

lar major depression, among psoriatic patients. Depressive disorder with the presence of psoriasis may constitute a separate etiology with a greater contribution of early environment.

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

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EV0378

Modifications of depression-like behavior in the adult ovariectomized female rats treated with different doses of cholecalciferol

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The aim of the preclinical study was to examine the effects of chronic the effects of chronic cholecalciferol administration (1.0, 2.5 or 5.0 mg/kg/day, s.c., once daily, for 14 days) on depression-like behavior following ovariectomy in rats. Cholecalciferol was administered to the ovariectomized (OVX) rats and OVX rats treated with 17 β -estradiol (17 β -E₂, 0.5 μ g/rat, s.c., once daily, for 14 days). Depression-like behavior was assessed in the forced swimming test (FST) and the spontaneous locomotor activity was assessed using the open field test (OFT). Treatment with cholecalciferol in high dose (5.0 mg/kg/day, s.c.) significantly decreased immobility time of OVX rats in the FST. Co-administration of cholecalciferol in high dose with 17 β -E₂ exerted a markedly synergistic antidepressant-like effect in the OVX rats on the same model of depression-like behavior testing. Cholecalciferol in high dose administered alone or together with 17 β -E₂ significantly enhanced frequency of grooming of the OVX rats in the OFT. Moreover, cholecalciferol in high dose administered alone or together with 17 β -E₂ significantly decreased the elevated corticosterone levels in the blood serum of OVX rats following the FST. These results indicate that cholecalciferol in high dose has a marked antidepressant-like effect in the adult female rats with low levels of estrogen. The data also indicate that the combination of cholecalciferol in high dose and 17 β -E₂ is more effective than 17 β -E₂ alone in OVX rats inducing a more profound antidepressant-like effect in the FST.

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EV0379

Does committed action act as a buffer against the impact of shame on depression?

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Committed action is defined as the ability to take action guided by personal life values, i.e., to be persistent in valued behaviours even when such pursuit implicates facing setbacks and experiencing discomfort. This is a key process for acceptance and commitment therapy, and is linked to several positive mental health outcomes. Although current literature has stressed the pervasive impact of shame on psychopathology, especially on depression, data concerning the role of committed action on the impact of shame on depression is considered insufficient. Considering these premises, the current study intended to explore the moderator role of committed action in the relationship between external shame and depressive symptomatology, in an adult sample of 178 participants of both sexes. Path analysis' results showed that shame holds a positive effect on depression ($\beta = 1.19, P < .001$), and that committed action serves as a moderator of the effect of shame on depression ($\beta = -.63, P < .010$). The tested model accounted for 45% of the variance of depression symptoms. A graphical representation allowed to observe that committed action presents a buffer effect for the harmful impact of shame on symptoms of depression. That is, at any level of shame experienced, those individuals who revealed higher levels of committed action showed less depression symptoms. This study has corroborated the powerful effect of external shame on depression symptoms, which was found to be buffered by committed action. The present findings thus highlight the pertinence of identifying personal life values and motivating committed action, particularly in prevention and intervention programs for depression.

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EV0380

Depression and chronic immune system dysfunction—a longitudinal study in patients with lupus

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Introduction Depression is a common companion of systemic lupus erythematosus that substantially contribute to patient's suffering and a decreased quality of life. The relationship between depressive symptoms and disease immune processes is not well understood.

Objectives To further understand the relationship between lupus and depression, a patient cohort was examined for correlations between clinical presentation, biological parameters and psychosocial evaluation.

Methods Seventy-two lupus patients were screened for depressive symptoms, clinically and psychologically characterized using a battery of instruments, including assessments for depression, anxiety, fatigue, pain and overall health. Scores from these assessments were correlated with lupus clinical profile and biological parameters namely the immune profile.

Results Forty-two percent of the patients had scores indicative of depression using the HADS Depression scale. Strong correlation was found between pain and depression. Moderate correlation was found between several lupus symptoms, such as mouth ulcers, rash, and arthritis, and psychological evaluation. There was low to moderate correlation between complement levels, C-reactive protein and psychological indicators, but no other lab tests correlated well with the psychological tests.

Conclusion The correlation of depressive symptoms, complement and C-reactive protein with depressive symptoms suggests that these may be mediated by disease activity and share pathophysiological mechanisms. The overall weakness of correlations with biological markers demonstrates that more specific tests need to be developed. The study of lupus associated depression may, furthermore clarify the role of immune dysfunction in the pathophysiology of this psychiatric disorder.

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EV0381

Depression among elderly cancer patients

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Introduction Depression is one of the most common mental illnesses in the elderly and its consequences are severe.

Aims To measure the prevalence of depression in elderly cancer patients and subsequently determine the sociodemographic and clinical factors correlated with this disorder.

Methods We conducted a descriptive and analytical cross-sectional study of patients aged over than 65 years old, suffering from cancer and who had no cognitive impairment, admitted in 2013 in the Oncology and palliative care unit of Gabes regional Hospital (Tunisia). We used a self-rating questionnaire to detect sociodemographics and clinical variables, the Geriatric depression scale (GDS) to assess depressive symptoms, and the Activity of Daily Living to determine the degree of autonomy.

Results At the end of our investigation, we included 60 patients. The prevalence of depression was 48%. Depression was significantly correlated with: marital status (widower subjects were more depressed (74% vs. 34%, $P=0.007$)), less degree of autonomy (80% vs. 38%, $P=0.04$), fatigue (62% vs. 26%, $P=0.007$), pain (59% vs. 26%, $P=0.02$), family psychiatric history (80% vs. 20%, $P=0.02$), family history of death by cancer (72% vs. 38%, $P=0.01$), WHO condition (67% vs. 34%, $P=0.04$) and the presence of co morbidity in particularly diabetes (69% vs. 41%, $P=0.05$).

Conclusion Depression is prevalent in oncogeriatric environments. This could compromise quality of support and care of these patients. Close collaboration between oncologist and psychiatrist is needed to support and relieve these patients.

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EV0382

Depressive symptomatology and language perception in young women

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Introduction Depression may have numerous effects on cognition. A little investigated topic is the perception of the grammatical gender.

Objective The aim of this study is to examine whether there is a different understanding of grammatical gender in Greek-speaking young women with and without depressive symptomatology regarding names of cars that are female or neutral according to the modern Greek language.

Method Two-hundred fourteen women from Greece (Mean age = 19.59, SD age = 3.60, 18 min–50 max) were examined with the ZUNG Self Rating Depression Scale and a language test that comprised of 38 names of car brands, which were characterized in linguistics either as female or neutral. Half of women scored high in the ZUNG Depression scale.

Results Results indicated that overall there are no statistically significant differences between women with or without depression in their gender perception of the words ($P>.005$). In addition to that, there are no statistically significant differences between the names of car brands that are related to large size cars and/or expensive car models.

Conclusions This research suggests that although there is a tendency to consider the existence of depressive symptomatology as detrimental on cognition, this does not seem to hold true for the perception of the gender of the words as examined by linguistics.

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EV0383

Seasonal affective disorder (SAD) and light therapy: State of the science

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Major depression with a fall/winter seasonal pattern, also known as seasonal affective disorder (SAD), is a recurrent and prevalent disorder. Treatment may include either pharmacological (antidepressant) or non-pharmacological options, most commonly light therapy. Over the years, light therapy has been explored using various delivery methods including light-emitting diode (LED) devices. For over 20 years, cool-white fluorescent sources that yield 10,000 lux of polychromatic white light have been the standard treatment for SAD. Many investigations have confirmed the clinical effectiveness of white light, its overall tolerability, and adverse reactions, such as agitation, insomnia, and headache. Building upon this, more recent studies have compared alternative light sources and different wavelengths of light, such as white, red, green, and blue. If certain wavelengths are more potent and effective, lower intensities of light could reduce side effects and increase tolerability and adherence. Furthermore, studies of the ocular system particularly, intrinsically photosensitive retinal ganglion cells, discovered differences among specific wavelengths of light. While some reports have suggested that 446–477 nm wavelengths of blue light may be the most potent, published clinical trials have revealed mixed results. The purpose of this session is to review the state of the science on light therapy in the treatment of SAD, and suggest recommendations for clinical practice and implications for patients.

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Association of activation syndrome with life-time hypomanic symptoms and Ghaemi criteria

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