in order to collect and analyse information on the state of health and health-related behaviors of the citizens of Nicosia in Cyprus.

Aims To estimate the frequency of self-reported depressive disorders and examine burdening as well as factors influencing it.

Methods Based on the 2011 census, a cross-sectional study was carried out on a representative random stratified sample, which was selected to be interviewed, including 477 men and 525 women, from the city area. Participants answered a questionnaire, which required among other items on self-perceived physical and mental health. Participants were also asked the following questions: "Do you have/had in the past depression or/and anxiety?" and "Have you received a medical diagnosis for this disorder?"

Results Approximately 70% of the sample reported they had experienced anxiety and depression (37% moderate and 33% severe episodes). Diagnosed depression was reported by 4%. Severe depressive disorders were more frequently reported by women (41%, $P < 0.001$), older aged citizens (70.2%, $P < 0.001$) widowed/divorced (45.5%, $P < 0.001$), persons with lower family income (< 1000 €, 79.7%, $P < 0.001$) and among people with chronic diseases (45.3%, $P < 0.001$).

Conclusions The self-reported prevalence of anxiety and depression in the citizens of Nicosia is very high – probably reflecting a negative effect of the economic crisis –, and contrariwise diagnosis of the disorder is rarely provided and consequently therapy rarely offered. Specific population groups, such as women, elderly citizens, patients with chronic diseases are more vulnerable to depressive disorders requiring specialized medical attention.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.737

EV0408
The onset, course and resolution of depressive symptomatology in chronic hepatitis C patients on pegylated interferon alpha: A 72-week prospective study

Z. Pavlovic[1,*], M. Jasovic-Gasic[2], D. Delic[3], N. Maric[1], O. Vukovic[4], S. Pejovic[5], M. Mihaljevic[6], S. Andric[7], M. Jovicic[7]
[1] Clinic for Psychiatry Clinical Centre of Serbia, School of Medicine-University of Belgrade, Belgrade, Serbia
[2] University of Belgrade, School of Medicine, Belgrade, Serbia
[3] 3Institute of Infectious and Tropical Diseases,Prof. Dr. Kosta Todorović, Clinical Center of Serbia, Belgrade- Serbia, School of Medicine, University of Belgrade, Belgrade, Serbia
[4] Institut of Mental Health Belgrade, Serbia, School of Medicine, University of Belgrade, Belgrade, Serbia
[5] Clinic for Psychiatry Clinical Centre of Serbia, School of Medicine, Univeristy of Belgrade, Belgrade, Serbia
[6] Clinic for Psychiatry Clinical Centre of Serbia, School of Medicine, University of Belgrade, Belgrade, Serbia
[7] Clinical Centre of Serbia, Clinic for Psychiatry, Belgrade, Serbia
* Corresponding author.

Introduction Treatment with pegylated interferon alpha (PEG-IFN-α) in patients with chronic hepatitis C (CHC) is associated with depressive symptomatology more frequently than other inflammatory diseases treated with PEG-IFN-α.

Objectives To prospectively evaluate the onset, course and resolution of depressive symptomatology in CHC patients treated with PEG-IFN-α.

Methods Hamilton depression rating scale (HAMD) was used to asses depressive symptoms in 103 subjects with CHC prior to initiation of PEG-IFN-α (mean dose 152.6 ± 25.6 mcg; duration of therapy 48 weeks) and at the follow-up visits (4th, 12th, 24th, 48th and 72th week). Control group consisted of 103 CHC subjects, without PEG-IFN-α.

Results Our results showed a significant increase in HAMD scores as early as in the 4th week of PEG-IFN-a therapy compared to HAMD scores prior to initiation of PEG-IFN-α (38.8% vs. 24.3%). The peak of depressive symptomatology was evidenced in the 12th week (mean HAMD 9.34 ± 6.93), when almost 50% of patients had HAMD above 7. At the end of the treatment (48th week), 38.8% had HAMD above 7, and in the 72nd week (24 weeks after the therapy completion) prevalence of depression was decreased to the values lower than at baseline (23.3% vs. 24.3%). No change in prevalence of depression was detected in control group.

Conclusion Our results are important because they show the overall course of depressive symptomatology during the interferon therapy. These data also show spontaneously resolution of depression 6 months after the completion of PEG-IFN-α. This study is the longest study in this area.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.738

EV0409
Presence of somatic symptoms (especially pain) in patients with depresive disorder and its impact on quality of life, and possible involvement with anhedonia

A.L. Pérez Morenilla[1,2,*], A. Salazar[2,3], I. Failde[2,3], J.A. Mico[2,4,5]
[1] University Hospital Puerta del Mar, Cádiz, Psychiatry, Cádiz, Spain
[2] INIBICA Instituto de Investigación e Innovación en Ciencias Biomédicas, Neurosciences, Cádiz, Spain
[3] University of Cádiz, Preventive Medicine and Public Health, Cádiz, Spain
[4] University of Cádiz, Neuroscience Pharmacology and Psychiatry, Cádiz, Spain
[5] CIBER of Mental Health CIBERSAM, Group 18, Cádiz, Spain
* Corresponding author.

Depressive Disorder, according to WHO will be one of the most disabling causes in the world. Depression includes psychological and somatic symptoms, like anhedonia or pain, and both have a bidirectional relationship, so that the presence and severity of one of them directly affects the other one, and both leads to a disruption in quality of life and increase health resources. The relationship between major depression and chronic pain has been widely investigated but few studies have focused on other depressive spectrum disorders, and never the possible relationship between pain and anhedonia in DD. Our aim is to analyse the presence of somatic symptoms (especially pain) in patients with DD and its impact on quality of life, and involvement with anhedonia. We analysed the correlation between the scores of the HADS, SSI-28, SHAPS and SF-36 scales. Results showed a significant correlation between SSI-28 and HADS-A($r = 0.45$; $P < 0.001$), HADS-D($r = 0.35$; $P < 0.001$) and with 7 of the 8 domains of SF-36: Bodily Pain($r = -0.62$; $P < 0.001$), General Health($r = -0.29$; $P = 0.003$), Role Physical($r = -0.45$; $P < 0.001$) Mental Health($r = -0.34$; $P = 0.003$), Vitality($r = -0.403$; $P < 0.001$), Social Functioning($r = -0.37$; $P < 0.001$). In addition, SHAPS correlates with 6 of the 8 domains of SF-36: PF($r = -0.33$; $P = 0.001$), GH($r = -0.27$; $P = 0.006$), Vit ($r = -0.41$; $P < 0.001$), SF($r = -0.52$; $P < 0.001$), RE($r = -0.24$; $P < 0.001$) and MH($r = -0.49$; $P < 0.001$). The results demonstrate that both anhedonia and somatic symptoms negatively correlate with HRQoL, and that a bidirectional relationship between depression and somatic symptoms is clearly proven, which means that depression may be related with the presence of somatic symptoms, especially pain, and also somatic symptoms lead to an increase of depressive symptoms. This could impact on the diagnosis and treatment of depressed patients with somatic symptoms and anhedonia.