as improvement, one point or more CGI-S increase was by denoted as worsening. Stability was assumed where no CGI-S change was observed.

Results: In comparison to baseline, patients showed a general trend for improvement, regardless of the available follow-up duration **(Fig 1)**. In total, 32.7% to 41.9% patients with moderate to severe MDD showed clinically meaningful improvement across any of the time points **(Fig 2)**.

Image 1:

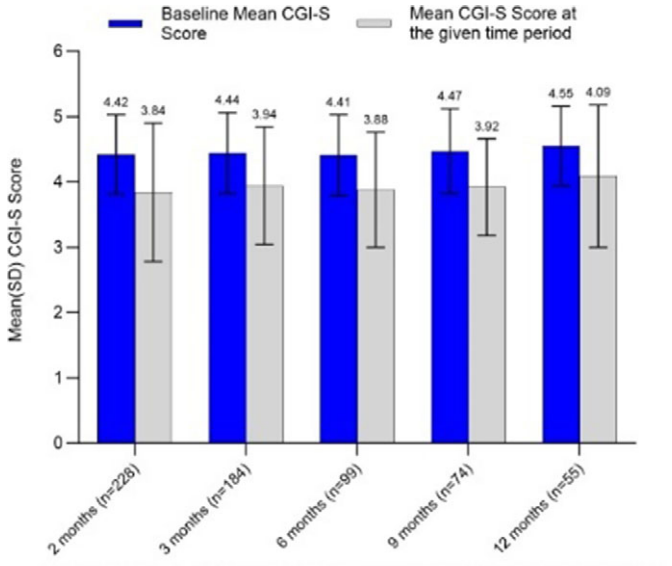

Fig 1 - Mean CGI-S at baseline and at corresponding follow-up periods

Image 2:

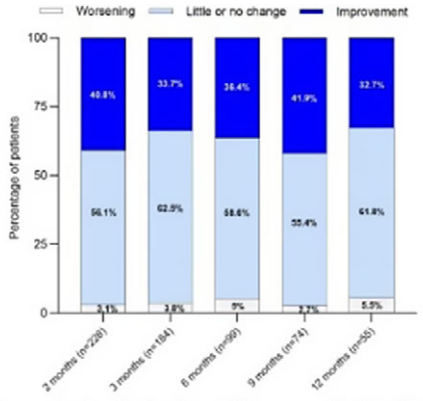

Fig 2 - CGI-S change categories when baseline and follow-up score at a defined time point were compared. Improvement: Change in CGI-S≤1; No change: Change in CGI-S=0; Worsening: Change in CGI≥1

Conclusions: The results from this retrospective analysis of health records suggest that sertraline is an effective treatment in the management of MDD in real-world clinical practice, even in the long-term.

Limitations: First, this study only assessed patients who had CGI-S recorded at baseline and at least one additional recorded at any of the pre-defined follow-up points. As a result, patients who did not have a follow-up CGI-S value or had the value recorded outside of the pre-defined follow-up points were excluded from the study. The study also did not assess detailed MDD symptom ratings. Finally, information was lacking whether patients were treated previously in other clinical setting.

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EPP132

Antidepressant effect of ketamine unrelated to dissociation: Results from an exploratory mediation analysis of the KET01-02 study

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Introduction: Current ketamine-based therapies for treatment-resistant depression (TRD) can induce dissociative symptoms. A novel oral prolonged-release ketamine formulation (KET01) results in a lower and delayed peak concentration of ketamine, and a higher concentration of the metabolites norketamine and hydroxynorketamine than after intravenous administration. KET01 has limited dissociative properties, compared to other ketamine formulations.

Objectives: To explore the relation between dissociative and antidepressant effects of KET01.

Methods: KET01-02 (EudraCT 2021-004927-34) was a randomized, double-blind phase 2 trial in outpatients with TRD comparing adjunct 120 mg (n=42) or 240 mg (n=40) oral KET01 once-daily for 3 weeks to placebo (PBO, n=40). The primary endpoint was change from baseline on the Montgomery-Åsberg Depression Rating Scale (MADRS) total score on day 21. Dissociation was assessed using the Clinician-Administered Dissociative States Scale (CADSS).

The association between CADSS scores at 7 hours after first dosing and MADRS scores on day 4 was investigated with a statistical mediation analysis. The 7-hour timepoint was selected since it coincides with the average Tmax (time-to-peak) when the highest dissociation is expected. Depression scores at the first subsequent visit (on day 4) were selected for the analysis. It was also the time point where change in MADRS score from baseline differentiated the most between KET01 and placebo with a difference of 4.32 (p=0.006) to the benefit of KET01 – based on the model used in the mediation analysis.
Results: The antidepressant effect of KET01 that was mediated through dissociation was estimated to the negligible -1.28% (CI: (-28%) – (+11%)).
Conclusions: The antidepressant effect of KET01 was achieved with minimal to no dissociation and with no significant mediation through dissociation. Our findings challenge the commonly held clinical view that some degree of dissociation is necessary to guarantee ketamine's antidepressant effect. Instead, it appears that dissociative symptoms are merely adverse events associated with certain formulations of ketamine.

Disclosure of Interest: L. Arvastson Consultant of: HMNC Brain Health, E. Papanastasiou Employee of: HMNC Brain Health, K. Schmid Employee of: Develco Pharma, A. Damyanova Employee of: HMNC Brain Health, A. Glas Employee of: HMNC Brain Health, C. Strote Employee of: HMNC Brain Health, C. Eulenburg Consultant of: HMNC Brain Health, D. Gehrlach Employee of: HMNC Brain Health, K. Maiboe Consultant of: HMNC Brain Health, H. Eriksson Employee of: HMNC Brain Health

EPP133

Impacts of childhood trauma on postpartum depression: prospective longitudinal study

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Introduction: Women who experience childhood trauma may be at a greater risk of developing postpartum depression (PPD), which can result in significant harm to both mothers and their children. Few studies have longitudinally evaluated the effect of childhood trauma on PPD.
Objectives: This study aimed to evaluate the impact of childhood trauma on PPD among Brazilian postpartum women.
Methods: This prospective longitudinal study was conducted with 153 women evaluated at two time points: T1 (immediate postpartum) and T2 (three months postpartum). PPD symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS) and childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ). To verify the differences in PPD scores in the periods assessed and in relation to childhood trauma, generalized estimating equations (GEE) were used. EPDS scores were categorized with values ≥10 defined as the presence of PPD. Multinomial logistic regression analyses were performed to evaluate the influence of trauma on PPD risk subgroups as follows: early PPD (risk of depression at T1), late PPD (risk of depression at T2), and chronic PPD (risk of depression at T1 and T2).
Results: The results demonstrated that women who suffered trauma in childhood had significantly higher EPDS scores at both time points evaluated when compared to women who did not suffer from trauma. However, there was no significant difference in EPDS scores over time or in the interaction between time and childhood trauma, indicating that PPD scores and the impact of childhood trauma on PPD remained constant over time. All types of childhood trauma were significantly associated with late or chronic PPD. Emotional abuse, physical abuse, and emotional neglect are significantly associated with early PPD.
Conclusions: The present study demonstrated that women who experienced childhood trauma had significantly greater symptoms of PPD. However, PPD symptoms did not vary between the two assessments and remained stable. Mental health screening and interventions must be adopted during pregnancy monitoring and in the postpartum period.

Disclosure of Interest: None Declared

EPP134

Patterns of Sexual Dysfunction in Depression: A Population-Based Study in Sweden

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Introduction: Previous research suggests that sexual dysfunction (SD) can both contribute to and result from depression. Additionally, evidence indicates that antidepressants may cause SD as a side-effect. However, knowledge of SD patterns in depressed individuals at the population level remains limited.
Objectives: To describe and compare the prevalence and incidence of SD during a three-year period before and after a diagnosis of depression.
Methods: Nationwide health registers in Sweden were used to identify patients diagnosed with a new-onset depressive episode (ICD-10: F32 and F33) in specialized healthcare between 2006 and 2014. SD was defined as having an SD diagnosis (ICD-10: F52.0-52.3) or a filled prescription of a drug aimed against SD (phosphodiesterase 5 inhibitor) for women and men separately. First, the prevalence of SD was calculated for the three-year period before and after the depression diagnosis. Second, annual incidence rates of SD were calculated by only including the first-ever SD event for each year during the same periods. Finally, in men, the annual incidence rates of SD were stratified by age groups (18–29, 30–49, and 50–65 years).
Results: We identified 110,725 women (mean age 38 years) and 73,566 men (mean age 39 years) with newly diagnosed depression. Among the women, 117 had SD in the three years before the depression diagnosis, corresponding to a three-year prevalence of 0.12% (95% CI 0.10%–0.14%), whereas 192 had SD in the 3 years after the depression diagnosis, corresponding to a 3-year prevalence of 0.19%, 95% CI 0.17%–0.22%). The annual incidence of SD