

Introduction Depression is a complex disease associated with sleep, appetite and body weight disturbances as well as with the level of physical activity, all of which may be the risk factors for the development of metabolic disorders. Different physiological mechanisms as well as psychosocial factors such as gender, age, smoking, stress level, nutrition and level of physical activity can affect the metabolic syndrome (MS) development in depressed patients. It is considered that chronic stress causes depression and subsequent poor lifestyle that can lead to the MS development, which results in increased incidence of cardiovascular disease.

Aim To determine the psychosocial and clinical characteristics of depressed patients with MS diagnosis.

Methods Cross-sectional study was conducted on a sample of 80 patients suffering from depressive disorder. The structured socio-demographic questionnaire, MINI questionnaire, Hamilton Rating Scale for Depression (HAM-D-17) and the Clinical Global Impression Scale (CGI) were used as diagnostic instruments. MS diagnosis was made according to NCEP/ATP III criteria.

Results Depressive patients with MS diagnosis had a significantly higher frequency of suicide attempts, while MS diagnosis significantly more frequently was present in female patients. Increased intake of carbohydrates was an important characteristic of the depression as well as MS.

Conclusion Further studies are needed in order to explain the observed gender differences, and whether interventions focused on the treatment of depression may contribute to the acceptance of healthy lifestyles, particularly in changing of dietary habits, and thus indirectly contribute to the reduction of MS frequency.

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EW185

Self-esteem and emotional distress in a population of unemployed persons

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Introduction For most individuals, basic life requirements are met through employment. It can satisfy creative urges, promote self-esteem, and provide an avenue for achievement and self-realization.

Objective To assess the level of depression, anxiety and self-esteem in a population of unemployed persons.

Method It was a cross-sectional study involving unemployed people we met in the office of employment of Sfax in Tunisia. The level of anxiety and depression was assessed by the Beck depression and anxiety inventories. The self-esteem Rosenberg scale allowed us to evaluate the level of self-esteem of our population.

Results The average age of our subjects was 33 years six months. The average duration of unemployment of our population was 4 years 7 months and 38.2% of them had never worked before. The anxiety level was moderate in 38.2%, while moderate to severe depression was found in 47%. Self-esteem was low to very low in 47.1%. A low level of depression was positively correlated with a low socioeconomic level ($P=0.000$), a low level of anxiety ($P=0.000$) and a high self-esteem level ($P=0.000$).

Conclusion People with strong support systems and greater self-esteem seemed to experience less unemployment stress. Identifying those who are at high risk for psychological and physical problems and finding ways of preventing them from suffering the adverse effect of unemployment are important areas for further study.

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EW188

Apathy and depression: Which clinical specificities?

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Introduction Apathy is a transnosographical symptom that is often described in psychiatric and neurological illness. The most known definition, proposed by Marin (1991), is a lack of goal-directed voluntary behavior. Apathy and depression may be present together but they are clinically independent. The confusion between signs of apathy and those of depression might reveal diagnostic and treatment issue. Our aim is to define a clinical profile of apathetic patients (Ap) with depression, hypothesizing there is a different clinic profile than non-apathetic patients (NAP).

Method Seventy adults diagnosed with depression were included in a comparative, non-randomized and open cohort, since November 2014. Clinical assessments targeted clinical scale evaluations (MINI, AES, MADRS, STAI, SHAPS). Patients were separated in two groups, Ap VS NAP, using a 42 points cut-off at AES score.

Results Ap represent 30%; $n(\text{Ap})=21$, $n(\text{NAP})=49$. Depressive severity scores (MADRS) are lower in the Ap group; $W\text{-test}=672$, $P=0.044$. State anxiety scores (STAI-A) are lower in Ap group; $W\text{-test}=739$, $P=0.004$. Anhedonia scores (SHAPS) are lower in Ap group; $W\text{-test}=412$, $P=0.004$. Pearson test show negative correlation between AES/STAI-A ($r=-0.27$; $P=0.02$); AES/SHAPS ($r=-0.45$; $P=0.001$).

Conclusion Apathetic patients suffering from depression seem to present different clinical pattern in term of anxiety and anhedonia. These results are high of interest for therapeutic and further studies focus on pathophysiological issues.

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EW190

The role of augmentation treatment with second-generation antipsychotics in major depression disorder—current evidence in the literature

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Introduction Major depressive disorder (MDD) is a chronic mental illness with a considerable lifetime prevalence in adult men and women. Only a third of MDD patients remit following adequate antidepressant treatment, while most suffer from significant core depressive or residual symptoms during their clinical course. Augmentation treatment with second-generation antipsychotics (SGAs) has been one of the suggested approaches to overcome this shortage of efficacy of antidepressant therapy.

Objectives To review the role of SGAs as an augmentation strategy to antidepressant therapy in MDD.

Methods A search of the MEDLINE/Pubmed database was conducted for articles from 2010 to 2015, using the MeSH terms “antipsychotics”, “depression” and “treatment”.

Results There is a general consensus in the literature that antidepressant augmentation treatment with SGAs is more effective than placebo in the management of patients with MDD who failed to respond adequately to antidepressant therapy alone. The majority of studies found no significant differences between the different studied drugs (namely, aripiprazole, quetiapine, olanzapine and risperidone). On the other hand, discontinuation rates due to adverse effects are also higher with SGAs versus placebo. However, it remains unclear if augmentation with SGAs is more effective than

other therapeutic strategies, such as combination or switching to other antidepressant or augmentation with other psychotropics.

Conclusions There is strong evidence that SGAs augmentation is an effective and generally safe therapeutic approach to patients with MDD who respond poorly to antidepressants. Nevertheless, more studies are needed to understand the efficacy of this treatment comparing other therapeutic approaches.

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EW191

Antidepressant-induced hyponatremia

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Introduction Hyponatremia is one of the electrolytic disorders most commonly observed among general hospitalized populations (2% of hospitalized patients). A form of hyponatremia is the syndrome of inappropriate antidiuretic hormone secretion (SIADH). One of its diverse causes is medication. Selective serotonin reuptake inhibitors (ISRSs) can cause hyponatremia due to SIADH, particularly among elderly population.

Clinical case report A 81-year-old female treated with paroxetine 20 mg/day because of depression. Two weeks later she starts feeling nausea, somnolence and motor inhibition. The sodium level previous to the onset of treatment was normal but after two weeks it has decreased to 121 mEq/L, pointing to SIADH induced by ISRSs.

Discussion The incidence of hyponatremia among elderly patients treated with antidepressants of ISRSs class has increased. The prevalence varies between 0.5 and 25%. Although half of the patients are asymptomatic, the mortality rate may reach 25%. It generally develops during the first month of treatment and is reversible between 2 and 28 days after the suspension of the ISRSs.

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EW193

The impact of neuroinflammation and inflammatory cytokines in depression and suicidal behavior

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Introduction It has been suggested that neuroinflammation and inflammatory mediators may play a crucial role in the pathophysiology of both major depression and suicidal behavior. Immunological differences have been reported between both subjects with major affective disorders and suicidal behavior.

Objectives The main objective of this review was to deeply investigate the nature of the association between inflammatory cytokines in depression and suicidal behavior. Aims: The study aimed to conduct a systematic review of the current literature to investigate the association between inflammatory cytokines, depression, and suicidal behavior.

Results Generally, an imbalance between pro-inflammatory and anti-inflammatory cytokines has been documented in both major depression and suicidal behavior. The presence of major depres-

sive disorder (MDD) with suicidal ideation/attempts was associated with differences in inflammatory cytokine profile when compared to that without suicidal ideation/attempts. However, not all studies demonstrated a positive correlation between inflammatory cytokines and suicidal behavior.

Conclusions The mentioned association between inflammatory cytokines, depression, and suicidal behavior does not imply the existence of a causal relationship. Further additional studies should clarify the molecular mechanisms of the immune activation pathways underlying depression and suicidality.

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EW194

N-methyl-D-aspartate antagonists in depression–15 years after the first ketamine clinical study what has changed?

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Introduction In the last decades, multiple studies have suggested evidences of disturbances within the glutamate system in depressed patients. The first clinical study using ketamine in depression treatment was conducted fifteen years ago. Since then several studies tried to understand the mechanisms underlying the antidepressant effects of ketamine, as well as discover new drugs with better pharmacodynamic profiles.

Objectives/aims Review the literature on the role of glutamate system in depression and novel approaches with glutamate N-methyl-D-aspartate receptor antagonists in depression.

Methods Search and review of scientific literature on PubMed database with the keywords.

“major depressive disorder”, “depression”, “ketamine”, “glutamate”, “NMDA”, “neuroplasticity”.

Results Abnormalities of the glutamate clearance at synaptic space and astrocytic dysfunction associated with glutamate metabolism have been associated with depressive symptomatology. In depressed patients, reduced levels of glutamate have been described by magnetic resonance spectroscopy in multiple cortical areas, amygdala and hippocampus, supporting the hypothesis of glutamate system involvement in the neurobiology of depression. Indeed, in the last 15 years, multiple clinical studies using ketamine provided some evidence that glutamate N-methyl-D-aspartate receptor antagonism could be an approach for refractory forms of depression. However, regardless all of the evidences, no drug targeting specifically the glutamate system has been approved for depression treatment.

Conclusions The glutaminergic system plays a role in the pathophysiology of depression, why it's a possible therapeutic target. So, it's of utmost importance that future studies keep the focus in this area, looking for new drugs active in this system.

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EW195

Disturbance of serum albumin conformation in patients with melancholic depression

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