EV0398

Correlations between doctors' and patients' assessment of depression' severity and efficacy of treatment

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Introduction Data on accordance and clinical significancy of objective (doctor, psychometric scales) and subjective (patient with depression) assessment of severity of depression are almost lacking. Aim of the multicenter study "EMOTION" was to compare prognostic value of doctor's and patient's assessment of depressive symptoms severity as for its grading and treatment outcome.
Method Study sample consist of 107 depressive patients. The study used clinical and psychometric (HDRS, SHAPS, CGI-S, CGI-I, PGI-S, PGI-I, Visual Analog Scale) methods.
Results Our data suggest that there's statistically significant ($P < 0.001$) discrepancy between doctors' (CGI-S) and patients' (PGI-S) assessment of depressive symptoms' severity at first visit. Concordant opinions were found only in "marked depression" (37.49% of doctors and 36.59% of patients) and in "borderline depression" (4.79% of doctors and 3.79% of patients). Otherwise, doctors' and patients' opinions were discordant. Doctors' scores were more extreme (severe and extremely severe depression); patients' scores were more "moderate". We have found inconsistence between HDRS and CGI-S scores. In the course of reduction of depression severity during antidepressive treatment (agomelatine) doctors' and patients' scores were more and more in line with each other.
Conclusion We have found leveling of prognostic value of psychometric assessment of depression severity by doctors and patients (in terms of reduction of depressive symptoms severity and treatment outcome) during antidepressive therapy. It is possible that in some HDRS items scores were overestimated.
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Comorbid depression and ulcerative colitis – is there a connection?

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Ulcerative colitis (UC) is a subset disorder of inflammatory bowel disease (IBD) with chronic course and symptoms such as fatigue, gastrointestinal pain, fever, etc. IBD is associated with psychological manifestations including depression and anxiety. There is an increased number of studies trying to link these comorbidities. The gut-brain axis is regulated by intestinal microbiota and this bidirectional communication including immune, neural, endocrine and metabolic mechanisms may bring us closer to the answer. The following case concerns a 56-year-old patient with history of major depressive disorder who was in continuous psychiatric care and treated with antidepressants. Several years after the beginning of psychiatric treatment, he was hospitalized for diagnostic examination due to subfebrility of unknown etiology, but with no final somatic diagnosis. After two years he was referred to our department and at administration the patient showed symptoms of depression, anxiety, lack of motivation and suicidal thoughts and tendencies. Subfebrility was still present at that time. His psychopharmacotherapy was revised and there was a slight improvement in mood and behaviour. During outpatient follow-ups the symptoms of depression were still prominent and remission was not achieved even with modulation of antidepressant pharmacotherapy. The following year the patient was diagnosed with UC and started specific treatment after he presented with diarrhea in addition to subfebrility. Subsequently his mood improved, suicidal thoughts were diminished and ultimately remission was achieved. This case suggests that only after UC was being treated the psychiatric symptoms also withdrew which implicates that inflammatory mediators were involved in pathogenesis of depression.
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C-reactive protein as predictor of antidepressant response in late onset depression

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Introduction Late-onset depression has been associated with history of vascular disease and atherosclerosis. As immune dysregulation is critically involved in vascular disease. We hypothesized that responsiveness of late onset depression can be associated with level of inflammatory markers in these subjects.
Objective Role of inflammatory mediator in antidepressant responses in late onset depression.
Aim To study C-reactive protein as predictor of antidepressant response in late onset depression.
Methods Depressed patient (as per ICD 10 DCR) age > 60 years recruited from department of psychiatry and complete clinical assessment done and base line depression severity measure on Hamilton Depression Rating Scale (HDRS). C reactive protein level was assessed at base line. Patient prescribed antidepressant medication and at 8 week follow up re assed for depression severity in HDRS. Data analyzed with spss.21 and spearman correlation was used.
Result Mean age of responder ($n = 6$) 63.5 ± 4.9 year and HDRS at base line 16 ± 1.9. Mean age of partial responder or non-responder ($n = 19$) 65.1 ± 6.1 year and HDRS at base line 18.5 ± 3.9. Continuous decrease in depression severity during study period and antidepressant response rate was 24%. Base line CRP level had negative correlation with antidepressant responsiveness ($r = -0.6$, $P < 0.05$).
Discussion Late onset depression was less responsive to antidepressant medication and poor antidepressant response rate was associated with higher level of CRP in late onset depression.
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