

**Objectives:** The aim of this exploratory analysis was to assess the impact of different doses on vortioxetine effectiveness in clinical practice in Greece.

**Methods:** In this non-interventional study, open-label vortioxetine was administered at a flexible dosage (5-20 mg/d). Patients receiving 5/10 mg vortioxetine (group A), at the end of the study, were compared to patients receiving 15/20mg vortioxetine (group B). At baseline, 1 and 3 months, depressive symptoms and functioning were assessed by MADRS and SDS. Multiple regression was used for the statistical analyses.

**Results:** The study included 336 MDD patients. At the end of the study, 64.3% (n=200) of patients were receiving 15/20 mg vortioxetine. Higher vortioxetine dose at month 3 was significantly correlated with higher MADRS total score at baseline ( $p<0.001$ ). SDS total score change from baseline to month 3 was significantly associated with vortioxetine dose ( $p<0.001$ ), with group A and group B showing improvements of  $-9.2\pm 8.2$  and  $-12.1\pm 6.0$ , respectively - whereas such association was not observed for MADRS total score.

**Conclusions:** In conclusion, patients with more severe depressive symptoms were treated with higher antidepressant doses. However, beyond symptom improvement, vortioxetine effectiveness on patient functioning seems to increase with higher doses.

**Conflict of interest:** A. Galanopoulos and E. Papalexi are full-time employees in Lundbeck Hellas. A. Ettrup is a full-time employee in H. Lundbeck A/S.

**Keywords:** Non-interventional; Vortioxetine; Depression; Dose

## EPP0552

### Characteristics of unipolar depression in psychiatric inpatients

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**Introduction:** Unipolar depression is daily encountered in psychiatry.

**Objectives:** To describe the socio-demographic and clinical characteristics of patients with unipolar depression.

**Methods:** This is a cross-sectional, descriptive study carried out at the psychiatric department of the University Hospital of Mahdia. We have included patients with unipolar depression. The data were collected from patients' medical files using a pre-established 37-item questionnaire.

**Results:** We have collected 53 patients. The mean age was 44 years. The majority of patients were female (56.6%) and unemployed (70%). 47.2% of patients were married. 72% of patients had a low socioeconomic level. They were smokers in 45.3% of cases. Alcohol consumption was found in 24.5% of cases. A family history of mood disorder and suicide or attempted suicide were present in 7% and 13.2% of the cases respectively. 7% of the patients had a history of a postpartum thymic episode. The mean number of depressive episodes was 2.5. Personal history of suicide attempts was found in 40% of cases. The mean age of the first thymic episode was 35 years. At the psychiatric examination, psychomotor retardation was present in

64% of cases, anxiety distress in 58.5% of cases, psychotic, melancholic and atypical characteristics in 30%, 13.2% and 5.7% of cases respectively. 81% of patients were treated with anxiolytic drugs in combination with an antidepressant. Antipsychotic treatment was combined in 45% of cases and electro-convulsive therapy in 9.4% of cases.

**Conclusions:** Our patients presented predictive criteria of bipolarity. Therefore, vigilance is necessary in their medical management.

**Keywords:** inpatients; unipolar; Depression

## EPP0553

### Family history of mood disorders and concomitant psychopathology in patients with depression

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**Introduction:** A family history (FH) of mood disorders is an important clinical feature that affects the risk of depression and its clinical manifestations during the course of the disease.

**Objectives:** To assess the impact of FH in patients with depression on the presence of concomitant psychiatric disorders.

**Methods:** This cross-sectional study included 172 patients with depression (64.5% women; age -  $40,87\pm 15,86$  years). The M.I.N.I. was conducted to verify the diagnosis of psychiatric disorders. FH is based on indirect reports of patients.

**Results:** The most prevalent concomitant psychiatric diagnoses in patients with depression were generalized anxiety disorder (GAD; 26,2%), panic disorder (24,4%) and social anxiety disorder (13,4%). FH was recorded in 52 (30.2%) patients with depression. Patients with depression and FH more often had concomitant GAD (with FH - 20 (38,5%), without FH - 25 (20,8%);  $p=0.016$ ). Women with depression and FH showed a higher rate of early onset (before age 18) of depression (with FH - 10 (32,3%), without FH - 10 (12,5%);  $p=0.015$ ). Men with depression and FH more often had concomitant GAD (with FH - 10 (47,6%), without FH - 8 (20%);  $p=0.025$ ). Logistic regression revealed that FH was associated with GAD in patients with depression ( $p=0.019$ ).

**Conclusions:** FH of mood disorders in patients with depression is associated with specific concomitant psychopathology. Further genetic studies are needed to explain this comorbidity.

**Keywords:** Depression; anxiety; family history

## EPP0554

### Delta and theta eeg activity during resting state is altered in patients affected by major depression

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**Introduction:** Major depression (MD) is associated with cognitive and behavioral alterations in many domains. It is not well clear what cortical structures and functional alterations characterize MD patients during resting state, a condition during which mind wandering process is prevailing.

**Objectives:** In MD patients with severe levels of depression we expected, during resting state, an altered asymmetry of cortical activity in the EEG bands that generally mark neurological impairment, i.e. Delta and Theta EEG bands.

**Methods:** 30 MD patients under pharmacological treatment and 32 matched controls underwent an EEG recording (38 scalp sites) during 5 min resting state with open eyes. Eye movements were corrected by ICA modeling and the 5 min recording was divided in 2 sec epochs from which Delta and Theta spectral powers were extracted.

**Results:** Spectral analysis of the 5 min resting state revealed a significant difference between the two groups at the level of left temporal lobe. MD patients showed larger Delta and Theta spectral power in the left superior temporal gyrus at the level of Brodmann's Areas 22 and 42.

**Conclusions:** Results evidenced a cortical inhibition (greater EEG Delta and Theta activity) in left temporal linguistic areas in severe depression, a result pointing to a different mind wandering process and thought architecture in MD patients during resting state.

**Keywords:** Major Depression; EEG bands; resting state; psychophysiology

## EPP0555

### Depressive and anxiety disorders among women with obesity

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**Introduction:** Abdominal obesity is currently a growing problem in public health and has a high comorbidity with depressive and anxiety disorders. Obesity significantly decreases life quality, causes disability and decreases life expectancy.

**Objectives:** The objective of this study was to examine anxiety and depressive symptoms among women, who received individual or group psychotherapy sessions due to obesity control.

**Methods:** 577 women aging from 18 to 65 were examined. Height and weight were measured, Body mass index (BDI) was calculated based on received data. Depressive symptoms were determined with the PHQ-9 questionnaire [Kroenke K, Spitzer RL, Williams JB]. Anxiety symptoms were determined with the GAD-7 questionnaire. The level of social adaptation was examined.

**Results:** The prevalence of mild depression in our sample of women with obesity was 31.5%, 19.1% - moderate depression, 1% - severe depression, 48.4% had no depression symptoms. Anxiety symptoms were found in 38.2% of examined women, 61.8% showed no anxiety symptoms. Furthermore, when patients were divided into

subgroups accordingly to BMI, anxiety was mostly registered among ones with normal BMI. An average correlation between indicators of anxiety and depressive symptoms was identified ( $r=0,62$ ,  $p<0,05$ ). Average correlation between indicators of anxiety and depression and the level of social adaptation ( $r=0,59$  and  $r=0,48$  relatively,  $p<0,05$ ). Anxiety and depressive symptoms' dependency on BMI was not established.

**Conclusions:** The received data showed that anxiety and depression have high prevalence among women with obesity. The study will help medical specialists draw attention to high comorbidity between abdominal obesity and anxiety-depressive disorders.

**Keywords:** Depressive Disorder; Anxiety; Obesity; Body mass index; Depressive Disorder; Body Mass Index; Anxiety

## EPP0556

### The bidirectional relationship between epilepsy and depression

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**Introduction:** The relationship between epilepsy and depression has been recognized for a long time. In fact, the presence of depression could worsen the disease outcome.

**Objectives:** we aimed to study the prevalence of depression in patients with epilepsy and to assess the determinant factors of its genesis.

**Methods:** 54 patients with epilepsy, aged more than 18 years, attending the neurology department of Habib Bourguiba Hospital, Sfax, Tunisia, were enrolled for the study. All patients were administered Mini-International Neuropsychiatric Interview (MINI) for evaluation of psychiatric comorbid disorders especially depression. Socio-demographic and clinical data were collected.

**Results:** A total of 54 patients were included, of whom 63% (n =34) were men. Mean duration of epilepsy was 20.13 years. The most frequent type of seizure was generalized 72.7%. Depression was present in 7.3 % of patients. Alcoholism ( $p=0.027$ ) was significantly associated with occurrence of depression. Drug resistance ( $p = 0.03$ ) and longer duration of epilepsy ( $p = 0.046$ ) were significantly associated with occurrence of depression. No significant association was found between type of seizure, seizure frequency, medication compliance and depression. Depression wasn't associated with anti-epileptic drug. We didn't find any association between depression and other psychiatric comorbidities.

**Conclusions:** Depression wasn't frequent in our study contrary to literature. The possible explanations are the reduced sample size and the sensitivity of the used tool to assess depression in epilepsy. Pursuant to literature, we found significant association between Alcoholism, drug resistance and long duration of epilepsy.

**Keywords:** Epilepsy; Depression; psychiatric comorbidity