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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

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EW0643

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.

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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

that residual insomnia symptoms were significantly associated with these relapse cases (OR=5.290, 95% CI, 1.42 to 19.76). Regarding quality of life, residual core mood and insomnia significantly predicted the EQ5D scores at 6 months post-baseline ($B = -2.670$, 95% CI, -181 to -0.027 , and $B = -3.109$, 95% CI, -172 to -0.038 , respectively).

Discussion Residual symptoms are common in patients receiving treatment for depressive disorder and were found to be associated with relapses and quality of life. Clinicians need to be aware of these residual symptoms when carrying out follow-up treatment in patients with depressive disorders, so that prompt action can be taken to mitigate the risk of relapse.

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Antidepressant therapy is followed by normalization of serum albumin conformation in patients with melancholic depression

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Objectives Discovery of biomarkers for evaluation of efficacy of psychopharmacotherapy is important task.

Aim To study parameters characteristic for albumin binding sited in melancholic depression (MD) using fluorescent laser spectroscopy in range of 30–50 picoseconds.

Methods 22 patients with MD (dep) (F33.1 and 2) were investigated in dynamics of antidepressant therapy (venlafaxine: 75–150 mg/daily) for 30 days. Control group (con) consists of 54 volunteers. Decay of fluorescence amplitude (A) of fluorescent probe K-35 from serum albumin was measured using laser. Earlier, we revealed 3 binding sites in albumin with amplitudes A_1 , A_2 and A_3 with decay time of 1, 3 and 9 nanoseconds, respectively.

Results There was revealed significant decrease of amplitude $A_{1\text{ dep}}$, normalized on mean value of A_1 for controls ($A_{1\text{ dep}}/A_{1\text{ con}}$), for patients with MD after treatment with venlafaxine. In this case, $A_{1\text{ dep}}$ values decreased and were equal to A_1 values of controls ($P < 0.01$): $A_{1\text{ dep}}/A_{1\text{ con}}$ before treatment–1.23 and after 30 days of therapy–0.97 relative units; for controls this value was–1.00 relative units. The same type of normalization was observed for amplitudes A_2 and A_3 of melancholic patients. There were revealed significant changes of A_3/A_1 ratio that points out on conformational changes of serum albumin molecule in dynamics of venlafaxine therapy.

Conclusion We have registered unidirectional changes in albumin molecule in patients with MD. Investigated parameters can serve as potential biomarkers for evaluation of efficacy of psychopharmacotherapy.

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Usage of selective serotonin-noradrenalin reuptake inhibitors in treatment of depressive disorders

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Objectives Relevance of current investigation is conditioned by the high prevalence of depression in population and tendency of increased rate of relapses.

Aim To study efficacy of selective serotonin-noradrenalin reuptake inhibitor–milnacipran in treatment of depressive disorders.

Methods There were investigated 22 patients. Patient's state was defined as depressive episode (F32.1) and recurrent depressive disorder (F33.1). Mean age–33 years, duration of disease–from 2 weeks to 18 years, duration of current depressive episode–5.3 months. Mean point according to HAM-D scale before treatment was 24.0. Patients were investigated in dynamics of antidepressant therapy (milnacipran–50–150 mg/daily) for 4–5 weeks.

Results Efficacy of treatment with milnacipran was 82% (18 responders, 4 nonresponders). In responder's group decrease of depressive symptoms was started after 1 week of treatment and practical reduction of all these symptoms was observed after 4–5 weeks of therapy (points of HAM-D scale–0.81). Patients of this group receive milnacipran as supportive therapy at least for 3 months after signing out of clinic. During 1 year after signing out of clinic, there were no signs of aggravation of patient's state. 2 patients independently discontinued to take the medicine; there were aggravation of state and they were hospitalized in psychiatric clinic.

Conclusion Milnacipran is effective in treatment of depressive disorders, ensured effective reduction of depressive symptoms. Its therapeutic effect is realized rather quickly. Milnacipran can be recommended as antidepressant of choice for prophylaxis of depressive disorders.

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The choice of anesthetics and the effect on the Hamilton depression rating scale in therapy resistant depression

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Introduction The Dutch guideline ECT does not favor any anesthetic drug during electroconvulsive therapy. Although there are differences in seizure duration which may influence the effect of ECT, ethomidate, methohexital and propofol are "equal". The influence of switching anesthetics during ECT is unknown. The reason for switching anesthetics is insufficient improvement in depressive symptomatology which is based on clinical picture. The Hamilton is a multiple item questionnaire which can give an indication of depression and which can evaluate recovery.

Objectives Does the choice of anesthetics or switching anesthetics influence the effect of ECT on the Hamilton depression rating scale?