ance and correctly classified 86.9%; the odds ratio (OR) was.865 (95% CI 0.834–0.898; $P < 0.001$). The model composed by the correlated dimensions explained 15.9%–24.0% and correctly classified 80.6%. Odds ratios: SK = 0.017; SJ = 0.021; isolation = 16.027; mindfulness = 0.167 and OI = 20.178 (all $P < 0.05$).

Conclusions Self-compassion, specifically the ability to treat oneself with care and understanding and to be aware and accepting one's present-moment experiences, decrease the probability of having LTHD.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1505

EV521
Interictal depressive disorders in epilepsy patients

A. Matos Pires*, Y. Martins, M. Suarez Gomez
Local Health Unit of Baixo Alentejo, Department of Psychiatry and Mental Health, Beja, Portugal
* Corresponding author.

Introduction Depression is recognized as more frequent psychiatric disorder in epilepsy patients with significant impact in their health-related quality of life.

Aims To analyze the occurrence and clinical particularities of different types of interictal depression in epilepsy patients.

Methods One hundred and fourteen epilepsy patients with interictal depression were assessed with a clinical interview and Hamilton depression and anxiety rating scales. Diagnostic criteria of ICD-10 and of the International League Against Epilepsy (ILAE) were used.

Results A total of 45.6% of patients met ILAE criteria of inerictal dysforic disorder (IDD) with predominance of depressive mood, irritability, fear and atypical pain. All patients had chronic epilepsy with specific epileptic personality changes. Comorbid adjustment disorders (depressive and anxious-depressive reactions) were diagnosed in 27.2% of patients. The most frequent trigger situations were: family problems, serious illness, unemployment, financial difficulties. In more than half of patients were registered specific personality changes whose severity was in inverse ratio with trauma severity. A total of 18.4% of patients met criteria of comorbid affective disorder (depressive and bipolar) with some specific clinical traits due to personality changes. In 8.8% of patients, anticonvulsant-induced depression was observed; it was clinically simple, resolved after offending medication withdrawal.

Conclusions Observed depressive disorders were heterogeneous: comorbid or attributed to epilepsy or its treatment. The most frequent condition was IDD. Specific personality changes may contribute to higher susceptibility and development of psychogenic depression. We emphasize the importance of treatment history (possibility of anticonvulsant-induced depression).

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1506

EV522
Regulation of serum spadin propeptide: An antidepressant response probe

J. Mazella*, C. Devader, M. Roulot, M. Borsotto, C. Heurteaux
Institut de pharmacologie moléculaire et cellulaire, CNRS–Life science, Valbonne, France
* Corresponding author.

Objectives We previously discovered that spadin, a short analogue of the propeptide (PE) released from the maturation of sortilin, displays potent antidepressant properties. Since the PE level can be measured in the blood, we aimed to investigate how the PE serum concentration is regulated in mice. We wondered whether the PE serum levels vary between healthy subjects and patients with major depressive disorder (MDD).

Methods We developed a dosing method based on the AlphaScreen[TM] technology (Perkin) which allow to selectively detect both PE, spadin and metabolic products from these peptides with a detection range of 1 ng/mL.

Results We found that insulin significantly up-regulated serum PE concentration from 26.15 ± 2.63 to 41.43 ± 6.27 nM ($P = 0.0318$). Analysis during circadian cycle in mice revealed that the amount of PE and its derivatives significantly varied during the cycle being higher during the period of maximal activity (dark period). We also measured serum insulin concentration between 1 and 7 pm and observed a significant rise confirming the relationships between insulin and PE concentration. We showed that the serum level of PE is lower in depressive patients than in healthy non-psychiatric. We observed that the weaker level of PE in depressive patients can recover the level of healthy subjects after a chronic antidepressant treatment.

Conclusions Dosing the serum level of PE could be a promising approach for the diagnosis of depression and to determine the remission of the disease.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1507

EV523
Treatment of mild to moderate major depressive disorder with agomelatine in patients with cardiovascular disorders (national observational multicenter study "pulse")

V. Medvedev
Mosow, Russia

Introduction The urgency of depression treatment in patients with cardiovascular diseases (CVD) is determined by the increasing prevalence of affective disorders. For these patients, tolerance and safety of antidepressants are of great importance.

Objective To obtain additional data on therapeutic efficacy and tolerance of agomelatine in the treatment of mild to moderate depressive disorders in cardiologic practice in Russia.

Methods Eight hundred and ninety-six adult patients with CVD (86.5% arterial hypertension, 29.5% stable angina, 16% myocardial infarction, 23.6% conduction disturbances, 17.6% chronic heartfailure) were treated with agomelatine 25-50 mg for 12 weeks. Depression and anxiety symptoms were evaluated via Hospital Anxiety and Depression Scale (HADS), Clinical Global Impression (CGI-S and CGI-I), Visual Analog Scale (VAS), Spielberger Anxiety Scale (SAS), Whitely Hypochondria Index (WHI) and quality of life questionnaire (SF-36). Safety and tolerance were also monitored according to the summary of product characteristics recommendations.

Results HADS scores decreased throughout the study and severe anxiety rate decreased from 95.9% to 15%. After 12 weeks of treatment, remission (HADS < 7) rate was 84.6%. Subjective assessment of patient health significantly improved ($P < 0.00001$). WHI decreased significantly ($P < 0.00001$). Physical and mental health significantly improved ($P < 0.00001$). Heart rate and blood pressure decreased. Treatment acceptability was considered "excellent" by 82% of doctors and 75% of patients.

Conclusion Agomelatine significantly improved depressive symptoms, anxiety and hypochondria in depressed patients with CVD and demonstrated good tolerance. This suggests the possibil-

ity of wide and safe use of agomelatine for treatment of depression in patients with CVD.

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

EV524

Premorbid temperament as a predictor for remission in depression

J. Miettunen [1,*], R. Marttila [2], N. Rautio [2], E. Roivainen [3], S. Keinänen-Kiukaanniemi [2], L. Ala-Mursula [2], J. Auvinen [2], M. Timonen [2]
[1] *Oulu, Finland*
[2] *University of Oulu, Center for Life Course Epidemiology and Systems Medicine, Oulu, Finland*
[3] *Verve Rehabilitation, Oulu, Finland*
* *Corresponding author.*

Introduction Personality traits have been associated with risk for depressive disorders. Studies with premorbid measures on personality are uncommon.

Objective Estimate effect of premorbid personality as a predictor for remission in depressive disorders.

Aim To study premorbid personality as a predictor for remission in depression in a population based sample.

Methods The sample is based on the large Northern Finland Birth Cohort 1966. Temperament traits were measured at age 31 years using the Temperament and Character Inventory. At the age of 46 years depressive symptoms were measured using the Beck Depression Inventory – II (BDI). The sample included those with self-reported life-time depression history at age 46 years but not yet at age 31 years ($n = 298$). Temperament at age 31 years was used to predict remission (BDI$\leq$13) at age 46 years using logistic regression analysis, with gender and educational level as confounders. Cohen's d was used as effect size measure.

Results Two hundred and one (67.4%) of individuals with self-reported depression were on remission at the follow-up. Low harm avoidance (total scale, and subscales anticipatory worry, shyness, and fatigability), low impulsiveness and high exploratory excitability (subscales of novelty seeking), and low sentimentality (subscale of reward dependence) predicted significantly remission with effect sizes between 0.28 and 0.45, highest effect being in harm avoidance.

Conclusions Different temperament traits were able to predict remission status in depression. Effect sizes were between small and moderate. Temperament may associate with treatment response in depression.

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

EV525

The importance of art therapy in the integrative treatment of recurrent depressive disorder – case study

J. Pavlovic Stojkovic [1], M. Milosavljevic [1,*], M. Vukovic [1], L. Vidic [1], D. Lecic Tosevski [1,2,3]
[1] *Institute of Mental Health, Clinical Department for Crisis Situations and Affective Disorders, Belgrade, Serbia*
[2] *Serbian Academy of Sciences and Arts, Medicine, Belgrade, Serbia*
[3] *University of Belgrade, Medical Faculty, Belgrade, Serbia*
* *Corresponding author.*

An integrative treatment of patients with affective disorders during hospitalisation also includes art therapy. Art therapy, as a form of expressive therapy, uses the creative process to encourage communication, expression of feelings and offers the space for mutual mirroring. This paper presents a patient who has been treated for approximately five years under the diagnosis of a recurrent depressive disorder (F33) and mixed personality disorder (F61). The patient has been experiencing unrecognised and untreated problems of the depression spectrum since 1993, when he took part in the Yugoslav war. The main issue was the somatic symptoms (headaches, nausea etc). Another major problem during his psychiatric treatment and an additional cause of unsatisfactory therapeutic effect was his inability to verbalise his feelings. In the course of art therapy, when the patient was given a topic "How I see myself in five years", he drew a man who appeared to be sleeping and explained that he could not see himself in five years' time, since he would not be alive at the time and that he could not see a way out of the current situation. With the help of a supportive group, for the first time since the beginning of his treatment, he spoke about his thoughts and feelings of hopelessness, sorrow, alienation and loneliness. This enabled new insight into the patient's depression. This clinical example shows how art therapy and reaction of the group, which was supportive and highly associative, can turn the non-verbal into verbal and non-communication into communication.

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

EV526

Toward evidence-based medical statistics: Re-evaluate the efficacy of antidepressants by using Bayes factors

R. Monden [1,*], D.V. Stijn [1], W. Klaas [1], R. Annelieke [1], M. Richard [2], W. Eric-Jan [3]
[1] *University Medical Center Groningen, Psychiatry, Groningen, Netherlands*
[2] *Cardiff University, School of Psychology, Cardiff, United Kingdom*
[3] *University of Amsterdam, Psychology, Amsterdam, Netherlands*
* *Corresponding author.*

Introduction Studies have been reported the similar efficacy of antidepressants (effect size around 0.3), and it is difficult for clinicians to select an antidepressant. This may partly due to the use of a p<.05 null-hypothesis significance testing (NHST) framework to evaluate "substantial evidence". This framework only allows dichotomous conclusions and does not quantify the strength of evidence supporting efficacy. In addition, meta-analyses based on publications may offer positively biased results due to selective publications.

Objectives Demonstrate that the Bayesian framework can provide valuable information on the strength of the evidence for drug efficacy.

Aims Re-evaluate the efficacy of FDA-approved antidepressants applied to anxiety disorders and depression by means of Bayes factors.

Methods To avoid selective publication, data of double-blind placebo-controlled trials for FDA-approved antidepressants for the treatment of anxiety disorders and depression were extracted from the FDA. Bayes factors (BFs) were calculated and compared with the results obtained under NHST framework.

Results A large variance of evidence for the efficacy of antidepressants was found for both depression and anxiety disorders. Among trials providing "substantial evidence" according to the FDA for anxiety disorders, only 27 out of 59 dose groups obtained strong support for efficacy according to the typically used cut-off of BF$\geq$20. For depression, all FDA-approved antidepressants had BF$\geq$20, except for bupriopion. Moreover, it was shown that the tested antidepressants can be differentiated based on the strength of evidence and effect size.

Conclusions The BFs quantified the comparative evidence base for the efficacy of antidepressants.