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Introduction The occurrence of religious symptoms in obsessive compulsive disorder OCD patients ranges from 0% up to 93%. Although, frequent and influential nature of these symptoms, the explanations of its complexity and phenomenology are deficient in the literature.

Objectives Determine the most frequent OC religious symptoms among OCD patients. Assess relation between the frequent symptoms of religious OCD and depression.

Methods Cross-sectional study was conducted among 115 consented patients diagnosed as OCD according to DSM-IV. Patients were recruited in one year from Psychiatric clinics, Zagazig University, Egypt. Psychiatric interview and psychometric assessment using Beck Depression Inventory (BDI) and OC religious symptom scale [1] were done.

Results The majority of patients (57.4%) had various religious OC symptoms. About 44% had doubts in religion in general (e.g. existence of God) and 11.3% had Blasphemous ideas. More than one third reported doubts about performing prayers and ablution perfectly; 34.8% repeatedly claimed they forgot to declare intention to pray, 36.5% had doubts about violating their ablution and 29.6% were skeptical about doing all ablution duties. Moreover, 23.5% reported slow or repeated readings in prayers, 25.2% had suspicions of breaking their fasting. A strong correlation between religious OC symptoms and total score of OC symptoms scale was confirmed. Most of our patients showed positive correlation between degree of depression and total score OC symptoms scale.

Conclusions Muslim patient present with specific phenomenology of religious OC symptoms. These symptoms are very frequent and negatively influencing their mood.

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

Reference

[1] Abohendy W, Moemen D. Obsessive compulsive religious symptom scale: Egyptian association of psychologists. 2006;16(3):469–518.

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Human neuropeptide gene – new target in depression?

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Introduction Neuropeptide (NP, kallikrein 8, KLK8)—a kallikrein gene-related (KLK) endopeptidase—plays a key role in neuroplasticity processes. Neuropeptide expression takes places both extracellularly and inside neurons within the area of the hippocampus. Various forms of electrophysiological stimulation (kindling, LTP, stress) increase neuropeptide expression within the hippocampus and in many other regions of the brain (e.g. neocortex, amygdala). Neuropeptide is mainly engaged in the early stage of LTP and in the process of synaptogenesis. Social cognition deficits (difficulties with identification, naming and analysing experienced emotional states) in the group of people suffering from depression have been described in scientific papers published in recent years. They are considered the core features of major depressive disorders.

Aims The aim of this study is to link the human neuropeptide gene (hNP) expression with the ability of the examined subjects to use nonverbal communication in social interactions.

Methods 120 individuals meeting the diagnostic criteria for a recurrent depressive disorders (rDE) were qualified to participate in the study. The Emotional Intelligence Scale–Faces task and two subtests from The Right Hemisphere Language Battery (RHLB) were used in the study.

Results Significant interrelations between expression on the mRNA level for the hNP gene and the variables used to assess social competences were confirmed. Results of the statistical analysis make it possible to confirm an inversely proportional correlation between the analysed variables.

Conclusions Increased hNP expression is associated with a reduction of interpersonal abilities in the people affected by depression.

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

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The impact of residual symptoms on relapse and quality of life among Thai depressive patients

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Introduction Residual symptoms of depressive disorder are major predictors of relapse of depression and lower quality of life. This study aims to investigate the prevalence of residual symptoms, relapse rates and quality of life among Thai patients with depressive disorders.

Methods Hamilton Rating Scale for Depression (HAM-D) and EQ-5D were used to measure the symptoms of depression and quality of life, respectively. Prevalence of residual symptoms of depression was collected. Regression analysis was administered to predict relapse and patients' quality of life at the 6 months post-baseline.

Results Two hundred and twenty-four depressive disorder patients were recruited. Most of patients (93.3%) had at least one residual symptom, and the most common residual symptom was anxiety symptoms (76.3%; 95% CI, 0.71 to 0.82). After 3 months post-baseline, 114 patients (50.9%) were in remission and within 6 months, 44 of them (38.6%) relapsed. Regression analysis showed