

Conclusions There is a statistically significant cognitive decline in patients with mild and moderate depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.015>

EW0402

Emotional schemas: A new cognitive perspective for the distinction between unipolar depression and bipolar disorder

O. Onur

Istanbul Bakirköy Research and Training Hospital for psychiatry neurology and ne, Psychiatry, Istanbul, Turkey

Introduction Clinicians need to make the differential diagnosis between unipolar depression and bipolar disorder to guide their treatment choices. Looking at the differences observed in the emotional schemas might help with this differentiation. This study is an exploratory investigation of schema theory's Leahy's emotional schemas among individuals diagnosed with bipolar disorder and unipolar depression.

Methods Three groups of subjects 56 unipolar depression in the remission period, 70 bipolar eutimic and 58 healthy controls were asked to fill out the Leahy Emotional Schema Scale (LESS). The clinicians diagnosed the participants according to the criteria of DSM-IV-TR with SCID-I, and rated the moods of the subjects with the Beck Depression Scale, and the Young Mania Rating Scale (YMRS). Statistical analyses were undertaken to identify the group differences on LESS.

Results The bipolar eutimic and unipolar depression patients' scores on the LESS dimensions were significantly different from the healthy participants in the areas of control, consensus, acceptance of feelings, dissimilarity and simplistic view of emotions.

Conclusions These results suggest that the metacognitive model of unipolar depression might be extrapolated for patients with bipolar disorder. Bipolar disorder may be associated with a general activation of the emotional schemas.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.016>

EW0403

Anxiety, stress and depression on COPD patients. A qualitative research

E. Kotrotsiou^{1,*}, E. Tzounis², Z. Daniil³, C. Hatzoglou⁴, N. Skenteris⁴, K. Gourgoulianis⁴

¹ University of Applied Sciences of Thessaly, Nursing, Postgraduate Program in Primary Health Care, Laboratory Science of Care, Larissa, Greece

² Primary National Health Network, Health Unit, Volos, Greece

³ University of Thessaly, Medicine, Larissa, Greece

⁴ University of Thessaly, Medicine, Postgraduate Program of Primary Health Care, Larissa, Greece

* Corresponding author.

Introduction COPD is a common disease, has an impact not only on psychical but also on psychological well-being. Anxiety, stress, depression are common co-morbidities for COPD patients.

Objectives This paper proposes to study from a qualitative point of view the effect of depression on COPD patients.

Aims A qualitative methodology was chosen in order to explore 75 (male n=69, female n=6) COPD patients' symptoms and signs of anxiety, stress and depression.

Methods Data were collected through semi-structured interviews. All patients also completed the Beck Inventory and the GDS

15 questionnaires. The interviews were conducted both in the general university hospital of Larissa and in patients' homes.

Results We enrolled 75 patients (15: normal, 17: mild depression, 7: moderate and 1 severe). Persistent low mood and lack of interest was expressed by most of the participants. "Before I get this thing, I was in a good mood, but not now". Poor self-management was associated with anxiety disorders and high temper: "I withdrew, due to my health"... "I was really stressed, and depressed, and quick-tempered". COPD diagnosis was difficult for some patients: "At the beginning, I wasn't in the mood for anything, just sleeping and more of watching TV". Other patients seemed to be in a good mood: "I was never scared of anything, I am happy".

Conclusions This research shows that depressive and anxiety symptoms are common among COPD patients. Depression has a significant impact on the daily life of patients while breathlessness made patients feel housebound and social isolated.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.017>

EW0404

Lurasidone for the treatment of major depressive disorder with mixed features: Do manic symptoms moderate treatment response?

A. Pikalov^{1,*}, J. Goldberg², Y. Mao³, C. Siu⁴, J. Tsai¹, J. Calabrese⁵, A. Loebel¹

¹ Sunovion Pharmaceuticals Inc., Global Medical Affairs, Fort Lee, USA

² Icahn School of Medicine at Mount Sinai, Psychiatry, NY, USA

³ Sunovion Pharmaceuticals Inc., Medial Affairs, Fort Lee, USA

⁴ COS and Associates Ltd., Data Science, Hong Kong S.A.R.

⁵ UH Case Medical Center, Psychiatry, Cleveland, USA

* Corresponding author.

Background This post-hoc analysis evaluated whether the efficacy of lurasidone in major depressive disorder (MDD) with mixed features is moderated by the number and characteristics of manic symptoms present at study baseline.

Methods Patients meeting DSM-IV-TR criteria for MDD who presented with two or three manic symptoms (consistent with the DSM-5 mixed features specifier) were randomly assigned to 6 weeks of double-blind treatment with either lurasidone 20–60 mg/d (n = 109) or placebo (n = 100). Finite mixture models were applied to identify latent class patterns of the 10 baseline manic symptoms.

Results Three latent class profiles were identified: 105 (50.5%) patients had manic symptom profile 1 (MIX 1) with mean MADRS 33.0, mean YMRS 9.2, mean number of manic symptoms 3.8; 63 (30.3%) patients had manic symptom profile 2 (MIX 2) with similar baseline mean MADRS (32.4) and YMRS (9.3) and lower number of manic symptoms 3.5; 40 patients had manic symptom profile 3 (MIX 3) with significantly higher severity scores in MADRS (35) and YMRS (14.9) and mean number of manic symptoms 4.6. A significant moderating effect on change in YMRS score was observed for the "decreased need for sleep" symptom, with greater lurasidone effect size (vs. Placebo) found in patients without vs. With this symptom ($P < 0.05$).

Conclusions In this post-hoc analysis of a placebo-controlled trial involving MDD patients with mixed features, absence of "decreased need for sleep" was found to be significantly associated with improvement in manic and depressive symptoms and to moderate the treatment effect on manic symptoms.

Disclosure of interest I am full time employee of Sunovion pharmaceuticals Inc.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.018>