

Related Quality of Life (HRQoL), particularly physical functioning. We studied the relative impact of somatic symptoms on the social and physical functioning in depressed patients. Moreover we have explored the influence of anhedonia as measured by the Snaith-Hamilton Anhedonia Pleasure Scale (SHAPS). We analysed the correlations between the scores of the 8 dimensions of the SF-36, the SSI-26 and the SHAPS questionnaires. The results show a significant correlation between SSI-26 score and physical functioning ($r = -0.565$; $P < 0.001$), role physical ($r = -0.551$; $P < 0.001$), bodily pain ($r = -0.659$; $P < 0.001$), general health ($r = -0.534$; $P < 0.001$), vitality ($r = -0.481$; $P = 0.001$), social functioning ($r = -0.302$; $P = 0.044$) and mental health ($r = -0.461$; $P = 0.001$). Additionally, SHAPS score correlates with vitality ($r = -0.371$; $P = 0.012$), social functioning ($r = -0.574$; $P < 0.001$) and mental health ($r = -0.445$; $P = 0.002$). The results demonstrated that both somatic symptoms and level of anhedonia negatively correlate with HRQoL, suggesting a potential relationship between level of anhedonia and some somatic symptoms. This could impact on the diagnosis and treatment of depressed patients with somatic symptoms and anhedonia.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1518>

EV534

First evidence for glial pathology in late life minor depression: S100B is increased in males with minor depression

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Minor depression is diagnosed when a patient suffers from two to four depressive symptoms for at least two weeks. Though minor depression is a widespread phenomenon, its pathophysiology has hardly been studied. To get a first insight into the pathophysiological mechanisms underlying this disorder we assessed serum levels of biomarkers for plasticity, glial and neuronal function: brain-derived neurotrophic factor (BDNF), S100B and neuron specific enolase (NSE). Twenty-seven subjects with minor depressive episode and 82 healthy subjects over 60 years of age were selected from the database of the Leipzig population-based study of civilization diseases (LIFE). Serum levels of BDNF, S100B and NSE were compared between groups, and correlated with age, body-mass index, and degree of white matter hyperintensities (score on Fazekas scale). S100B was significantly increased in males with minor depression in comparison to healthy males, whereas other biomarkers did not differ between groups ($P = 0.10$ – 0.66). NSE correlated with Fazekas score in patients with minor depression ($r_s = 0.436$, $P = 0.048$) and in the whole sample ($r_s = 0.252$, $P = 0.019$). S100B correlated with body mass index ($r_s = 0.246$, $P = 0.031$) and with age in healthy subjects ($r_s = 0.345$, $P = 0.002$). Increased S100B in males with minor depression, without alterations in BDNF and NSE, supports the glial hypothesis

of depression. Correlation between white matter hyperintensities and NSE underscores the vascular hypothesis of late life depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1519>

EV535

Prevalence of depressive disorders in andalusia: Results from the PISMA-ep study

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Introduction Depressive disorders are the most prevalent mental diseases and they cause a major impact in our society.

Objectives The objective of this study is to establish the prevalence of depressive disorders in Andalusia.

Aims The aim is to provide useful information regarding this prevalent and disabling condition, in order to contribute to its prevention and treatment.

Methods Our results proceed from the PISMA-ep study, undertook in Andalusia. In this cross-sectional community based study, 4507 participants between 18 and 75 years of age were interviewed by fully trained professionals. The main diagnostic tool was the Spanish version of the MINI Neuropsychiatric International Interview.

Results Our sample consists of 4507 participants. 50.9% of them were females. Mean age was 42.8 years. The estimated one-month prevalence of any mood disorder was 7.9% (7.1–8.6). The estimated one-month prevalence of major depression was 6, 4% (5.6–7.1). The prevalence of the other measured depressive disorders were as follows: Recurrent depressive episode: 3.7% (3.2–4.3), Melancholic depression: 3% (2.5–3.5), Severe depressive episode with psychotic symptoms: 1.4% (1.1–1.8).

Conclusions The PISMA-ep is the first large mental health epidemiological study ever developed in the largest region of Spain. The results obtained in this region show a higher prevalence of depressive disorders in Andalusia, when compared with prior studies that used a nationally representative sample (i.e. the ESEMeD study). The reasons for this higher prevalence are yet to be explored.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1520>

EV536

Aspects of quality of life in depression

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Introduction The quality of life in patients with depression may be a measure of the efficiency of its management. Although quality of life is a subjective concept, difficult to assess, it may be reflected