Methods We conducted a prospective study with a sample size of 23 patients (10 male), who met the criteria of treatment-resistant depression according to ICD–10 and gave their informed consent for ECT treatment. Before and after ECT, the following investigations have been performed: Beck depression inventory (BDI), Montgomery-Asberg depression rating scale (MADRS), Mehrfachwahl-Wortschatz-Intelligenztest (MWT-B), trail making test (TMT) A and B, stroop-test, mini mental state examination (MMSE) and the German version of the California verbal learning test (MGT).
Results After ECT treatment, we found highly significant changes of depression-scales BDI ($P = 0.028$) and MADR-Scale ($P = 0.001$). IQ as measured by the MWT-B ($P = 0.851$), executive functions as measured by trail making test A ($P = 0.568$) and B ($P = 0.372$) and stroop-test, memory functions as measured by the MGT ($P = 0.565$) (Figure 1) and MMSE ($P = 0.678$) did not differ significantly after ECT treatment.
Conclusion There were no significant differences in cognitive function before and after ECT treatment. To confirm these findings, it would be necessary to perform larger studies.

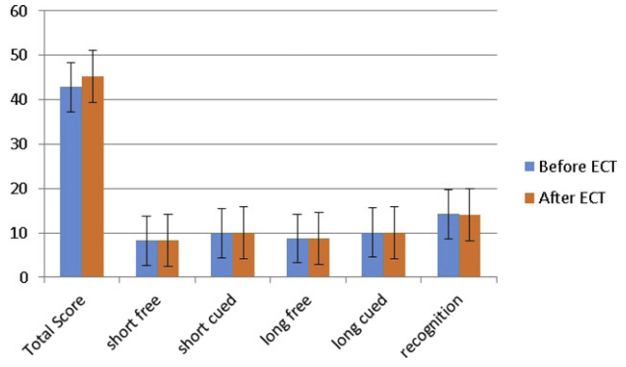

Figure 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0400

Vascular disease and trajectories of late-life major depressive disorder in secondary psychiatric care

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Objectives To examine 5 years trajectories of secondary-treated late-life major depressive disorder (MDD), and evaluate whether pre-existing cerebrovascular disease and related risk factors are associated with more severe trajectories of late-life MDD.
Methods Data were obtained from Danish registers. The sample included 11,184 adults ≥ 60 at index MDD diagnosis. Trajectories of in or outpatient contact at psychiatric hospitals for MDD over the 5 years period following index MDD diagnosis were modeled using latent class growth analysis. Risk factors included cerebrovascular disease, cardiovascular disease, hypertension, diabetes, and vascular dementia defined based on hospital diagnoses and prescription medications, demographic characteristics and characteristics of the index MDD diagnosis.
Results The final model included classes with consistently low (66%), high decreasing (19%), consistently high (9%) and moderate fluctuating (6%) probabilities of contact at a psychiatric hospital for MDD during the 5 year period following the index MDD diagnosis (Fig. 1). Older age, greater severity, inpatient treatment and > 12 antidepressant prescriptions within 5 years of the index MDD diagnosis predicted membership in more severe trajectory classes. Cerebrovascular disease and related risk factors were not associated with trajectory class membership.
Conclusions A substantial proportion (34%) of individuals diagnosed with MDD in late-life require specialized psychiatric treatment for extended periods of time. We found no evidence that cerebrovascular disease or related risk factors predicted course trajectories in secondary-treated late-life MDD.

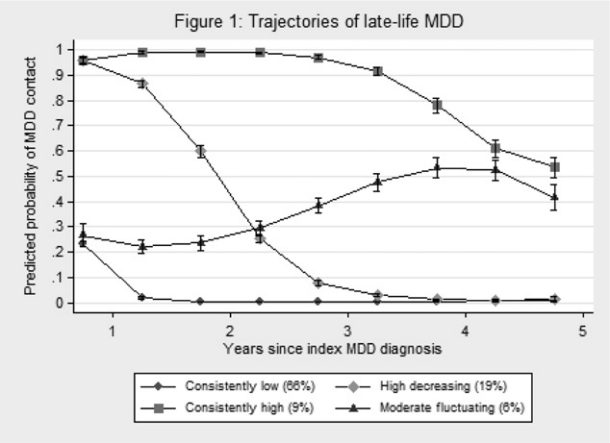

Fig. 1 Trajectories of late-life MDD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0401

Cognition in mild and moderate depression

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Introduction It is known that there is a cognitive decline in major depressive disorder. Most studies were performed on patients whose sum on a Montgomery and Asberg depression rating scale was greater than 30.
Objectives In our work, we concentrated on mild and moderate depression, MADRS > 30 was not criteria. Patients included were diagnosed with mild to moderate depressive episode.
Aims To determine how depressive episodes affect cognition.
Methods We included 30 patients diagnosed at the clinic for psychiatry in Nis. We covered the age group between 20 and 40 years, regardless of the gender and educational level. For the assessment of cognition, we used digital symbol substitution test (DSST), Rey audio verbal learning test (RAVLT), trail making test (TMT), stroop color naming test (Stroop), and patients were evaluated with Montgomery and Asberg depression rating scale (MADRS). Tests were conducted on the first visit to a psychiatrist. Patients were compared with the results of the healthy population with the same characteristics, and in the same period (August 2016). Mean values were compared and groups were compared by Student's t-test.
Results There was a statistically significant difference in all of the tests, and all of the parts of tests conducted on the patients and the control group.

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Conclusions There is a statistically significant cognitive decline in patients with mild and moderate depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0402

Emotional schemas: A new cognitive perspective for the distinction between unipolar depression and bipolar disorder

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Introduction Clinicians need to make the differential diagnosis between unipolar depression and bipolar disorder to guide their treatment choices. Looking at the differences observed in the emotional schemas might help with this differentiation. This study is an exploratory investigation of schema theory's Leahy's emotional schemas among individuals diagnosed with bipolar disorder and unipolar depression.
Methods Three groups of subjects 56 unipolar depression in the remission period, 70 bipolar eutimic and 58 healthy controls were asked to fill out the Leahy Emotional Schema Scale (LESS). The clinicians diagnosed the participants according to the criteria of DSM-IV-TR with SCID-I, and rated the moods of the subjects with the Beck Depression Scale, and the Young Mania Rating Scale (YMRS). Statistical analyses were undertaken to identify the group differences on LESS.
Results The bipolar eutimic and unipolar depression patients' scores on the LESS dimensions were significantly different from the healthy participants in the areas of control, consensus, acceptance of feelings, dissimilarity and simplistic view of emotions.
Conclusions These results suggest that the metacognitive model of unipolar depression might be extrapolated for patients with bipolar disorder. Bipolar disorder may be associated with a general activation of the emotional schemas.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0403

Anxiety, stress and depression on COPD patients. A qualitative research

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Introduction COPD is a common disease, has an impact not only on psychical but also on psychological well-being. Anxiety, stress, depression are common co-morbidities for COPD patients.
Objectives This paper proposes to study from a qualitative point of view the effect of depression on COPD patients.
Aims A qualitative methodology was chosen in order to explore 75 (male $n=69$, female $n=6$) COPD patients' symptoms and signs of anxiety, stress and depression.
Methods Data were collected through semi-structured interviews. All patients also completed the Beck Inventory and the GDS 15 questionnaires. The interviews were conducted both in the general university hospital of Larissa and in patients' homes.
Results We enrolled 75 patients (15: normal, 17: mild depression, 7: moderate and 1 severe). Persistent low mood and lack of interest was expressed by most of the participants. "Before I get this thing, I was in a good mood, but not now". Poor self-management was associated with anxiety disorders and high temper: "I withdrew, due to my health"..."I was really stressed, and depressed, and quick-tempered". COPD diagnosis was difficult for some patients: "At the beginning, I wasn't in the mood for anything, just sleeping and more of watching TV". Other patients seemed to be in a good mood: "I was never scared of anything, I am happy".
Conclusions This research shows that depressive and anxiety symptoms are common among COPD patients. Depression has a significant impact on the daily life of patients while breathlessness made patients feel housebound and social isolated.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0404

Lurasidone for the treatment of major depressive disorder with mixed features: Do manic symptoms moderate treatment response?

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Background This post-hoc analysis evaluated whether the efficacy of lurasidone in major depressive disorder (MDD) with mixed features is moderated by the number and characteristics of manic symptoms present at study baseline.
Methods Patients meeting DSM-IV-TR criteria for MDD who presented with two or three manic symptoms (consistent with the DSM–5 mixed features specifier) were randomly assigned to 6 weeks of double-blind treatment with either lurasidone 20–60 mg/d ($n=109$) or placebo ($n=100$). Finite mixture models were applied to identify latent class patterns of the 10 baseline manic symptoms.
Results Three latent class profiles were identified: 105 (50.5%) patients had manic symptom profile 1 (MIX 1) with mean MADRS 33.0, mean YMRS 9.2, mean number of manic symptoms 3.8; 63 (30.3%) patients had manic symptom profile 2 (MIX 2) with similar baseline mean MADRS (32.4) and YMRS (9.3) and lower number of manic symptoms 3.5; 40 patients had manic symptom profile 3 (MIX 3) with significantly higher severity scores in MADRS (35) and YMRS (14.9) and mean number of manic symptoms 4.6. A significant moderating effect on change in YMRS score was observed for the "decreased need for sleep" symptom, with greater lurasidone effect size (vs. Placebo) found in patients without vs. With this symptom ($P<0.05$).
Conclusions In this post-hoc analysis of a placebo-controlled trial involving MDD patients with mixed features, absence of "decreased need for sleep" was found to be significantly associated with improvement in manic and depressive symptoms and to moderate the treatment effect on manic symptoms.
Disclosure of interest I am full time employee of Sunovion pharmaceuticals Inc.

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