various antidepressants were withdrawn, lithium salts were introduced.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 ≥ 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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Introduction Comorbidity between alcoholism and depression has long been acknowledged, and the possibility that similar brain mechanisms, involving both serotonergic (5-HT) and noradrenergic systems (NE), underlie both pathologies has been suggested. Thus, inhibitors of NE and 5HT uptake have been proposed for the treatment of alcoholism, as they have shown to reduce alcohol intake in various animal models. However, most of the studies mentioned were carried out acutely and there is a lack of knowledge of the possible long-term effects. Clinical studies report an overall low efficacy of antidepressant treatment on alcohol consumption, or even a worsened prognosis. In addition, several cases of alcohol dependence following antidepressant treatment have been reported in the literature.

Objectives We aimed at comparing the acute and chronic effects of the treatment with the antidepressant drug reboxetine on alcohol consumption.

Methods We used a rat model of alcohol self-administration, and two different schedules of reboxetine administration (acute and chronic).

Results Our results confirm the acute suppressant effects of reboxetine on alcohol consumption but indicate that, when this drug is administered chronically in a period of abstinence from alcohol, it can significantly increase the rate of alcohol self-administration.

Conclusions These results are important for the understanding of the clinical reports describing cases of increased alcohol consumption after antidepressant treatment, and suggest that much more research is needed to fully understand the long term effects of antidepressants, which remain the most widely prescribed class of drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV499

Relationship between drug dreams, affect, mood disorders and lucid awakening in psychotic patients on a treatment

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Introduction This experimental trial aims to describe the experiences felt by a group of patients diagnosed with different psychotic disorders (schizophrenia, delusional chronic disorder, etc.) in which the use of Benzodiazepine derivatives were related to emergence of lucid dreaming and dissociative events (to see oneself out of your one body, etc.), and to a lesser extent had subsequent depressive symptoms. Fifty-six patients were monitored and linked to the emergence of depressive symptoms related to the use of Benzodiazepines or sedative-hypnotic. While on this treatment, they had vivid or lucid dreaming.

Aims-objectives To explore the relationship between occurrence of drug dreams (DDs) and daytime negative affect with lucid awakening during the course of a 9-week treatment.

Methods Using the dream journal methodology, 56 participants reported occurrence of dreams, dream content, and ratings of affect. The relationships between the experience of DD, dream content ("active" vs "passive"), and affect were analysed using mixed model methods.

Results The experience of DD was associated with higher levels of negative affect ($P < 0.001$). The occurrence of DD did not decrease significantly over the 9 weeks of the study. Benzodiazepine users reported a higher occurrence of Lucid Awakening ($P < 0.05$) than the other drug groups (zolpidem and clometiazol).

Conclusions These results are consistent with the hypothesis that DD can act as drug-conditioned stimuli to elevate negative affect. Although correlational, such findings support the implementation of psychological and pharmacological interventions aimed at minimizing the impact of DD on patients with lucid awakening and psychosis.

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EV500

The sunshine induced placebo effect in major depressive disorder patients exhibits gender differences

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Rationale Sunshine increases placebo effect in major depressive disorder (MDD) patients (Gailledreau et al., 2015). Kokras et al. (2014) showed that sunshine induces different responses in female than male mice in preclinical models of depression.

Objective To determine whetehr the sunshine induced placebo effect exhibits gender differences in human.

Materiel and methods Data from 9 double-blind, randomized, placebo-controlled studies of antidepressants conducted by the French GICIPI network were reviewed. MADRS (5) or HAM-D 17 (4) were used as the main efficacy tool. For each patient, variation of scores (Delta MADRS/Delta HAM-D) between two consecutive visits were correlated with the average sunshine index observed at noon between these visits. Sunshine indexes were provided by Météo-France. Correlations were computed with Microsoft Excel.

Results Analysis of both genders ($n = 52$) showed no statistically significant (NS) correlation ($r^2 = 0.0064$) between sunshine and score variations. Analysis of males ($n = 8$) failed to demonstrate any significant correlation in cloudy (< 1000 Joules/cm^2), variable ($1000–2000$ Joules/cm^2) or sunny (> 2000 Joules/cm^2) weather. Analysis of females ($n = 44$) showed NS correlation as well for cloudy or variable weather ($r^2 = 0.0016$), but a strong correlation was observed for females exposed to sunny weather: $r^2 = 0, 315, n = 20, P < 0.01$. This correlation was even stronger in the subpopulation of females aged less than 50 years: $r^2 = 0.6398, n = 12, P < 0.001$.

Discussion The hypothesis underlying this correlation between sunshine index and variations of MADRS/HAMD scales will be discussed.

Conclusion Sunshine increases placebo effect in female patients aged less than 50. This insufficiently known effect may be responsible for failure of a number of double-blind, randomized, studies of antidepressant compounds.