EV0404

Specificity in perceived social support in multiple sclerosis patients

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Introduction Social support is one of the functions of social relationships that modify stress. Social supportive resources play important role in helping patients to adjust to the disease. Not much is known about social support in multiple sclerosis patients while it is one of the available interpersonal resources.
Objectives and aims To examine the specificity in perceived social support in multiple sclerosis patients.
Methods The sample were 104 in-patients diagnosed with multiple sclerosis (both men and women; mean age 38, SD = 10). All patients included in this study filled out the 22-item Russian version of the social support questionnaire (F-SOZU-22, G. Sommer, T. Fydrich in 1989, adaptation developed by A. Kholmogorova in 2006). Among them there were patients with relapsing-remitting multiple sclerosis and secondary progressive multiple sclerosis.
Results The entire sample reported the normal level of social support. One can mention that multiple sclerosis patients did not differ in general level of perceived social support from the healthy subjects. The exception was the overall satisfaction of social support, which reflected its statistically higher level in multiple sclerosis patients ($P < 0.05$). Further analysis showed no significant differences in perceived social support in patients associated with gender factor and clinical forms of multiple sclerosis ($P > 0.05$).
Conclusions The perceived social support in multiple sclerosis patients is characterized by normal levels of its emotional and instrumental components and inclusion in the network of close social relationships. However, the patients of both genders do not feel stability of these relations and have a deceased sense of security that can be a significant risk factor for depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0405

Personality disorders and affective temperament in unipolar and bipolar mood disorder

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Introduction Personality disorders (PD) and Affective temperaments (AT) have been considered vulnerability factors for the development of mood disorder (MD).
Objective To study the simultaneous presence of PD and AT in patients with DU and differences between unipolar depression (DD) and bipolar disorder BD.
Methods An observational study was conducted. Patients were administered the Temperament Evaluation of Memphis, Pisa, Paris and San Diego questionnaire (TEMPS-A) for AT and the Structured Clinical Interview for DSM IV Axis II Disorders (SCID-II) for PD. The interrelationships of the different PD and AT were studied by factor analysis (principal component analysis, PCA) (orthogonal rotation, Varimax).
Results Participants were 156 adult patients with MD, 37.1% with DD and 62.9% with BD. DD patients presented with significantly more paranoid PD ($P = 0.009$), depressive ($P = 0.029$), anxious ($P = 0.009$) and irritable temperament ($P = 0.006$) compared to BD. PCA results showed four significant factors, explaining the 63.1% of total variance, corresponding to four potential groups of patients with specific PD and AT associations.
Conclusion The comorbidity between MD and PD and AT may differentiate DD from BD. Specific patterns of comorbidity may be useful as they may substantially influence the course of the mood disorders and how patients respond to treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0406

Depressive disorders: A multidimensional non-drug approach

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In Europe, 25% of the population suffers from one type of depressive disorders each year. When depression is diagnosed, one on two people will actually be given a medication e.g. antidepressant and benzodiazepine (when correlated to anxiety or sleep trouble); the relapse risk is about 50%. This pathology and its chemical treatment affect the individual's health and life balance, e.g. cognitive impairments, family circle and career. Plus, side effects might create dependence, inability to focus or drive, disinhibition leading to suicide attempts. In addition, it also affects society at an economic level.
Comparing prior research, there are many causes to depressive disorders, a fragile balance that allows depression to begin and last. These causes include psychological factors (personal history, loss, trauma) biological factors (genetic predisposition, neurochemical dysregulation, bacteria) and environment (stress, social interaction, family circle, physical environment). Due to their multiple causes and maintenance factors, we consider depressive disorders in a multidimensional clinic through non-drug approach treatment and prevention. In severe depressive disorders and resistant depression EMDR therapy has shown effective results. Taking in account the high chance of relapses (50%), we highlight regular physical activity as a prevention factor that diminishes relapses chances compared to medication. Furthermore, meditation practice impacts cerebral plasticity. Finally, an environmental approach through luminotherapy (increase serotonin precursor) or nutritherapy (bacterium balance) helps healing and prevents relapses. These therapies can be easily adapted to any population and institutional context.
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EV0407

Frequency of depressive disorders in a representative sample of Nicosia, Cyprus

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Introduction "Health Profile" of Nicosia was conducted in 2013–2014, within the framework of the program "Healthy Cities"

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in order to collect and analyse information on the state of health and health-related behaviors of the citizens of Nicosia in Cyprus.
Aims To estimate the frequency of self-reported depressive disorders and examine burdening as well as factors influencing it.
Methods Based on the 2011 census, a cross-sectional study was carried out on a representative random stratified sample, which was selected to be interviewed, including 477 men and 525 women, from the city area. Participants answered a questionnaire, which required among other items on self-perceived physical and mental health. Participants were also asked the following questions: "Do you have/had in the past depression or/and anxiety?" and "Have you received a medical diagnosis for this disorder?"
Results Approximately 70% of the sample reported they had experienced anxiety and depression (37% moderate and 33% severe episodes). Diagnosed depression was reported by 4%. Severe depressive disorders were more frequently reported by women (41%, $P<0.001$), older aged citizens (70.2%, $P<0.001$) widowed/divorced (45.5%, $P<0.001$), persons with lower family income (< 1000 €, 79.7%, $P<0.001$) and among people with chronic diseases (45.3%, $P<0.001$).
Conclusions The self-reported prevalence of anxiety and depression in the citizens of Nicosia is very high – probably reflecting a negative effect of the economic crisis –, and contrariwise diagnosis of the disorder is rarely provided and consequently therapy rarely offered. Specific population groups, such as women, elderly citizens, patients with chronic diseases are more vulnerable to depressive disorders requiring specialized medical attention.
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EV0408

The onset, course and resolution of depressive symptomatology in chronic hepatitis C patients on pegylated interferon alpha: A 72-week prospective study

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Introduction Treatment with pegylated interferon alpha (PEG-IFN-α) in patients with chronic hepatitis C (CHC) is associated with depressive symptomatology more frequently than other inflammatory diseases treated with PEG-IFN-α.
Objectives To prospectively evaluate the onset, course and resolution of depressive symptomatology in CHC patients treated with PEG-IFN-α.
Methods Hamilton depression rating scale (HAMD) was used to asses depressive symptoms in 103 subjects with CHC prior to initiation of PEG-IFN-α (mean dose 152.6 ± 25.6 mcg; duration of therapy 48 weeks) and at the follow-up visits (4th, 12th, 24th, 48th and 72th week). Control group consisted of 103 CHC subjects, without PEG-IFN-α.
Results Our results showed a significant increase in HAMD scores as early as in the 4th week of PEG-IFN-a therapy compared to HAMD scores prior to initiation of PEG-IFN-α (38.8% vs. 24.3%). The peak of depressive symptomatology was evidenced in the 12th week (mean HAMD 9.34 ± 6.93), when almost 50% of patients had HAMD above 7. At the end of the treatment (48th week), 38.8% had HAMD above 7, and in the 72nd week (24 weeks after the therapy completion) prevalence of depression was decreased to the values lower than at baseline (23.3% vs. 24.3%). No change in prevalence of depression was detected in control group.
Conclusion Our results are important because they show the overall course of depressive symptomatology during the interferon therapy. These data also show spontaneously resolution of depression 6 months after the completion of PEG-IFN-α. This study is the longest study in this area.
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EV0409

Presence of somatic symptoms (especially pain) in patients with depresive disorder and its impact on quality of life, and possible involvement with anhedonia

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Depressive Disorder, according to WHO will be one of the most disabling causes in the world. Depression includes psychological and somatic symptoms, like anhedonia or pain, and both have a bidirectional relationship, so that the presence and severity of one of them directly affects the other one, and both leads to a disruption in quality of life and increase health resources. The relationship between major depression and chronic pain has been widely investigated but few studies have focused on other depressive spectrum disorders, and never the possible relationship between pain and anhedonia in DD. Our aim is to analyse the presence of somatic symptoms (especially pain) in patients with DD and its impact on quality of life, and involvement with anhedonia. We analysed the correlation between the scores of the HADS, SSI-28, SHAPS and SF-36 scales. Results showed a significant correlation between SSI-28 and HADS-A($r=0.45$; $P<0.001$), HADS-D($r=0.35$; $P<0.001$) and with 7 of the 8 domains of SF-36: Bodily Pain($r=-0.62$; $P<0.001$), General Health($r=-0.29$; $P=0.003$), Role Physical($r=-0.45$; $P<0.001$) Mental Health($r=-0.34$; $P=0.003$), Vitality($r=-0.403$; $P<0.001$), Social Functioning($r=-0.37$; $P<0.001$). In addition, SHAPS correlates with 6 of the 8 domains of SF-36: PF($r=-0.33$; $P=0.001$), GH($r=-0.27$; $P=0.006$), Vit ($r=-0.41$; $P<0.001$), SF($r=-0.52$; $P<0.001$), RE($r=-0.24$; $P<0.001$) and MH($r=-0.49$; $P<0.001$). The results demonstrate that both anhedonia and somatic symptoms negatively correlate with HRQoL, and that a bidirectional relationship between depression and somatic symptoms is clearly proven, which means that depression may be related with the presence of somatic symptoms, especially pain, and also somatic symptoms lead to an increase of depressive symptoms. This could impact on the diagnosis and treatment of depressed patients with somatic symptoms and anhedonia.