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

M. Polyakova[1,*], C. Sander[2], K. Arelin[1], L. Lampe[1], T. Luck[3], J. Kratzsch[4], K.T. Hoffman[5], S. Riedel-Heller[3], A. Villringer[1], P. Schoenknecht[2], M. Schroeter[6]
[1] *Max Planck Institute for Human Cognitive and Brain Sciences, Neurology, Leipzig, Germany*
[2] *University of Leipzig, University clinics for psychiatry and psychotherapy, Leipzig, Germany*
[3] *University of Leipzig, Institute of Social Medicine-Occupational Health and Public Health, Leipzig, Germany*
[4] *University of Leipzig, Institute of Laboratory Medicine- Clinical Chemistry and Molecular Diagnostics, Leipzig, Germany*
[5] *University of Leipzig, Department of Neuroradiology, Leipzig, Germany*
[6] *Max Planck Institute for Human Cognitive and Brain Sciences, Day clinic of cognitive neurology, Leipzig, Germany*
* *Corresponding author.*

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

A. Porras Segovia[1,*], L. Aguado Bailón[1], B. Gutiérrez Martínez[2], J. Cervilla Ballesteros[1,2]
[1] *University Hospital San Cecilio, Mental Health Services, Granada, Spain*
[2] *University of Granada, Psychiatry Department, Granada, Spain*
* *Corresponding author.*

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

M.G. Puiu[1,*], M.C. Manea[2], I.A. Andrei[1], A.M. Cristache[3], A.A. Frunza[1], M.C. Boer[4], B.E. Patrichi[1], M.E. Parfene Banu[3], M. Manea[1]
[1] *"Carol Davila" University of Medicine and Pharmacy, Psychiatry and Psychology, Bucharest, Romania*
[2] *"Prof. Dr. Alexandru Obregia" Clinical Hospital of Psychiatry, 3th Department, Bucuresti, Romania*
[3] *"Prof. Dr. Alexandru Obregia" Clinical Hospital of Psychiatry, 4th Department, Bucuresti, Romania*
[4] *"Prof. Dr. Alexandru Obregia" Clinical Hospital of Psychiatry, "Prof. Dr. Alexandru Obregia" Clinical Hospital of Psychiatry, Bucuresti, Romania*
* *Corresponding author.*

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

by the degree of social adaptation and the individual's level of functioning.

Objective The study evaluates the time evolution of depressive symptoms and of some parameters attesting the quality of life in patients diagnosed with depression who are on antidepressant treatment.

Aims Highlighting the evolution in time of depressive symptoms and patients' perceptions on some aspects of quality of life.

Methods There were included 23 patients who met the criteria of depressive episode, single or within recurrent depressive disorder, according to the International Classification of Diseases (ICD-10-AM), requiring antidepressant treatment. Subjects were evaluated at baseline and after 12 weeks of treatment using the Hamilton Rating Scale for Depression (HAMD), Sheehan disability scale (SDS), Social Adjustment Scale – Self-report (SASS).

Results Statistically significant decrease in mean HAMD scores was observed in the second administration. There were registered statistically significant differences of scores obtained in the two administrations for the 17 items of the SASS scale. Correlations with statistical significance between HAMD scores and some of the SDS areas were observed.

Conclusions Results showed a favorable course of depressive symptoms while under treatment and differences in time of subjects' perception on several aspects evaluated on SASS for the group studied. Correlations with statistical significance between HAMD scores and some SDS areas were observed.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1521

EV537

A comparison of the improving in major depressive symptoms as reported by Romanian physicians and patients in a prospective, multicenter, observational study

T. Purnichi [1,*], V. Marinescu [1], M. Ladea [1], M.C. Eda [2],
I. Marinescu [3], M. Pirlog [3], I. Pavel [1], D. Mihalcea [1], G. Paraschiv [3],
C. Tudose [1]
[1] *Alexadru Obregia Psychiatric Hospital, Psychiatry, Bucharest, Romania*
[2] *Constanta Psychiatric Hospital, Psychiatry, Constanta, Romania*
[3] *Craiova Psychiatric Hospital, Psychiatry, Craiova, Romania*
* *Corresponding author.*

Introduction Depression leads to substantial suffering for the patients, their families and becomes an economic burden for system [1,2]. Patients and clinicians tend to rate the remission differently [3].

Objectives and methods We investigate if clinicians and patients rate different the treatment response. This study assed the evolution of major depressive episode (MDE) in patients treated with Agomelatine, in Romania. It was designed as a multicentre, observational study that included 1213 adult patients evaluated in 75 sites in 2014. The design included 3 visits (baseline (V1); visit at 2/3 weeks (V2); visit 6/8 weeks (V3)). The scales used were: MADRS, SHAPS, CGI-I, CGI-S, PGI-I, PGI-S.

Results The MDE improvement was significant ($P < 0.001$) for all aspects evaluated. At baseline, more clinicians vs. patients considered the moderately or markedly ill as best descriptors of the state. The difference between the two assessments was even higher for V2 and V3. During V2 clinicians reported "minimally improvement" while patients reported "much improvement" in higher percentage. During V3, both, clinicians and patients reported a "very much improved" clinical status. Of the patients 42.60% reported at V3 "normal", not at all ill' in comparison to 34.81% of clinicians who reported the same ($P < 0.001$).

Conclusions This could mean that patients are not aware of the severity of their disease. This data could be interpreted in the way that patients are more prone to rate higher the improvements as response to treatment and the clinicians to rate as response a more than 50% decrease of symptomatology.

References not available.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1522

EV538

Rumination and primary care depression

K. Riihimäki [1,*], M. Vuorilehto [2], P. Jylhä [2], E. Isometsä [2]
[1] *Health Care and Social Services, MPY, Järvenpää, Finland*
[2] *University of Helsinki and Helsinki University Hospital, Department of Psychiatry, Helsinki, Finland*
* *Corresponding author.*

Introduction Response styles theory postulates that rumination is a central factor in occurrence, severity and maintaining of depression. High neuroticism has been associated with tendency to ruminate.

Objective To evaluate the relationships between rumination, neuroticism and depression in a naturalistic prospective cohort of primary care patients with depressive disorders with life-chart methodology.

Aims We hypothesized, that rumination would correlate with severity and duration of depression and with concurrent anxiety, gender and neuroticism.

Methods In the Vantaa Primary Care Depression Study, a stratified random sample of 1119 adult patients was screened for depression using the Prime-MD. Depressive and comorbid psychiatric disorders were diagnosed using SCID-I/P and SCID-II. Of the 137 patients with depressive disorders, 82% completed the five-year follow-up with a graphic life chart. Neuroticism was measured with the Eysenck Personality Inventory (EPI-Q). Response styles were investigated at five years using the Response Styles Questionnaire (RSQ-43).

Results Rumination correlated significantly with Hamilton Depression Rating Scale ($r = 0.54$), Beck Depression Inventory ($r = 0.61$), Beck Anxiety Inventory ($r = 0.50$), Beck Hopelessness Scale ($r = 0.51$) and Neuroticism ($r = 0.58$). Rumination correlated also with proportion of follow-up time spent depressed ($r = 0.38$). In multivariate regression, high rumination was significantly predicted by current depressive symptoms and neuroticism, but not by anxiety symptoms or preceding duration of depressive episodes.

Conclusions Rumination correlated with current severity of depression, but the association with preceding episode duration remained uncertain. The association between neuroticism and rumination was strong. The findings are consistent with rumination as a state-related phenomenon, which is also strongly intertwined with traits predisposing to depression.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1523

EV539

Plasma concentrations of endocannabinoids and congeners in a primary care sample of depressed patients: Influence of biological variables, severity and antidepressant medication

P. Romero-Sanchiz [1,*], R. Nogueira-Arjona [2], F. Mayoral-Cleríes [1],
F. Rivas-Guerrero [1], P. Araos-Gómez [3], M. Pedraz-Fernández [3],