[2] Hacettepe University Faculty of Medicine Department of Psychiatry, Hacettepe University Faculty of Medicine Department of Psychiatry, Ankara, Turkey
* Corresponding author.

Objective Activation syndrome consists of 10 suicides associated symptoms, which is induced by antidepressant treatment. These are anxiety, agitation, manic episodes, sleep disruption, irritability, hostility, aggressiveness, impulsivity, akathisia and mania/hypomania. This syndrome is reported to be associated with a bipolar disorder diathesis. The aim of this study is to evaluate lifetime hypomanic symptoms with major depressive disorder, who are prescribed antidepressant medication, and to investigate whether there is a relationship between these symptoms and the development of AS.
Methods Sixty consecutive outpatients with the diagnosis of major depressive disorder who were naturalistically given antidepressant treatment were examined prospectively. Patients were assessed three times; at baseline, 2 and 4 weeks later. At baseline visit, clinical characteristics of patients including Ghaemi criteria were assessed, life-time history of hypomanic symptoms were assessed with the Hypomania-Checklist-32. In all three interviews, Barnes Akathisia Rating Scale, Hamilton Rating Scale for Depression, Hamilton Anxiety Rating Scale and Young Mania Rating Scale were applied to detect the symptoms of AS. The patients who present at least one of the 10 symptoms were considered to have AS.
Results Of the 60 patients 25(41.7%) developed AS. The most prevalent symptoms of AS are insomnia (31.7%), anxiety (25%) and irritability (15%). Significant difference was found between patients with and without AS, with regard to HCL-32 test scores. A moderate correlation between the number of AS symptoms and HCL-32 test scores were determined. AS was found to be significantly more frequent in patients with mere hypersomnia and both increased appetite and hypersomnia those without these symptoms.
Disclosure of interest The findings of this study suggest that certain features of BPS might be associated with the development of AS. Antidepressant treatment of depressive illnesses in this spectrum which are misdiagnosed as unipolar may reveal these symptoms that will complicate the current episode and destabilize the longitudinal course. For this reason, clinicians should evaluate the patients who present antidepressant induced symptoms meticulously and be careful not to overlook the characteristics of BPS.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.714

EV0385

Reduced latency to first antidepressant treatment in Italian patients with a more recent onset of major depressive disorder

B. Grancini*, B. Dell'Osso, L. Cremaschi, F. De Cagna, B. Benatti, G. Camuri, C. Arici, C. Dobrea, L. Oldani, M.C. Palazzo, M. Vismara, A.C. Altamura
Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico-University of Milan, Department of Psychiatry, Milano, Italy
* Corresponding author.

Introduction Major depressive disorder (MDD) is a prevalent burdensome disease, which frequently remains untreated. The duration of untreated illness (DUI) is modifiable parameter and a valid predictor of outcome. Previous investigation in patients with MDD revealed a DUI of different years, while recent reports have documented a reduction of DUI across time, in patients with different psychiatric disorders.
Objectives/aims The present study was aimed to investigate potential differences in terms of DUI and related variables in patients with MDD across time.
Methods An overall sample of 188 patients with MDD was divided in two subgroups on the basis of their epoch of onset (onset before and after year 2000). DUI and other onset-related variables were assessed through a specific questionnaire and compared between the two subgroups.
Results The whole sample showed a mean DUI of approximately 4.5 years, with a lower value in patients with more recent onset compared to the other subgroup (27.1 ± 42.6 vs. 75.8 ± 105.2 months, $P < .05$). Moreover, patients with onset after 2000 reported higher rates of onset-related stressful events and lower ones for benzodiazepines prescription (65% vs. 81%; $P = 0.02$; 47% vs. 30%; $P = 0.02$).
Conclusions The comparison of groups with different epochs of onset showed a significant reduction in terms of DUI and benzodiazepines prescription, and a higher rate of onset-related stressful events in patients with a more recent onset. Reported findings are of epidemiologic and clinical relevance in order to evaluate progress and developments in the diagnostic and therapeutic pathways of MDD in Italian and other countries.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.715

EV0386

Efficacy of hypericum extract Ws® 5570 compared with paroxetine in patients with a moderate major depressive episode–a subgroup analysis

E. Holsboer-Trachsler[1,*], E. Seifritz[2], M. Hatzinger[3]
[1] C/o Psychiatric Clinics UPK, University of Basel, Basel, Switzerland
[2] Psychiatric Hospital of the University of Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland
[3] Psychiatric Services Solothurn, University of Basel, Solothurn, Switzerland
* Corresponding author.

Introduction Various studies showed the efficacy and tolerability of WS® 5570 (Hyperiplant® Rx, Dr. Willmar Schwabe GmbH & Co. KG) for the treatment of acute mild-to moderate depression. Beneficial effects of WS® 5570 have been also shown in patients with moderate-to-severe depression.
Objectives/aims We present a subgroup analysis of a double blind, randomised trial to compare the therapeutic efficacy of WS® 5570 with paroxetine in patients suffering from a major depressive episode with moderate symptom intensity. This analysis on moderately depressed patients treated with WS® 5570 tries to support the hypothesis that WS® 5570 is an effective remedy in patients with major depression and moderate symptom intensity.
Methods Moderate depression was defined by a baseline Hamilton Depression Rating Scale (HAM-D) total score between 22 and 25. Sixty-four patients received, after a single blind placebo run-in phase of 3–7 days, either 3×300 mg/day WS® 5570 or 20 mg/day paroxetine for six weeks. The change of the HAM-D total score was used to describe the efficacy of WS® 5570 compared with paroxetine in the subgroup of patients with moderate depression.
Results The reduction of the HAM-D total score was significantly more pronounced in patients treated with 3×300 mg/day WS® 5570 compared to 20 mg/day paroxetine. After six weeks, responder (87.1%) and remission rates (60.6%) to WS® 5570 were significantly higher than to paroxetine (71%/42.4%).
Conclusions After six weeks, patients treated with WS® 5570 showed a higher reduction in depression severity score and yielded greater response and remission rates compared with patients treated with paroxetine.