EPP0318

Complex antidepressant therapy with the inclusion of various neuroprotectors in inpatient gerontopsychiatric practice

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Introduction: Depressions are the most common mental disorders in elderly and senile patients. In these patients, there is a decrease in neurotrophic potential. Treatment of such patients with antidepressants alone does not always allow to achieve complete normalization of the secretion of neurotrophic factors and complete restoration of neurogenesis processes. In this regard, it is important to expand therapeutic opportunities to develop new therapeutic strategies for pharmacotherapy of late-age depression.
Objectives: Comparative evaluation of the effectiveness of two types of complex antidepressant therapy with the inclusion of different neuroprotectors (actovegin or cerebrolysin) in the treatment of late-life depression in the therapeutic regimen.
Methods: The study included 2 groups of patients with mild and moderate depressive episode (DE), comparable in basic demographic and clinical parameters.
The 1st group included 21 people, including 7 men (33.3%) and 14 women (66.7%), median age were 69 years [66; 76]. In 10 patients (47.6%), DE was diagnosed as part of recurrent depressive disorder (DDR), in 9 patients (42.9%) - as part of bipolar affective disorder (BAR), and in 2 patients (9.5%) is a single DE. Group 2 included 20 patients, 5 of them men (25%) and 15 women (75%), median age were 64 years [62; 70]. In 11 patients (55%), DE was diagnosed as part of DDR, in 6 patients (30%) - as part of BAR, and in 3 patients (15%) – single DE.
The 1st group of patients received complex antidepressant therapy with the inclusion of actovegin for one month, the 2nd group - with the inclusion of cerebrolysin. The effectiveness of the therapy was assessed on the HAMD-17 and HARS scales.
Results: A comparative study demonstrated the effectiveness of both types of complex antidepressant therapy used.
A comparative assessment of the effectiveness of the therapeutic response in two groups of patients showed no statistically significant differences in the reduction of depressive disorders after 2 weeks of therapy. Only by the end of the therapeutic course there was a more pronounced reduction of depressive disorders in the 1st therapeutic group (73.6% vs 63.6% ($p < 0.05$)).
Reduction of anxiety disorders, assessed on the HARS scale, was noted both by the 14th and 28th day of therapy in both therapeutic groups. However, it turned out to be more pronounced in the 1st therapeutic group: by the 14th day of therapy, the reduction of anxiety in the 1st and 2nd groups of patients was 36.4% and 30.0%, respectively ($p < 0.05$), and by the end of therapy - 77.7% and 60.0%, respectively ($p < 0.01$).
Conclusions: The augmentation of antidepressant therapy with drugs with multimodal activity, actovegin and cerebrolysin, should be considered as effective and it can be recommended for inclusion in the therapeutic regimen for the treatment of late-age depression in a psychiatric hospital.

Disclosure of Interest: None Declared

EPP0319

Juxtaventricular and periventricular white matter hyperintensities (WMH) are associated with cognitive dysfunction in Patients with Alzheimer's Disease

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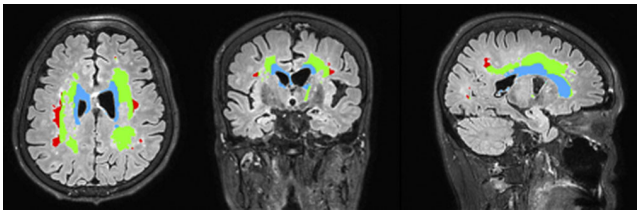
Introduction: White matter hyperintensities (WMH) is common among the elderly. WMH are associated with accelerated cognitive dysfunction and increased risk for Alzheimer`s disease (AD). Although WMHs play a key role in lowering the threshold for the clinical expression of dementia in AD-related pathology, the clinical significance of their location is not fully understood.
Objectives: The aim of this study was twofold: 1) To investigate the quantitative association between WMH and cognitive function in AD; 2) To investigate whether there is any difference in the association between subclassified WMH and cognitive function in AD.
Methods: A total of 171 patients with AD underwent clinical evaluations including volumetric brain MRI study and neuropsychological tests using the CERAD-K neuropsychological assessment battery. WMH volume was calculated using automated quantification method with SPM and MATLAB image processing software. According to the distance from the lateral ventricular surface, WMH within 3 mm, WMH within 3-13 mm, and WMH over 13 mm were classified as juxtaventricular WMH (JVWMH), periventricular WMH (PVWMH) and deep WMH (DWMH), respectively. WMH volume data was logarithmically transformed because it was right-skewed.
Results: WMH volume in AD was 20.7 ± 18.2 ml. Total WMH volume was associated with poor performance in categorical verbal fluency test ($p = 0.008$) and word list memory test ($p = 0.023$). JVWMH volume was associated with poor performances on categorical verbal fluency test ($p = 0.013$) and forward digit span test ($p = 0.037$). PVWMH volume was associated with poor performances on categorical verbal fluency test ($p = 0.011$) and word list memory test ($p = 0.021$), whereas DWMH volume showed no association with cognitive tests. Total WMH and PVWMH volume were also related to Clinical Dementia Rating scale sum of boxes score ($p=0.022$).
Image:



Conclusions: Greater JVWMH and PVWMH are related with concurrent impairments in semantic memory and frontal function

independent of the hippocampal volume. However, DWMH volume is not associated with any cognitive function. Only PVWMH among subclassified WMH are related to the severity of AD.

Disclosure of Interest: None Declared

Others

EPP0321

Impulsivity profile analysis and it's potential role in the differential diagnostics of adult Attention Deficit Hyperactivity Disorder and Borderline Personality Disorder

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Introduction: Impulsivity is a complex construct, having at least three factors: 1) impulsivity as a personality trait, 2) ismpulsive action – waiting and stopping impulsivity and 3) choice impulsivity. Impulsive symptoms are present in Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD) as well, eventhough impulsvity profile significantly differs.
Objectives: Our aim is to describe the impulsivity profile in adult ADHD (aADHD) and BPD in comparison with the control group, and describe a characteristic pattern, which associates with these disorders.
Methods: aADHD (n=100) and BPD Patients (n=63) were included, based on DSM-5 diagnostic criteria. Healthy control subjects (n=100) were screened using the Derogatis Symptom Checklist (SCL-90). Comorbid psychiatric disorders were assessed by structured clinical interviews and those who have both aADHD and BPD were excluded from the study. Participants were further investigated with online questionnaires: e.g. Barratt Impulsiveness Scale (BIS-11) Difficulties in Emotion Regulation Scale (DERS) and neuropsychological tests, like CANTAB Rapid Visual Processing, Stop Signal Task, and the Rogers' decision-making test.
Results: Based ont the BIS-11 results, significantly higher attentional impulsivity was present in adult ADHD compared to BPD ($p<.001$) and healthy controls ($p<.001$). Emotional regulation difficulties, measured by DERS were significantly higher in BPD ($p<.001$) than aADHD, but the impulse control problems were more pronounced in the aADHD group, compared to BPD ($p<.001$). Using CANTAB neuropsychological test battery, strategy formulation difficulties ($p=0.16$) and stopping impulsivity ($p<.001$) were only present in aADHD compared to HC. BPD patients did not differ significantly from the control group in strategy formulation and in Stop Signal Reaction Time, a measure of stopping impulsivity. The significantly higher level of total false alarms, reflecting on waiting impulsivity were present both in aADHD and BPD.
Conclusions: According to our results these two disorders have different impulsivity profile characteristics, which can be useful in differentiating these two disorders, and in buiding treatment plans. Stopping impulsivity, measured by SST was found in aADHD, but not in BPD. In BPD impulsive behavior is more likely attached to emotional dysregulation, a trait rooted in childhood traumatization.
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EPP0322

The four abilities of emotional intelligence as predictors of health risk behaviour: what role do impulsivity and sensitivity to reward play in this relationship?

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Introduction: Risky sexual relationships, reckless driving or initiating drug use are examples of health-related risk behaviours that are often related to poor emotional abilities (emotional identification, emotional understanding, facilitating thought and emotional regulation). However, the mechanisms by which this relationship operates have been relatively little studied. It is well known that certain personality traits such as impulsivity and sensitivity to reward are strongly related to risk-taking behaviour.
Objectives: The aim of this work was to explore the role of these two traits in the relationship between each of the different abilities/branches of emotional intelligence and health risk behaviour, as well as to identify the emotional ability that best predicts this relationship.
Methods: A community sample of 250 participants (Mage = 23.60; 72% women) was used to measure levels of emotional intelligence in each of its branches (through the performance-based ability test MSCEIT), and levels of health risk behaviour, impulsivity and sensitivity to reward.
Results: The results supported the existence of a negative relationship between the four emotional abilities and health risk-taking. Mediation analyses that included all four MSCEIT branches as predictors revealed an indirect effect of the "managing" branch on risk-taking, being the most important branch in predicting health-related risk-taking, due to its effects through impulsivity and sensitivity to reward.
Conclusions: Our results suggest that a strong negative relationship exists between emotional management ability and health risk-taking, highlighting that the emotional components of impulsivity and levels of sensitivity to reward have been shown to be among the mediating factors underlying this relationship. Further experimental research is needed to confirm the role of emotional intelligence, and in particular emotional management, as a protective factor for risk-taking behaviour.

Disclosure of Interest: None Declared