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Introduction Auditory hallucinations are perceptional experiments that occur in schizophrenia, schizoaffective disorder and bipolar disorder with psychotic features. Characteristic of these hallucinations may have relation with cultural factors.

Aim We have done this study to understand more about content and characteristic of auditory hallucinations in Schizophrenia, schizoaffective and bipolar disorder with psychotic features in Qazvin, a state in north-center of Iran.

Methods We used the questionnaire that prof. Romme and Escher developed in 1987 for research purposes. Sixty patients diagnosed with schizophrenia, schizoaffective and bipolar disorder with psychotic features that admitted or attended at clinic of Qazvin medical science university hospital, psychiatry ward, were interviewed.

Results The 45 men and 15 women in three groups were interviewed. The most were men, single, and in fourth decade of their life. Most patients mentioned that they heard one voice. Mean age of appearing voices in patients were 19 to 29 years old. Most patients in the schizoaffective and bipolar group heard male voices and in schizophrenia were both sexes. Eighty-five percent of bipolar patients, 65% of patients with schizoaffective disorder heard friendly voices. It was 30% in patients with schizophrenia. Fifteen percent of bipolar patients, 75% of schizophrenia and 45% of schizoaffective stated that voice was hostile.

Conclusion Our study has revealed that culture affected content and characteristic of auditory hallucinations. We suggested that some complementary studies will be done in future from different Iranian cultures not just people of Qazvin.

Keywords Auditory hallucination; Schizophrenia; Schizophrenia; Bipolar disorder; Cultural factors

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1457

Depression

EV473

A study of mood status in children with type I diabetes mellitus: Relationship with parental stress and metabolic control

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Introduction It has been widely recognized that DM can result in psychological, social and physical problems. Parents of children with DM are likely to be highly distressed.

Objective The study of the relationship between mood status of children with type I DM and some factors that might be implicated in its determination.

Aims To evaluate the presence and degree of depression in a sample of children with type I diabetes and how much it might be affected by their metabolic control and the level of their parents' stress.

Methods Ninety-three children were diagnosed with DM type I. They were clinically interviewed and examined. They went through Childhood Depression Rating Scale (CDI), Family Attitudes Questionnaire and HbA1c% assessment. An age and sex matched control group was taken.

Results The age range of diabetic children was 7–18 and two thirds of them were females. Thirty-five patients (37.6%) were depressed according to CDI results. Diabetic children had significantly higher CDI total score and total parenting stress index (PSI) compared to the control group. CDI total score was positively and significantly correlated with indicators of poor diabetes control (frequency of DKA and HbA1C%) and with duration of diabetic illness. CDI total score was also positively and significantly correlated with PSI score.

Conclusions Depression was highly present in this sample of diabetic children. The degree of their mood impairment was positively correlated with duration of diabetic illness, indicators of poor metabolic control of DM and to the level of their parents' stress.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1458

EV474

Recent and childhood adversities in patients with depressive disorders

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Introduction A strong association is believed to exist between stressful life events and the development of depressive disorders. Childhood adverse experiences contribute to person's vulnerability to such disorders.

Objective The study of the complex interplay between child abuse, stressful life events and the development of depression.

Aims To study the effect of type and severity of child abuse and magnitude of pre-onset stress on the severity and duration of adulthood depression.

Methods Seventy-five patients with depressive disorders not having a comorbid mental illness were studied using Social Readjustment Rating scale (SRRS) and Childhood Trauma Questionnaire (CTQ).

Results The mean age of the patients was 34.96 ± 12.32 years, 69.3% of patients were females, duration of the illness ranged from 2–288 weeks with a mean of 30.94 ± 54.61 and 36% of the sample had severe depression. There was a statistically significant relationship between urban residence and magnitude of stress ($P = 0.049$), married patients suffered less severe depression than unmarried ones ($P = 0.02$) and a positive and significant correlation was found between magnitude of stress and severity of depression ($P \leq 0.001$). Duration of depressive illness was positively and significantly correlated to the raw score of SRRS and to the severity of emotional neglect as measured by CTQ ($P = 0.02$ and 0.04 respectively).

Conclusions The development of depression in adulthood is significantly associated with past exposure to child abuse and stressful life events. Childhood history of emotional neglect and magnitude of pre-onset stress may be contributing factors to duration of depressive illness.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1459

EV476

Longitudinal effect of depression on glycemic control in patients with type 2 diabetes: A 3-years prospective study

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Objective to examine the longitudinal effect of depression on glycemic control in a sample of patients with type 2 diabetes.
Methods the patients were recruited from diabetes clinic in Saudi airlines medical center, in Jeddah, the base line study community consisted from 172 patients with type 2 diabetes. They were assessed for depression using BDI II, and diagnostic interview, and for diabetic control using HbA1c. We created a person-period data set for each patient to cover 6 months intervals up to 3 years. We used generalized estimation equation (GEE) for analysis of longitudinal data. HbA1C was the response variable while depression and time were the main covariates. Variables were included in GEE models based on clinical importance and preliminary analysis. Other variables included as covariates were gender, education, duration of diabetes, co-morbidity and LDL. All statistical analysis used $\alpha = 0.05$ level of significance and were performed using SPSS software version 21.
Results Unadjusted HbA1c means were significantly higher in depressed vs. non-depressed subjects at all time points. The adjusted HbA1c means in final GEE model were significantly higher in depressed vs. non-depressed subjects. In all adjusted models depression was a predictor of glycemic control weather it was BDI score (estimate = .049, P = .002), diagnoses of MDD (estimate = 2.038, P = .000), or other depressive diagnosis (estimate = 1.245, P = .000).
Conclusion This study on clinical sample of type 2 diabetic patients demonstrates that there is a significant longitudinal relationship between depression and glycemic control and that depression is associated with persistently higher HbA1c over time.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1461

EV478

Agomelatine vs fluoxetine: Efficacy and improvement of cognitive functions in patients with MDD

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Introduction In major depressive disorder (MDD) neurocognitive functions are impaired. In addition to melatonergic properties of agomelatine, via 5-HT2C antagonism it increases extracellular noradrenaline and dopamine in frontal cortex and may improve the neurocognitive functions of patients with MDD.
Aims and objectives To investigate the extent of neurocognitive improvement and efficacy of agomelatine and fluoxetine in patients with MDD.
Material and method Agomelatine 25 mg/day (*n*: 24) and fluoxetine 20 mg/day (*n*: 24) were administered to drug-naive unipolar, non-psychotic, non-suicidal MDD patients according to DSM-IV. Evaluations were performed just before the treatment and at the sixth week of treatment via administering Hamilton Depression Rating Scale, Rey Auditory Verbal Learning Test, Controlled Oral Word Association Test (COWAT), Digit Span Test (DST), Trail

Making Test (TMT-A/B), Stroop Test and Wisconsin Card Sorting Test.
Results Both agomelatine and fluoxetine was found to be efficacious for the treatment of MDD (P < 0.05 for both). Further there was no difference between the antidepressant efficacy of two drugs. Both of the drugs improved measured neurocognitive functions (P < 0.05), except scores of DST (P > 0.05) and only fluoxetine improved significantly scores of COWAT (P < 0.05). Only in terms of TMT-B there was significant difference between groups and agomelatine was superior to fluoxetine (P < 0.05).
Conclusion Agomelatine and fluoxetine were efficacious in treatment of MDD. Furthermore both of the drugs improved cognitive functions in patients with MDD. Superiority of agomelatine in improvement of executive functioning (TMT-B) is important and therefore it could be an appropriate choice for MDD patients who have pronounced executive disturbances.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1463

EV480

Associations among immune activation, the clinical characteristics, and the current severity of the "with anxious distress" specifier in patients with depressive disorders

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Introduction This study assessed the levels of immune factors, demographic and clinical characteristics, and pharmacological treatments of patients with depressive disorders and compared them between patients with mild-to-moderate and moderate/severe-to-severe anxiety.
Methods This study included 177 patients diagnosed with a depressive disorder who were hospitalized between March 2012 and April 2015. The patients were categorized into mild-to-moderate anxious distress and moderate/severe-to-severe anxious distress groups, based on the criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) based on the "with anxious distress" specifier. The current severity of symptoms was determined using the Hamilton Depression Rating Scale (HAM-D) scores on the Agitation and Anxiety-Psychic subscales. The charts of the patients were reviewed to evaluate immune factors, including C-reactive protein (CRP) and white blood cell (WBC) levels, confounding factors, such as smoking, other general medical disorders, and body mass index (BMI), and demographic and clinical characteristics.
Results The moderate–severe to severe anxious distress group tended to have higher CRP and monocyte levels compared with the mild to moderate anxious distress group. However, after adjusting for the total HAM-D scores, there was a significant difference only in monocyte levels. After this adjustment, patients with moderate–severe to severe anxious distress had a significantly greater trend toward significance for suicidality and a higher rate of antipsychotic use.