chronic pain of higher intensity and with greater interference on daily functioning.
Conclusion Our research data show a high frequency of chronic pain among patients diagnosed with MDD and its positive intercorrelation which results in negative impact on daily functioning, especially in females.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1468

EV484

Augmentation strategies in the treatment of major depressive disorder

S. Bise[1,*], B. Kurtovic[1], D. Begic[2], O. Cemalovic[2]
[1] *Psychiatric Hospital, women, Sarajevo, Bosnia and Herzegovina*
[2] *Psychiatric Hospital, Intensive care, Sarajevo, Bosnia and Herzegovina*
[*] *Corresponding author.*

Augmentation strategies for the treatment of Major depressive disorder (MDD) are needed when patients with MDD have a partial, or not responded to antidepressant monotherapy. The focus of augmentation therapy has been combining an antidepressant (AD) medication with another AD. Atypical antipsychotics (AAP) are becoming commonly used to augment antidepressants. Beyond AD and AAP, alternative augmentation strategies include mood stabilizers (MS).
Aim To analyze the characteristics of therapy in patients with diagnosis of MDD and to investigate the frequency of augmentation therapy.
Method Study included 28 patients hospitalized during one year with MDD diagnosis. Statistical analysis was performed with x2 and t-test.
Result Among patients with MDD there were 18 (64.28%) women with an average age 57.5 and 10 (35.71%) men with an average age 53.5. Of the 28 patients with MDD, 25 (89.28%) were treated with a combination therapy, and monotherapy in the remaining 3 patients (10.71%). Of 25 patients with augmentation strategy treatment, 22 (88%) used two medications and the remaining 3 (12%) tree psychotropic medications (AAP, AD, MS). The most frequent combinations were a combination of AD and AAP (17 patients, 68%). Beyond that frequent combination were AD and MS (6 patients, 24%). Two patients used combination two AAP, and one patient with two AD and one patients used AAP and MS.
Conclusion Augmentation strategy is often used in patients with MDD. There is no significant difference in the use combination therapy based on gender and age.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1469

EV485

The Mini-Spadin, an efficient alternate to Spadin in the depression treatment

M. Borsotto[*], A. Djillani, C. Devader, C. Heurteaux, J. Mazella
IPMC, UMR7275, Valbonne, France
[*] *Corresponding author.*

Objectives We previously discovered spadin as a new antidepressant drug concept. Spadin exerts its antidepressant actions on the TREK-1 potassium channel, a new antidepressant (AD) target. We have shown that spadin acts more rapidly in comparison to other ADs. We have pointed out that spadin induced neurogenesis after only 4-day treatments. We have demonstrated that spadin did not display side effects at the cardiac level and on TREK-1 controlled functions such as stroke, epilepsy or pain.
Objectives With the final goal to make spadin a drug for human clinic, our objective was to find analogs of spadin demonstrating a better affinity or a better in vivo stability or both.
Methods Several analogs of spadin were synthesized. Their ability to block the TREK-1 channel activity were first tested by electrophysiology on HEK293 cells stably transfected with TREK-1 channels. AD effects were measured by using the forced swim test and the novelty suppressed feeding test. Neurogenesis was investigated by measuring the expression level of the synaptic protein PSD-95 in in vitro cultured neurons.
Results Our data allow us to identify a shortened spadin, called mini-spadin, that displayed the same AD properties as spadin and a 400 fold increase in the TREK-1 affinity. Mini-spadin increased the synaptogenesis marker PSD95 levels after only 24 hours of treatment, suggesting that like spadin, mini-spadin was able to induce neurogenesis and synaptogenesis.
Conclusions Even if further experiments are required, the mini-spadin appears to be more efficient than spadin offering a very promising alternate to spadin as human drug.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1470

EV486

Short-term study in patients treated with desvenlafaxine

M.P. Calvo Rivera[1,*], L. Aguado Bailón[1], B. Girela Serrano[2]
[1] *San Cecilio University Hospital, Psychiatry Service, Granada, Spain*
[2] *Santa Ana Hospital, Psychiatry Service, Motril-Granada, Spain*
[*] *Corresponding author.*

Introduction Desvenlafaxine is an antidepressant inhibitor of the reuptake of norepinephrine and serotonin (SNRI). Several publications support its efficacy in reducing depressive symptoms in the short term.
Objectives The objective of this paper is to estimate the effect of short-term (12 weeks) of patients with depressive disorder treated with desvenlafaxine.
Methodology This is a prospective observational study tracking a cohort of outpatients with depressive disorder treated with Desvenlafaxine for three months. To accomplish our goal we used the Montgomery-Asberg scale performing three measurements (baseline, one month and two months after initiate the treatment). The size of our sample was 24 patients.
Results We found that in about 80% of patients the treatment was effective, no significant differences in relation to sex, age or treatment dose were reported. Regarding the severity of the symptoms, in the initial assessment 16% of the patients had a mild depressive episode, 70% a moderate episode and about 12% had a severe episode; while in the last evaluation, almost 46% of patients were in recovery, nearly 42% had mild symptoms, 8% moderate symptoms and only 4% had mild symptoms.
Conclusion We can conclude that the treatment with Desvenlafaxine has been effective at improving in the short-term the depressive disorder, independently of gender, age and dose administered.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1471

EV488

Facing depression with botulinum toxin: Literature review

M. Cátia Alves[*], G. Sobreira, M.A. Aleixo, J.M. Oliveira
Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal
[*] *Corresponding author.*

https://doi.org/10.1016/j.eurpsy.2016.01.1469 Published online by Cambridge University Press