*Objectives*    To review epidemiology, pathogenesis, risk factors, consequences and current recommendations for therapeutic intervention.

*Methods*    Medline/Pubmed database search using the terms post-stroke depression, depression and stroke, depression and cerebral vascular accident, stroke patients, published in the last 16 years.

*Conclusion*    The treatment of PSD has been shown effective in improving the evolution and prognosis of these patients, therefore it is very important early diagnosis.

*Disclosure of interest*    The authors have not supplied their declaration of competing interest.

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## EV0372

## Management of treatment resistant depression: A comparison between French expert consensus guidelines and international evidence based guidelines

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Expert consensus guidelines rely on a relevant methodological procedure complementary to based-evidence recommendations. They aim at offering support strategies derived from expert consensus for clinical situations where the levels of evidence are either absent or insufficient. Recommendations for resistant depressive disorders proposed by french association for biological psychiatry and fondamental foundation, were based on responses from 36 highly specialized experts in this field. They were invited to complete a comprehensive questionnaire with 118 issues. The questions raised covered a wide range of aspects from the evaluation of therapeutic resistance and clinical conditions increasing the risk for treatment failure to the adopted therapeutic strategies organized according the effects of previous treatment lines. Specific populations/situations especially including elderly, comorbidities (anxiety disorders, personality disorders and addictions) were also been studied through specific questions. Such recommendations are intended to substantially help the decision and therapeutic choice of clinician implied in the management of resistant depressive disorders in everyday clinical practice. We propose in this communication to compare the results of these recommendations with the various data from the evidence-based guidelines in order to demonstrate their complementarity for the management of resistant depressive disorders.

Disclosure of interest

The authors have not supplied their declaration of competing interest.

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## EV0373

## Electroconvulsive therapy as an effective alternative in depressive disorder

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*Introduction*    The efficacy of electroconvulsive therapy (ECT) in the treatment of depressive episodes is well established, and so is reflected in the major guides.

*Objectives*    Description of a clinical case of a patient diagnosed with major depressive episode with psychotic symptoms and obsessive compulsive disorder prevalence of compulsive acts that do not respond to drug treatment but to electroconvulsive therapy.

*Methods*    Presentation and review of a case.

*Results*    A 55-year-old woman diagnosed with recurrent depressive disorder with worsening in the last 4 years.

Clinical depressive Sadness, spontaneous crying in the form of access, apathy, isolation and clinofilia desires, complaints mnemonic deficits and complete anhedonia. Obsessional symptoms compulsive as more repetitive behaviors of obsessive ideas, which repeats incessantly despite checking, that does not prepare or calm. The patient has not responded to any pharmacological strategy, despite using full doses and combinations of antidepressant, but euthymics more antipsychotics (sertraline, fluoxetine, reboxetine, venlafaxine, bupropion, lithium, valproic acid, lamotrigine, risperidone, quetiapine, trifluoperazine, clotiapine). For this reason, it was decided to start treatment with ECT, progressively responds in each session, after 8 sessions the patient is euthymic, it has resumed normal activities, no obsessive or psychotic symptoms.

*Conclusions*    It is important to know that it is a safe technique that would save not only an economic cost, if not a personal emotional cost. It is noteworthy that more than 50% of depressed patients who respond to a course of ECT, fall between 6 and 12 months despite receiving adequate pharmacological treatment then so we will have to closely monitor the patient.

*Disclosure of interest*    The authors have not supplied their declaration of competing interest.

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## EV0374

## Clinical predictors of antidepressant response to ketamine in unipolar treatment-resistant depression

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*Introduction*    The non-competitive *N*-methyl-D-aspartate glutamate receptor antagonist ketamine has been shown to have rapid antidepressant effects in treatment-resistant depression (TRD). However, only a few studies have investigated which clinical characteristics predict a response to ketamine.

*Objectives*    To assess sociodemographic variables and clinical markers that predict response to ketamine in unipolar TRD patients.

*Methods*    Searches of Pubmed, NCBI and Google Scholar were conducted for clinical trials and systematic reviews, through October 2016, using the keywords:

ketamine, *N*-methyl-D-aspartate receptor antagonist, rapid-acting antidepressant, depression, treatment-resistant depression, clinical predictors.

*Results*    Findings support the following clinical predictors: