

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.

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

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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 assessed 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.

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Rumination and primary care depression

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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.

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

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