Conclusion The correlation of depressive symptoms, complement and C-reactive protein with depressive symptoms suggests that these may be mediated by disease activity and share pathophysiological mechanisms. The overall weakness of correlations with biological markers demonstrates that more specific tests need to be developed. The study of lupus associated depression may, furthermore clarify the role of immune dysfunction in the pathophysiology of this psychiatric disorder.
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EV0381

Depression among elderly cancer patients

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Introduction Depression is one of the most common mental illnesses in the elderly and its consequences are severe.
Aims To measure the prevalence of depression in elderly cancer patients and subsequently determine the sociodemographic and clinical factors correlated with this disorder.
Methods We conducted a descriptive and analytical cross-sectional study of patients aged over than 65 years old, suffering from cancer and who had no cognitive impairment, admitted in 2013 in the Oncology and palliative care unit of Gabes regional Hospital (Tunisia). We used a self-rating questionnaire to detect sociodemographics and clinical variables, the Geriatric depression scale (GDS) to assess depressive symptoms, and the Activity of Daily Living to determine the degree of autonomy.
Results At the end of our investigation, we included 60 patients. The prevalence of depression was 48%. Depression was significantly correlated with: marital status (widower subjects were more depressed (74% vs. 34%, $P = 0.007$)), less degree of autonomy (80% vs. 38%, $P = 0.04$), fatigue (62% vs. 26%, $P = 0.007$), pain (59% vs. 26%, $P = 0.02$), family psychiatric history (80% vs. 20%, $P = 0.02$), family history of death by cancer (72% vs. 38%, $P = 0.01$), WHO condition (67% vs. 34%, $P = 0.04$) and the presence of co morbidity in particularly diabetes (69% vs. 41%, $P = 0.05$).
Conclusion Depression is prevalent in oncogeriatric environments. This could compromise quality of support and care of these patients. Close collaboration between oncologist and psychiatrist is needed to support and relieve these patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0382

Depressive symptomatology and language perception in young women

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Introduction Depression may have numerous effects on cognition. A little investigated topic is the perception of the grammatical gender.
Objective The aim of this study is to examine whether there is a different understanding of grammatical gender in Greek-speaking young women with and without depressive symptomatology regarding names of cars that are female or neutral according to the modern Greek language.
Method Two-hundred fourteen women from Greece (Mean age = 19.59, SD age = 3.60, 18 min–50 max) were examined with the ZUNG Self Rating Depression Scale and a language test that comprised of 38 names of car brands, which were characterized in linguistics either as female or neutral. Half of women scored high in the ZUNG Depression scale.
Results Results indicated that overall there are no statistically significant differences between women with or without depression in their gender perception of the words ($P > .005$). In addition to that, there are no statistically significant differences between the names of car brands that are related to large size cars and/or expensive car models.
Conclusions This research suggests that although there is a tendency to consider the existence of depressive symptomatology as detrimental on cognition, this does not seem to hold true for the perception of the gender of the words as examined by linguistics.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0383

Seasonal affective disorder (SAD) and light therapy: State of the science

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Major depression with a fall/winter seasonal pattern, also known as seasonal affective disorder (SAD), is a recurrent and prevalent disorder. Treatment may include either pharmacological (antidepressant) or non-pharmacological options, most commonly light therapy. Over the years, light therapy has been explored using various delivery methods including light-emitting diode (LED) devices. For over 20 years, cool-white fluorescent sources that yield 10,000 lux of polychromatic white light have been the standard treatment for SAD. Many investigations have confirmed the clinical effectiveness of white light, its overall tolerability, and adverse reactions, such as agitation, insomnia, and headache. Building upon this, more recent studies have compared alternative light sources and different wavelengths of light, such as white, red, green, and blue. If certain wavelengths are more potent and effective, lower intensities of light could reduce side effects and increase tolerability and adherence. Furthermore, studies of the ocular system particularly, intrinsically photosensitive retinal ganglion cells, discovered differences among specific wavelengths of light. While some reports have suggested that 446–477 nm wavelengths of blue light may be the most potent, published clinical trials have revealed mixed results. The purpose of this session is to review the state of the science on light therapy in the treatment of SAD, and suggest recommendations for clinical practice and implications for patients.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0384

Association of activation syndrome with life-time hypomanic symptoms and Ghaemi criteria

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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.

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EV0385

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

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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.

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EV0386

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

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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.