

ance and correctly classified 86.9%; the odds ratio (OR) was 865 (95% CI 0.834–0.898; $P < 0.001$). The model composed by the correlated dimensions explained 15.9%–24.0% and correctly classified 80.6%. Odds ratios: SK = 0.017; SJ = 0.021; isolation = 16.027; mindfulness = 0.167 and OI = 20.178 (all $P < 0.05$).

Conclusions Self-compassion, specifically the ability to treat oneself with care and understanding and to be aware and accepting one's present-moment experiences, decrease the probability of having LTHD.

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EV521

Interictal depressive disorders in epilepsy patients

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Introduction Depression is recognized as more frequent psychiatric disorder in epilepsy patients with significant impact on their health-related quality of life.

Aims To analyze the occurrence and clinical particularities of different types of interictal depression in epilepsy patients.

Methods One hundred and fourteen epilepsy patients with interictal depression were assessed with a clinical interview and Hamilton depression and anxiety rating scales. Diagnostic criteria of ICD-10 and of the International League Against Epilepsy (ILAE) were used.

Results A total of 45.6% of patients met ILAE criteria of interictal dysphoric disorder (IDD) with predominance of depressive mood, irritability, fear and atypical pain. All patients had chronic epilepsy with specific epileptic personality changes. Comorbid adjustment disorders (depressive and anxious-depressive reactions) were diagnosed in 27.2% of patients. The most frequent trigger situations were: family problems, serious illness, unemployment, financial difficulties. In more than half of patients were registered specific personality changes whose severity was in inverse ratio with trauma severity. A total of 18.4% of patients met criteria of comorbid affective disorder (depressive and bipolar) with some specific clinical traits due to personality changes. In 8.8% of patients, anticonvulsant-induced depression was observed; it was clinically simple, resolved after offending medication withdrawal.

Conclusions Observed depressive disorders were heterogeneous: comorbid or attributed to epilepsy or its treatment. The most frequent condition was IDD. Specific personality changes may contribute to higher susceptibility and development of psychogenic depression. We emphasize the importance of treatment history (possibility of anticonvulsant-induced depression).

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EV522

Regulation of serum spadin propeptide: An antidepressant response probe

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Objectives We previously discovered that spadin, a short analogue of the propeptide (PE) released from the maturation of sortilin, displays potent antidepressant properties. Since the PE level can be measured in the blood, we aimed to investigate how the PE serum concentration is regulated in mice. We wondered whether the PE serum levels vary between healthy subjects and patients with major depressive disorder (MDD).

Methods We developed a dosing method based on the AlphaScreen™ technology (Perkin) which allow to selectively detect both PE, spadin and metabolic products from these peptides with a detection range of 1 ng/mL.

Results We found that insulin significantly up-regulated serum PE concentration from 26.15 ± 2.63 to 41.43 ± 6.27 nM ($P = 0.0318$). Analysis during circadian cycle in mice revealed that the amount of PE and its derivatives significantly varied during the cycle being higher during the period of maximal activity (dark period). We also measured serum insulin concentration between 1 and 7 pm and observed a significant rise confirming the relationships between insulin and PE concentration. We showed that the serum level of PE is lower in depressive patients than in healthy non-psychiatric. We observed that the weaker level of PE in depressive patients can recover the level of healthy subjects after a chronic antidepressant treatment.

Conclusions Dosing the serum level of PE could be a promising approach for the diagnosis of depression and to determine the remission of the disease.

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

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EV523

Treatment of mild to moderate major depressive disorder with agomelatine in patients with cardiovascular disorders (national observational multicenter study “pulse”)

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Introduction The urgency of depression treatment in patients with cardiovascular diseases (CVD) is determined by the increasing prevalence of affective disorders. For these patients, tolerance and safety of antidepressants are of great importance.

Objective To obtain additional data on therapeutic efficacy and tolerance of agomelatine in the treatment of mild to moderate depressive disorders in cardiologic practice in Russia.

Methods Eight hundred and ninety-six adult patients with CVD (86.5% arterial hypertension, 29.5% stable angina, 16% myocardial infarction, 23.6% conduction disturbances, 17.6% chronic heart-failure) were treated with agomelatine 25-50 mg for 12 weeks. Depression and anxiety symptoms were evaluated via Hospital Anxiety and Depression Scale (HADS), Clinical Global Impression (CGI-S and CGI-I), Visual Analog Scale (VAS), Spielberger Anxiety Scale (SAS), Whitely Hypochondria Index (WHI) and quality of life questionnaire (SF-36). Safety and tolerance were also monitored according to the summary of product characteristics recommendations.

Results HADS scores decreased throughout the study and severe anxiety rate decreased from 95.9% to 15%. After 12 weeks of treatment, remission (HADS < 7) rate was 84.6%. Subjective assessment of patient health significantly improved ($P < 0.00001$). WHI decreased significantly ($P < 0.00001$). Physical and mental health significantly improved ($P < 0.00001$). Heart rate and blood pressure decreased. Treatment acceptability was considered “excellent” by 82% of doctors and 75% of patients.

Conclusion Agomelatine significantly improved depressive symptoms, anxiety and hypochondria in depressed patients with CVD and demonstrated good tolerance. This suggests the possibil-