GAD symptoms (OR = 5.35; 95% C.I. 2.03-14.15). Respondents who suffered a loss of property because of the wildfire were two times more likely to develop GAD symptoms (OR = 2.36; 95% C.I. 1.01-22.62).
Conclusions: Formulators of policy may mitigate GAD symptoms, particularly after natural disasters, by making long-term mental health counseling available and a key component of post-disaster management, and by investing in the social capital of the people to build resilience and support to deal with the post-disaster mental health effects.

Disclosure of Interest: None Declared

O0064

A Pilot Study Comparing a Community of Practice Group Therapy Program with and without Concurrent Ketamine-assisted Therapy

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Introduction: Healthcare practitioners (HCPs) are facing a mental health crisis. Group therapies have long been used to treat symptoms associated with PTSD, anxiety and/or depression, however no studies have investigated the role of implementing group therapy with and without ketamine-assisted therapies (KaT).
Objectives: The current study investigated the effects of the Roots to Thrive (RTT) group therapy intervention both with and without adjunctive KaT.
Methods: In the present study we conduct a secondary analysis of data derived from the 12-week group psychotherapy program to that of the same program with adjunct KaT. Participants were administered a series of validated psychiatric assessment tools before and after the 12-weeks. Inclusion criteria included a diagnosis of treatment resistant mental health condition (depression, PTSD and/or generalized anxiety disorder) and a score of 15 or greater on the PTSD Checklist for DSM-5 (PCL-5). To assess the effects of time x group interaction and calculate differences between the RTT only and RTT-KaT subgroups, a repeated measures ANOVA was conducted. Effect sizes were calculated through partial eta-squared.
Results: Forty-nine HCPs with treatment-resistant PTSD, anxiety and/or depression were treated with the RTT group therapy model to target their symptoms. A total of 49 individuals (34 female, 10 male, 3 other) with a median age of 47 years old (SD 14.19) participated in the study. There were no statistically significant differences between RTT only (n=14) and RTT KaT (n=35) subgroups across gender [X2 (1, N=44) = 2.84, ns] or age [F (1, 36) = .257, p = .615]. From pre- to post-treatment, all patients showed significant reductions in scores of PTSD (from 39.3 to 20.99), depression (from 15.5 to 7.7) and anxiety (from 15.5 to 6.2). Two-way repeated measures ANOVA did not reveal any significant between-group differences between the RTT and RTT-KaT subgroups.
Conclusions: This observational study provides preliminary support for the potential of the RTT community of care model of group therapy and adds to a small but growing body of knowledge on the integration of group therapy and the broad category of psychedelic psychotherapies. Given the rapid proliferation and expansion of KaT clinics throughout North America, the finding that KaT did not appear to impact changes related to the RTT intervention suggests the need for further research to better explain the potential impacts of relational transference between the two groups, and the distinct contributions of ketamine administration in a group therapy context.

Disclosure of Interest: None Declared

O0065

Childhood trauma and anger in adults with and without depressive and anxiety disorders

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Introduction: Childhood trauma (CT) is associated with severe sequelae, including personality disorders and stress-related mental health disorders that can perpetuate long into adulthood.
Objectives: We aimed to investigate (1) whether childhood trauma is associated with anger in adulthood, and, if so, (2) to explore which types of childhood trauma predominate in the prediction of anger, and (3) to explore whether the association is independent of psychopathology in a cohort that included participants without lifetime psychiatric disorders, with current or remitted depressive and anxiety disorders, or comorbid depressive and anxiety disorders.
Methods: In the Netherlands Study of Depression and Anxiety (NESDA), childhood trauma was assessed with a semi-structured Childhood Trauma Interview (CTI) at baseline, and analyzed in relation to anger as measured at 4-year follow-up with the Spielberger Trait Anger Subscale (STAS), the Anger Attacks Questionnaire, and cluster B personality traits (i.e., borderline, antisocial) of the Personality Disorder Questionnaire 4 (PDQ-4), using analysis of covariance (ANCOVA) and multivariable logistic regression analyses. Post-hoc analyses comprised cross-sectional regression analyses, using the Childhood Trauma Questionnaire – Short Form (CTQ-SF) obtained at 4-year follow-up.
Results: Participants (n = 2,276) were on average 42.1 years (SD = 13.1), and 66.3% were female. Childhood trauma showed a dose-response association with all anger constructs. Zooming in, all types of childhood trauma except for sexual abuse were associated with higher levels of trait anger, and a higher prevalence of anger attacks and antisocial personality traits in adulthood, independently of depression and anxiety. Additionally, all types of childhood trauma were significantly associated with borderline personality traits. Cross-sectionally, the effect sizes were larger compared to the analyses with the childhood trauma measured four years prior to the anger measures.

Conclusions: Childhood trauma is linked with anger in adulthood, most strongly for trait anger and borderline personality traits. It is of clinical importance to explore childhood traumatic experience and start trauma-focused interventions when appropriate.

Disclosure of Interest: None Declared

O0066

ESKALE study, a French real-world study describing TRD patients with Esketamine nasal spray: final analysis

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Introduction: Treatment resistant depression (TRD) affects a substantial proportion of patients with depression and carries a large unmet need. Esketamine nasal spray (NS), in combination with a selective serotonin reuptake inhibitor (SSRI) or serotonin norepinephrine reuptake inhibitor (SNRI), has been shown to reduce depressive symptoms and risk of relapse, in patients with TRD (Popova, V., et al. 2019. Am J Psychiatry; Daly, E.J., et al. 2019. JAMA Psychiatry). Esketamine NS has been authorised by European Medicines Agency as treatment for resistant depression since December 2019. ESKALE, is the first French observational study to describe TRD patients treated with Esketamine NS under real-world settings and to provide data on this innovative solution for patients.

Objectives: To describe patients with TRD at Esketamine NS initiation and during the following 12-month period in real-world clinical practice.

Methods: ESKALE is a French, observational, multicentre, retrospective study of adult patients with moderate to severe TRD defined as a non-response to ≥ 2 oral antidepressant. Each patient was included in one of the 3 cohorts according to Esketamine NS start date: Temporary Authorisation for Use (ATUc) cohort, post-ATU cohort or post-launch period cohort. Data were collected from medical records of patients treated with Esketamine NS between 10-29-2019 and 06-14-2022. Primary objective is to describe patients' profile and Esketamine NS conditions of use at esketamine initiation and during the 12-month period after esketamine initiation in real-world clinical practice (either patient had stop or not the treatment). Secondary objectives are to describe Esketamine NS management, safety profile and patient pathway.

Results: Two standard descriptive statistical interim analysis were conducted and published in several conferences (Samalin L, et al. Presented at EPA Hybrid congress June 2022. P.2482; Samalin L, et al. Presented at ECNP Vienna, October 2022. P.0122). This final analysis describes the data collected from medical records of patients included in the study from 04-08-2020 to 06-30-2021. 157 patients were included from 26 French centers, the majority (>65%) of patients were females. Average age was 49 years old with 27 patients > 65 years old. Duration of the current depressive episode was up to 2,5 years (mean) with an average of more than three episode in the patient's entire life (mean). At esketamine initiation, 3 patients out of 4 were clinically perceived to have severe depression with a MADRS score of 32.0 (median). Patients had mainly depression with anxious distress specifier. Esketamine NS dose at initiation was mainly 56mg.

Conclusions: Eskale is the first French cohort study generating real-world evidence on treatment resistant depression patients treated with Esketamine nasal spray. Results of the final analysis confirmed the 2 interim analysis results already published.

Disclosure of Interest: None Declared

O0067

Esketamine nasal spray shows higher remission and response rates over 32 weeks of treatment compared with quetiapine extended-release in patients with treatment resistant depression: Results from ESCAPE-TRD, a randomised, phase IIIb clinical trial

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Introduction: Treatment resistant depression (TRD) is estimated to affect 10–30% of patients with major depressive disorder (Al-Harbi *et al.* Patient Prefer Adherence 2012; 6 369–88). Esketamine nasal spray (NS), in combination with a selective serotonin reuptake inhibitor (SSRI) or serotonin norepinephrine reuptake inhibitor (SNRI), increases remission and response rates in patients with TRD compared with placebo plus SSRI/SNRI (Popova *et al.* Am J Psychiatry 2019; 176 428–38). ESCAPE-TRD (NCT04338321) is the first randomised clinical trial to compare esketamine NS to quetiapine extended-release (XR), an antipsychotic augmentation therapy for patients with TRD.

Objectives: To explore the efficacy and safety of esketamine NS compared with quetiapine XR in TRD over 32 weeks (wks).

Methods: In the ESCAPE-TRD phase IIIb open-label, rater-blinded trial, patients were randomised 1:1 to esketamine NS (56/84 mg; twice per wk, weekly or every 2 wks) or quetiapine XR (150–300 mg daily) both in combination with an ongoing SSRI/SNRI. Remission (Montgomery-Åsberg Depression Rating Scale [MADRS] total score of ≤10) and response (≥50% improvement in