Conclusions: Major depressive disorder was associated with vitamin D deficiency but no statistical significant correlation could be established neither between levels of vitamin D and severity of depression nor between levels of vitamin D and cognitive dysfunction. Vitamin D level was statistically correlated with decreased concentration, decreased libido and menstrual disturbances.

Disclosure: No significant relationships.

EPV0601

Probiotics as a therapeutic strategy in Major Depressive Disorder

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Introduction: Major depressive disorder is a prevalent disease, in which one third of sufferers do not respond to antidepressants. Disturbance in the equilibrium of the gut microbiota has been involved in the pathophysiology of depression. Probiotics have the potential to be well-tolerated and cost-efficient treatment options. However, there is not enough evidence of the impact of probiotics in patients suffering MDD.

Objectives: The main aim of this revision is to assess those clinical trials that evaluate the effects of probiotic treatment in patients with MDD.

Methods: A research on the database PubMed has been done with the terms "probiotics" AND "MDD" and then a systematic review has been performed between those articles meeting the inclusion criteria.

Results: Most of the articles show an improvement of the depressive symptoms in outpatients with mild to moderate TDM after 8 week treatment with probiotics added to the treatment as usual. Those articles assessing inpatients with severe MDD after four weeks of treatment with probiotics added to their usual treatment didn't find statistical differences between treatment with probiotics from placebo.

Conclusions: Probiotics may be useful in mild to moderate symptoms of MDD after 8 weeks treatment added to usual treatment. Nevertheless, further investigation in larger samples during more time. Moreover, a new awareness is raised about gut- brain axis pathophysiology, that would lead the path to new investigations about this relation so as the difference in depressed patients microbiome, tryptophan metabolism and the pro- inflammatory compounds that reach the blood-brain barrier because of the "leaky-gut".

Disclosure: No significant relationships.
Keywords: major depressive disorder; probiotics; Treatment; gut microbioma

EPV0602

The characteristics of bipolar dipression

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Introduction: The National Institute of Mental Health describe the main symptoms of bipolar disorder as alternating episodes of high and low mood. Changes in energy levels, sleep patterns, ability to focus, and other features can dramatically impact a person's behavior, work, relationships, and other aspects of life. Most people experience mood changes at some time, but those related to bipolar disorder are more intense than regular mood changes, and other symptoms can occur. Some people experience psychosis, which can include delusions, hallucinations, and paranoia.

Objectives: Through this research we aimed to identify all the special features of bipolar depression which will help the clinical psychiatrists in easier diagnosis and management of the disorder.

Methods: Literature review (PubMed)

Results: Clinical Characteristics in Favour of Bipolarity in Depression: psychomotor retardation, history of psychotic depression,history of psychotic depression shortly after giving childbirth, frequent catatonic symptoms, atypical depressive features, severe impairment in interpersonal relationships, inconsistency in business life, history of hypomania, mania or mixed episode,common feeling of numbness and anhedonia; less common sadness and feelings of guilt, mood instability, volatility in temperament, frequent change in affect, daydreaming during the episode and daily life, short duration of depression <3 months, poor cognitive functions during depressive episode, generally similar symptom severity during the day and night etc.

Conclusions: This leads to misdiagnosis of bipolar depression as unipolar depression, which in turn leads to delayed correct diagnosis and treatment and may severely affect the patient's entire life.

Disclosure: No significant relationships.
Keywords: characteristics; bipolar dipression

EPV0605

Treatment-Resistant Depression – What is the Effective Maintenance Treatment

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Introduction: Treatment-resistant depression (TRD) presents a significant challenge in clinical practice. Besides antidepressant medications, neurostimulation methods (ECT, rTMS) and ketamine are viable treatment options.

Objectives: To objectively evaluate the real effectiveness of treatments within interventional psychiatry in the maintenance treatment.

Methods: The extensive literature review of the efficacy of ECT, rTMS, and ketamine treatment in the maintenance treatment of TRD and the author's clinical and research experience will be included in this presentation.

Results: Neurostimulation, particularly ECT and ketamine treatment are usually effective treatments for patients with TRD. However, both of these treatment modalities do not have sustained benefits and after discontinuing treatment the majority of patients relapse. Ketamine has rapid therapeutic effects in depression, but these effects are short-lived. Continuation treatment with ketamine

in the form of intranasal ketamine is an option, but concerns over cognitive impairment, interstitial cystitis and significant addictive potential related to longer use of ketamine are significant limiting factors. rTMS is a first-line treatment option for patients with TRD according to the Canadian CANMAT guidelines. However, the majority of patients may relapse following the course of rTMS. The maintenance rTMS over an extended period of time is usually not feasible as it may significantly affect the waiting time for newly referred patients. Portable TMS machine for home use would be an alternative option for a limited number of patients.

Conclusions: Maintenance treatment has been always a big clinical challenge in mood disorder psychiatry. Only well-established multimodal treatment is a realistic option for getting long-term benefits in treating patients with TRD.

Disclosure: No significant relationships.
Keywords: treatment resistant depression; ECT; rTMS; ketamine

EPV0606

The effect of Working Alliance on drug attitude in patients with Major Depressive Disorder

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Introduction: Working Alliance is defined as the emotional bond and the agreement on therapeutic goals and tasks between patients and therapists. Despite the wide use of the construct of working alliance in research on psychotherapy, few studies have investigated the role of working alliance in influencing adherence to pharmacotherapy, and drug attitude. A deeper knowledge of the interplay between working alliance and drug attitude could help to challenge low adherence to psychopharmacological treatments in Major Depressive Disorder.

Objectives: This study aimed to investigate the relationship between working alliance and drug attitude in patients with Major Depressive Disorder.

Methods: 27 patients admitted in the Psychiatric Unit of Careggi with diagnosis of Major Depressive Disorders were enrolled. Working Alliance Inventory - patient version (WAI-P), Drug Attitude Inventory (DAI) and Beliefs about Medicines (BMQ) were administered. Pearson's correlation was used to assess relationships between variables.

Results: A significant positive correlation was detected between BMQ total scores, DAI total scores and WAI-P task, bond, and goal subscales.

Correlations between WAI-P subscales and BMQ and DAI total scores				
	DAI total scores		BMQ total scores	
	r	p	r	p
WAI-P task	0.551	**0.003**	0.613	**0.001**
WAI-P bond	0.430	**0.001**	0.560	**0.004**
WAI-P goal	0.621	**0.001**	0.603	**0.002**

Conclusions: Such preliminary data suggest a relationship between Working Alliance and drug attitude. This could contribute to provide tools to challenge low adherence to psychopharmacological treatments in patients with Major Depressive Disorder.

Disclosure: No significant relationships.
Keywords: Working Alliance; Drug attitude; beliefs about medicines; major depressive disorder

EPV0607

Different phenotypic assessment of depression prevalence in Russian population: DSM-criteria vs HADS

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Introduction: Because of different phenotypic approaches, data on depression prevalence is variable and controversial.

Objectives: The aim was to evaluate the prevalence of different depressive phenotypes in the Russian population (DSM criteria based self-report vs HADS questionnaire).

Methods: The data was from the on-line survey of 5116 clients of Genotek Ltd. (males - 50,63%; age - Me=35 (Q1-30;Q3-42)). The survey included questions on sex, age; sel-report adapted major depression DSM-V criteria questionnaire and depression subscale of Hospital Anxiety and Depression Scale.

Results: DSM Major depression phenotype was detected with moderately-high prevalence - 17,67% (N=904). The DSM depression phenotype was more prevalent in women (22,72%) compared to men (12,74%, p<0,001) and in younger individuals (10,18%, p<0,001) compared to older ones (6,16%). HADS-D clinical depression phenotype (score>11) was less prevalent (3,4%) with no significant differences for sex and age. However, the prevalence increased with HADS-D subclinical scores (>8) - 14,97%. HADS-D scores were higher in DSM-depression phenotype individuals compared to ones without DSM phenotype (5,822(3,221) vs. 3,893 (2,437), p< 0,001).

Conclusions: Our results showed variable prevalence of depression with different phenotypic approaches. The differences could be associated with the clinical severity of the symptoms and the lifetime evaluation in DSM compared to only current symptoms for HADS. Further research is needed to understand the factors affecting the phenotyping approaches and providing the most effective and valid instrument for depression prevalence evaluation. Research is supported by an RSF grant №20-15-00132.

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Keywords: Depression; phenotyping; HADS; Epidemiology