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Introduction Endocannabinoid system has been highlighted as one of the most relevant research topics by neurobiologists, pharmacists, basic scientists and clinicians. The association between endocannabinoids and its congeners and mood disorders is relatively recent. However, evidence from both clinical and preclinical studies is increasing and many researchers point out endocannabinoid system and particularly endocannabinoids and congeners as promising pharmacological targets.
Aims and objectives The main objective of this study is to compare the plasma concentrations of endocannabinoids and congeners between a sample of patients with depression and a sample of control subjects, and the influence of variables such as age, body mass index, gender, severity of symptoms, and antidepressant medication.
Method Plasma concentrations of endocannabinoids and congeners will be analyzed in 69 patients with depression from primary care and 47 controls using mass spectrometry analysis.
Results Statistically significant differences in 2-arachidonoylglycerol and monoacylglycerols were found between both samples. Somatic symptoms of depression seems to be more related to these compounds that to cognitive-affective symptoms. In addition, differences between mildly and moderately depressed patients were found in concentrations of AEA, LEA, DGLEA and POEA. Patients with antidepressant medication showed higher levels of 2-AG, DGLEA and OEA.
Conclusions The results of this study provide evidence supporting the hypothesis that in depression there is a dysregulation of the inflammatory signaling and, consequently the immune system. The results of this study could also support the realization of translational research to better understand the mechanisms of this widely distributed system.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV540

Efficacy of lurasidone in major depression with mixed features: Pattern of improvement in depressive and manic symptoms

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Introduction Evidence indicates that manic symptoms, below the threshold for hypomania (mixed features), are common in individuals with major depressive disorder (MDD).
Objectives/aims To evaluate the effect of lurasidone on specific depressive and manic symptoms, based on Montgomery Asberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS) items, in patients with MDD with mixed features.
Methods Patients meeting DSM-IV-TR criteria for MDD, who presented with 2–3 protocol-specified manic symptoms, were randomized to 6 weeks of double-blind treatment with lurasidone monotherapy 20–60 mg/d ($n = 109$) or placebo ($n = 100$). Change from baseline in the MADRS total, MADRS-6 core depression subscale, individual MADRS items, and total and individual items of the YMRS were analyzed by MMRM, and Cohen's d effect sizes (d) were calculated for week 6 change scores.
Results Lurasidone improved depressive symptoms at week 6 in the MADRS total score (–20.5 vs. –13.0; $P < 0.0001$; $d = 0.8$) and MADRS-6 core depression score (–13.0 vs. –8.5; $P < 0.0001$; $d = 0.7$). Significant improvement on lurasidone was observed at week 6 on all ten MADRS items ($d = 0.36$–0.78). Effect sizes for the MADRS-6 core depression subscale items ranged from 0.36 to 0.78 at week 6. Treatment with lurasidone was associated with significantly greater week 6 improvement on the YMRS (–7.0 vs. –4.9; $P < 0.0001$). Effect sizes for the 5 YMRS items with baseline item severity ≥ 2 ranged from 0.32 to 0.48.
Conclusions In this study of MDD with mixed features, lurasidone was effective in treating the range of depressive and manic symptoms that patients presented with.
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EV544

A novel, very short questionnaire as a screening tool for depression

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Introduction Self-assessment tools are frequently used as screening tools for depression. However, they are usually long and time-consuming.
Aim of the study To assess specificity, sensitivity and overall accuracy of a novel, very short, 5 questions tool.
Subjects and methods The questionnaire consists of 3 phenomenological (based on main symptoms of depression) and 2 questions to assess functional impact of the symptoms. One hundred and ninety patients diagnosed clinically as having major depression (according to ICD-10 criteria and with the help of MINItool) filled the questionnaire in twice, during episode and remission.
Results At least two (out of three possible) "yes" answers to phenomenological questions and both two "yes" functional answers yielded 100% specificity (no person in remission). At least one "yes" answer to phenomenological questions and both "yes" answers to functional question yielded 82.8% specificity, 83.7% sensitivity and 83,3% overall accuracy. These results varied insignificantly in subgroups with different depression severity.
Conclusion A short, 5-question questionnaire may be used as a screening tool for depression. Specificity, sensitivity and overall accuracy are above 80% largely independently of depression severity.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV546

Ethnicity and depression among maritime university students in Canada

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