Introduction: Major depressive disorder (MDD) is a common and severe mental disorder. Although inpatient care may be needed in some cases, little is known on which factors are associated with risk for readmission.
Objectives: To identify risk factors associated with an increased risk of readmission within 90 days, after being discharged from psychiatric inpatient care for depression.
Methods: A medical record review is ongoing based on consecutive inpatients admitted in 2019-2021 at Sahlgrenska University Hospital, in Sweden. Inclusion criteria are MDD-diagnosis, admission > 7 days, no admission during the past half-year. Exclusion criteria are blocked medical record, patients who expired within 90 days after discharge. Time to first readmission for discharged patients was examined within 90 days. Clinical and sociodemographic characteristics were compared between readmitted and no-readmitted patients.
Results: To date, 446 cases have been included with a readmission rate of 19.5%. In a subgroup of 182 patients (admitted between April 2020 and March 2021), psychotic subtype of depression seems to be protective to re-admission ($p < .003$) while comorbid eating ($p < .017$) and neurodevelopmental disorder ($p < .029$) seem to be associated with high risk. At the congress, results from the whole cohort will be presented.
Conclusions: Medical record reviews can give good clinically relevant data for prediction of readmission. Comorbidities and depression subtypes may affect the risk for readmission.

Disclosure of Interest: None Declared

EPV0442

Stigma, confidence, attitudes, barriers and incentive factors in pharmaceutical care of patiens with depression in Lithuania: a protocol for a prospective 3 years follow-up study

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Introduction: According to the WHO, approximately 280 million people in the world have depression. It is known that pharmacists are in an ideal position to offer proactive interventions to people with depression or depressive symptoms. However, pharmacists' stigmatizing attitudes towards depression and patients with mental illness may decrease the quality of pharmaceutical care services provided to those patients. No research has been conducted on pharmaceutical care and pharmacists attitudes towards patients with depression in Lithuania.
Objectives: The aim of the study is to evaluate stigma, confidence, attitudes, barriers and incentive factors in providing pharmaceutical care to patients with depression in Lithuania.
Methods: The prospective 3 years follow-up study will be carried out among the pharmacists in Lithuania. The sample size of 269 respondents is calculated. First of all, pharmacists will be provided with a training lecture by trained investigator (M.Z.) about depression and its pharmaceutical care. At the same day, after the lecture, pharmacists' stigma, confidence, attitudes, barries and incentive factors in providing pharmaceutical care to patients with depression will be evaluated by 5 questionnaires:

1. Participants will be asked to provide sociodemographic information included age, gender, years of practice, etc;
2. The pharmacists' stigma of patients with depression will be evaluated using eight likert-scale items that measure how patients with depression are perceived;
3. Pharmacists' attitudes toward depression will be evaluated using Depression Attitude Questionnaire;
4. Pharmacists' confidence in medication consultation for patients with depression will be evaluated using The Pharmacists' Confidence scale about Medication Consultation for Depressive patients (PCMCD);
5. A list of possible barries and incentive factors identified in the literature will be provided to pharmacists and they will be asked to choose as many barriers and incentive factors as they think are relevant.

Next trainings lectures will be performed repeatedly at the month 6, 12, 18, 24, 30 and at the end of the study - month 36. Also, pharmacists' position will be re-evaluated after each training lecture by the same 5 questionnaires.
The Lithuanian Bioethics Commitee approval is going to be received after the training program is confirmed (estimated time – the 1st quarter of 2023).
Results: Stigma, confidence, attitudes, barriers and incentive factors in providing pharmaceutical care to patients with depression in Lithuania will be evaluated.
Conclusions: Conclusions will be drawn on stigma, confidence, attitudes, barriers and incentive factors in pharmaceutical care of patiens with depression in Lithuania. Also, practical recommendations will be introduced to The Ministry of Health of The Republic of Lithuania.

Disclosure of Interest: None Declared

EPV0443

Use of aripiprazole in dysthymic disorders. Purposely a case

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Introduction: Dysthymia is a chronic mood disorder with similar but less severe features than major depressive disorder. Compared to the latter, major depressive episodes of dysthymic disorder are more spaced, less intense, and more persistent.
The most effective treatment is usually the combination of serotonin reuptake inhibitor antidepressant drugs with behavioral, cognitive, interpersonal and group psychotherapies.

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: Dysthyma 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.

Disclosure of Interest: None Declared

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.