

sheesha smoking habits were considered as the main risk factors associated with stress.

**Conclusion** A large number of factors were associated with experiencing menopausal and psychosocial problems and which had negative effects on the quality of life among Arabian women. Depression, anxiety and stress should be considered as an important risk factors for osteoporosis.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.698>

#### EV0369

### Biomarkers of depressive disorders: A multiplex analysis of blood serum

A.S. Boiko<sup>1,\*</sup>, I.S. Losenkov<sup>1</sup>, L.A. Levchuk<sup>1</sup>, G.G. Simutkin<sup>2</sup>, N.A. Bokhan<sup>2</sup>, F.J. Bosker<sup>3</sup>, B. Wilffert<sup>4</sup>, A.J.M. Loonen<sup>4</sup>, S.A. Ivanova<sup>1</sup>

<sup>1</sup> Mental Health Research Institute, Tomsk National Research Medical Center, Laboratory of Molecular Genetics and Biochemistry, Tomsk, Russia

<sup>2</sup> Mental Health Research Institute, Tomsk National Research Medical Center, Department of Clinical Psychiatry, Tomsk, Russia

<sup>3</sup> University of Groningen, University Centre for Psychiatry, Groningen, The Netherlands

<sup>4</sup> University of Groningen, Department of Pharmacy, Groningen, The Netherlands

\* Corresponding author.

Depressive disorders are a great burden for individual patients and society. Blood-based biomarkers are regarded as a feasible option for investigation of depressive disorders. Several potential biomarkers for depression were selected. We studied the following serum markers: cortisol, melatonin, brain-derived neurotrophic factor (BDNF), prolactin, insulin-like growth factor 1 (IGF-1),  $\beta$ -endorphin, orexin A. The patient sample consisted of 78 persons with depressive disorders. Patients were divided into two groups: 46 patients with a first depressive episode and 32 patients with recurrent depressive disorder. Control group consisted of 71 healthy individuals of corresponding age and sex. All markers were measured in serum using MILLIPLEX<sup>®</sup> MAP panels (Merck, Darmstadt, Germany) by analyzer MAGPIX (Luminex, USA). Statistical analyses were performed using SPSS software. Results were expressed as median and quartile intervals [Q1–Q3]. There was a significant increase of serum concentrations of cortisol (663.69 [467.5–959.49] nmol/L,  $P < 0.001$ ) and melatonin (66.31 [33.6–132.59] pg/mL,  $P = 0.029$ ) in patients compared with the control group (526.1 [367.24–654.7] nmol/L and 45.11 [27.47–73.47] pg/mL). In addition, correlations were found between potential biomarkers, clinical indicators and treatment response measured by applying the Hamilton Depression rating scale and the Clinical Global Impression rating scales. A significant correlation was found between the concentration of prolactin and high response to pharmacotherapy ( $r = -0.267$ ,  $P = 0.029$ ). Identifying biomarkers that can be used as diagnostics or predictors of treatment response in people with depressive disorders will be an important step towards being able to provide personalized treatment.

**Disclosure of interest** The work is supported by the project of Russian Foundation of Basic Research N<sup>o</sup> 14-04-01157a.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.699>

#### EV0370

### In patients with major depressive disorders, depression, stress axis activity and problem solving skills as a proxy of executive functions are unrelated

S. Brand<sup>1,\*</sup>, M. Hatzinger<sup>2</sup>, U.M. Hemminger<sup>3</sup>, D. Sadeghi Bahmani<sup>1</sup>, E. Holsboer-Trachsler<sup>1</sup>

<sup>1</sup> Psychiatric University Hospital, Center for Affective- Stress and Sleep Disorders, Basel, Switzerland

<sup>2</sup> Department of Adult Psychiatry, Psychiatric Services Solothurn, Solothurn, Switzerland

<sup>3</sup> Psychiatric Service St. Gallen, Adult Psychiatry, St. Gallen, Switzerland

\* Corresponding author.

**Introduction** Major depressive disorders (MDD) are among the most prevalent psychiatric disorders worldwide. While there is abundant literature showing that an increased cortisol secretion, understood as a proxy of the deteriorated hypothalamus-pituitary-adrenocortical axis activity (HPA AA), and poor cognitive performance are tightly related, less is known as regards to the HPA AA and higher cognitive information processes such as problem solving.

**Aims** Investigating the association between cortisol secretion and problem solving performance among patients with MDD.

**Methods** Fifteen inpatients with MDD (HDRS > 24; mean age: 59 years; 80% females) underwent a pharmacologic HPA AA challenge both at baseline and six weeks later to assess the cortisol secretion. They were treated with standard antidepressants at therapeutic dosages. Further, they learned how to solve the Tower-of-Hanoi problem-solving task (ToH-PS-T) and how to apply the problem solving strategy to other tasks (transfer). Testing occurred both at baseline and six weeks later. Outcome variables were symptoms of depression, cortisol secretion and the performance to transfer the acquired ToH-PS-T.

**Results** Both symptoms of depression and cortisol secretion decreased over time, and transfer performance increased over time. Neither at baseline nor six weeks later, symptoms of depression, transfer performance and cortisol secretion were statistically related.

**Conclusions** The pattern of results suggests that cortisol secretion as a proxy of physiological stress regulation, symptoms of depression, and higher order cognitive performances seem unrelated. Given that cognitive information processing performance substantially increased regardless from depression and cortisol secretion, problem-solving skills need to be focused separately.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.700>

#### EV0371

### Poststroke depression

D. Brigadeiro<sup>\*</sup>, J. Nunes, T. Ventura Gil, P. Costa  
Hospital Sousa Martins, ULS Guarda EPE, Departamento de Psiquiatria e Saúde Mental, Guarda, Portugal

\* Corresponding author.

Psychiatric symptoms are the complications most often ignored in patients who suffered a stroke. Depression is the most common psychiatric complication in post-stroke patients with a prevalence of about 20–50% in the first year and with a peak in first six months after the stroke. Depression in turn, constitutes itself a factor of cerebrovascular risk. Despite its high prevalence this disorder remains under diagnosed and under treated. One explanation for this fact is that depressive symptoms are often misinterpreted as consequences of stroke itself. This reality is even more striking in patients with aphasia. Poststroke depression (PSD) results from the interaction between biological, as the location of the stroke, social and psychological factors. The presence of this disorder is associated with deleterious consequences for rehabilitation process. These patients suffer more often from attention deficits, cognitive difficulties, lower response to rehabilitation programs, poor quality of life and increased mortality.

**Objectives** To review epidemiology, pathogenesis, risk factors, consequences and current recommendations for therapeutic intervention.

**Methods** Medline/Pubmed database search using the terms post-stroke depression, depression and stroke, depression and cerebral vascular accident, stroke patients, published in the last 16 years.

**Conclusion** The treatment of PSD has been shown effective in improving the evolution and prognosis of these patients, therefore it is very important early diagnosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.701>

### EV0372

#### Management of treatment resistant depression: A comparison between French expert consensus guidelines and international evidence based guidelines

T. Charpeaud<sup>1,\*</sup>, A. Yroni<sup>2</sup>, W. El-Hage<sup>3</sup>, M. Leboyer<sup>4</sup>, E. Haffen<sup>5</sup>, P.M. Llorca<sup>1</sup>, P. Courtet<sup>6</sup>, B. Aouizerate<sup>7</sup>

<sup>1</sup> CHU de Clermont-Ferrand, service de psychiatrie de l'adulte B, Clermont-Ferrand, France

<sup>2</sup> CHU de Toulouse, service de psychiatrie de l'adulte, Toulouse, France

<sup>3</sup> CHU de Tours, service de psychiatrie de l'adulte, Tours, France

<sup>4</sup> Centre hospitalier Albert-Chenevier, service de psychiatrie de l'adulte, Créteil, France

<sup>5</sup> CHU de Besançon, service de psychiatrie de l'adulte, Besançon, France

<sup>6</sup> CHU de Montpellier, urgences et post-urgences, Montpellier, France

<sup>7</sup> Centre hospitalier Charles-Perrens, pôle de psychiatrie, Bordeaux, France

\* Corresponding author.

Expert consensus guidelines rely on a relevant methodological procedure complementary to based-evidence recommendations. They aim at offering support strategies derived from expert consensus for clinical situations where the levels of evidence are either absent or insufficient. Recommendations for resistant depressive disorders proposed by french association for biological psychiatry and fundamental foundation, were based on responses from 36 highly specialized experts in this field. They were invited to complete a comprehensive questionnaire with 118 issues. The questions raised covered a wide range of aspects from the evaluation of therapeutic resistance and clinical conditions increasing the risk for treatment failure to the adopted therapeutic strategies organized according the effects of previous treatment lines. Specific populations/situations especially including elderly, comorbidities (anxiety disorders, personality disorders and addictions) were also been studied through specific questions. Such recommendations are intended to substantially help the decision and therapeutic choice of clinician implied in the management of resistant depressive disorders in everyday clinical practice. We propose in this communication to compare the results of these recommendations with the various data from the evidence-based guidelines in order to demonstrate their complementarity for the management of resistant depressive disorders.

**Disclosure of interest**

The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.702>

### EV0373

#### Electroconvulsive therapy as an effective alternative in depressive disorder

G.M. Chauca Chauca<sup>1,\*</sup>, L. Carrión Expósito<sup>1</sup>, P. Alonso Lobato<sup>2</sup>

<sup>1</sup> UGC-Salud Mental Hospital Infanta Margarita, Cabra, Córdoba, Spain

<sup>2</sup> UGC-Salud Mental Área Sanitaria Norte, Peñarroya, Córdoba, Spain

\* Corresponding author.

**Introduction** The efficacy of electroconvulsive therapy (ECT) in the treatment of depressive episodes is well established, and so is reflected in the major guides.

**Objectives** Description of a clinical case of a patient diagnosed with major depressive episode with psychotic symptoms and obsessive compulsive disorder prevalence of compulsive acts that do not respond to drug treatment but to electroconvulsive therapy.

**Methods** Presentation and review of a case.

**Results** A 55-year-old woman diagnosed with recurrent depressive disorder with worsening in the last 4 years.

Clinical depressive Sadness, spontaneous crying in the form of access, apathy, isolation and clinofilia desires, complaints mnemonic deficits and complete anhedonia. Obsessional symptoms compulsive as more repetitive behaviors of obsessive ideas, which repeats incessantly despite checking, that does not prepare or calm. The patient has not responded to any pharmacological strategy, despite using full doses and combinations of antidepressant, but euthymics more antipsychotics (sertraline, fluoxetine, reboxetine, venlafaxine, bupropion, lithium, valproic acid, lamotrigine, risperidone, quetiapine, trifluoperazine, clotiapine). For this reason, it was decided to start treatment with ECT, progressively responds in each session, after 8 sessions the patient is euthymic, it has resumed normal activities, no obsessive or psychotic symptoms.

**Conclusions** It is important to know that it is a safe technique that would save not only an economic cost, if not a personal emotional cost. It is noteworthy that more than 50% of depressed patients who respond to a course of ECT, fall between 6 and 12 months despite receiving adequate pharmacological treatment then so we will have to closely monitor the patient.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.703>

### EV0374

#### Clinical predictors of antidepressant response to ketamine in unipolar treatment-resistant depression

L.C. Del Sant<sup>\*</sup>, E. Magalhães, A.C. Lucchese, H.N. Palhares Alves, L.M. Sarin, J.A. Del Porto, A.L. Tavares de Lacerda

Federal University of São Paulo, Psychiatry, Sao Paulo, Brazil

\* Corresponding author.

**Introduction** The non-competitive N-methyl-D-aspartate glutamate receptor antagonist ketamine has been shown to have rapid antidepressant effects in treatment-resistant depression (TRD). However, only a few studies have investigated which clinical characteristics predict a response to ketamine.

**Objectives** To assess sociodemographic variables and clinical markers that predict response to ketamine in unipolar TRD patients.

**Methods** Searches of Pubmed, NCBI and Google Scholar were conducted for clinical trials and systematic reviews, through October 2016, using the keywords:

ketamine, N-methyl-D-aspartate receptor antagonist, rapid-acting antidepressant, depression, treatment-resistant depression, clinical predictors.

**Results** Findings support the following clinical predictors: