EPV0451

Major depressive disorder with anxious features - the role of pregabalin

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Introduction: Patients with unipolar major depression often present with symptoms of anxiety. Presentations with high levels of anxiety, restlessness, and somatic correlates of anxiety can be clinically identified as anxious depression. The comorbidity of anxious and depressive symptoms is a marker of poor prognosis, with greater risk of relapse and increased suicidal risk.
Objectives: Brief review of the role of pregabalin in the treatment of major depressive disorder (MDD), based on a case study.
Methods: Consultation of the clinical record and brief review of the literature on this subject.
Results: We present the case of a 25-year-old woman, with no past psychiatric history, admitted to a psychiatric consultation with depressive symptoms, and marked anxiety and somatic complaints, such as restlessness, palpitations, gastrointestinal discomfort. She fulfilled diagnostic criteria for Major depressive disorder (MDD), and was initially treated with sertraline 50 mg, with partial response, but maintenance of prominent anxious symptoms with important functional impairment. Then, we raised the dose of sertraline to 100 mg and added pregabalin 50 mg, with up-titration to 150 mg per day, divided in three doses. We observed rapid response, particularly on the anxious symptoms, and subsequently on the patient functionality.
The anxiety symptoms can increase in the first days of treatment with a selective serotonin reuptake inhibitor, which is the first-line therapy for major depression. Those are particularly difficult to treat, resulting often in treatment resistance and functional impairment. Pregabalin has a proven rapid-onset anxiolytic effect, with less cognitive and motor effects and less risk for dependence than benzodiazepines. It has demonstrated efficacy for the treatment of generalized anxiety disorder, but the use for patients with MDD has not been clearly studied.
Conclusions: Although the evidence on this subject is sparse, pregabalin augmentation of antidepressants could be an adequate option for the treatment of depression, allowing a faster action on the anxiety symptoms, especially on the first weeks of treatment, without some of the risks of the benzodiazepines.

Disclosure of Interest: None Declared

EPV0452

Suicidal ideation in older people, a public health matter

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Introduction: Suicide in older people is a critical public and mental health issue which requires attention, given that the ageing population is increasing.
Multiple factors, including biological, psychological, and social stressors increase suicidal susceptibility. Unfortunately, elderly are more susceptible to these, such as psychiatric disturbances, physical comorbidities, prior suicide-related behaviours, lack of social support, grief, and increased difficulty in problem-solving
Objectives: In order to review the risk and protective factors, assessment and prevention of suicide in older adults.
Methods: Bibliographic research through PubMed and Web of Science.
Results: Older people can be subdivided into three age groups (from "young old" at 65 years old to "oldest old" after 85 years of age), with suicide being more prevalent in the oldest-old, and overall in men above 75 years old.
Previous psychiatric background, suicidal attempts, substance abuse, poor physical health or disability, family psychiatric history, low social support or isolation, and finantial stress most frequently predispose to suicidal ideation, suicide attempts or death by suicide in this community.
Besides this, ageing relates to a tendency to cognitive impairment, which affects coping mechanisms, leading to deficits in reasoning and decision-making under stressful circumstances during depressive episodes. This can mediate suicidal ideation and associates to greater lethality methods. Geriatric suicidal attempters have been shown to have greater degrees of cortical and subcortical cerebral areas, including the frontal, parietal and temporal regions, as well as significant loss of volume in the dorsomedial prefrontal cortex, insula, midbrain, cerebellum, lentiform nucleus and putamen. Abnormalities in these regions can impair executive and cognitive function, attention, problem solving and ultimately be responsible for suicidal behaviour.
On the other hand, there are suicide protective elements such as physical and cognitive fitness, quality of life and life satisfaction, marital status, religiousness and social support. A prompt identification of modifiable risk factors and strengthening the protective ones by health professionals can reduce this prospect.
Conclusions: Suicidal ideation in older people is a multifactorial public health concern given the very high frequency of completed suicides in this population. Therefore, it is urgent to review and further research to build more effective suicide prevention strategies.

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EPV0453

The Fall of Icarus: Post-psychotic depression - Apropos a clinical case

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Introduction: Depressive symptoms occur in different phases of psychosis, including prodromal, acute and post-psychotic. Post-psychotic depression (PPD) is a phenomenon that presents as a diagnostic and therapeutic challenge. Having been ascribed various descriptions in the past, PPD has been used in a broad manner to

describe depressive symptoms that appear in patients with history of psychosis. PPD unveils itself as a separate nosological entity, differing from the adverse effects typically associated with antipsychotics, the negative symptoms of psychosis, and other psychiatric disorders that present with both psychotic and depressive symptoms (e.g. bipolar disorder, schizoaffective disorder, or psychotic depression).
Objectives: The authors present a case of a 64 year-old man hospitalized due to inaugural psychosis with persecutory and grandiose delusions as well as auditory hallucinatory activity, who began to develop a depressive clinical picture whilst under treatment. A brief discussion on post-psychotic depression, from its clinical presentation to its treatment and implications in prognosis is also presented.
Methods: A brief non-systematized literature review using the *Pubmed* platform as well as presentation of a clinical case.
Results: Depressive complaints are a common complication of psychotic episodes, with the literature estimating that approximately a quarter of psychotic patients present with PPD. Although typically described in association with schizophrenia, recent literature describes PPD occurring alongside other psychotic presentations, including first-episode psychosis. A division between affect and psychosis has been attempted in terms of psychiatric classification, however, the blurred lines between the two continue to contribute to difficulties in differential diagnosis. This becomes a challenge when distinguishing between extrapyramidal symptoms associated with antipsychotics, negative symptoms (i.e apathy, abulia and alogia) and psychiatric disorders with affective-psychotic overlap. Having only recently been considered a distinct clinical entity in psychiatric classification systems, research on its etiology, course, treatment and prognosis are scarce. In regards to the previously described patient, a depressive disorder whilst in treatment for psychosis was identified, and through early recognition of the symptoms treatment with an antidepressant was initiated with favourable response.
Conclusions: PPD is a relatively common phenomenon which is gaining more attention in recent literature. As classifications have begun to consider PPD as a distinct clinical entity, as well as unifying defining criteria, further studies can be developed so as to clarify aspects which remain to be defined. The clinician should be aware of this entity as well as the potentially confounding symptom presentations, so as to provide adequate early treatment thus contributing to improved patient outcomes.

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EPV0454

Resistant depression. Clinical manifestations and diagnosis. Purposely a case

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Introduction: The term "depression" can be used in different senses: it can be a syndrome, a mood state, a mental disorder, and all of them are distinct clinical conditions…There are no pathognomonic features of bipolar/unipolar depression. A good medical history is the most important component of the evaluation. We have to use clinical variables and differential epidemiology for a correct diagnosis.
Objectives: They both analyze clinical, psychopathological and epidemiological characteristics of resistant depression and they review causes, incidence, prevalence, diagnostic, therapeutic tools and the importance of maintaining the treatment, because the abandonment of the treatment is a good predictor of possible relapses.
Methods: A literature Review of the last five years concerning resistant depression has been done: prevalence, incidence, pathogenesis and its relationship with other psychiatric disorders encoded in DSM-V.
Results: Unipolar major depression (major depressive disorder) is characterized by a history of one or more major depressive episodes and no previous history of mania or hypomania symptoms. A major depressive episode is presented with five or more of the following nine symptoms for at least two consecutive weeks; at least one of them must be either a depressed mood or a loss of interest or pleasure. In addition, the symptoms must cause significant distress or psychosocial impairment, and not be a direct result of a substance or general medical condition.
Conclusions: Symptoms of unipolar depression in adults can overlap with symptoms of other psychiatric and general medical disorders. Unipolar depression needs to be distinguished from these other disorders to prevent inappropriate treatment.

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EPV0455

DIVORCE AND DEPRESSION: A FORENSIC CASE OF OUR OBSERVATION AND PREVENTION STRATEGIES

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Introduction: Nearly 300 million people worldwide are affected by depression. According to the DSM-5, the depressive episode is characterized by a depressed mood, a marked decrease in interest or pleasure in all activities, insomnia, agitation or psychomotor slowdown. It occurs mainly in the female sex. Traumatic life events are associated with a depressive onset.
Objectives: It is well known that interpersonal relationships are foundations for human beings, especially emotional ones and that they have an important effect on mental health. Specifically, 60% of divorced people with a previous history of depression will develop a new depressive episode; this will develop in 10% of subjects without a previous history of depression. The recurring thought of death and suicide is also frequent, as well as the abuse of drugs and ethanol in cases of depression. The forensic pathologist often finds himself having to carry out complex inspections in order to trace the cause of death in these types of deaths.
Methods: We report the case of a lady, found dead at her home, in her bed.
Results: A medical prescription for benzodiazepines was found on the cabinet next to her bed with five bottles of benzodiazepines, one