

## EPV0423

**Efficacy of maintenance electroconvulsive therapy in recurrent depression: a case series**

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**Introduction:** Maintenance electroconvulsive therapy (mECT) is an option in the treatment of affective disorders which progress is not satisfactory. It is certainly neglected and underused during the clinical practice.

**Objectives:** To evaluate the efficacy of mECT in reducing recurrence and relapse in recurrent depression within a sample of three patients.

**Methods:** We followed up these patients among two years since they received the first set of electroconvulsive sessions. We applied the Beck Depression Inventory (BDI) in the successive consultations for evaluating the progress.

**Results:** The three patients were diagnosed with Recurrent Depressive Disorder (RDD). One of them is a 60 year old man that received initially a cycle of 12 sessions; since then he received 10 maintenance sessions. Other one is a 70 year old woman that received initially a cycle of 10 sessions; since then she received 6 maintenance sessions. The last one is a 55 year old woman that received initially a cycle of 14 sessions; since then she received 20 maintenance sessions.

All of them showed a significant reduction in depressive symptoms evaluated through BDI and clinical examination. In the first case, we found a reduction in the BDI from the first consultation to the last that goes from 60 to 12 points; in the second case, from 58 to 8 points; and in the last case, from 55 to 10 points. The main sections that improved were emotional, physical and delusional.

As side-effects of the treatment, we found anterograde amnesia, lack of concentration and loss of focus at all of them.

**Conclusions:** We find mECT as a very useful treatment for resistant cases of affective disorders like RDD.

It should be considered as a real therapeutic option when the first option drugs have been proved without success.

**Disclosure of Interest:** None Declared

## EPV0424

**quality of remission in the major depressive disorder**

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**Introduction:** Depression is second only to cardiovascular disease as a cause of disability and affects 3 to 5% of the general population.

The therapist always tries to guarantee a total remission of the symptoms of depression, but partial remission remains frequent.

**Objectives:** Evaluating the quality of remission in a group of patients followed for major depressive disorder at the Arrazi Hospital in Salé.

**Methods:** Cross-sectional study in adult patients followed up in consultation for major depressive disorder according to DSM-V criteria and having been under treatment for at least 2 months. Information was collected using a hetero questionnaire containing information on sociodemographic data and the depressive episode. The quality of remission is assessed using the Hamilton Rating Scale for Depression.

**Results:** We recruited 70 patients followed for major depressive disorder at 2 months of evolution. The Hamilton scale revealed that 40% of patients were in partial remission.

**Conclusions:** Residual symptoms can be the cause of relapse in major depressive disorder, hence the interest in seeking both a symptomatic remission and a complete functional remission, and this by the evaluation and the continuous management of the patients.

**Disclosure of Interest:** None Declared

## EPV0425

**The effects of loneliness and isolation on depressive disorder: a narrative review**

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**Introduction:** The recent global pandemic has led, for many, to a period of enforced isolation. Anecdotally we are now seeing a “fourth wave” of morbidity. This is not a further wave of Covid infections but a surge of people presenting with depression. Given the potential importance of loneliness and isolation as risk factors for depressive symptoms, we sought to review the literature on this topic.

**Objectives:** What is the impact of loneliness and isolation on the development and perpetuation of depression?

**Methods:** A search of the literature was carried out using Medline via OvidSP and Web of Knowledge core collection. Search terms used on Web of Science were ‘lonel\*’ AND ‘depress\*’, ‘isolat\*’ AND ‘depress\*’. OvidSP utilised search terms ‘lonel\*’ AND ‘depression’, ‘isolation’ AND ‘depression’. MeSH terms were incorporated into the OvidSP search: these included ‘loneliness’, ‘social isolation’, ‘depression’, ‘depression, postpartum’. Papers were filtered first by publication year and article type, then manually through the review of titles and objectives. Full texts of relevant papers were obtained, reviewed and appraised to see if they could help to answer the study question.

**Results:** Several key themes emerged across the papers reviewed. Loneliness may be a risk factor for the development of depression and vice versa (Van As *et al.* International Psychogeriatrics 2022; 34(7) 657–69).

Equally, they may have a common aetiology for example shared genetic factors (Achterbergh *et al.* BMC Psychiatry 2020; 20(1) 1–23).