

Methods We conducted a prospective study with a sample size of 23 patients (10 male), who met the criteria of treatment-resistant depression according to ICD-10 and gave their informed consent for ECT treatment. Before and after ECT, the following investigations have been performed: Beck depression inventory (BDI), Montgomery-Asberg depression rating scale (MADRS), Mehrfachwahl-Wortschatz-Intelligenztest (MWT-B), trail making test (TMT) A and B, stroop-test, mini mental state examination (MMSE) and the German version of the California verbal learning test (MGT).

Results After ECT treatment, we found highly significant changes of depression-scales BDI ($P=0.028$) and MADRS ($P=0.001$). IQ as measured by the MWT-B ($P=0.851$), executive functions as measured by trail making test A ($P=0.568$) and B ($P=0.372$) and stroop-test, memory functions as measured by the MGT ($P=0.565$) (Figure 1) and MMSE ($P=0.678$) did not differ significantly after ECT treatment.

Conclusion There were no significant differences in cognitive function before and after ECT treatment. To confirm these findings, it would be necessary to perform larger studies.

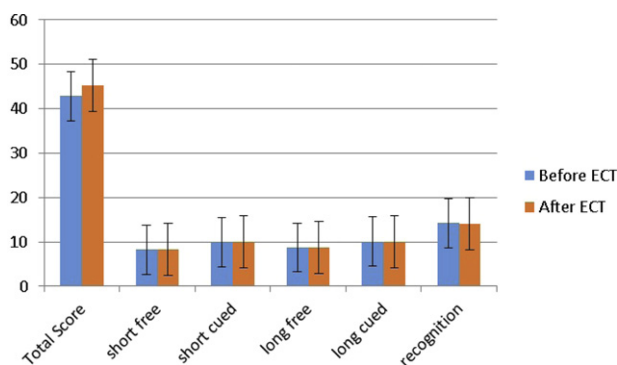


Figure 1

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

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EW0400

Vascular disease and trajectories of late-life major depressive disorder in secondary psychiatric care

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Objectives To examine 5 years trajectories of secondary-treated late-life major depressive disorder (MDD), and evaluate whether pre-existing cerebrovascular disease and related risk factors are associated with more severe trajectories of late-life MDD.

Methods Data were obtained from Danish registers. The sample included 11,184 adults ≥ 60 at index MDD diagnosis. Trajectories of in or outpatient contact at psychiatric hospitals for MDD over the 5 years period following index MDD diagnosis were modeled using latent class growth analysis. Risk factors included cerebrovascular disease, cardiovascular disease, hypertension, diabetes, and vascular dementia defined based on hospital diagnoses and prescription medications, demographic characteristics and characteristics of the index MDD diagnosis.

Results The final model included classes with consistently low (66%), high decreasing (19%), consistently high (9%) and moderate

fluctuating (6%) probabilities of contact at a psychiatric hospital for MDD during the 5 year period following the index MDD diagnosis (Fig. 1). Older age, greater severity, inpatient treatment and > 12 antidepressant prescriptions within 5 years of the index MDD diagnosis predicted membership in more severe trajectory classes. Cerebrovascular disease and related risk factors were not associated with trajectory class membership.

Conclusions A substantial proportion (34%) of individuals diagnosed with MDD in late-life require specialized psychiatric treatment for extended periods of time. We found no evidence that cerebrovascular disease or related risk factors predicted course trajectories in secondary-treated late-life MDD.

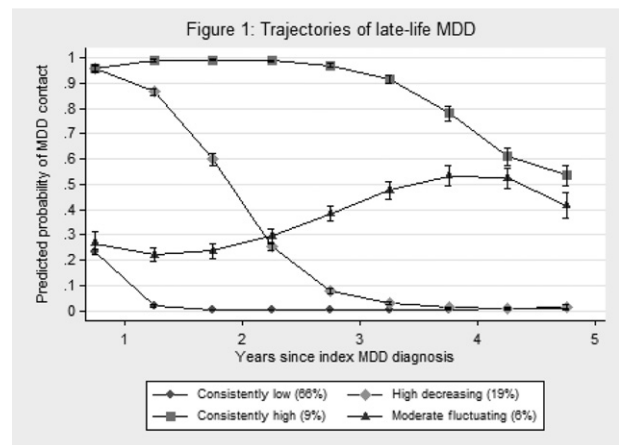


Fig. 1 Trajectories of late-life MDD.

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EW0401

Cognition in mild and moderate depression

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Introduction It is known that there is a cognitive decline in major depressive disorder. Most studies were performed on patients whose sum on a Montgomery and Asberg depression rating scale was greater than 30.

Objectives In our work, we concentrated on mild and moderate depression, MADRS > 30 was not criteria. Patients included were diagnosed with mild to moderate depressive episode.

Aims To determine how depressive episodes affect cognition.

Methods We included 30 patients diagnosed at the clinic for psychiatry in Nis. We covered the age group between 20 and 40 years, regardless of the gender and educational level. For the assessment of cognition, we used digital symbol substitution test (DSST), Rey audio verbal learning test (RAVLT), trail making test (TMT), stroop color naming test (Stroop), and patients were evaluated with Montgomery and Asberg depression rating scale (MADRS). Tests were conducted on the first visit to a psychiatrist. Patients were compared with the results of the healthy population with the same characteristics, and in the same period (August 2016). Mean values were compared and groups were compared by Student's t-test.

Results There was a statistically significant difference in all of the tests, and all of the parts of tests conducted on the patients and the control group.