

by the degree of social adaptation and the individual's level of functioning.

Objective The study evaluates the time evolution of depressive symptoms and of some parameters attesting the quality of life in patients diagnosed with depression who are on antidepressant treatment.

Aims Highlighting the evolution in time of depressive symptoms and patients' perceptions on some aspects of quality of life.

Methods There were included 23 patients who met the criteria of depressive episode, single or within recurrent depressive disorder, according to the International Classification of Diseases (ICD-10-AM), requiring antidepressant treatment. Subjects were evaluated at baseline and after 12 weeks of treatment using the Hamilton Rating Scale for Depression (HAMD), Sheehan disability scale (SDS), Social Adjustment Scale – Self-report (SASS).

Results Statistically significant decrease in mean HAMD scores was observed in the second administration. There were registered statistically significant differences of scores obtained in the two administrations for the 17 items of the SASS scale. Correlations with statistical significance between HAMD scores and some of the SDS areas were observed.

Conclusions Results showed a favorable course of depressive symptoms while under treatment and differences in time of subjects' perception on several aspects evaluated on SASS for the group studied. Correlations with statistical significance between HAMD scores and some SDS areas were observed.

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

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EV537

A comparison of the improving in major depressive symptoms as reported by Romanian physicians and patients in a prospective, multicenter, observational study

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Introduction Depression leads to substantial suffering for the patients, their families and becomes an economic burden for system [1,2]. Patients and clinicians tend to rate the remission differently [3].

Objectives and methods We investigate if clinicians and patients rate different the treatment response. This study assessed the evolution of major depressive episode (MDE) in patients treated with Agomelatine, in Romania. It was designed as a multicentre, observational study that included 1213 adult patients evaluated in 75 sites in 2014. The design included 3 visits (baseline (V1); visit at 2/3 weeks (V2); visit 6/8 weeks (V3)). The scales used were: MADRS, SHAPS, CGI-I, CGI-S, PGI-I, PGI-S.

Results The MDE improvement was significant ($P < 0.001$) for all aspects evaluated. At baseline, more clinicians vs. patients considered the moderately or markedly ill as best descriptors of the state. The difference between the two assessments was even higher for V2 and V3. During V2 clinicians reported "minimally improvement" while patients reported "much improvement" in higher percentage. During V3, both, clinicians and patients reported a "very much improved" clinical status. Of the patients 42.60% reported at V3 "normal", not at all ill' in comparison to 34.81% of clinicians who reported the same ($P < 0.001$).

Conclusions This could mean that patients are not aware of the severity of their disease. This data could be interpreted in the way that patients are more prone to rate higher the improvements as response to treatment and the clinicians to rate as response a more than 50% decrease of symptomatology.

References not available.

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EV538

Rumination and primary care depression

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Introduction Response styles theory postulates that rumination is a central factor in occurrence, severity and maintaining of depression. High neuroticism has been associated with tendency to ruminate.

Objective To evaluate the relationships between rumination, neuroticism and depression in a naturalistic prospective cohort of primary care patients with depressive disorders with life-chart methodology.

Aims We hypothesized, that rumination would correlate with severity and duration of depression and with concurrent anxiety, gender and neuroticism.

Methods In the Vantaa Primary Care Depression Study, a stratified random sample of 1119 adult patients was screened for depression using the Prime-MD. Depressive and comorbid psychiatric disorders were diagnosed using SCID-I/P and SCID-II. Of the 137 patients with depressive disorders, 82% completed the five-year follow-up with a graphic life chart. Neuroticism was measured with the Eysenck Personality Inventory (EPI-Q). Response styles were investigated at five years using the Response Styles Questionnaire (RSQ-43).

Results Rumination correlated significantly with Hamilton Depression Rating Scale ($r = 0.54$), Beck Depression Inventory ($r = 0.61$), Beck Anxiety Inventory ($r = 0.50$), Beck Hopelessness Scale ($r = 0.51$) and Neuroticism ($r = 0.58$). Rumination correlated also with proportion of follow-up time spent depressed ($r = 0.38$). In multivariate regression, high rumination was significantly predicted by current depressive symptoms and neuroticism, but not by anxiety symptoms or preceding duration of depressive episodes.

Conclusions Rumination correlated with current severity of depression, but the association with preceding episode duration remained uncertain. The association between neuroticism and rumination was strong. The findings are consistent with rumination as a state-related phenomenon, which is also strongly intertwined with traits predisposing to depression.

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

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EV539

Plasma concentrations of endocannabinoids and congeners in a primary care sample of depressed patients: Influence of biological variables, severity and antidepressant medication

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Introduction Endocannabinoid system has been highlighted as one of the most relevant research topics by neurobiologists, pharmacists, basic scientists and clinicians. The association between endocannabinoids and its congeners and mood disorders is relatively recent. However, evidence from both clinical and preclinical studies is increasing and many researchers point out endocannabinoid system and particularly endocannabinoids and congeners as promising pharmacological targets.

Aims and objectives The main objective of this study is to compare the plasma concentrations of endocannabinoids and congeners between a sample of patients with depression and a sample of control subjects, and the influence of variables such as age, body mass index, gender, severity of symptoms, and antidepressant medication.

Method Plasma concentrations of endocannabinoids and congeners will be analyzed in 69 patients with depression from primary care and 47 controls using mass spectrometry analysis.

Results Statistically significant differences in 2-arachidonoylglycerol and monoacylglycerols were found between both samples. Somatic symptoms of depression seems to be more related to these compounds than to cognitive-affective symptoms. In addition, differences between mildly and moderately depressed patients were found in concentrations of AEA, LEA, DGLA and POEA. Patients with antidepressant medication showed higher levels of 2-AG, DGLA and OEA.

Conclusions The results of this study provide evidence supporting the hypothesis that in depression there is a dysregulation of the inflammatory signaling and, consequently the immune system. The results of this study could also support the realization of translational research to better understand the mechanisms of this widely distributed system.

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

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EV540

Efficacy of lurasidone in major depression with mixed features: Pattern of improvement in depressive and manic symptoms

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Introduction Evidence indicates that manic symptoms, below the threshold for hypomania (mixed features), are common in individuals with major depressive disorder (MDD).

Objectives/aims To evaluate the effect of lurasidone on specific depressive and manic symptoms, based on Montgomery Asberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS) items, in patients with MDD with mixed features.

Methods Patients meeting DSM-IV-TR criteria for MDD, who presented with 2–3 protocol-specified manic symptoms, were randomized to 6 weeks of double-blind treatment with lurasidone monotherapy 20–60 mg/d ($n = 109$) or placebo ($n = 100$). Change from baseline in the MADRS total, MADRS-6 core depression subscale, individual MADRS items, and total and individual items of the YMRS were analyzed by MMRM, and Cohen's d effect sizes (d) were calculated for week 6 change scores.

Results Lurasidone improved depressive symptoms at week 6 in the MADRS total score (-20.5 vs. -13.0 ; $P < 0.0001$; $d = 0.8$) and MADRS-6 core depression score (-13.0 vs. -8.5 ; $P < 0.0001$; $d = 0.7$). Significant improvement on lurasidone was observed at week 6 on all ten MADRS items ($d = 0.36$ – 0.78). Effect sizes for the MADRS-6 core depression subscale items ranged from 0.36 to 0.78 at week 6. Treatment with lurasidone was associated with significantly greater week 6 improvement on the YMRS (-7.0 vs. -4.9 ; $P < 0.0001$). Effect sizes for the 5 YMRS items with baseline item severity ≥ 2 ranged from 0.32 to 0.48.

Conclusions In this study of MDD with mixed features, lurasidone was effective in treating the range of depressive and manic symptoms that patients presented with.

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EV544

A novel, very short questionnaire as a screening tool for depression

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Introduction Self-assessment tools are frequently used as screening tools for depression. However, they are usually long and time-consuming.

Aim of the study To assess specificity, sensitivity and overall accuracy of a novel, very short, 5 questions tool.

Subjects and methods The questionnaire consists of 3 phenomenological (based on main symptoms of depression) and 2 questions to assess functional impact of the symptoms. One hundred and ninety patients diagnosed clinically as having major depression (according to ICD-10 criteria and with the help of MINItool) filled the questionnaire in twice, during episode and remission.

Results At least two (out of three possible) “yes” answers to phenomenological questions and both two “yes” functional answers yielded 100% specificity (no person in remission). At least one “yes” answer to phenomenological questions and both “yes” answers to functional question yielded 82.8% specificity, 83.7% sensitivity and 83.3% overall accuracy. These results varied insignificantly in subgroups with different depression severity.

Conclusion A short, 5-question questionnaire may be used as a screening tool for depression. Specificity, sensitivity and overall accuracy are above 80% largely independently of depression severity.

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

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EV546

Ethnicity and depression among maritime university students in Canada

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