venlafaxine could precipitate the start of a CVE in genetically susceptible individuals. Therefore, identify and clarify potential risk factors other than previous history of CVE is critical to reduce morbidity and mortality in these patients.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; Cardiovascular; Depression

EPV0625

Utilization of Psychiatric Team Driven Ketamine Infusions

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Introduction: In 2018 Missouri University Psychiatric Center, an inpatient psychiatric hospital established a ketamine infusion team to treat severely depressed and acutely suicidal clients. Over 80 infusions were delivered over three years, with positive outcomes and minimal side effects.
Objectives: To evaluate outcomes of an inpatient psychiatric intravenous ketamine team to deliver treatment without anesthisia colloabration, which could open the horizon for future intravenous medications in a psychiatric inpatient setting.
Methods: A team consisting of a psychiatrist supported by a psychiatric PA, psychiatric pharmacist, and a mental health nurse devloped a protocol including physical and mental health screening, inclusion/exclusion criteria, dosing, and client monitoring. For data collection, the team monitored vital signs and mental status changes for tolerability and depression screening tools for efficacy.
Results:

Table 1: Ketamine Infusion Data

Total Clients	32
Male	15
Female	17
Dosing	0.5mg/kg adjusted bodyweight infused over 40 minutes
Average Baseline Depression Screening (PHQ or QIDS)*	20.8
Average Baseline Follow up Screening (PHQ or QIDS)*	7.5
Average Change in Screening Score (PHQ or QIDS)*	-14.1
% Change From Baseline in Screening Score (PHQ or QIDS)*	65.5%
Adverse Events Documented	Dissociation 5 (15.6%); Nausea/Vomiting 3 (.09%), Extreme Euphoria 2 (.06%); sedation 1 (.03%); BP Increase 1 (.03%)

Conclusions: Overall, ketamine infusions were tolerated well with limited adverse drugs reactions reported or observed and were easily addressed by the team without any serious adverse events. Given the rapid improvement of symptoms and overall tolerability, intravenous ketamine infusions conducted solely by a psychiatric-based team advances our field for further treament modalities.

Disclosure: No significant relationships.
Keywords: Ketamine; Suicidal Ideations; intervention; Depression

EPV0627

A comparison between patients who suffer from major depression and are treated with Esketamine – one group participates in group therapy and the other one does not

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Introduction: Major depressive disorder is present in approximately 7% of the general population. There are some patients that remain treatment-resistant - patients who were treated with two or more different medications and did not demonstrate any improvement in their mental state. These patients can be treated with a new treatment – Esketamine. The recommended Esketamine treatment protocol includes 8-treatment sessions, each session lasts about two hours. In our clinic, we added a therapy group after each treatment. The therapy group is led by two co-therapist and lasts 30 minutes. The patients are invited to share their experiences from the session, their thoughts and emotions.
Objectives: The study that we will present was conducted in the Esketamine treatment unit at a psychiatric hospital. There were two groups - 1. A group whose treatment included a therapeutic group at the end of each Esketamine treatment (n=30); 2. A group whose treatments did not include a therapeutic group at the end of the Esketamine treatment (n=30).
Methods: The current study examines the role of the therapeutic group. It compares between the standard treatment protocol, with and without a therapeutic group. All participants completed three questionnaires, about their emotions, three times during the treatment (before the first session, after 4 sessions and after 8 sessions).
Results: We will present first results as well as vignette to demonstrate.
Conclusions: The expectation is to find a better patient experience and a better insight about the clinical changes following the Esketamine treatment, in the group which participates in the therapy group

Disclosure: No significant relationships.
Keywords: resistance; major depression; esketamine; group therapy

EPV0628

Levothyroxine supplementation among individuals with Subclinical Hypothyroidism and Depression | a review

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Introduction: Depression is known to be associated with changes in the hypothalamic-pituitary-thyroid axis and the brain is a major

target organ for thyroid hormone. Overt hypothyroidism can cause symptoms compatible with depression. However, its relationship with subclinical hypothyroidism (SCH) is not well established.
Objectives: To review the literature regarding the effect of levothyroxine therapy among patients with SCH and coexistent depression.
Methods: We conducted a MEDLINE search using depression, subclinical hypothyroidism and levothyroxine as keywords, selecting studies written in English.
Results: SCH is defined as an elevated thyroid stimulating hormone with normal peripheric hormone levels. The association between SCH and depression is controversial. Some studies indicate that SCH had the same propensity with overt hypothyroidism, while others report that major affective symptoms are not associated with SCH, but are likely due to independent psychiatric diagnoses, which are common in the general population and occur with similar frequency in patients with SCH. Individuals with SCH are recommended to initiate levothyroxine replacement therapy only when their TSH level is above 10 mIU/L or if symptoms are present. There is a lack of evidence supporting the use of levothyroxine therapy to improve mental health outcomes and the majority of meta-analysis do not show relief of affective symptoms after levothyroxine therapy, among individuals with SCH.
Conclusions: Routine screening for depressive symptoms among individuals with SCH is important to prevent morbidity. Nevertheless, there is no evidence enduring levothyroxine supplementation in these cases. Further studies, with larger sample sizes and longer follow-up periods are needed to enlighten the potential benefit of this therapy.

Disclosure: No significant relationships.
Keywords: subclinical hypothyroidism; levothyroxine; Depression

EPV0629

Pharmacological Treatment Strategies for Postpartum Depression

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Introduction: Postpartum depression (PPD) is an important cause of discomfort and dysfunction that impair the quality of life and the daily functionality not only of the patient but also of her child and her family, in its entirety. New treatment options have been made available for this pathology, but their use is restricted by methodological aspects, like the difficulty of administration, lack of enough data regarding their long-term efficacy, and costs.
Objectives: To conduct a literature review in order to find the most evidence-based pharmacological interventions for PPD.
Methods: A literature review was performed through the main electronic databases (PubMed, CINAHL, SCOPUS, EMBASE) using the search paradigm "postpartum depression" AND "treatment" OR "pharmacological agents". All papers published between January 2000 and August 2021 were included.
Results: Among the most evidence-based agents for PPD treatment are serotonin selective reuptake inhibitors (SSRIs). As individual agents, sertraline seems to be the most supported antidepressant by evidence from clinical trials, followed by escitalopram/citalopram, and fluoxetine. Other antidepressants supported by clinical data were venlafaxine, desvenlafaxine, nortriptyline, and bupropion. A 6-12 months maintenance treatment is considered optimal after remission, in women with a low risk of recurrence. Brexanolone, zuranolone, and ganaxolone are members of a new class of drugs studied for postpartum depression, but currently, only the first agent is FDA-approved for this indication.
Conclusions: SSRIs are the most supported by evidence treatments for PPD, and brexanolone is a drug with a new mechanism, dedicated to this pathology that provides new hope for recovery.

Disclosure: No significant relationships.
Keywords: Antidepressants; postpartum depression; Brexanolone

EPV0630

Multidisciplinar treatment in postpartum depression. Coordinated attention of psychiatrist and midwife: use of desvenlafaxine while breastfeeding.

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Introduction: Postpartum depression is a common psychiatric complication after pregnancy, so it is necessary to know the depressive symptoms to be able to carry out early prevention and treatment interventions. It is a health problem with a prevalence that ranges between 10–15% according to the world literature. Behavioral and psychosocial factors favoring postpartum depression are recognized.
Objectives: -To emphasize multidisciplinary treatment in the combined attention to the mother-baby. -To demostrate decreased risk for baby if early use of antidepressants. -To evaluate of the impact of desvenlafaxine during breastfeeding.
Methods: Descriptive-study. Clinical Case. Evolution of postpartum depression. Follow-up of a patient based on coordination with the midwife attending a successful breastfeeding while treatment with desvenlafaxine. Use of Edinburgh Postnatal Depression Scale.
Results: -Use of Desvenlafaxine 50-100mg being compatible with breastfeeding, in adittion to depressive illness improvement *Obstetrics and psychiatry guidelines and safety considerations for lactation and antidepressants).
Conclusions: -Postpartum-depression could be the first episode of depression in a healthy woman. Sometimes there are unnoticed symptoms during pregnancy. -Health-care for puerperal women should be focused on both, biomedical and psychosocial issues, with a coordinated multidisciplinar team. -Due to important early treatment during the puerperium, it is recommended a close medical control of the mother´s psychological state after the birth. -If depression appears, a psychiatric follow-up is kept even after the episode remission. Besides, the role of the midwife is essential during lactation. -Some antidepressants like desvenlafaxine have demonstrated benefits over the risk of the baby´s complications without treatment.

Disclosure: No significant relationships.
Keywords: postpartum depression; desvenlafaxine; multidisciplinary treatment; breastfeeding