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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.
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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.
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