Introduction Comorbidity between alcoholism and depression has long been acknowledged, and the possibility that similar brain mechanisms, involving both serotonergic (5-HT) and noradrenergic systems (NE), underlie both pathologies has been suggested. Thus, inhibitors of NE and 5HT uptake have been proposed for the treatment of alcoholism, as they have shown to reduce alcohol intake in various animal models. However, most of the studies mentioned were carried out acutely and there is a lack of knowledge of the possible long-term effects. Clinical studies report an overall low efficacy of antidepressant treatment on alcohol consumption, or even a worsened prognosis. In addition, several cases of alcohol dependence following antidepressant treatment have been reported in the literature.
Objectives We aimed at comparing the acute and chronic effects of the treatment with the antidepressant drug reboxetine on alcohol consumption.
Methods We used a rat model of alcohol self-administration, and two different schedules of reboxetine administration (acute and chronic).
Results Our results confirm the acute suppressant effects of reboxetine on alcohol consumption but indicate that, when this drug is administered chronically in a period of abstinence from alcohol, it can significantly increase the rate of alcohol self-administration.
Conclusions These results are important for the understanding of the clinical reports describing cases of increased alcohol consumption after antidepressant treatment, and suggest that much more research is needed to fully understand the long term effects of antidepressants, which remain the most widely prescribed class of drugs.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV499

Relationship between drug dreams, affect, mood disorders and lucid awakening in psychotic patients on a treatment

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Introduction This experimental trial aims to describe the experiences felt by a group of patients diagnosed with different psychotic disorders (schizophrenia, delusional chronic disorder, etc.) in which the use of Benzodiazepine derivatives were related to emergence of lucid dreaming and dissociative events (to see oneself out of your one body, etc.), and to a lesser extent had subsequent depressive symptoms. Fifty-six patients were monitored and linked to the emergence of depressive symptoms related to the use of Benzodiazepines or sedative-hypnotic. While on this treatment, they had vivid or lucid dreaming.
Aims-objectives To explore the relationship between occurrence of drug dreams (DDs) and daytime negative affect with lucid awakening during the course of a 9-week treatment.
Methods Using the dream journal methodology, 56 participants reported occurrence of dreams, dream content, and ratings of affect. The relationships between the experience of DD, dream content ("active" vs "passive"), and affect were analysed using mixed model methods.
Results The experience of DD was associated with higher levels of negative affect ($P < 0.001$). The occurrence of DD did not decrease significantly over the 9 weeks of the study. Benzodiazepine users reported a higher occurrence of Lucid Awakening ($P < 0.05$) than the other drug groups (zolpidem and clometiazol).
Conclusions These results are consistent with the hypothesis that DD can act as drug-conditioned stimuli to elevate negative affect. Although correlational, such findings support the implementation of psychological and pharmacological interventions aimed at minimizing the impact of DD on patients with lucid awakening and psychosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV500

The sunshine induced placebo effect in major depressive disorder patients exhibits gender differences

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Rationale Sunshine increases placebo effect in major depressive disorder (MDD) patients (Gailledreau et al., 2015). Kokras et al. (2014) showed that sunshine induces different responses in female than male mice in preclinical models of depression.
Objective To determine whetehr the sunshine induced placebo effect exhibits gender differences in human.
Materiel and methods Data from 9 double-blind, randomized, placebo-controlled studies of antidepressants conducted by the French GICIPI network were reviewed. MADRS (5) or HAM-D 17 (4) were used as the main efficacy tool. For each patient, variation of scores (Delta MADRS/Delta HAM-D) between two consecutive visits were correlated with the average sunshine index observed at noon between these visits. Sunshine indexes were provided by Météo-France. Correlations were computed with Microsoft Excel.
Results Analysis of both genders ($n = 52$) showed no statistically significant (NS) correlation ($r^2 = 0.0064$) between sunshine and score variations. Analysis of males (n = 8) failed to demonstrate any significant correlation in cloudy (< 1000 Joules/cm^2), variable (1000–2000 Joules/cm^2) or sunny (> 2000 Joules/cm^2) weather. Analysis of females ($n = 44$) showed NS correlation as well for cloudy or variable weather ($r^2 = 0.0016$), but a strong correlation was observed for females exposed to sunny weather: $r^2 = 0,315$, $n = 20$, $P < 0.01$. This correlation was even stronger in the subpopulation of females aged less than 50 years: $r^2 = 0.6398$, $n = 12$, $P < 0.001$.
Discussion The hypothesis underlying this correlation between sunshine index and variations of MADRS/HAMD scales will be discussed.
Conclusion Sunshine increases placebo effect in female patients aged less than 50. This insufficiently known effect may be responsible for failure of a number of double-blind, randomized, studies of antidepressant compounds.

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EV501

Depressive symptomatology and learning: Does intermediate testing or restudying the information determine long-term memory retrieval of novel symbols?

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Introduction There is a hypothesis in cognitive psychology that long-term memory retrieval is improved by intermediate testing than by restudying the information. The effect of testing has been investigated with the use of a variety of stimuli. However, almost all testing effect studies to date have used purely verbal materials such as word pairs, facts and prose passages.
Objective Here byzantine music symbol–word pairs were used as to-be-learned materials to demonstrate the generalisability of the testing effect to symbol learning in participants with and without depressive symptoms.
Method Fifty healthy (24 women, M age = 26.20, SD = 5.64) and forty volunteers with high depressive symptomatology (20 women, M age = 27.00, SD = 1.04) were examined. The participants did not have a music education. The examination material was completely new for them: 16 byzantine music notation stimuli, paired with a verbal label (the ancient Greek name of the symbol). Half of the participants underwent intermediate testing and the others restudied the information in a balanced design.
Results Results indicated that there were no statistically significant differences in final memory test performance after a retention interval of 5 minutes for both groups of participants with low and high level depressive symptomatology ($P > 0.005$). After a retention interval of a week, tested pairs were retained better than repeatedly studied pairs for high and low depressive symptomatology groups ($P < 0.005$).
Conclusions This research suggests that the effect of testing time on later memory retrieval can also be obtained in byzantine symbol learning.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV504

Antidepressant efficacy and tolerance of agomelatine in daily practice in Switzerland

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Introduction The antidepressant efficacy and tolerance of agomelatine, MT1/MT_2 agonist and 5-HT_{2C} antagonist, has been proven in clinical trials. Non interventional studies give the opportunity to evaluate these properties in real life.
Objective To evaluate the efficacy and tolerance of agomelatine in depressed outpatients in Switzerland.
Methods Non-interventional study in 934 depressed (51.2% severely) patients given 25–50 mg agomelatine for 12 and 24 weeks. Main endpoints were change in MADRS score, and response (≥50% reduction in total score) and remission (MADRS ≤12) rates. CGI was also assessed. Reported adverse drug reactions, sexual dysfunction, and weight changes were recorded. Liver function tests were performed according to the summary of product characteristics.
Results MADRS total score decreased significantly ($P < 0.0001$) from baseline (29.5 ± 8.9) to weeks 12 (12.8 ± 9.6) and 24 (9.7 ± 8.6). Responder rate was 66.8% and 78.3% and remission rate 54.2% and 70.2% at weeks 12 and 24, respectively. Results corroborated by CGI scores, were similar for severely depressed patients. Early improvers (MADRS ≥ 20% reduction after 2 weeks; 461 patients) had the highest responder and remission rates. Agomelatine was well tolerated and no relevant weight changes or deleterious sexual function was reported. Ten patients had ALT/AST>3ULN, thereof 2 without baseline and one with elevated baseline. Most physicians rated the efficacy and tolerance of agomelatine as "good or very good".
Conclusion Long-term agomelatine treatment improved mood symptoms of depressed patients with high levels of response and remission and a favorable tolerance profile.
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EV505

Relation between major depressive disorder as regards severity in a sample of Egyptian population and serum level of tumor necrosis factor alpha

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Introduction Depression is a life threatening psychiatric disorder. STAR-D study stated that remission rates decrease, and relapse rates increase. It produces chronic diseases and worsens mean health when co-morbid with these diseases. The depressive symptoms in humans are analogous to the 'sickness behavior' syndrome seen in animals when injected by pro-inflammatory cytokines.
Objective This study was done to clarify the relation between the severity of depression and serum level of tumor necrosis factor alpha (TNF), so improving the quality of pharmacological management.
Aim This study was done to prove that inflammatory process is involved in the pathogenesis of depression by assessing the serum level tumor necrosis factor alpha (TNF alpha)
Methods Our study is comparing between 60 patients with major depressive disorder and 30 healthy controls regarding the serum level of tumor necrosis factor alpha. Patients were diagnosed by a semi-structured interview using Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Patients were subdivided into mild, moderate and severe depression according to Hamilton Rating Scale for Depression (17 items). Assessment of serum level of tumor necrosis factor alpha was done using enzyme- linked immunoassay technique.
Results Serum level of TNF alpha was significantly higher among patients than among controls ($Z = 4.710^{*}$ $P \leq 0.001^{*}$) regardless the severity of depression.
Conclusions Serum TNF alpha can be used as a biomarker of depression but not for the disorder severity. However, further study is needed to detect if there is a relation between major depressive disorder and serum level of other inflammatory markers as C-reactive protein.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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