

Introduction Affecting over 120 million people, major depressive disorder (MDD) is characterized by low mood, lack of interest and a cluster of other vegetative and cognitive symptoms causing significant distress of functioning. It has a relapsing and recurring course and frequently becomes chronic. Thus, there is a need to further develop therapeutic techniques to improve the course and the prognosis of depressive disorders. Recent clinical trials suggest that botulinum toxin (BTX) treatment may also have an antidepressant effect.

Objective The authors aim to conduct a non-systematic review in order to understand the relationship between MDD and BTX treatment.

Aims To assess whether current evidence supports the BTX to treat major depressive patients.

Methods A non-systematic review of English scientific literature was conducted through research in the PubMed search engine, using the keywords “botulinum toxin” and “depression”.

Results There is a small but growing body of evidence suggesting that botulinum toxin may be useful for the treatment of depression. The main hypothesis for the proposed beneficial effects of botulinum toxin is through the facial feedback. Low mood and depression are often associated with a sad facial expression. Injecting botulinum toxin and improving facial expression would lead to the improvement of depression symptoms.

Conclusions Positive effects on mood have been observed in subjects who underwent treatment of glabellar frown lines with botulinum toxin. It supports the concept that the facial musculature not only expresses, but also regulates mood states.

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EV489

Impact and importance of anhedonia as a mediating variable in amelioration of social functioning in depressed patients

D. Gourion^{1,*}, F. Vinckier², S. Mouchabac³

¹ Private practice, Paris, France

² Centre hospitalier Saint-Anne, Psychiatry, Paris, France

³ Centre hospitalier Saint-Antoine, Psychiatry, Paris, France

* Corresponding author.

Background Anhedonia is a core dimension of major depressive disorder (MDD). Paradoxically, the association between anhedonia and social impairment is poorly known.

Objective To determine the longitudinal relationships between depressive symptoms, anhedonia, and social functioning in depressed patients treated with agomelatine.

Material and method One thousand five hundred and seventy patients with MDD starting treatment with agomelatine prescribed by their GPs were included in a prospective study (follow-up: 10 to 14 weeks). Patients were assessed at baseline and at the end point of the study, using the MADRS to assess antidepressant efficacy, the SHAPS scale and an original visual analog scale exploring the subjective pleasure felt by patients in their main leisure activity to measure anhedonia, and the QFS to measure social functioning in its qualitative and quantitative dimensions. In addition to the univariate analyses, a mediation path analysis was performed using the Sobel test.

Results The results showed a robust and significant improvement in symptoms of depression, anhedonia, and social functioning. The correlations between the SHAPS and QFS scores were high and significant. Subsequent analyses showed that amelioration of anhedonia is a significant mediating variable between the progression of depressive symptoms and social functioning (Δ QFS $G = -14.3$, $P < 0.0001$) and explains around one third of the variance of the model (35.37%).

Conclusion Anhedonia, a major dimension of depression, provides specific insights into the understanding of the complex links between residual symptoms of MDD and social functioning. In conclusion, improving the evaluation of anhedonia is a fundamental issue in primary care.

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Acceptance and commitment therapy (ACT) predictive factors of return to work after depression

S. Darbeda*, J.C. Seznec

Institut national de la santé et de la recherche médicale Inserm,

UMR-1178 Mental Health and Public Health, Paris, France

* Corresponding author.

Introduction Prolonged sick leaves are a major risk to quit the world of work and depression is the leading cause of disability in France. New therapies from the third wave of CBT as the Commitment and Acceptance Therapy (ACT) may be interesting to promote the return to work (RTW).

Objectives To assess predictive factors of return to work after depression.

Methods This is a descriptive, prospective and multicentric study. The recruitment of investigating doctors was conducted by the publication of an advertisement in a French journal of occupational medicine. Each investigator recruited patients during reinstatement medical examination after a prolonged sick leave for depressive syndrome. Sociodemographic, occupational, medical and psychological factors (particularly in connection with the ACT) was assessed at baseline and 3 months later.

Results Thirty-one patients were initially included in the study, but 2 were lost to follow up at 3 months and 29 were analyzed. Twenty three patients RTW at 3 months. Those who RTW were less anxious ($P = 0.023$), less depressed ($P = 0.021$), had a better impression of improvement ($P = 0.0066$) and had a lower score of experiential avoidance ($P = 0.0025$).

Conclusions The ACT, through its action on the reduction of experiential avoidance, and the definitions of new life values could allow a faster RTW after a sick leave for depressive syndrome.

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

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EV491

Childhood abuse in adult women with unipolar depression seeking treatment at a tertiary care centre in India, compared to healthy women

G. Devasthali^{1,*}, K. Jangam², T. Ka², A. Raj², M. Kesavan¹

¹ National Institute of Mental Health and Neurosciences, Dept of Psychiatry, Bangalore, India

² National Institute of Mental Health and Neurosciences, Dept of Psychiatry Social Work, Bangalore, India

* Corresponding author.

Introduction Childhood abuse has been reported as a precursor and maintaining factors for adult psychiatric disorders. Childhood physical abuse, neglect and sexual abuse have been independently reported in women with depression. There is a serious dearth of literature on the incidence of childhood abuse among women with depression from India.

Objectives & aims We investigated and compared the incidence of childhood abuse (overall) – physical, emotional and sexual (indi-

vidual components)- among women seeking treatment for unipolar depression (UD) compared to healthy women (HW).

Methods We compared the data of women diagnosed with UD ($n = 134$) from a larger pool of women seeking treatment for psychiatric disorders from our hospital ($n = 609$) with HW ($n = 100$) for the purpose of this study. The participants were screened using the MINI International Neuropsychiatric Interview (MINI) and for childhood abuse using the ISPCAN Child Abuse Screening Tool - Retrospective (ICAST)-R. The incidence of childhood abuse between the two groups was compared using the Chi-squared test.

Results The UD women have significantly more childhood emotional abuse than HW (69.5% vs 30.5%; $\chi^2 = 4.819$, $P < 0.05$). There was no statistically significant difference between the two groups on overall abuse, physical or sexual abuse (all $P > 0.16$).

Conclusions Consistent with world literature, significantly more childhood emotional abuse was seen among Indian women with UD compared to HW. It is likely that that repeated emotional abuse in childhood leads to negative attributions among children, later getting generalised to life events resulting in depression in adulthood.

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EV492

Anxiety and depression in patients with hepatic versus cardiac disease

A. Dolfi^{1,*}, A. Anton², V. Marinescu¹

¹ Alexandru Obregia Clinical Psychiatric Hospital, Psychiatry 7 Ward, Bucharest, Romania

² Carol Davila University of Medicine and Pharmacy, General Medicine, Bucharest, Romania

* Corresponding author.

Background In both hepatic and cardiac disease, a bidirectional relationship exists between somatic and psychiatric symptoms: is anxiety/depression caused by the somatic burden of the symptoms or the psychiatric symptoms and stress are an important pathophysiological factor for the somatic disease?

Objective The objectives of our observational study were to see if any differences exist regarding the anxiety level in patients with hepatic versus cardiac disease and if the depressive symptomatology differs between the two groups of patients.

Materials and methods : We conceived a 2X2 study model by including two independent variables (the somatic pathology, hepatic and cardiac) and two dependent variables (anxiety and depression) which included 66 patients (35 with hepatic and 31 with cardiac pathology) who completed both STAI X1 scale for anxiety and BECK scale for depression with good reliability for both scales (Cronbach's alpha value of 0.74 for STAI X1 and 0.76 for BECK), data analyzed with SPSS 17.

Results We obtained a low level for anxiety (mean = 17.76) and a medium level for depression (mean = 49), both anxiety and depression level being higher in the patients with hepatic disease versus cardiac patients ($P > 0.05$). The patients with hepatic failure had a higher medium anxiety score (54.66) vs cardiac failure patients (42.61). The depression score was 19.71 in patients with hepatic failure and 15.55 in patients with cardiac failure.

Conclusion Both anxiety and depression severity scores were increased in patients with hepatic disease vs patients with cardiac disease in the studied groups.

Keywords Anxiety; Depression; Cardiac failure; Hepatic failure

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

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EV493

Clinical status after two-weeks of antidepressant treatment: A prognostic factor in unipolar major depression?

I. Domínguez^{1,*}, L. Nuño¹, G. Oriolo¹, R. Quintero¹, V. Navarro², C. Gastó²

¹ Hospital Clínic, Department of Psychiatry and Clinical Psychology, Barcelona, Spain

² Hospital Clínic-IDIBAPS-CIBERSAM-UB, Department of Psychiatry and Clinical Psychology, Barcelona, Spain

* Corresponding author.

Although most unipolar depression clinical guidelines advise against evaluating the efficacy of antidepressant pharmacological treatment until it has been administered in therapeutic doses for a minimum of 4–6 weeks, there is an increasing tendency to make therapeutic decisions after only 2 weeks of treatment. We present a study which aim is to determine whether the clinical course, following 2 weeks of antidepressant treatment, allows therapeutic decisions to be made for patients affected by a moderate/severe depressive episode. The study has an 8-week, prospective, observational design in which all consecutive in- and outpatients with moderate/severe unipolar major depression aged over 17 years received antidepressant treatment based on a standardized treatment protocol. Clinical status was assessed at baseline and at 2-, 4-, and 8-weeks. The final sample consisted of a total of 114 subjects. In our sample, the rate of remitters versus non-remitters was similar between the 2-week improvers and the 2-week non-improvers. It should also be emphasized that it was not possible to explain, based on the epidemiological and clinical characteristics assessed, which 2-week non-improvers would tend towards remission and which would show a partial or full response. Based on these results, for patients affected by a moderate/severe unipolar depressive episode, it would not be appropriate to make new therapeutic decisions following 2 weeks of anti-depressive pharmacological treatment depending on whether the patient has shown clinical improvement or not.

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EV494

Dysthymia. The importance of an early diagnosis and an efficient treatment

A. Duque Domínguez^{1,*}, R. Duque Domínguez², C. García Montero¹, L. Martín Díaz¹, M. Palomo Monge³,

F. de la Torre Brasas¹, N. Echeverría Hernández¹, M.D.M. Lázaro Redondo¹

¹ Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

² Hospital Universitario de Fuenlabrada, Servicio de Psiquiatría, Madrid, Spain

³ Complejo Hospitalario de Talavera de la Reina, Servicio de Psiquiatría, Talavera de la Reina Toledo, Spain

* Corresponding author.

Introduction Dysthymia is defined as a chronic mood disorder that persists for at least two years in adults, and one year in adolescents and children. It is important to distinguish it from other types of depression, as early as possible. The therapeutic management of dysthymia is similar to the one used in major depressive disorder. **Objectives** We report the case of a female patient aged 45, diagnosed with depressive disorder not otherwise specified since she was 20. Her psychopathological progress has gradually become aggravated, having now longer periods of depressive mood and an important tendency towards isolation.

Methodology The patient is admitted to the Psychiatric Day Hospital presenting with important depressive symptoms. After