

**Conclusions:** BPI led by a group of therapists seem to be an effective therapeutic adjuvant in the “unfreezing” of the psychic processes in depressive patients. Our results point out the importance of jointly aiming at symptomatic improvement and therapeutic alliance.

**Disclosure:** No significant relationships.

**Keywords:** Psychotherapy; group; psychodynamic; Depression

## EPP0544

### The DiSCoVeR trial – first look at patient training and their expectations regarding a new, innovative treatment

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**Introduction:** The DiSCoVeR trial is a multi-site, double-blind, sham controlled, randomized controlled trial (RCT) investigating the feasibility and efficacy of an innovative, self-applied treatment approach for patients suffering from major depressive disorder (MDD). The treatment approach incorporates non-invasive brain stimulation, i.e. prefrontal transcranial direct current stimulation (tDCS), and a videogame designed to enhance emotional cognitive control. This treatment is aimed to be applied at home and monitored remotely.

**Objectives:** In this study we are looking at the first 10 single-site patients and comparing expected in person visits (according to the study protocol) versus actual in person visits as well as looking at the patients initial view of the therapy using the therapy evaluation form (CEQ) submitted after the 5th session.

**Methods:** Before continuing to self-administer the treatment at home patients undergo supervised training, during clinic visits, for up to 5 sessions. At the end of the 5th session, they are asked to fill out a therapy evaluation form (CEQ).

**Results:** Patients needed on average 2.3 in person training sessions before continuing the intervention remotely. Nine patients completed CEQ. Results show that on average patients thought that this course will be 4.78 (with probability 95% CI 4.74 to 4.82) points successful at raising their level of functioning and thought that their functioning will have increased on average by 37.8% (CI 37.2% to 38.4%) by the end of the study.

**Conclusions:** Patients needed less than half of planned in person training visits. Most patients felt like they will gain some improvement from this intervention.

**Disclosure:** No significant relationships.

**Keywords:** transcranial direct current stimulation; major depressive disorder; cognitive control videogame; expectations

## EPP0545

### Antidepressants in epilepsy

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**Introduction:** Depressive disorders are one of the most frequent psychiatric comorbidity in epilepsy and they have a negative impact on the quality of life. Depression often requires antidepressant treatment. However, it is often left untreated in people with epilepsy, in part due to fear that antidepressants could cause seizures.

**Objectives:** The goal of this study was to do a review and describe the evidence of the efficacy and safety of pharmacological treatment for depression in epilepsy.

**Methods:** Review of literature sources were obtained through electronic search in PubMed database with special focus in papers published in the last 5 years.

**Results:** The existing evidence of the effectiveness of antidepressants in treating depressive symptoms associated with epilepsy is still limited and response rate was highly variable. It is essential first to optimize seizure control and minimize unwanted antiepileptic drug-related side effects. As the first line of treatment you should consider the use of SSRI or IRSN. The improvement in depressive symptoms ranged from 25% to 82% according to the different studies and depending on the antidepressant administered. A review of the literature indicates that the risk of antidepressant-associated seizures is low although some antidepressants such as amoxapine or bupropion are not recommended.

**Conclusions:** There are few comparative data to support the choice of antidepressant drug or drug class in terms of efficacy or safety for the treatment of people with epilepsy and depression. It would be important to design controlled trials of antidepressants in large cohorts of participants with epilepsy and clinically significant depression.

**Disclosure:** No significant relationships.

**Keywords:** Antidepressants; Epilepsy; Depression; Pharmacotherapy

## EPP0546

### Clinical stability after compassionate use of intranasal esketamine in treatment-resistant depression

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