Objectives: A cohort Temporary Authorization for Use (ATUc) allowed to collect for a 6-month period the first data in real life

Methods: On 02/08/2019 the French National Agency for Medicines and Health Product Safety granted an early access program for Esketamine nasal spray framed by a specific protocol for patients without therapeutic alternatives. Each treatment request was approved based on inclusion and exclusion criteria. Clinical evolution, treatment management and safety were then spontaneously reported by psychiatrists.

Results: From 09/23/2019 to 03/25/2020, 66 patients were treated. The median age was 53 years and 41 (62.1%) were females. At treatment request, 52 patients (79%), presented a severe current depressive episode based on clinical judgment. The median duration of the disease was 12.2 years and the current episode was 2.6 years. Since the beginning of the current depressive episode, all patients (66) were prescribed ≥2 antidepressants (mean 4.2). Esketamine was initiated in a complete hospitalization setting in 27 patients (55.1%) and in day hospitalization in 22 patients (44.9%).Safety profile was consistent with the one described during clinical study. The most frequently adverse events reported (>10%) were dizziness, sedation, sleepiness, anxiety and dissociation. Most of them appeared after treatment administration and were transient.

Conclusions: ATUc ended on 12/18/2019 after Marketing Authorization granted by European Medicines Agency. Data reported by French psychiatrists are the first collected in this specific population and provide descriptive information on patient characteristics, burden of disease; Esketamine management and practical use at hospital level

Disclosure: Data analysis performed by RCTs and poster conception coordinated by Medergy and funded by Janssen
Keywords: treatment resistant depression; spray nasal; glutamatergic pathway; esketamine

EPV0256

Lifetime depression and age-related changes in body composition, cardiovascular measures, grip strength and lung function

J. Mutz[*] and C. Lewis

Social, Genetic And Developmental Psychiatry, King's College London, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1835

Introduction: Individuals with mental disorders, on average, die prematurely and may experience accelerated biological ageing.
Objectives: We examined sex-specific associations between age and physiological measures in individuals with lifetime depression and healthy controls.
Methods: UK Biobank recruited >500,000 participants, aged 37-73, between 2006–2010. Generalised additive models (GAMs) were used to examine associations between age and multiple cardiovascular, body composition, grip strength and lung function measures. Analyses were conducted separately in males and females with lifetime depression compared to healthy controls.
Results: Analytical samples included up to 342,393 adults (mean age = 55.87 years, SD = 8.09; 52.61% females). We found statistically significant differences between individuals with lifetime depression and healthy controls for most physiological measures, with

standardised mean differences between -0.145 and 0.156. There was some evidence that age-related changes in body composition, cardiovascular measures, lung function and heel bone mineral density followed different trajectories in individuals with lifetime depression. However, these differences did not uniformly narrow or widen with age. For example, BMI in females with lifetime depression was approximately 1.1 kg/m^2 higher at age 40 and this difference narrowed to about 0.4 kg/m^2 at age 70. In males, systolic blood pressure was approximately 1 mmHg lower in individuals with lifetime depression at age 45 and this difference widened to about 2.5 mmHg at age 65.
Conclusions: Evidence of differences in ageing trajectories between individuals with lifetime depression and healthy controls was not uniform across physiological measures and differed by sex.

Disclosure: JM receives studentship funding from the Biotechnology and Biological Sciences Research Council (BBSRC) and Eli Lilly and Company Limited. CML is a member of the Scientific Advisory Board of Myriad Neuroscience.
Keywords: ageing; Depression; public health; physiology

EPV0257

Effects of psilocybin-assisted therapy on treatment-resistant depression

A. Fraga[1]*, D. Esteves-Sousa[1], J. Facucho-Oliveira[1], M. Albuquerque[2], M. Costa[1], P. Espada Dos Santos[2], N. Moura[3] and A. Moutinho[1]

[1]Psychiatry, Hospital de Cascais, Cascais, Portugal; [2]Psiquiatria E Saúde Mental, Hospital de Cascais Dr. José de Almeida, Alcabideche, Portugal and [3]Psychiatry Department, Ocidental Lisbon Hospital Center, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1836

Introduction: Major depressive disorder is a highly prevalent clinical condition, affecting more than 300 million individuals worldwide. About 1/3 of patients with MDD fail to achieve remission despite treatment with multiple antidepressants and are considered to have treatment-resistant depression (TRD). Novel antidepressants with rapid and sustained effects on mood and cognition could represent a breakthrough in the TRD and may potentially improve or save lives. Psilocybin, a classic hallucinogen, more commonly found in the Psilocybe mushrooms has a combined serotonergic and glutamatergic action. The preliminary evidence of antidepressant effects of psilocybin-assisted therapy indicates the potential of psilocybin-assisted therapy as a novel antidepressant intervention.
Objectives: The authors elaborate a narrative literature review about the effects of Psilocybin-based therapy on patients diagnosed with treatment-resistant depression.
Methods: PubMed database searched using the terms "Treatment-Resistant Depression AND Psilocybin" and targeting clinical trials. References of selected articles and review articles were also assessed.
Results: 2 articles evaluate psilocybin effects in 32 patients with TRD and showed that two doses of psilocybin alongside psychological support significantly reduces depressive symptoms. All patients presented some reduction in symptoms from baseline to one week after the second dose and reproduced immediate and substantial improvements in depression that ultimately could sustain up to 6 months.

Conclusions: Psilocybin-assisted therapy is a very appealing new possibility in the treatment of depression. However, due to the small populations of the existing trials, future studies are needed to prove this positive association and to fully understand Psilocybin's mechanisms of actions and effects.

Disclosure: No significant relationships.
Keywords: Depression; Psilocybin; treatment-resistant depression

EPV0258

Postpartum depression and perceived stress among Tunisian parturient

N. Messedi[1], L. Aribi[1]*, W. Bouattour[1], F. Khanfir[2], F. Charfeddine[1], K. Chaaben[2] and J. Aloulou[1]

[1]Psychiatry, Hedi Chaker University hospital, sfax, Tunisia and [2]Gynecology, Hedi Chaker University hospital, sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1837

Introduction: The postpartum depressions (PPD), rank first postpartum complications and therefore pose a public health problem by their frequencies and their adverse consequences.
Objectives: To detect the depression among a Tunisian parturient, to evaluate their perceived stress and to study the link between these entities
Methods: A cross-sectional, analytical study of 40 first week postpartum women hospitalized in the gynecology department in Hedi Cheker hospital in Sfax-Tunisia, during the month of September 2019. We used the Arab version of Edinburgh Postnatal Depression Scale (EPDS) and the Cohen perceived stress scale (PSS).
Results: The average age of the participants was 31.07 years old. The Parturient have a rural origin in 62.5% of cases, they have a secondary school level in 52.5% of cases. There were exaggerated sympathetic signs in 52.5% of the cases. An organic pathologies were present during pregnancy in 47.5%. The postpartum period was simple in 77.5% of cases. For the post-natal period, 90% of parturient were going to receive help of a family member. EPDS: the average score was 5.35 and the risk of developing a PPD was 20%. PSS we found that life represents a perpetual threat in 27% of cases. The factors correlated with the PPD were: a high level of perceived stress (p < 0.00) and organic pathology during pregnancy (p=0.02).
Conclusions: Our study shows that the risk of postpartum depression is high among Tunisian parturient and it is associated with high level of stress, because of this a precocious screening is necessary.

Disclosure: No significant relationships.
Keywords: parturient; post partum; Depression; stress

EPV0259

Comparative indicators of atherogenicity, body weight, gender differences in the group of depressive and non-depressive patients with cardiovascular diseases

N. Kornetov[1]*, O. Molodykh[2] and A. Arzhanik[3]

[1]Department Of Psychiatry, Addiction And Psychotherapy, Siberian States Medical Unifersity, Tomsk, Russian Federation; [2]Department Of Psychiatry, Addiction And Psychotherapy, 5th year student of the medical faculty of the Siberian State Medical Unifersity, Seversk, Russian Federation and [3]Mathematics And Computer Science, Saint Petersburg State University, Saint Petersburg, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1838

Introduction: Many studies show that obesity, dyslipidemia, and physical inactivity are closely related to depressive spectrum of symptoms (DSS), depressive disorder (DD). DD significantly reduces the patient's quality of life and vital activity.
Objectives: To study laboratory and physical parameters with DSS, DD in patients with cardiovascular diseases (CVD) to determine the number of patients requiring complex antidepressant therapy.
Methods: The cross-sectional study of 127 inpatients with CVD was conducted. Depression and anxiety symptoms were evaluated using HADS, anhedonia by Snaith-Hamilton Pleasure Scale (SHAPS) and pain by visual analog scale (VAS). Acquired data was statistically processed.
Results: The non-depressive patients was observed in 67 (53.0%) and 60 (47%) with DSS in CVD patients. When clinical assessing 29 (22.5%) met the criteria for major (DD), 39 (31%) for minor DD. When comparing body mass index (BMI) in patients with depression, the indicator was 31 (28.5; 33.5), in patients without depression 30 (26; 32) p <0.2828; atherogenic coefficient in patients with depression was 2.93 (2.41; 3.575), in non-depressive patients - 2.375 (2.07; 3.07) p<0.0083.
Conclusions: More than 1/5 of patients with CVD need antidepressant therapy. >90% of all patients had a high BMI regardless of gender and the presence of depression. Depressive patients in 95% of cases were obese or overweight. Severe dyslipidemia in women with depression increases the risk of CVD. Conflict of interest: No.

Disclosure: No significant relationships.
Keywords: Depressive Disorder; Cardiovascular diseases; obesity; Dyslipidemia

EPV0260

Postpartum depression: How it differs from the "baby blues"

M. Trigo

Psychiatry, Centro Hospitalar Universitário do Algarve, Faro, Portugal
doi: 10.1192/j.eurpsy.2021.1839

Introduction: Despite many signs and symptoms of depression get dismissed as normal physiologic changes associated with childbirth, depressive disorders are a common complication of pregnancy and postpartum period. The so-called "baby blues" have a minor functional impact and respond well to social support, whilst postpartum depression causes significant functional compromise, requiring more aggressive therapy. There is an extreme type of postpartum depressive disorder, postpartum psychosis, when patients present psychosis, mania, or thoughts of infanticide. It is imperative to promptly recognize and differentiate these entities, in order to minimize its impact on both mother and child. Antidepressant treatment may be necessary for some women, but risks and benefits should always be considered prior to institute pharmacotherapy.
Objectives: To identify current approaches and evidence-based treatment options for postpartum depression.
Methods: Review of the most recent literature regarding postpartum depression. The research was carried out through the Cochrane, UptoDate, PubMed, MedLine, LILACS and SciELO