

However, response and remission rates of ketamine in ECT showed no significant difference from the comparator groups and was associated with higher rates of psychiatric and cardiovascular adverse events.

Conclusions: The results did not support the use the combination of ketamine and propofol as anesthetic agents for ECT in patients with MDD. However, further studies are needed to investigate the beneficial clinical and cognitive effects of ketamine alone in ECT settings.

Disclosure: No significant relationships.

Keywords: Ketamine; Depression; Treatment-resistant depression; Electroconvulsive therapy

EPV0638

S-Ketamine in the treatment of depressive emergencies: a cases series of patients in a suicidal crisis

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Introduction: Psychiatric emergencies in Major Depressive Disorder (MDD) are characterised by multiple types of symptoms including risk of self-harm and suicidal ideation. S-ketamine intranasally (Spravato) has recently been shown to help alleviate symptoms during depressive emergencies. In this case-series, we detail the clinical effects and usability of S-ketamine applied intranasally in a psychiatric emergency setting.

Objectives: To describe the effects of S-Ketamine on depressive crises associated with suicidality and self-harm in a psychiatric emergency setting.

Methods: Patients with MDD in a psychiatric emergency were provided with intranasal S-Ketamine according to clinical indication in routine clinical care in a University inpatient setting. Clinical characteristics were assessed in a standardised manner and symptom measures were applied pre-and posttreatment. Experience with 10 patients is systematically described in this case-series.

Results: Patients had a primary diagnosis of MDD accompanied by a variety of secondary psychiatric comorbidity. Among these 10 patients, the majority were female (70 %) and the mean age was 49.5 yrs (range 26-66). All cases were considered treatment resistant and suffered severe acute suicidal ideation. Across all cases, pre-treatment MADRS was 37 on average (range 20-47) indicating a severe form of MDD. High severity was confirmed in elevated BDI scores (pre-treatment 39). Post-treatment, MADRS scores were reduced to 18 on average, alongside BDI scores (mean 24). S-ketamine administration was well-tolerated and side effects such as dissociation were of short-lived duration.

Conclusions: S-Ketamine intranasally can be safely and effectively administered in an acute psychiatric setting to treat psychiatric emergencies.

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Keywords: s-ketamine; depression; suicidal ideation; emergency psychiatry

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Depression and anxiety among psychiatry residents

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Introduction: Residency training has been reported as being stressful which may lead to different mental disorders.

Objectives: To study the prevalence and associated factors of anxiety and depression symptoms among psychiatry residents.

Methods: A cross-sectional study was conducted through an online survey among psychiatry residents. Participants completed an anonymous self-administered questionnaire and the HADS questionnaire for screening anxiety and depression.

Results: Forty responses were collected. The average age of the sample was 28.08 ± 2.43 and the sex-ratio (F/M) was 0.875. Eleven participants were married. Eight residents were smokers. The prevalence of alcohol use and cannabis use was 22.5 % and 5% respectively. Half of participants were first year residents and near three-quarter of them (72.5%) declared working in poor conditions. A considerable proportion of participants had symptoms of anxiety and depression. The prevalence of anxiety case and depression case was 52.5% and 47.5% respectively. The prevalence of Anxiety symptoms and depression symptoms was significantly higher in female participants ($p = 0.017$, $p=0.034$ respectively). Poor conditions of the workplace were significantly associated with depression symptoms ($p=0.004$).

Conclusions: Training residents in psychiatry showed high rates of anxiety and depression symptoms. Screening and early management of these psychiatric manifestations is necessary. In addition, improving working conditions would upgrade their training and quality of life.

Disclosure: No significant relationships.

Keywords: Depression; Anxiety; Training residents in psychiatry; HADS

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Study of the efficacy and safety of various pharmacotherapy regimens for atypical depression in the framework of bipolar affective disorder, recurrent depressive disorder, psychogenic depression.

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Introduction: To improve the effectiveness of treatment for atypical depression, it is necessary to revise the accumulated experience, taking into account new knowledge and drugs.