotherapeutic treatment for many years with little effectiveness. Worsening of the symptoms with the appearance of obsessiveness around what is happening to her

**Results:** Several alternative treatments are tested for the management of anxious depressive and obsessive symptoms being Aripiprazole 10mg the only effective one with almost complete recovery of symptoms. The patient returns to work and significantly improves her family situation.

**Conclusions:** Dysthymia is a disorder with difficult pharmacological and psychological management. Trying different little-used treatments can open up a different view about the disorder.

The use of serotonin reuptake inhibitor antidepressant drugs is not always effective and the risk posed by using benzodiazepines for long time forces us to look for other treatments for the control of the main symptoms. The use of aripiprazole at moderate doses may be a good new way to control symptoms.

**Disclosure of Interest:** None Declared

## EPV0445

### Good Practice for Treatment-Resistant Depression during SARS CoV – 2 outbreak: are ketamine infusions an effective alternative for TRD patients? A case series

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**Introduction:** The Mood Disorder ward, in San Raffaele Turro Hospital, is one of the reference centers for the cure of Treatment-Resistant Depression (TRD), mainly due to the use of Electroconvulsive Therapy (ECT). During the pandemic period, in particular, in 2020, such a procedure was discontinued because it is considered aerosolizing. For this reason, we enhanced already available treatments for TRD; among those one of the most effective is the use of endovenous (EV) ketamine. It's been more than 20 years since the first time a double-blind randomized placebo-controlled study demonstrated the rapid antidepressant effects of endovenous (EV) ketamine after a single dose (0.5 mg/kg infused in 40 minutes) in 7 patients. Ketamine, an anesthetic drug, has also analgesic, anti-inflammatory, and antidepressant properties. These effects are mainly due to non-competitive antagonism on the NMDA receptor (N-methyl-

D-aspartate). We introduce our clinical experience in 7 cases of treatment-resistant depressed (TRD) inpatients; all of them show a high level of pharmacoresistance, assessed in the third degree of Thase Stages (2 or more SSRI/SNRI + at least 1 TCA); 3 of them were previously treated with a complete cycle of Electroconvulsive Therapy (ECT).

**Objectives:** Assess the efficacy and tolerability of EV ketamine with particular regard to patients previously treated with ECT.

**Methods:** 7 TRD patients (4 females; 3 males) were recruited in San Raffaele Turro Hospital in April 2020. All patients (6 unipolar and 1 bipolar) were diagnosed with a Major Depressive Episode according to DSM-5 criteria. We administered, under anesthesiological supervision, EV ketamine, 0.5 mg/kg in 40 minutes, twice a week, for three weeks. Every morning medication was postponed on the days of infusion. Clinical scales (HAM-D, SSI, HAMD-A; MADRS, CADSS) were administered to assess symptoms and side effects before, during, and after every administration. Moreover, clinical efficacy's been assessed in 2 follow-ups: at 3 and 6 months.

**Results:** 4 patients were in remission (final HAM-D score <8) at the end of the treatment. 4 patients confirmed clinical response (final HAM-D score < 50 % respect baseline value) at the first follow-up. 4 Out of 7 patients were in complete remission at 6 months, and just one of them was between those remitted at the end of the treatment. 4 Out of 4 patients were in complete remission at six months follow-up; 3 of them underwent a cycle of ECT during the course of their illness.

**Conclusions:** The use of EV ketamine in our TRD patients showed good effectiveness and tolerability. Data on long-term effectiveness are promising, a previous ECT seems to be a predicting factor of remission at follow-up, but not of the end-treatment response. Given that, future research is needed in order to identify predicting factors on relapse prevention efficacy.

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## EPV0446

### Therapeutic education program in adults with unipolar depression

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**Introduction:** Depression is one of the most common chronic illnesses. It requires long-term multidisciplinary care, combining pharmacological and non-pharmacological treatments. Hence the need for an educational approach to improve the quality of life of these patients.

**Objectives:** Our objective is to create a personalized educational program for patients followed for depression allowing them to acquire the necessary skills to become autonomous in the management of their pathologies on a daily basis.

**Methods:** The therapeutic education program is aimed at patients followed for depression and their families. Our team is multidisciplinary made up of a psychiatrist, a nurse and a dietitian. The educational tools are rich and varied, including computerized resources, written information, brochures and educational games.