

**Results** Data collection is ongoing. According to Literature we expect to find a significant number of MDD patients on Vortioxetine to achieve a reduction in depressive symptoms from baseline, to report poor adverse events and to increase their cognitive performance.

**Conclusion** As shown by recent literature, Vortioxetine might be an effective option in treating MDD with particular focus on cognitive dysfunction.

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

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#### EV0420

### Depression and loneliness did not affect academic achievement among university students

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**Background** Many students experience symptoms of loneliness, either as a result of the new academic situation or due to the lack of social skills, which results in an inability to actively participate in community activities and socialization. Depression is another common problem that impacts students' ability to perform life activities. Further, while intuitively a negative association between loneliness, depression and academic achievement is assumed, consistent data are missing. Accordingly, the present study investigated the relationship between depression, and loneliness and academic achievement among undergraduate students.

**Method** This study was carried out on 240 university students (mean age: M=23.42 years), who completed the Beck Depression Inventory and the UCLA Loneliness Scale, while for academic achievement the average marks were used.

**Result** Increased age was associated with lower scores in loneliness and depression, and higher achievements. Higher scores of depression and loneliness were associated. Achievement scores were unrelated to loneliness and depression.

**Conclusions** Against intuitive expectations, academic achievement was unrelated to symptoms of depression and loneliness. Accordingly, we assume that academic achievement seemed to be related to further cognitive and emotional processes such as motivation, mental toughness, stress resistance, and goal oriented behavior.

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#### EV0421

### An item response theory based analysis of the Hamilton depression rating scale-an Indian perspective

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**Introduction** Hamilton Depression Rating Scale (HAMD) remains the most widely used outcome measure though many consider the scale to have many defects.

**Objectives** To use IRT analysis to identify HDRS items which are problematic in terms of IRT parameters, thus suggest changes to the scale.

**Methods** Patients attending psychiatric OPD meeting DSM-5 criteria for unipolar depression were selected for the study. Patients were between 18–65 years of age, had no major medical problems and were not on any medicines at present. 17 item HDRS was administered using the anchors developed by William Guy as part of the ECDEU NIMH Collaborative Study To determine the relationship between scores on the individual HAMD items and overall depressive severity in an outpatient population Option Characteristic Curve (OCC) which is a graphical representation of the probability of endorsing the different options for a given item across the range of depressive severity) and Item Characteristic Curve (ICC) which is a graphical representation of the mean item score (expected value) and confidence interval as a function of depressive severity was used.

**Results** Results showed that Items Depressed Mood, Work and Activities show good relationship between item responses and overall depressive severity. Items Hypochondriasis, somatic symptoms general and retardation appeared to be more problematic with regard to their ability to discriminate over the full range of depression severity.

**Conclusions** Further studies are needed to critically review one of the most commonly used scale for one of the commonest malady of humans.

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#### EV0422

### Folate and pyridoxine to ssri in major depression and residual cognitive Decline

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**Introduction** Depressive disorders are very common conditions, lifetime risk for experiencing major depression is approximately 15%.

**Objective** Patients with major depression having an insufficient response to SSRI may benefit from addition of methylfolate and pyridoxine.

**Aim** The aim of our study was to determine the effect of folate and pyridoxine augmentation to SSRI on emotional, physical and cognitive symptoms in major depression.

**Methods** Eighteen patients with MDD were enrolled, were on citalopram 20 mg/day when folate/15 mg per day/and pyridoxine/40 mg per day/were added. They have been monitored for three months using standard scales for depression and assessment by interview.

**Results** After three months of using folate and pyridoxine to SSRI there was a significant improvement in depression as measured by the scales. In 8 patients were recorded improvements of 30–50%. The most prominent changes were in cognitive sphere of depression such as attention, reasoning and problem solving, working memory and speed of processing.

**Conclusion** Low levels of folate and pyridoxine have been associated with the presence of depression and residual poor cognitive function. Our study confirms that folate and pyridoxine as adjunctive therapy to SSRI-partially refractory major depression is useful in particular to issues of residual cognitive interference conditions such as impaired concentration and memory, slow mentation, attention/vigilance, problem solving, working memory and speed of processing.

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#### EV0423

### Clinical and neurocognitive characteristics associated with treatment-resistant depression

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**Introduction** Treatment resistant depression (TRD) is a disabling condition associated with a relevant psychosocial impairment worldwide.

**Objectives** This exploratory study is aimed to evaluate the main clinical and neurocognitive characteristics in a sample of 21 subjects admitted to the Psychiatric Clinic of University of Genoa as inpatients between 2015 and 2016 and diagnosed with TRD according to Thase and Rush staging method.

**Methods** Patients have been assessed using the Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale, and Clinical Global Impression (CGI). The Continuous Performance Test (CPT), Trial Making Test (TMT-A/B), Stroop Color Word Interference Test, Verbal Fluency Test, and Rey auditory-verbal learning test (RAVLT) have been administered as well.

**Results** Subjects with early-onset (<50 years) depression had a longer illness duration, higher depressive episodes and more impaired performance at RAVLT while individuals with late-onset (>50 years) depression showed a higher severity of depressive symptoms and more anxiety symptoms. Depressive symptoms were positively associated with anxiety ( $r=0.82$ ;  $P=0.00$ ) and negatively with TMT-A/B ( $r=-0.56$ ,  $P=0.01$ ), Stroop Color Word Interference Test ( $r=-0.72$ ,  $P=0.005$  and  $r=-0.616$ ,  $P=0.008$ ), and RAVLT ( $r=-0.60$ ;  $P=0.02$ ) performances. According to regression analyses, anxiety symptoms were the only significant predictor of depression severity ( $P=0.02$ ).

**Conclusions** Early-onset depression is associated with more disability and worse neurocognitive performance whereas late-onset depression is linked to more anxiety symptoms and more depressive symptoms severity. Clinicians should closely monitor patients with TRD for the presence of anxiety symptoms that may represent a significant risk factor of poorer long-term outcome.

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

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#### EV0424

### Chronic benzodiazepine use in aged patients with depressive disorder

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**Objective** To identify predictive variables of chronic benzodiazepine use among elderly patients with depressive disorder.

**Methods** This was a cross-sectional, descriptive and analytical study, including 41 patients suffering from depressive disorders, aged 65 years or more, treated with benzodiazepine (BZD) and

followed-up in outpatient psychiatry unit at Hedi Chaker university hospital in Sfax in Tunisia. We used a standardized questionnaire including socio-demographic and clinical data. Chronic BZD use was defined as BZD availability at least 50% of the days between day 181 and day 365 following initiation.

**Results** The average age of patients was  $69.29 \pm 5.7$  years. The sex ratio (M/F) was 0.5. The majority of them were married (78%), unemployed (82.9%) and living in urban area (61%). They had at most a primary degree (90.2%) and a low socioeconomic level (63.4%). The average time of BZD consumption was 4 years and 5 months.

The prevalence of chronic BZD use in our sample was 56.1%. Duration of benzodiazepine use was greater than 1 year for all chronic BZD users. The mean dose of Benzodiazepine (Lorazepam) consumed was  $3.87 \pm 2.8$  mg per day. Chronic BZD use was correlated with low socioeconomic level (86.3% vs 36.8%;  $P=0.000$ ), psychiatric comorbidity (72.7% vs 26.3%;  $P=0.004$ ) and recent hospitalization (59% vs 15.7%;  $P=0.023$ ).

**Conclusion** There is a high prevalence of chronic BZD use in our study. For the 65 years and older patients with depressive disorder, significant predictors of chronic BZD use were low socioeconomic level, psychiatric comorbidity and recent hospitalization.

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

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#### EV0425

### Views of relatives and friends about the person who is having first episode of depression

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**Introduction** Major depressive episode is having highest lifetime prevalence almost about 18% of all psychiatric disorder. W.H.O has ranked depression the 4th leading cause of disability worldwide and projects that it will be 2nd leading cause of disability by 2020. a number of consistent socio demographic correlates have also been found across countries. Here I am going to give a glimpse of MDD i.e. Depression excluding Bipolar Depression. Although It is the commonest psychiatric disorder, but attitude views about disease is very unscientific and biased.

**Objective** Objective of this study was to know the views of relatives and friends about Depression, and acceptance of scientific view about depression.

**Aims** As various survey reports are projecting that Depression will be the 2nd commonest cause of disability by 2020. So to create an awareness about depression and its modalities of successful treatments.

**Method** In this study, 96 patients were selected who had first episode of MDD without any discrimination of male and female. Their relatives and friends were categorized by their socioeconomic status. All of them were put on open questions regarding the disease.

**Results** Amongst them 10% were from upper socioeconomic status, 68% were from middle socioeconomic status and 22% were from lower socioeconomic status. Only 36% accepted depression as a disease, 45.8% suggested to change behavior and thought to get rid off disease; 8.2% believed the disease is due to devils spirit; 20.1% had no comments.

**Conclusion** After explaining the disease psycho and pharmacopathology and showing the results of medicines 91.3% accepted it as a disease entity, 4.2% still in favor of devils spirit and 4.5% had no comments.

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