The protocol also outlined strategies for managing side effects, including transient dissociation, nausea, and hypertension.
Results: The outpatient ketamine protocol demonstrated rapid and significant symptom relief in the majority of patients, with most reporting improvement after the first or second session. Adverse effects were generally mild, with the most common being transient dissociation and elevated blood pressure, both of which resolved without requiring additional intervention. Importantly, the need for expensive inpatient care or nasal spray formulations was minimized, making the treatment more accessible. The cost savings compared to other ketamine delivery methods were notable, making this protocol a viable option for outpatient psychiatric care.
Conclusions: This study establishes that IV ketamine can be safely and effectively administered in an outpatient setting, offering rapid symptom relief for treatment-resistant MDD while minimizing side effects and reducing overall treatment costs. The protocol presents a practical, cost-effective alternative to more expensive ketamine formulations, providing a feasible solution for broader clinical use in psychiatric outpatient settings. Further research is recommended to validate these findings across larger patient populations and explore long-term outcomes.

Disclosure of Interest: None Declared

EPP658

Prevalence and Associated Risk Factors of Toxoplasma gondii IgG Antibodies in Patients Diagnosed with Depression from Western Romania: A Case–Control Study

A. G. Mihu[1,2], S. Grada[1]*, L. E. Piros[1], S. A. Sprintar[2], A. M. Lupu[3] and T. R. Olariu[3,4]

[1]Department of Biology and Life Sciences; [2]"Aurel Ardelean" Institute of Life Sciences, "Vasile Goldis" Western University, Arad; [3]Discipline of Parasitology, "Victor Babes" University of Medicine and Pharmacy and [4]Clinical Laboratory, Municipal Clinical Emergency Teaching Hospital, Timisoara, Romania
*Corresponding author.
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Introduction: Chronic toxoplasmosis has been reported to cause neuroinflammation in humans, linking it to neuropsychiatric disorders, including depression.
Objectives: To assess the prevalence of *Toxoplasma gondii* IgG antibodies in patients diagnosed with depression from Western Romania and compare the findings with a control group of healthy volunteers from the general population without any psychiatric disorders.
Methods: We included 230 participants, consisting of 115 psychiatric patients diagnosed with depression at the Psychiatric Clinic, County Emergency Hospital of Arad, Western Romania. These patients were matched by age and gender with a healthy control group of 115 volunteers. Clinical evaluations, a brief questionnaire to assess the risk factors, and laboratory tests were conducted, including serological testing for the presence of *Toxoplasma gondii* IgG antibodies.
Results: In both the study group and the control group the mean age was 52.96 ± 10.29 years and 72/115 (62.61 %) were female. A significantly higher seroprevalence of *Toxoplasma gondii* IgG antibodies was demonstrated in patients with depression when compared to healthy volunteers (p value <0.001). We noted a higher prevalence of *Toxoplasma gondii* IgG antibodies in depressive patients aged between 50-59 years (p value = 0.008) and 60-69 years (p value = 0.03) when compared to their counterparts from the control group. Females diagnosed with depression presented a significantly higher seroprevalence of *Toxoplasma gondii* IgG antibodies (p value <0.001) when compared to healthy female volunteers. No difference between the two groups was noted when we assessed the participants educational level, contact with the soil, consumption of undercooked meat and contact with cat feces.
Conclusions: The presence of *Toxoplasma gondii* IgG antibodies was significantly higher in depressive patients attending the Psychiatric Clinic in Arad County, Western Romania, when compared to healthy controls. Our findings suggest a potential link between chronic *Toxoplasma gondii* infection and depression.

Disclosure of Interest: None Declared

EPP660

State and Trait Characteristics Based on Affective Temperament in Patients with Major Depressive Disorder

K. A. Kang[1]

[1]Psychiatry, Asan Medical Center, Seoul, Korea, Republic Of
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Introduction: Affective temperament is associated with various clinical characteristics in patients with mood disorders. However, little is known about clinical characteristics based on affective temperament specifically in patients diagnosed with major depressive disorder (MDD).
Objectives: This study aims to explore the impact of affective temperament on both the traits and states of individuals diagnosed with MDD.
Methods: This study consecutively recruited 247 outpatients, aged 18 to 49, presenting for their initial visit to a mood disorder clinic. Affective temperament was assessed using the Temperament Evaluation of the Memphis, Pisa, Paris and San Diego-Autoquestionnaire. A Z-score of 1 or higher on each affective temperament was defined as a dominant affective temperament. The patients completed various assessments, including the Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Seasonal Pattern Assessment Questionnaire, Alcohol Use Disorders Identification Test, Hypomania Checklist-32, Interpersonal Sensitivity Measure, and Depressive Symptom Index - Suicidality Subscale. Multiple linear regression analysis was conducted to identify the impact of affective temperament on both psychiatric states and trait characteristics.
Results: This study comprised 247 patients with a mean age of 29.34 ± 9.16, of whom 152 (61.5%) were female. Depressive (β = 0.247, p < 0.001) and irritable temperament (β = 0.138, p = 0.032) were positively associated with the severity of depressive symptoms, while hyperthymic temperament (β = -0.123, p = 0.041) showed a negative association. Furthermore, depressive (β = 0.246, p < 0.001), irritable (β = 0.195, p = 0.002) and cyclothymic temperament (β = 0.148, p = 0.018) were positively associated with the severity of anxiety symptoms. Cyclothymic (β = 0.211, p = 0.001) and anxious temperament (β = 0.136, p = 0.027) were positively correlated with seasonality. Hyperthymic temperament showed a positive correlation with harmful drinking patterns (β = 0.179, p = 0.006). Also, hyperthymic (β = 0.200, p = 0.002) and cyclothymic temperament (β = 0.140, p = 0.036)

were positively correlated with hypomanic features. Cyclothymic (β = 0.255, $p < 0.001$) and anxious temperament ($\beta = 0.173$, $p = 0.004$) were positively correlated with hypersensitivity to interpersonal rejection. Depressive temperament (β = 0.184, p = 0.004) was positively associated with the severity of suicidality.

Conclusions: Among patients with MDD, variations in psychiatric states and traits were observed based on the dominant affective temperaments. This suggests a correlation between affective temperaments and diverse psychopathological manifestations. Consequently, there appears to be a need for further research to elucidate the therapeutic implications associated with affective temperaments.

Disclosure of Interest: None Declared

EPP661

Esketamine in Treatment Resistant Depression: Acute Effects on Dissociation and Therapeutic Effects at the End of the Induction Period

G. Lombardozzi[1]*, G. D. Kotzalidis[1], G. Trovini[1], G. Albanesi[1], G. Civita[1], D. Donato[1], V. Giovanetti[1] and S. De Filippis[1]

[1]Psychiatry, Villa von Siebenthal Neuropsychiatric Clinic, Genzano di Roma, Roma, Italy
*Corresponding author.
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Introduction: Esketamine has been linked to dissociation, which was claimed to predict or not to predict antidepressant response. Speculations regarding predictivity were based on results obtained with the CADSS, a scale investigating dissociative symptoms, with higher scores indicating more symptoms.

Objectives: To investigate the effect of intranasal esketamine on dissociation and its subsequent influence on clinical response, we administered the CADSS 40 minutes after inhalation at the first esketamine administration and 40 minutes after the ninth inhalation and measured clinical response through the Clinical Global Impressions-Severity (CGI-S), the Young Mania Rating Scale (YMRS), the Montgomery-Åsberg Depression Rating Scale (MADRS), and the 24-item Brief Psychiatric Rating Scale (BPRS).

Methods: We included 61 adults (33 women and 28 men; age, mean, 52.69±11.80, range 20-73 years) with Thase & Rush (J Clin Psychiatry 1997;58 [Suppl 13]:23-29) treatment-resistant depression. All patients received intranasal esketamine spray and were assessed at the first and ninth administrations (one month after the first administration, i.e., the end of the induction period and the beginning of maintenance), at the day of the spray after 40 min with the CADSS and 1 month later with the CGI-S, the BPRS, the MADRS, and the YMRS.

Results: CADSS scores dropped from 6.59±7.42 40 min after the first administration to 3.12±4.41 40 minutes 1 month later (dropped by 3.48 points, 47.27% of baseline); t=3.15; p=0.0021. CGI-S scores dropped from 5.12±0.61 at baseline to 3.95±0.76 1 month later (t=9.32; p<0.00001). BPRS scores dropped from 51.85±11.55 at baseline to 41.21±10.64 after 1 month (t=5.29; p<0.00001). MADRS scores dropped from 34.29±7.89 at baseline to 22.61±9.07 after 1 month (t=7.59; p<0.00001). Responders (≥50% drop of MADRS from baseline) were 12 patients (19.67%), while remitters (MADRS score≤10) were 2 (3.28%). YMRS scores moved from 2.18±2.59 at baseline to 1.72±2.37 1 month later (t=1.02; p=0.309, n.s.), always in the normal range. Blood pressure 40 minutes after spray at the first administration was unchanged in 35 patients, increased in 16 (maximum by 20 mmHg), and decreased in 10 (maximum drop 20 mmHg). Contrary to previous claims, CADSS scores did not correlate at any time with scores on clinical scales or therapeutic response (Pearson's r from 0.232 with p=0.072 to 0.013 with p=0.918). As for side effects, 15 patients reported dissociation, 15 sedation, 8 vertigo, 8 dizziness, 6 confusion, 5 headache, 4 nausea/vomiting, and 0 hypertension.

Conclusions: Patients in our sample scored very low on the CADSS. At the end of the induction period, esketamine was associated with significant decreases in the severity of psychopathology.

Disclosure of Interest: None Declared

EPP662

Descriptive study on esketamine and ketamine treatment in real-world patients with a diagnosis of resistant depression

E. A. Ródenas Vera[1]*, S. Sabater[2], P. Alvarez[3], S. Oller[3] and I. Riedel[3]

[1]psychiatry department; [2]Hospital del Mar, Barcelona, Spain and [3]Psychatry, Hospital del Mar, Barcelona, Spain
*Corresponding author.
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Introduction: Depressive disorder is one of the health problems that carries the greatest burden of morbidity, with high prevalence and impact on people's quality of life. It also affects the family environment and contributes to the social and economic burden on health systems (World Health Organization, depression, 2023). Currently, the treatment of depression has limitations and there is a high frequency of patients who do not respond despite multiple trials of antidepressants. Up to two-thirds of patients diagnosed with depression do not achieve remission despite treatment, and 30% of patients are considered treatment-resistant, defined as a minimum of two failures to previous treatments, in adequate doses and duration (Gaynes et al., 2019). Recent innovations in the management provide promising opportunities to improve the symptomatology of these patients. New drugs such as ketamine and esketamine, which have glutamatergic neuromodulatory properties, are used under supervision for the treatment of patients with treatment-resistant depression (Vasiliu, 2023).

Objectives: The aim is to describe a sample of real-world patients with a diagnosis of resistant depression referred to esketamine/ketamine treatment. The individuals were being followed by psychiatrists of a public hospital in the city of Barcelona and were selected to start treatment indicated by the refractoriness and severity of the episode.

Methods: We used a database that collected multiple sociodemographic, clinical and treatment variables of 32 patients with refractory depression who were referred to treatment with esketamine/ketamine. SPSS software was used for data processing. All the patients in the group were followed up by psychiatry in a public hospital in the city of Barcelona during the period from July 2015 to September 2024.

Results: Of the 32 patients evaluated, 11 were male (34.4%) and 21 were female (65.6%). The mean age at the time of receiving ketamine/ketamine treatment was 53 years with a standard deviation of 10.7. Nearly 60% had a comorbid psychiatric diagnosis. Twenty-eight percent had undergone electroconvulsive therapy. The mean