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P.0370

Escitalopram efficacy in post-covid depression treatment: a pilot study

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Background. During the COVID-19 pandemic, the level of depressive symptoms is markedly increased, more than 3-fold higher during the COVID-19 pandemic than before [1]. A significant proportion of post-COVID patients suffer from persistent fatigue, dyspnea, and neuropsychological symptoms [2]. Persistent mental problems with critical levels of anxiety, depression, and post-traumatic stress disorder are seen in survivors of COVID-19 at 1 year after discharge [3]. While studies of psychological distress currently focused on social anxiety and lockdown measures, a mental disorder due to COVID-19 may be a great deal in the future [4]. Thus, the question of the effective psychopharmacological treatment of this problem needs to be raised [5].

Objective. This study aimed to evaluate the efficacy of 10-week escitalopram monotherapy in relieving the symptoms of depression in survivors of COVID-19.

Methods. The study was conducted based on Railway Clinical Hospital #1 and on the Department of Medical Psychology, Psychosomatic Medicine and Psychotherapy of National Medical University. After signing the informed consent, a total of 33 patients after COVID-19 and complaints of depressive symptoms that arose in the recovery period were assessed. The mean age was $37,54 \pm 8,97$ years, 25 participants (75,65%) were females and 8 participants (24,24%) were males. depression of patients was assessed by 17-item Hamilton Depression Scale. The intervention consisted of the addition of a 10 mg per day (20 in cases of severe depression) dose of escitalopram to standard therapy of post-COVID syndrome for 10 weeks. A paired t-test was used to evaluate the difference in depressive symptoms pre- and post-treatment. Data collection and data analysis were carried out with Microsoft Excel and R - programming language for data analysis and research.

Results. The mean score on Hamilton Depression Scale before escitalopram prescription was $15,57 \pm 4,16$ points. Before treatment 10 participants (30,3%) had symptoms of mild depression, 14 participants (42,42%) - symptoms of moderate and 9 participants (27,27%) had symptoms of severe depression. No correlation between age, gender, and depressive symptoms were found. After 10-week treatment, the mean score on Hamilton Depression Scale was $5,72 \pm 2,87$ points. 21 participants had no symptoms of depression (63,64%), 10 participants (30,30%) had symptoms of mild depression and 1 participant (3,03%) had symptoms of moderate depression.

Therefore, a decrease in the score from baseline was $9,84 \pm 4,63$ points ($p < 0,001$). The effect did not depend on age or gender.

Conclusions: Our study confirms the common presence of depressive symptoms in patients in the recovery period after COVID-19. Treatment with escitalopram may be quite effective in reducing the symptoms of depression in patients with the post-COVID syndrome. However, it is also interesting to study the persistence of this effect, which was not evaluated in this study. Further studies involving more patients, as well as comparison with a control group, are promising.

No conflict of interest

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P.0371

Bipolar disorder in the elderly: differences in long-term morbidity between patients with early and late onset

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Background: Older-aged subjects represent more than a fourth of patients affected by bipolar disorder (BD) [1]. Their prevalence is expected to rise in upcoming years, given the progressive aging of the population [2]. Older-age bipolar disorder (OABD) is a heterogeneous condition, including both patients with early age at onset (EOBD), as well as patients with late onset (LOBD) [3]. Despite the literature on OABD has expanded, it is still not clear if EOBD and LOBD have different underlying pathogenesis, manifestations and course [4].

Objective: The aim of this study was to describe long-term morbidity differences between EOBD and LOBD in older-aged patients recruited at the Psychiatry Unit 2 of Azienda Ospedaliera-Universitaria Pisana.

Methods: We conducted a retrospective chart review and selected 100 patients ≥ 65 years presenting with a depres-