

tal Depression Survey (EPDS). Analysis procedures included cluster analysis and hierarchical regression.

Results Individual symptoms were reported by 2.9–31.7% of the sample. Separate clusters (CES-D = 4; EPDS = 2) were identified and, of these, two clusters were primary predictors of maternal and newborn outcomes. Results differed from that obtained with cut-score analytics.

Conclusions Examination of depression symptom clusters as related to health outcomes during childbearing has significance for clinical practice and research, particularly for women who would not score as depressed on established screening instruments.

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EV0417

Health-related quality of life of primary care patients with depressive disorders

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Background Depressive disorders are known to impair health-related quality of life (HRQoL) both in the short and long term. However, the determinants of long-term HRQoL outcomes in primary care patients with depressive disorders remain unclear.

Methods In a primary care cohort study of patients with depressive disorders, 82% of 137 patients were prospectively followed up for five years. Psychiatric disorders were diagnosed with SCID-I/P and SCID-II interviews; clinical, psychosocial and socio-economic factors were investigated by rating scales and questionnaires plus medical and psychiatric records. HRQoL was measured with the generic 15D instrument at baseline and five years, and compared with an age-standardized general population sample ($n = 3707$) at five years.

Results Depression affected the 15D total score and almost all dimensions at both time points. At the end of follow-up, HRQoL of patients in major depressive episode (MDE) was particularly low, and the association between severity of depression (Beck Depression Inventory, BDI) and HRQoL was very strong ($r = -0.804$). The most significant predictors for change in HRQoL were changes in BDI and Beck Anxiety Inventory (BAI) scores. The mean 15D score of depressive primary care patients at five years was much worse than in the age-standardized general population, reaching normal range only among patients who were in clinical remission and had virtually no symptoms.

Conclusions Among depressive primary care patients, presence of current depressive symptoms markedly reduces HRQoL, with symptoms of concurrent anxiety also having a marked impact. For HRQoL to normalize, current depressive and anxiety symptoms must be virtually absent.

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EV0418

Antidepressant withdrawal mania: Two case reports

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Introduction Although rarely reported, antidepressant discontinuation may induce hypomania or mania even in the absence of bipolar disorder [1,2].

Objectives We report two cases of antidepressant withdrawal induced mania.

Methods Clinical process consultation and PubMed search were performed in November 2016 using the search keywords antidepressant, mania and discontinuation.

Results Case report 1: a dysthymic 60 years old woman with 20 years of psychiatric following had been treated with venlafaxine 150 mg/daily the past year. She abruptly stopped taking this drug, developing heightened mood, irritability and racing thoughts five days later. She was admitted at our hospital, initiating then valproate and antipsychotics. Two weeks later, the hypomania clinical state remitted completely.

Case report 2: a 64 years old woman, with a 12-year-old diagnosis of unipolar depression was brought to our emergency service with complaints of disorganized behavior, paranoid delusional ideas, excessive speech, irritable mood and reduced need for sleep, 1 week after abrupt trazodone 150 mg/daily discontinuation. Valproic acid 1000 mg/daily and olanzapine 20 mg/daily were introduced, with gradual improvement of symptoms. Two weeks later she was completely asymptomatic.

Conclusion Psychiatrists should be aware of the risk of antidepressant withdrawal induced mania. More studies should be conducted about this subject, aiming for the clarification of risk factors and the establishment of clinical criteria for this phenomenon.

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

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EV0419

Vortioxetine versus citalopram in treating major depressive disorder (MDD)

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Introduction Citalopram is a widely used antidepressant (AD), indicated for the treatment of Major Depressive Disorder (MDD), with a high and Selective Serotonin Reuptake Inhibitory action (SSRI), good efficacy and safety profile. Vortioxetine is a novel multimodal antidepressant compound, with a mixed action on Serotonin (both 5-HT agonism and antagonism). Its clinical efficacy has been established in several short and long term trials; furthermore it proved effective at mitigating cognitive dysfunction, which is addressed to as one of the main causes of social impairment in MDD patients.

Objectives To evaluate the relative efficacy and safety of Vortioxetine versus Citalopram, in patients suffering from MDD.

Aims To assess whether Vortioxetine effectiveness and tolerability are comparable to those observed for previous antidepressants.

Methods The main outcomes were efficacy (variance from baseline to 1 month) in the Montgomery-Åsberg Depression Rating Scale (MADRS) and Hamilton Rating Scale for Depression (HAM-D) and tolerability (adverse events). Changes in cognitive performance were assessed using the following specific tools: Digit symbol substitution test (DSST), Trail Making Test A (TMT-A) and Hopkins Verbal Learning Test-Revised (HVLTR).

Results Data collection is ongoing. According to Literature we expect to find a significant number of MDD patients on Vortioxetine to achieve a reduction in depressive symptoms from baseline, to report poor adverse events and to increase their cognitive performance.

Conclusion As shown by recent literature, Vortioxetine might be an effective option in treating MDD with particular focus on cognitive dysfunction.

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

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EV0420

Depression and loneliness did not affect academic achievement among university students

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Background Many students experience symptoms of loneliness, either as a result of the new academic situation or due to the lack of social skills, which results in an inability to actively participate in community activities and socialization. Depression is another common problem that impacts students' ability to perform life activities. Further, while intuitively a negative association between loneliness, depression and academic achievement is assumed, consistent data are missing. Accordingly, the present study investigated the relationship between depression, and loneliness and academic achievement among undergraduate students.

Method This study was carried out on 240 university students (mean age: M=23.42 years), who completed the Beck Depression Inventory and the UCLA Loneliness Scale, while for academic achievement the average marks were used.

Result Increased age was associated with lower scores in loneliness and depression, and higher achievements. Higher scores of depression and loneliness were associated. Achievement scores were unrelated to loneliness and depression.

Conclusions Against intuitive expectations, academic achievement was unrelated to symptoms of depression and loneliness. Accordingly, we assume that academic achievement seemed to be related to further cognitive and emotional processes such as motivation, mental toughness, stress resistance, and goal oriented behavior.

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

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EV0421

An item response theory based analysis of the Hamilton depression rating scale-an Indian perspective

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Introduction Hamilton Depression Rating Scale (HAMD) remains the most widely used outcome measure though many consider the scale to have many defects.

Objectives To use IRT analysis to identify HDRS items which are problematic in terms of IRT parameters, thus suggest changes to the scale.

Methods Patients attending psychiatric OPD meeting DSM-5 criteria for unipolar depression were selected for the study. Patients were between 18–65 years of age, had no major medical problems and were not on any medicines at present. 17 item HDRS was administered using the anchors developed by William Guy as part of the ECDEU NIMH Collaborative Study To determine the relationship between scores on the individual HAMD items and overall depressive severity in an outpatient population Option Characteristic Curve (OCC) which is a graphical representation of the probability of endorsing the different options for a given item across the range of depressive severity) and Item Characteristic Curve (ICC) which is a graphical representation of the mean item score (expected value) and confidence interval as a function of depressive severity was used.

Results Results showed that Items Depressed Mood, Work and Activities show good relationship between item responses and overall depressive severity. Items Hypochondriasis, somatic symptoms general and retardation appeared to be more problematic with regard to their ability to discriminate over the full range of depression severity.

Conclusions Further studies are needed to critically review one of the most commonly used scale for one of the commonest malady of humans.

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EV0422

Folate and pyridoxine to ssri in major depression and residual cognitive Decline

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Introduction Depressive disorders are very common conditions, lifetime risk for experiencing major depression is approximately 15%.

Objective Patients with major depression having an insufficient response to SSRI may benefit from addition of methylfolate and pyridoxine.

Aim The aim of our study was to determine the effect of folate and pyridoxine augmentation to SSRI on emotional, physical and cognitive symptoms in major depression.

Methods Eighteen patients with MDD were enrolled, were on citalopram 20 mg/day when folate/15 mg per day/and pyridoxine/40 mg per day/were added. They have been monitored for three months using standard scales for depression and assessment by interview.

Results After three months of using folate and pyridoxine to SSRI there was a significant improvement in depression as measured by the scales. In 8 patients were recorded improvements of 30–50%. The most prominent changes were in cognitive sphere of depression such as attention, reasoning and problem solving, working memory and speed of processing.

Conclusion Low levels of folate and pyridoxine have been associated with the presence of depression and residual poor cognitive function. Our study confirms that folate and pyridoxine as adjunctive therapy to SSRI-partially refractory major depression is useful in particular to issues of residual cognitive interference conditions such as impaired concentration and memory, slow mentation, attention/vigilance, problem solving, working memory and speed of processing.