European Psychiatry 41S (2017) S238–S302

Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en

25th European Congress of Psychiatry

e-Poster Walk part 3

e-Poster Walk: Depression – part 2

EW0388

Genetic variants in the *ABCB1* gene determine bioavailability of antidepressants in the brain

E. Holsboer-Trachsler[1,*], B. Breitenstein[2], T. Kirmeier[2], F. Holsboer[2]
[1] *Psychiatric Clinics UPK of the University of Basel, Center for Affective, Stress and Sleep Disorders, Basel, Switzerland*
[2] *HMNC Brain Health, None, Munich, Germany*
* *Corresponding author.*

Introduction Antidepressants are the first-line treatment of major depressive disorder, but response rates following the first antidepressant medication are moderate.
Objectives Clinical efficacy requires to overcome the blood-brain barrier where p-gp molecules are located. If they recognize and bind an antidepressant, they pump it back into the circulation. If the antidepressant is not recognized, the passage is not impaired by p-glycoproteins.
Aims We studied whether variants in the *ABCB1* gene that encodes the p-glycoprotein have an effect on blood-brain passage of antidepressants and as consequence on their clinical benefit.
Methods *ABCB1* gene variants were determined with sequencing (Illumina Bead), substrate property analysis employed mice with deletion of ABCB1-analog genes. Clinical protocols followed those of the MARS-project.
Results – The SNPs rs2032583 and rs2235015 provide the best clinical information about blood-brain-penetrance, with CC/CT and TT/GT being the favourable gene variants whereas TT and GG are less favourable. This distinction holds only true if antidepressants are p-glycoprotein substrates;
– in the presence of the favourable gene-variant patients treated with an antidepressant that is a p-glycoprotein substrate are more likely to remit in shorter time;
– in the presence of the less favourable gene-variant treatment with a substrate, higher dosages and augmentation strategies, or switch to non-substrates are recommended.
Conclusion From these data, a treatment algorithm was developed that maximizes treatment benefit and minimizes adverse effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.002

EW0389

Self-stigma and quality of life in outpatients with depressive disorder – a cross-sectional study

M. Holubova[1,2,*], J. Prasko[1], M. Ociskova[1], M. Marackova[1], A. Grambal[1], M. Slepecky[3]
[1] *University of Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic*
[2] *Regional Hospital Liberec, Department of Psychiatry, Liberec, Czech Republic*
[3] *Constantine the Philosopher University in Nitra, Department of Psychology Sciences, Nitra, Slovak Republic*
* *Corresponding author.*

Background Self-stigma is a maladaptive psychosocial phenomenon that may disturb many areas of patient's life and have the negative impact on their quality of life. The present study explored the association between self-stigma, quality of life, demographic data, and the severity of symptoms in patients with depressive disorder.
Method Patients, who met ICD-10 research criteria for depressive disorder, were enrolled in the cross-sectional study. All probands completed these measurements: the Quality of Life Satisfaction and Enjoyment Questionnaire (Q-LES-Q), the Internalised Stigma of Mental Illness Scale (ISMI), demographic questionnaire, and the severity of the disorder measured by objective and subjective Clinical Global Impression severity scales (CGI).
Results Eighty-one depressive patients (with persistent affective disorder – dysthymia, major depressive disorder or recurrent depressive disorder) and 43 healthy controls contributed to the study. Comparing with the healthy control group, there was a lower quality of life in patients with depression. The level of self-stigma correlated positively with total symptom severity score and negatively with the quality of life. Multiple regression analysis discovered that the overall rating of objective symptoms severity and self-stigma were significantly associated with the quality of life.
Conclusions Present study suggests the lower quality of life in outpatients with depressive disorder in comparison with healthy controls, and the negative impact of self-stigma level on quality of life in patients suffering from depressive disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.003

0924-9338/