tion and the extent to which psychiatric co-morbidity is taken into account.
Aim To determine, whether MDD should be considered an episodic or chronic disorder.
Objective To examine the 6 year course of MDD, incorporating data of multiple time points and taking common psychiatric co-morbidities into account.
Methods Data were from 903 patients with current MDD at baseline in the Netherlands study of depression and anxiety, with subsequent data from 2 year, 4 year and 6 year follow-up. Four course trajectories were created taking all information during follow-up into account classifying patients as (1) recovered, (2) recurrent without chronic episodes, (3) recurrent with chronic episodes or (4) consistently chronic. A chronic episode was defined as having symptoms consistently over 2 years.
Results The recovery rate of MDD was 58% at 2 year follow-up but looking at 6 year follow-up and taking into account co-morbid dysthymia, (hypo) mania and anxiety disorders reduced this recovery rate to 17%. Moreover, more than half of the patients experienced chronic episodes.
Conclusions Longitudinal data of this psychiatric cohort study showed that full recovery is the exception rather than the rule. MDD follows a chronic course and, moreover, persons are prone to switch to other psychiatric disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0118

Mirtazapine and trazodone efficacy on major depressive disorder (MDD) is moderated by patients' age and sex: A randomized, controlled trial

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Introduction NaSSA antidepressant mirtazapine and SARI trazodone has proven efficacy on MDD.
Aim To compare differences in mirtazapine and trazodone efficacy on MDD in different age and sex groups.
Methods A consecutive sample of 60 MDD outpatients were randomized to mirtazapine 30 mg/day or trazodone 150 mg/day for a 3 months stable dosing period at the department of biological psychiatry and psychogeriatrics of the university psychiatric hospital Vrapče, Croatia. Outcome was relative lowering of HAMD-17 scale result. The study was single blind: rater was blinded, while patients informed regarding prescribed medication.
Results Overall efficacy of mirtazapine and trazodone was comparable (84% lowering of HAMD–17 in both cases; difference $P = 0.754$). After adjustment for MDD baseline severity (CGI–S), education, marital and working status, interaction of age and sex significantly moderated two drugs' efficacies. In patients older than 47 years, in male patients trazodone was significantly more effective, and in female patients significantly less effective than mirtazapine. This effect was increasing by aging.
Conclusion Mirtazapine and trazodone efficacy on MDD is moderated by patients' age and sex.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0119

Early prediction of non-response to anti-depressive treatment with an easy-to-use electrophysiological index dynamics

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Introduction The evaluation of response to pharmacological treatment in MDD requires 6–8 weeks. Therefore, the ability to predict response, and especially lack of response to treatment, as early as possible after treatment onset or change, is of major significance. Many studies demonstrated significant results regarding the ability to use EEG and ERP markers. However, these markers are derived from long EEG/ERP samples, often from multiple channels, which render them impractical for frequent sampling.
Methods We developed a new electrophysiological attention-related marker from a single channel (2 electrodes) and 1 minute samples. This work presents an initial evaluation of the ability to harness this marker, for early differentiation between responders and non-responders to anti-depressive treatment, in 26 patients with various levels of depression and heterogeneous treatment interventions and 10 healthy controls. Subjects who initiated treatment for depression were followed clinically through their Hamilton depression scores as well as their EEG activity twice a week for a period of 8 weeks. Any acceptable anti-depressive treatment been included. The improvement in Hamilton scores at the end of 8 weeks used to discriminate responders and non-responders.
Results Within two weeks, we could differentiate between non-responders and responders to anti-depressive treatment, with absolute discrimination between subjects with moderate to severe depression, and with 0.71 sensitivity and 0.96 specificity within the whole depressed subjects.
Conclusions This is a proof of concept for an easy to use, cheap and quick marker for the lack of respond to anti-depressive treatment within two weeks of anti-depressive treatment.
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EW0120

The dopaminergic polymorphisms in psychomotor retardation of depression: A pathway-based imaging genetics association study

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Introduction Several lines of evidence implicate dopamine is involved in the psychomotor retardation (PMR) in major depressive disorder (MDD). Besides, abnormal cerebral blood flow (CBF) of PMR was also found in the cortico-basal ganglia-thalamo-cortical