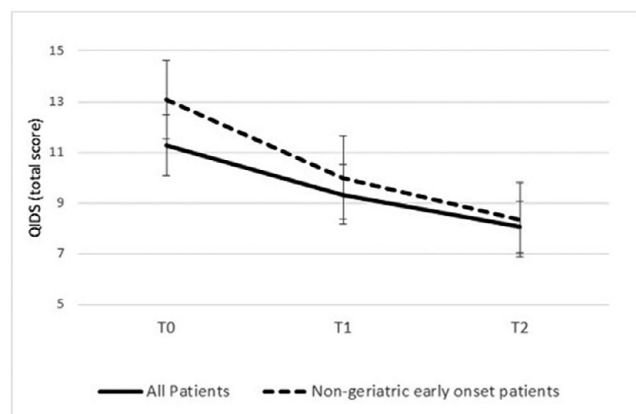


Image 3:

Figure 1. Average QIDS scores for all patients and non-geriatric adults (<65y) with an early on-set of depression (<50y) in the OLP group.

**Notes**

The bars denote the standard error of measurement (SEM).

OLP = Open label placebo.

Conclusions: Our findings support the possibility that OLP is an effective treatment for the relatively young population of patients suffering from depression. Additional studies are warranted in order to explore the use of open-label placebo in clinical work.

Disclosure of Interest: None Declared

EPV0458

Intranasal esketamine + Intensive CBT: a 12 months follow-up of two complicated cases of Treatment Resistant Depression at high suicidal risk

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Introduction: Treatment Resistant Depression (TRD) is a complex, heterogeneous and multifactorial clinical condition that affects patients' quality of life, their psychosocial functioning as well as suicidal risk. Intranasal esketamine is a new add-on treatment specifically approved for TRD.

Objectives: The aim of the study was to evaluate the efficacy and safety of intranasal esketamine treatment combined with intensive Cognitive Behavioral psychotherapy (CBT), together with treatment satisfaction, in two complex clinical cases of TRD with high suicidal risk in a 12 months follow-up.

Methods: Two male patients, 67 and 63 years old, with TRD, defined by at least two therapeutic failures with SSRI/SNRI and

positive screening for high suicidal risk at the Columbia Suicide Severity Rating Scale, were selected for treatment with intranasal esketamine + CBT as an add-on to SSRI/SNRI antidepressant therapy. Psychopathological assessment were made by means of Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Rating Scale (HAM-A), Columbia Suicide Severity Rating Scale (C-SSRS), Clinical Global Impression (CGI), Short Form Health Questionnaire (SF-36 items) at T0, every 7 days for the first 3 months, then every month. Treatment satisfaction was evaluated by means of the Client Satisfaction Questionnaire (CSQ-8), administered by trained nursing staff at 1, 3, 6 and 12 months. CBT specifically focused on depression was administered by a certified psychotherapist, weekly for the first 4 months, fortnightly for the next 3 months, monthly for the remaining 3 months.

Results: After 2 administrations of esketamine the total HAM-D score was reduced by an average of 10 units and the suicidal risk was progressively reduced to zero according to C-SSRS. After 12 months one of the two patients reached and actually maintains clinical remission; the other one maintains a condition of mild depression; both without suicidal ideation and with a significant increase in perceived quality of life. Treatment was well tolerated, with mild and temporary adverse effects, self-limited to the administration sessions. CBT has contributed to increasing insight, cognitive resources, social interaction and self-esteem, and has made it possible to structure and carry on new life projects. The variation of the mean scores for CSQ-8 shows that esketamine + CBT treatment was considered as very satisfactory throughout the observation period.

Conclusions: Intranasal esketamine associated with intensive CBT sessions showed to be effective, safe and satisfactory in the real world clinical management of two complex cases of TRD with high suicidal risk, improving quality of life, social functioning and eliminating suicidal ideation within 12 months follow-up. Satisfaction with the treatment contributed to strengthening adherence and improving the operator-patient therapeutic relationship.

Disclosure of Interest: None Declared

EPV0459

Self-esteem is associated with loss of autonomy and depression in the elderly

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Introduction: Self-esteem is an important aspect of adaptive processes at all ages of life and particularly in older adults: it is linked to the quality of adaptation, well-being, life satisfaction and health.

Objectives: study the links between self-esteem, autonomy and depression in the elderly

Methods: This is a descriptive and analytical study carried out over four months in the offices of three doctors. The population of the

study were the consultants whose age was over 65 years the study was made using a pre-established sheet with certain socio-demographic characteristics, the pathological antecedents of subjects. We assessed self-esteem using the Rosenberg scale, autonomy using the activities of daily living scale (KATZ index), and depression using the mini GDS. The analysis of the results was carried out using SPSS 17 software.

Results: Our sample is made up of 54 consultants. The average age was 68 years old. The sex ratio was equal to 0.875. Negative self-esteem, loss of autonomy, depression were observed respectively in 40%, 56.7%, 36.7% of cases. We found an association between negative self-esteem and loss of autonomy ($p=0.01$) on the one hand, and depression ($p<0.0001$) on the other.

Conclusions: Our work showed an association between loss of autonomy, depression and negative self-esteem. Depression and negative self-esteem could be a consequence of the loss of autonomy or contributing factors?

Disclosure of Interest: None Declared

Eating Disorders

EPV0460

PREVALENCE AND DETERMINANTS OF EATING DISORDER RISK AMONG TUNISIAN UNIVERSITY STUDENTS

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Introduction: The transition to college life can be a stressful period for young adults, and coping strategies can involve changes in eating behaviors.

Objectives: The aim of this study was to assess the prevalence and correlates of eating disorder risk among Tunisian university students.

Methods: We conducted a cross-sectional descriptive and analytical study among 144 university students in Tunisia. Data were collected using an online questionnaire spread throughout social media (Facebook), using the Google Forms® platform.

Attitudes, feelings and behaviors related to eating were measured using "Eating Attitudes Test" (EAT-26) in order to assess the eating disorder risk.

Results: The mean age of our population was 23.38 ± 3.27 years. More females (73.6%) than males (26.4%) participated in the study. Among them, 10.4% were followed for chronic somatic disease while 11.1% suffered from mental illness. Tobacco, alcohol and cannabis use was noted respectively in 12.5%, 3.5% and 3.5% of cases.

The mean score EAT-26 was 20.45. According to this scale, 32,6% of participants were at high risk of eating disorders.

EAT-26 scores were higher in females (21.23) than males (16.95%), without a significant relationship.

Users of psychoactive substances were more likely to present higher EAT-26 scores ($p=0.012$), especially the use of alcohol ($p=0.005$) and weed ($p=0.024$).

EAT-26 scores were significantly higher among students with a prior history of depression.

Conclusions: Our study highlighted a high prevalence of eating disorder risk in university students. Implementation of public health policies are required, and psychological intervention and health awareness programs would effectively prevent the eating disorder risk.

Disclosure of Interest: None Declared

EPV0461

ARIPIRAZOLE INDUCED COMPULSIVE EATING DISORDER: A CASE REPORT

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Introduction: Aripiprazole is a newer atypical antipsychotic with a favorable side-effect profile, especially a low propensity to result in metabolic syndromes. It is effective at treating bipolar disorder, the positive symptoms of schizophrenia and has the potential to treat negative and cognitive symptoms.

However, prior studies suggested that aripiprazole seem to be associated to a risk of inducing certain impulse control behaviors, such as uncontrollable gambling, hyper sexuality, as well as compulsive eating.

Objectives: We proposed to assess the evidence for compulsive eating associated with the use of aripiprazole.

Methods: We report a rare case of new onset aripiprazole induced compulsive eating behavior in a patient with bipolar disorder. Then, we conducted a literature review using "PubMed" database and keywords "Aripiprazole", "Impulse Control Behaviors", "Compulsive Eating".

Results: He was a 21-year-old patient, diagnosed with bipolar 1 disorder. He was prescribed Aripiprazole, after a neuroleptic malignant syndrome induced by haloperidol (which was prescribed during the first episode psychosis).

One month following the treatment initiation, the patient complained of eating excessively. He was not able to control his eating and gained 30 Kg over the period of 4 months. Metabolic assessment showed a hypercholesterolemia.

Conclusions: Aripiprazole is a promising novel antipsychotic in mental diseases. However current evidence associates compulsive behaviors like eating with the use of Aripiprazole, probably due to the drug affinity to 5-HT receptors. More studies are needed to confirm this rare side effect.

Disclosure of Interest: None Declared