various antidepressants were withdrawn, lithium salts were introduced. It is then that the patient starts improving her mood.
Results – Dysthymia (F34.1).
– Mixed and other personality disorders (F61.0).
Conclusions In spite of having an appropriate pharmacological, unfortunately, antidepressants improve dysthymia just in 50–70% of patients. Antidepressants resistant dysthymia cases have been studied. In those cases, it has been necessary to add lithium or thyroxine. This confirms that, when it comes to this disorder, there are many neurochemical mechanisms involved, given the positive response to the combination of drugs, notwithstanding the severity of the adverse effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV495

Assessment of mature serum brain-derived neurotrophic factor (BDNF) is not superior to total serum BDNF in prediction of antidepressant treatment outcome

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Background Serum BDNF levels are decreased in major depressive disorder (MDD) and tend to normalize under antidepressant treatment, serving as a treatment outcome predictor. BDNF is initially synthetized as precursor protein proBDNF and is cleaved to mature BDNF (mBDNF) while only the latter exerts neurotrophic activity.
Aim The aim was to explore if a specific enzyme-linked immunosorbent assay (ELISA) kit for mBDNF in serum would be superior to the unspecific assessment of total serum BDNF in predicting treatment response in MDD.
Methods Twenty-five patients with MDD underwent standardized treatment with duloxetine. Severity of depression was measured by Hamilton Depression Rating Scale (HDRS) at baseline (BL), after one (W1), two (W2) and six weeks (W6) of treatment. Treatment response was defined as a HDRS $\geq$ 50% reduction of BL score at W6. mBDNF and total BDNF serum levels were determined at BL, W1 and W2.
Results A high and stable correlation was found between mBDNF and total BDNF serum levels over all measurements. The predictive value of mBDNF BL levels and mBDNFΔW1 to response was similar to that of total BDNF BL and total BDNFΔW1. The assessment of serum mBDNF was not superior to total BDNF in prediction of treatment outcome.
Conclusions Not only baseline total BDNF but also mBDNF is predictive to treatment outcome. The later might represent the main player in this respect, which supports the idea of a functional link between neuroplasticity and MDD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV496

Computer-based cognitive training for patients with unipolar depression

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Introduction Unipolar depression is a public health problem and is the most common psychiatric disorder among people with long-term sick leave in Denmark. Patients with unipolar depression are often associated with deficits in cognitive function long after the affective symptoms have disappeared. This could explain the long-term sick leave among patients suffering from unipolar depression. Computer-based cognitive training has been used to increase cognitive function in other patient groups.
Objectives It is unknown whether cognitive functions are improved in patients with depression by help of a cognitive computer program. Further we investigate whether this intervention shortens sick leave.
Aims To investigate whether a computer-based cognitive training group present a higher score in cognitive function after training and return to their employment earlier compared to the control group.
Methods The study includes patients who have been admitted because of depression, but are finished with their treatment. When the patients are discharged, they will be randomizes into two groups and evaluated on their cognitive function. Only one of the two groups will receive computer-based cognitive training. After 12 week the two groups' cognitive function will be compared. Furthermore there is a six-month follow up, to show if or when the participants have returned to work.
Results The results will be presented at the EPA March 2016 in Madrid.
Conclusion Based on the results of study it is our intention to conclude whether or not to implement computer-based cognitive training in treatment of patients with depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV498

Acute administration of reboxetine reduces alcohol self-administration but, after a subchronic treatment with this drug, alcohol self-administration is enhanced

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