[4]University Hospital Gómez Ulla, Department Of Psychiatry, Madrid, Spain; [5]University Hospital Virgen de la Arrixaca, Department Of Psychiatry, Murcia, Spain; [6]General Hospital of Villarrobledo, Department Of Psychiatry, Albacete, Spain; [7]University Hospital of Elche, Department Of Psychiatry, Elche, Spain and [8]University Hospital Ramón y Cajal, Department Of Psychiatry, Madrid, Spain
*Corresponding author.

Introduction: The compassionate use of intranasal esketamine is approved in Spain for treatment-resistant depression (TRD).

Objectives: The objective of the study is to assess the clinical stability in the medium-term follow-up of patients with TRD after esketamine use.

Methods: Descriptive, retrospective and multicenter study carried out in Spain. Patients with TRD who had received esketamine treatment, and for whom there were clinical data of subsequent evolution, were included. The scores on the MADRS and Hamilton scales were changed into scores on the CGI scale according to the studies by Leucht et al. The Student's t test was performed to assess differences in the CGI.

Results: Eleven patients were included: 72.7% were women and the mean age was 56 (SD: 12.9). The maximum dose of esketamine used was 84mg in 63.7%. The onset of antidepressant action was observed from the 1st dose in 72.6% of the patients. The mean time in treatment was 6.6 months (SD: 2.3) and 90.9% reached remission criteria. After 7.4 months (SD: 3.0) from the end of the treatment, 90.9% remained in remission and without visits to the emergency room or hospitalization for psychiatric reasons. The mean baseline score on the CGI-SI was 5.7 points, at the end of the treatment was 1.2 points and after longitudinal follow-up it was 1. Statistically significant differences were observed (p<0.001) both at the end of the treatment and in the post-esketamine follow-up compared with baseline score.

Conclusions: In our sample, the use of esketamine in TRD shows clinical stability in the medium-term follow-up.

Disclosure: Daniel Hernández has participated in medical meetings and/or received payment for presentations from Otsuka, Lundbeck, Janssen, Angelini, Casen Recordati, and Ferrer.

Keywords: Depression; esketamine; Treatment-resistant depression

EPP0547

Prevalence of depression in Europe using two different PHQ-8 scoring methods

J. Arias De La Torre[1]*, G. Vilagut[2], A. Ronaldson[1], A. Serrano-Blanco[3], J. Valderas[4], V. Martín[5], A. Dregan[6], I. Bakolis[1] and J. Alonso[2]

[1]King's College London, Health Services And Population Research, London, United Kingdom; [2]IMIM, Hspr, Barcelona, Spain; [3]PSSJD, Institut De Recerca Sant Joan De Déu, Barcelona, Spain; [4]University of Singapore, Medicine, Singapore, Singapore; [5]Universidad de León, Biomedical Sciences, León, Spain and [6]King's College London, Psychological Medicine, London, United Kingdom
*Corresponding author.

Introduction: The prevalence of depression based on the Patient Health Questionnaire-8 (PHQ-8) may vary depending on the scoring method.

Objectives: 1) To describe the prevalence of depression in Europe using two PHQ-8 scoring methods. 2) To identify the countries with the highest prevalence according to each method.

Methods: Data from 27 countries included in the European Health Survey (EHIS-2) for the year 2014/2015 were used (n=258,888). All participants who completed the PHQ-8 were included. The prevalence of depression and its 95% Confidence Interval (95%CI) were calculated overall for the whole of Europe and for each country using a PHQ-8$\geq$10 cut-off point and the PHQ-8 algorithm scoring method. Weights derived from the complex sample design were considered for their calculation.

Results: The overall prevalence of depression for all Europe was lower using the PHQ-8>=10 cut-off point (6.38%, 95%CI 6.24-6.52) than the PHQ-8 algorithm (7.01%, 95%CI, 6.86-7.16). Using the PHQ-8$\geq$10 cut-off point, the highest prevalence was observed in Iceland (10.33%, 95%CI, 9.33-11.32), Luxembourg (9.74%, 95% CI, 8.76-10.72) and Germany (9.24%, 95%CI, 8.82-9.66). Using the PHQ-8 algorithm the highest rates were observed in Hungary (10.99%, 95%CI,10.14-11.84), Portugal (10.63%, 95%CI, 9.96-11.29) and Iceland (9.80%, 95%CI, 8.77-10.83).

Conclusions: There is variability in the prevalence of depression rates in Europe according to the PHQ-8 scoring method. These findings suggest the necessity of identify the method of choice for each country comparing with a gold standard measure (clinical diagnosis). Countries with consistent higher prevalence of depression based on PHQ-8 regardless of scoring method deserve further study.

Disclosure: This work has been funded by CIBERESP (ESP21PI05)

Keywords: Prevalence; Depression; Europe; PHQ-8

Psychophysiology / Psychosurgery & Stimulation Methods (ECT, TMS, VNS, DBS)

EPP0548

Autonomic responses during gambling: the effect of outcome type and sex in a large community sample of young adults

C. Hultman*, S. Vadlin, M. Rehn, K. Nilsson and C. Åslund

Center for clinical research, Region Västmanland, Västerås, Department Of Public Health And Caring Science, Uppsala University, Bmc, Uppsala, Västerås, Sweden
*Corresponding author.

Introduction: Autonomic arousal is believed to be an underlying reinforcer for problematic gambling behavior. Theories suggests that near-misses (outcomes falling just short of a true win) are structural characteristics affecting emotion and motivation while increasing gambling persistence.

Objectives: Psychophysiological responses to different outcomes in gambling were investigated in a community-based sample of young adults. Furthermore, sex differences in responses to different gambling outcomes were investigated.