A. Serrano-Criado[3], F.J. Pavón-Morón[3], R. De la Torre-Fornell[4], A. Pastor-Bosch[4], F. Rodríguez de Fonseca[3]
[1] *IBIMA – Hospital Regional Universitary Malaga, Mental Health, Málaga, Spain*
[2] *IBIMA – University of Malaga, Personality – assessment and psychological treatment, Málaga, Spain*
[3] *IBIMA, Neropsychopharmacology, Malaga, Spain*
[4] *IMIM, Integrated Pharmacology and Systems Neurosciences, Barcelona, Spain*
* *Corresponding author.*

Introduction Endocannabinoid system has been highlighted as one of the most relevant research topics by neurobiologists, pharmacists, basic scientists and clinicians. The association between endocannabinoids and its congeners and mood disorders is relatively recent. However, evidence from both clinical and preclinical studies is increasing and many researchers point out endocannabinoid system and particularly endocannabinoids and congeners as promising pharmacological targets.
Aims and objectives The main objective of this study is to compare the plasma concentrations of endocannabinoids and congeners between a sample of patients with depression and a sample of control subjects, and the influence of variables such as age, body mass index, gender, severity of symptoms, and antidepressant medication.
Method Plasma concentrations of endocannabinoids and congeners will be analyzed in 69 patients with depression from primary care and 47 controls using mass spectrometry analysis.
Results Statistically significant differences in 2-arachidonoylglycerol and monoacylglycerols were found between both samples. Somatic symptoms of depression seems to be more related to these compounds that to cognitive-affective symptoms. In addition, differences between mildly and moderately depressed patients were found in concentrations of AEA, LEA, DGLEA and POEA. Patients with antidepressant medication showed higher levels of 2-AG, DGLEA and OEA.
Conclusions The results of this study provide evidence supporting the hypothesis that in depression there is a dysregulation of the inflammatory signaling and, consequently the immune system. The results of this study could also support the realization of translational research to better understand the mechanisms of this widely distributed system.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV540

Efficacy of lurasidone in major depression with mixed features: Pattern of improvement in depressive and manic symptoms

A.A. Nierenberg[1], J. Tsai[2,*], Y. Mao[3], A. Pikalov[4], T. Suppes[5], A. Loebel[4]
[1] *Boston, USA*
[2] *Sunovion Pharmaceuticals Inc., Medical Affairs, Marlborough, USA*
[3] *Sunovion Pharmaceuticals Inc., Biostatisticsd, Fort Lee, USA*
[4] *Sunovion Pharmaceuticals Inc., Medical Affairs, Fort Lee, USA*
[5] *Stanford School of Medicine, Psychiatry and Behavioral Sciences, Stanford, USA*
* *Corresponding author.*

Introduction Evidence indicates that manic symptoms, below the threshold for hypomania (mixed features), are common in individuals with major depressive disorder (MDD).
Objectives/aims To evaluate the effect of lurasidone on specific depressive and manic symptoms, based on Montgomery Asberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS) items, in patients with MDD with mixed features.
Methods Patients meeting DSM-IV-TR criteria for MDD, who presented with 2–3 protocol-specified manic symptoms, were randomized to 6 weeks of double-blind treatment with lurasidone monotherapy 20–60 mg/d ($n = 109$) or placebo ($n = 100$). Change from baseline in the MADRS total, MADRS-6 core depression subscale, individual MADRS items, and total and individual items of the YMRS were analyzed by MMRM, and Cohen's d effect sizes (d) were calculated for week 6 change scores.
Results Lurasidone improved depressive symptoms at week 6 in the MADRS total score (–20.5 vs. –13.0; $P < 0.0001$; $d = 0.8$) and MADRS-6 core depression score (–13.0 vs. –8.5; $P < 0.0001$; $d = 0.7$). Significant improvement on lurasidone was observed at week 6 on all ten MADRS items ($d = 0.36$–0.78). Effect sizes for the MADRS-6 core depression subscale items ranged from 0.36 to 0.78 at week 6. Treatment with lurasidone was associated with significantly greater week 6 improvement on the YMRS (–7.0 vs. –4.9; $P < 0.0001$). Effect sizes for the 5 YMRS items with baseline item severity ≥ 2 ranged from 0.32 to 0.48.
Conclusions In this study of MDD with mixed features, lurasidone was effective in treating the range of depressive and manic symptoms that patients presented with.
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EV544

A novel, very short questionnaire as a screening tool for depression

K. Pękala, T. Sobow*
Medical University of Lodz, Medical Psychology, Lodz, Poland
* *Corresponding author.*

Introduction Self-assessment tools are frequently used as screening tools for depression. However, they are usually long and time-consuming.
Aim of the study To assess specificity, sensitivity and overall accuracy of a novel, very short, 5 questions tool.
Subjects and methods The questionnaire consists of 3 phenomenological (based on main symptoms of depression) and 2 questions to assess functional impact of the symptoms. One hundred and ninety patients diagnosed clinically as having major depression (according to ICD-10 criteria and with the help of MINItool) filled the questionnaire in twice, during episode and remission.
Results At least two (out of three possible) "yes" answers to phenomenological questions and both two "yes" functional answers yielded 100% specificity (no person in remission). At least one "yes" answer to phenomenological questions and both "yes" answers to functional question yielded 82.8% specificity, 83.7% sensitivity and 83,3% overall accuracy. These results varied insignificantly in subgroups with different depression severity.
Conclusion A short, 5-question questionnaire may be used as a screening tool for depression. Specificity, sensitivity and overall accuracy are above 80% largely independently of depression severity.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV546

Ethnicity and depression among maritime university students in Canada

A. Steenbeek[1,*], D. Langille[2], K. Wilson[2], A. Muir[2]
[1] *Dalhousie University, Nursing, Halifax, Canada*

[2] Dalhousie University, Community Health and Epidemiology, Halifax, Canada
* Corresponding author.

Introduction Depression is among the most common mental illnesses in Canada. Although many factors contribute to depression, stress is among the most commonly reported. Studies suggest that marginalized groups often experience high levels of stress.
Objective To examine associations between ethnicity and depressive symptoms among university students.
Aim To identify if ethnic groups, particularly Aboriginal students, are at greater risk of depression.
Methods Online survey data were collected from students attending eight universities in the Canadian Maritime Provinces ($n = 10{,}180$). Depressive symptoms were assessed using the 12-item version of the Center for Epidemiological Studies Depression Scale. Ethnicity was organized into five groups: Caucasian only, Aboriginal only, Aboriginals with other ethnicities, Mixed Ethnicity (not including Aboriginal), and Other (single ethnicity not including Aboriginal or Caucasian). Unadjusted and adjusted logistic regression models were used to assess associations between ethnicity and elevated depressive symptoms. Adjusted models accounted for demographic, socioeconomic, and behavioural characteristics.
Results In adjusted analyses for men, Mixed (OR: 2.01; 95% CI: 1.12–3.63) and Other ethnic students (OR: 1.47; 95% CI: 1.11–1.96) were more likely to have elevated depressive symptoms than Caucasians. There were no differences between those who were Aboriginal and those who were Caucasian. In unadjusted and adjusted analyses for women, depressive symptoms in ethnic groups (including Aboriginals) were not significantly different from Caucasians.
Conclusion Among male university students in the Maritime, ethnicity (other than being Aboriginal) was associated with depressive symptoms in comparison to Caucasians, after adjusting for covariates. However, among women, ethnicity was not significantly associated with depressive symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV549

Effect of a single nights' wake followed by bright light therapy on agitation

M. Widmark-Jensen[1,*], S. Steingrimsson[2], Z. Szabó[1]
[1] Sahlgrenska University Hospital, Clinical Department of Psychiatry, Gothenburg, Sweden
[2] Institute of Neuroscience and Physiology, Sahlgrenska Academy, Gothenburg, Sweden
* Corresponding author.

Introduction Wake-therapy (or "Sleep deprivation") has the potential of providing a fast anti-depressive response as add-on treatment to pharmaceutical intervention. Agitation in a depressive state is well known and is often associated with interrupted sleep. Although hypomanic symptoms have been reported following a single nights wake, agitation has not been examined.
Objective To examine if agitation increases among inpatients undergoing wake-therapy compared to treatment as usual (TAU).
Methods Admitted patients suffering from a depressive episode will be randomized to either wake-therapy combined with bright light therapy in addition to TAU, including medication, or to TAU alone. Before wake-therapy, patients are assessed using PANSS-EC, aimed at measuring only agitation. The day after a single nights wake, the assessment will be repeated. Likewise, agitation will be assessed in the control group directly after randomization as well as the day after.
Results In this trial, 50 patients will be randomized for treatment. Results concerning agitation among patients that have undergone the trial will be presented.
Conclusions Agitation as a side effect of wake-therapy has been scarcely investigated and this randomized trial will contribute to the knowledge of agitation following wake-therapy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV552

Consensus statements on cognitive dysfunction in depression in the UK: Rationale and process for gaining consensus

A.H. Young[1,*], K. Bones[2], G. Goodwin[3], J. Harrison[4], C. Katona[5], H. McAllister-Williams[6], J. Rasmussen[7], S. Strong[8]
[1] Institute of Psychiatry, Psychology and Neuroscience IoPPN, Psychological Medicine, London, United Kingdom
[2] Sussex Partnership NHS Foundation Trust, Occupational Therapy and Recovery Practice, Sussex, United Kingdom
[3] Oxford University, Department of Psychiatry, Oxford, United Kingdom
[4] VU University Medical Center, Alzheimer Center, Amsterdam, Netherlands
[5] University College London, Psychiatry of the Elderly, London, United Kingdom
[6] Institute of Neuroscience, Newcastle University, Academic Psychiatry and Regional Affective Disorders Service, Newcastle, United Kingdom
[7] Moat House Clinic, General Practice, Surrey, United Kingdom
[8] Depression Alliance, Support Group, Croydon, United Kingdom
* Corresponding author.

Introduction Cognitive dysfunction is an important aspect of depression that includes problems with thinking, concentration and memory. Research suggests that the cognitive aspect of depression is highly prevalent and has a significant impact on patient functioning. Currently, cognitive dysfunction in depression is largely unrecognised, unmonitored and untreated.
Aims We aim to define cognitive dysfunction in clinical depression (major depressive disorder) and explore its detection and management in the UK, highlighting priority areas to be addressed.
Methods A modified Delphi method was used as the process to gain consensus. A multi-stakeholder steering committee of depression experts (including psychiatrists, psychologists, primary care physicians, and representatives from occupational therapy and a depression charity) provided the key themes and, through round-table discussion, developed draft statements. The main areas of focus were burden, detection and management of cognitive dysfunction in depression. These statements formed a questionnaire to be reviewed by 150–200 health-care professionals with an involvement in the management of depression, with level of agreement noted as 'strongly disagree', 'disagree', 'don't know/uncertain', 'agree' or 'strongly agree'. Responses to the questionnaire will be analysed (very high agreement [>66%] or very low agreement [<33%]) and the steering committee will revise and finalise the consensus statements, and identify priority areas for future consideration. The steering committee was initiated and supported by the pharmaceutical company Lundbeck Ltd, through an educational grant. Lundbeck Ltd did not influence content.
Results Results of the questionnaire and the evolution of the final consensus statements will be presented.
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