

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.

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

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#### EV492

### Anxiety and depression in patients with hepatic versus cardiac disease

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**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?

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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.

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

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#### EV494

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

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**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