

**Methods** Participants were 19 community-dwelling older adults with StD assessed by the Center for Epidemiologic Studies Depression scale (CES-D) scores. We collected magnetic resonance images of their brain compared to images of 18 healthy aged-matched adults. We used SPM to analyze differences in brain activations in emotional interference processing between the two groups.

**Results** Results showed that elderly individuals with StD have stronger activation in DLPFC, ACC, default mode network (DMN) and visual extrastriate cortex compared to healthy controls. Furthermore, the brain activations of the DLPFC, DMN and visual extrastriate cortex were significantly associated with participants' behavioral interference effect in StD.

**Conclusions** Stronger brain activation in DLPFC, ACC, DMN and extrastriate cortex in old adults with StD suggests that the working efficiency of their brain is quite low and their cognitive control is impaired to some extent.

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

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### EV0393

#### Clinico-psychopathological features of the resistant depression

S. Lukmonov\*, N. Yadgarova

Tashkent Medical Academy, Psychiatry and Narcology, Tashkent, Uzbekistan

\* Corresponding author.

**Objective** To study the clinical - psychopathological characteristics of patients with resistant depression.

**Materials and methods** We examined 96 patients aged 18–48 years (mean age  $34.70 \pm 1.0$  years). The investigated patients were divided into two groups: 1st -TRD with positive affectivity - 59 (61.4%); 2nd - curable depression - 37 (38.6%). Selection of patients was made according to following criteria: ICD - 10: (F31) - bipolar disorder; (F32) - depressive episode; (F33) - recurrent depressive disorder.

**Results** In group 1 patients received amitriptyline (TCA) - 50 mg - 2 times/day in one of 2 consecutive courses (within 6 weeks) and they showed no clinical benefit. In group 2 patients received amitriptyline - 50 mg 2 times/day for 2 consecutive courses. When analyzing the number of depressive episodes the statistically greater number was observed 1–3 episodes in group 2 - in 45.9% of patients than in group 1 - 16.9%, predominant 5–8 episodes - in 44.1% of patients in group 1, than in group 2 - 13.5%. Remissions, observed in group 2, were characterized by longer duration and have a higher quality than in patients of group 1.

**Conclusion** The highest correlation dependence showed such factors as: frequency of depressive episodes, duration of episode 1, severity of depressive episode 1, quality of remission after depressive episode 1, number of responders at early stages of antidepressant therapy of I-st attack.

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### EV0394

#### Comparison of behavioral activation therapy and treatment as usual among depressed patients in secondary psychiatric care

K. Luoto<sup>1,2,\*</sup>, A. Koivukangas<sup>1,2</sup>, A. Lassila<sup>2</sup>, E. Leinonen<sup>1</sup>, O. Kampman<sup>1,2</sup>

<sup>1</sup> University of Tampere, Psychiatry, Tampere, Finland

<sup>2</sup> The Hospital District of South Ostrobothnia, Psychiatry, Seinäjoki, Finland

\* Corresponding author.

**Introduction** Evidence-based brief therapies are needed to reduce a marked heterogeneity affecting treatment of depression within the public psychiatric care. They should be easy to implement and use for a large group of patients.

**Objectives** To develop and implement an effective brief treatment protocol for depressed patients treated in public psychiatric secondary care.

**Aim** To explore and compare the outcome of depressed patients receiving either behavioral activation therapy (BA) or treatment as usual (TAU).

**Methods** Two hundred and forty two depressive patients referred to adult public secondary psychiatric care formed the BA treated study group. The TAU treated control group ( $n = 205$ ) was collected from the hospital districts database and matched by the hospitalization rate, Alcohol Use Disorders Identification Test (AUDIT) and Beck Depression Inventory (BDI). All patients received anti-depressive medications. In the study group, Montgomery–Åsberg Depression Rating Scale (MADRS) was conducted four times within 24 months follow-up. In both groups, the ability of functioning was controlled by Global Assessment of Functioning scale (GAF).

**Results** In the study group, depressive symptoms alleviated systematically and significantly during follow-up (Table 1). The improvement in GAF scores was significantly better in the study group throughout the follow-up (Table 1).

**Conclusions** BA can be implemented and used effectively for depressive patients in public psychiatric secondary care. BA is superior to TAU in terms of functional recovery.

Table 1

	Follow-up (months from baseline)	Group	N	Mean	SD	p	Effect Size
ΔMADRS <sup>1</sup>	6	study	156	9.9	9.8	<0.001	1.02 <sup>3</sup>
	12	study	135	13.0	9.3	<0.001	1.39 <sup>3</sup>
	24	study	95	14.5	8.1	<0.001	1.78 <sup>3</sup>
GAF score <sup>2</sup>	0-6	study	167	59.8	11.5	<0.001	0.27 <sup>4</sup>
		control	159	54.1	13.3		
	6-12	study	128	63.9	13.4	<0.001	0.33 <sup>4</sup>
		control	134	56.9	14.7		
	12-24	study	94	66.1	11.9	<0.001	0.48 <sup>4</sup>
		control	98	56.9	15.2		

<sup>1</sup> Mean change (decrease) in Montgomery–Åsberg Depression Rating Scale (MADRS) compared to baseline

<sup>2</sup> Mean score in Global Assessment of Functioning scale (GAF) during the given follow-up period

<sup>3</sup> Within study group compared to baseline

<sup>4</sup> Between groups

<sup>1</sup> Mean change (decrease) in Montgomery–Åsberg Depression Rating Scale (MADRS) compared to baseline.

<sup>2</sup> Mean score in Global Assessment of Functioning scale (GAF) during the given follow-up period.

<sup>3</sup> Within study groups compared to baseline.

<sup>4</sup> Between groups.

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