in order to collect and analyse information on the state of health and health-related behaviors of the citizens of Nicosia in Cyprus.
Aims To estimate the frequency of self-reported depressive disorders and examine burdening as well as factors influencing it.
Methods Based on the 2011 census, a cross-sectional study was carried out on a representative random stratified sample, which was selected to be interviewed, including 477 men and 525 women, from the city area. Participants answered a questionnaire, which required among other items on self-perceived physical and mental health. Participants were also asked the following questions: "Do you have/had in the past depression or/and anxiety?" and "Have you received a medical diagnosis for this disorder?"
Results Approximately 70% of the sample reported they had experienced anxiety and depression (37% moderate and 33% severe episodes). Diagnosed depression was reported by 4%. Severe depressive disorders were more frequently reported by women (41%, $P<0.001$), older aged citizens (70.2%, $P<0.001$) widowed/divorced (45.5%, $P<0.001$), persons with lower family income (< 1000 €, 79.7%, $P<0.001$) and among people with chronic diseases (45.3%, $P<0.001$).
Conclusions The self-reported prevalence of anxiety and depression in the citizens of Nicosia is very high – probably reflecting a negative effect of the economic crisis –, and contrariwise diagnosis of the disorder is rarely provided and consequently therapy rarely offered. Specific population groups, such as women, elderly citizens, patients with chronic diseases are more vulnerable to depressive disorders requiring specialized medical attention.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0408

The onset, course and resolution of depressive symptomatology in chronic hepatitis C patients on pegylated interferon alpha: A 72-week prospective study

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Introduction Treatment with pegylated interferon alpha (PEG-IFN-α) in patients with chronic hepatitis C (CHC) is associated with depressive symptomatology more frequently than other inflammatory diseases treated with PEG-IFN-α.
Objectives To prospectively evaluate the onset, course and resolution of depressive symptomatology in CHC patients treated with PEG-IFN-α.
Methods Hamilton depression rating scale (HAMD) was used to asses depressive symptoms in 103 subjects with CHC prior to initiation of PEG-IFN-α (mean dose 152.6 ± 25.6 mcg; duration of therapy 48 weeks) and at the follow-up visits (4th, 12th, 24th, 48th and 72th week). Control group consisted of 103 CHC subjects, without PEG-IFN-α.
Results Our results showed a significant increase in HAMD scores as early as in the 4th week of PEG-IFN-a therapy compared to HAMD scores prior to initiation of PEG-IFN-α (38.8% vs. 24.3%). The peak of depressive symptomatology was evidenced in the 12th week (mean HAMD 9.34 ± 6.93), when almost 50% of patients had HAMD above 7. At the end of the treatment (48th week), 38.8% had HAMD above 7, and in the 72nd week (24 weeks after the therapy completion) prevalence of depression was decreased to the values lower than at baseline (23.3% vs. 24.3%). No change in prevalence of depression was detected in control group.
Conclusion Our results are important because they show the overall course of depressive symptomatology during the interferon therapy. These data also show spontaneously resolution of depression 6 months after the completion of PEG-IFN-α. This study is the longest study in this area.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0409

Presence of somatic symptoms (especially pain) in patients with depresive disorder and its impact on quality of life, and possible involvement with anhedonia

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Depressive Disorder, according to WHO will be one of the most disabling causes in the world. Depression includes psychological and somatic symptoms, like anhedonia or pain, and both have a bidirectional relationship, so that the presence and severity of one of them directly affects the other one, and both leads to a disruption in quality of life and increase health resources. The relationship between major depression and chronic pain has been widely investigated but few studies have focused on other depressive spectrum disorders, and never the possible relationship between pain and anhedonia in DD. Our aim is to analyse the presence of somatic symptoms (especially pain) in patients with DD and its impact on quality of life, and involvement with anhedonia. We analysed the correlation between the scores of the HADS, SSI-28, SHAPS and SF-36 scales. Results showed a significant correlation between SSI-28 and HADS-A($r=0.45$; $P<0.001$), HADS-D($r=0.35$; $P<0.001$) and with 7 of the 8 domains of SF-36: Bodily Pain($r=-0.62$; $P<0.001$), General Health($r=-0.29$; $P=0.003$), Role Physical($r=-0.45$; $P<0.001$) Mental Health($r=-0.34$; $P=0.003$), Vitality($r=-0.403$; $P<0.001$), Social Functioning($r=-0.37$; $P<0.001$). In addition, SHAPS correlates with 6 of the 8 domains of SF-36: PF($r=-0.33$; $P=0.001$), GH($r=-0.27$; $P=0.006$), Vit ($r=-0.41$; $P<0.001$), SF($r=-0.52$; $P<0.001$), RE($r=-0.24$; $P<0.001$) and MH($r=-0.49$; $P<0.001$). The results demonstrate that both anhedonia and somatic symptoms negatively correlate with HRQoL, and that a bidirectional relationship between depression and somatic symptoms is clearly proven, which means that depression may be related with the presence of somatic symptoms, especially pain, and also somatic symptoms lead to an increase of depressive symptoms. This could impact on the diagnosis and treatment of depressed patients with somatic symptoms and anhedonia.

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EV0410

The impact of depression on the human personality

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Depression is a common experience. We have all felt "depressed" about a friend's cold shoulder, misunderstandings in our marriage, tussles with teenage children, sometimes we feel "down" for no reason at all. However, depression can become an illness when:
– the mood state is severe;
– it lasts for 2 weeks or more and;
– it interferes with our ability to function at home or at work.
Signs of a depression includes:
– lowered self-esteem (or self-worth);
– change in sleep patterns, that is, insomnia or broken sleep;
– changes in appetite or weight;
– less ability to control emotions such as pessimism, anger, guilt, irritability and anxiety;
– varying emotions throughout the day, for example, feeling worse in the morning and better as the day progresses;
– reduces capacity to experience pleasure: you cannot enjoy what's happening now, nor look forward to anything with pleasure;
– hobbies and interests drop off;
– reduces pain tolerance: you are less able to tolerate aches and pains and may have a host of new ailments;
– changes sex drive: absent or reduced;
– poor concentration and memory: some people are so impaired that they think that they are becoming demented;
– reduces motivation; it does not seem worth the effort to do anything, things seem meaningless;
– lowers energy levels.
At the Institute, we believe that personality and temperament contribute to depression, particularly *non-melancholic* depression. Certain personality types are more at risk of developing depression than others.
Generally speaking, someone who is depressed would: have a low mood, be pessimistic, have lowered self-esteem and feel hopeless and helpless.
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EV0411

Antidepressants and sexual dysfunction: study with vortioxetina

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Introduction Antidepressant treatment, although it is effective to improve the manifestations of major depression, may also induce or exacerbate some symptoms of sexual dysfunction. Symptoms such as decreased libido, anorgasmia, delayed ejaculation, erection difficulty or dyspareunia, affect the quality of life of the subject who suffers and the self-esteem, can lead to lack of adherence to treatment and in accordingly, the relapse of depressive symptoms. Serotonergic antidepressants are frequently associated with the onset of sexual dysfunction in sexually active patients exceeding 70%. Clinicians underestimate the actual incidence of dysfunction as the technical specifications of drugs show lower levels than 25% and spontaneous reports of patients do not exceed 20-40%.
Aims Vortioxetina is a reuptake inhibitor of serotonin (5-HT) and is also an agonist of the 5-HT1A partial agonist 5-HT1B and an antagonist of 5-HT3, 5-HT1D and 5-HT7. Apparently, this molecule at doses of between 5 and 15 mg is safe and effective and does not cause sexual dysfunction. It is a well-tolerated and safe, with low incidence of sexual dysfunction.
Methods To evaluate the action we have evaluated sexual dysfunction in patients with major depression before receiving treatment vortioxetina (whether state or not previously treated with other antidepressants) and at 2, 6 and 12 months after starting treatment with the drug. So we've used the SALSex scale (Scale for measuring sexual dysfunction secondary to psychotropic drugs).
Results The results of this study are still being analyzed.
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EV0412

Cognitive symptoms in mayor depression: A study with vortioxetina

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Introduction The major depression is associated with decreased cognitive functions in a range of areas, including attention, memory and executive functions. The cognitive symptoms of depression can have a profound effect on the ability of patients to keep out the tasks of daily living, and are significant factors that affect the ability to function both interpersonal and occupational level.
Aims Vortioxetina have a multimodal action acting on various serotonin receptors in addition to inhibiting serotonin reuptake. Vortioxetina, is a new therapeutic tool seems to have shown efficacy in the treatment of cognitive symptoms of depression.
Methods To evaluate this action we have evaluated the cognitive decline in patients with major depression before receiving treatment vortioxetina (whether state or not previously treated with other antidepressants) and at 2, 6 and 12 months after starting treatment with the drug. For that, we've used the Verbal Hearing Test King (RAVLT), which evaluates the auditory verbal short-term memory, the learning rate, the retention of information, and the differences between learning and recovery, and testing Digit substitution by symbols (DSST) that perform quick detection of brain dysfunctions by a conventional task.
Results The results of this study are still under analysis.
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