*Conclusion*    The late life depression persists with CBF abnormalities in the remitted state. And it is implicit that hyperperfusion in the left brain cortex and hypoperfusion in the right brain cortex could be the specific form to RGD patients.

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

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## EV518

### Civilization syndrome. New diagnosis and new therapeutic approach

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*Introduction*    Although the relationship between the content of stress and serious diseases, such as depression is not so obvious, underlying mechanisms encouraging more and more authors to define a 'civilization syndrome' as a link between our modern lifestyle, the civilization we live and psychosocial health problems. With regard to the 'civilization syndrome', there are several new candidates that have been spotted as the challenges for psychiatric research, like burnout, infertility and solitude. All these phenomena seem to increase epidemically and require urgent conceptual and therapeutic studies.

*Aim*    . The program was addressed to three groups of patients with burnout, infertility, and social relationship/loneliness crisis.

*Method*    Using the new stress reduction program (SRP), engaging both pharmacological and psychotherapeutic approach, and also several lifestyle factors, like physiotherapy, nutrition aspects, coaching, social media contact and monitoring, most of patients improved in terms of emotional and behavioral markers, in short- and long-term (4–6 months) observations.

*Material*    Patients and clients (N43) with F3.x-F4.x disorders according to ICD-10.

*Results*    A variety of PRS scales were used to assess patients' improvement outcomes. Significant reductions (4–6 months) were observed at Maslach Burnout Inventory (−23.4%, $P = 0.000$), Fertility Problem Inventory (−34.5%, $P = 0.000$), UCLA Loneliness Scale, ver. 3 (−43.3%, $P = 0.000$), and Perceived Stress Scale (44.0%, $P = 0.000$).

*Discussion*    This program interplays between stress and mental health problems and opens up new possibilities for diagnosis and therapy, focusing on the challenges of civilization, and especially opens up preventive options in stress-related problems and diseases, which represent a growing health burdens in modern society.

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

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## EV519

### Metabolic dysregulation as predictor for the course of late-life depression

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*Introduction*    Depression is associated with the metabolic syndrome (MS). Recently, the concept of 'metabolic depression' has been proposed based on a protracted course of depressive symptoms over time.

*Objective and aims*    Within the Netherlands study of depression in older persons, we examined whether metabolic dysregulation predicted the two-year course of depression.

*Methods*    A cohort study ($n = 285$) of depressed persons ($\geq 60$ years) with two-year follow up. Depression was classified according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Severity of depression was assessed with sum score as well as subscale scores of the Inventory of Depressive Symptomatology (IDS) at six-month intervals. The metabolic syndrome was defined according the National Cholesterol Education Program (NCEP-ATP III). We applied logistic regression and linear mixed models adjusted for a wide range of confounders and severity of depression at baseline.

*Results*    The number of MS-components predicted non-remission at two-years (OR = 1.28 [95% CI: 1.00–1.58], $P = 0.047$), which was driven by waist-circumference, HDL-cholesterol and triglycerides. MS was only associated with the somatic symptom subscale score of the IDS over time, but not with its sum score (interaction time × somatic subscale, $P = 0.002$). This effect was driven by waist circumference, elevated fasting glucose level and hypertension.

*Conclusion*    Metabolic dysregulation predicts the course of late-life depression. This effect seems to be driven by visceral obesity (as indicated by the waist circumference) and lipid dysregulations and with respect to the somatic symptoms of depression.

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

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## EV520

### The role of self-compassion in lifetime history of depression: A study in Portuguese pregnant women

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*Introduction*    Although self-compassion has been pointed as an effective strategy for coping with depression, there are not any studies investigating its association with lifetime history of depression (LTHD).

*Objective*    To compare self-compassion levels in pregnant women with vs. without LTHD and to analyze if self-compassion dimensions are significant predictors of LTHD.

*Methods*    Four hundred and twenty-seven pregnant women with a mean age of 33 years (±4.785) in their second trimester of pregnancy completed the Self Compassion Scale validated for pregnancy (SCS; Bento et al., 2015) and a new self-report questionnaire to evaluate the presence of LTHD according to DSM-5 criteria for depression.

*Results*    Ninety-seven (23.0%) women had LTHD. Bisserial Spearmen correlations between LTHD and SCS total score were significant, negative and moderate ($r = -0.31$). SCS subscales, except Common Humanity, showed significant correlations: Self-Kindness/SK ($r = -0.130$), self-judgement (SJ) (0.313), isolation (0.357), mindfulness ($r = -0.102$), over-identification (OI) ($r = 0.393$). Independent sample $t$ tests revealed that women with vs. without LTHD had significantly lower levels of total SCS, SK and Mindfulness scores and higher levels of SJ, Isolation and OI.Logistic regression (assumptions were fulfilled, Tabachnick and Fidell, 2007) showed that the SCS explained 26.7%–43.6% of the LTHD vari-

ance and correctly classified 86.9%; the odds ratio (OR) was.865 (95% CI 0.834–0.898; $P < 0.001$). The model composed by the correlated dimensions explained 15.9%–24.0% and correctly classified 80.6%. Odds ratios: SK = 0.017; SJ = 0.021; isolation = 16.027; mindfulness = 0.167 and OI = 20.178 (all $P < 0.05$).

*Conclusions*    Self-compassion, specifically the ability to treat oneself with care and understanding and to be aware and accepting one's present-moment experiences, decrease the probability of having LTHD.

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

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## EV521

### Interictal depressive disorders in epilepsy patients

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*Introduction*    Depression is recognized as more frequent psychiatric disorder in epilepsy patients with significant impact on their health-related quality of life.

*Aims*    To analyze the occurrence and clinical particularities of different types of interictal depression in epilepsy patients.

*Methods*    One hundred and fourteen epilepsy patients with interictal depression were assessed with a clinical interview and Hamilton depression and anxiety rating scales. Diagnostic criteria of ICD-10 and of the International League Against Epilepsy (ILAE) were used.

*Results*    A total of 45.6% of patients met ILAE criteria of inerictal dysforic disorder (IDD) with predominance of depressive mood, irritability, fear and atypical pain. All patients had chronic epilepsy with specific epileptic personality changes. Comorbid adjustment disorders (depressive and anxious-depressive reactions) were diagnosed in 27.2% of patients. The most frequent trigger situations were: family problems, serious illness, unemployment, financial difficulties. In more than half of patients were registered specific personality changes whose severity was in inverse ratio with trauma severity. A total of 18.4% of patients met criteria of comorbid affective disorder (depressive and bipolar) with some specific clinical traits due to personality changes. In 8.8% of patients, anticonvulsant-induced depression was observed; it was clinically simple, resolved after offending medication withdrawal.

*Conclusions*    Observed depressive disorders were heterogeneous: comorbid or attributed to epilepsy or its treatment. The most frequent condition was IDD. Specific personality changes may contribute to higher susceptibility and development of psychogenic depression. We emphasize the importance of treatment history (possibility of anticonvulsant-induced depression).

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

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## EV522

### Regulation of serum spadin propeptide: An antidepressant response probe

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*Objectives*    We previously discovered that spadin, a short analogue of the propeptide (PE) released from the maturation of sortilin, displays potent antidepressant properties. Since the PE level can be measured in the blood, we aimed to investigate how the PE serum concentration is regulated in mice. We wondered whether the PE serum levels vary between healthy subjects and patients with major depressive disorder (MDD).

*Methods*    We developed a dosing method based on the AlphaScreen$^{TM}$ technology (Perkin) which allow to selectively detect both PE, spadin and metabolic products from these peptides with a detection range of 1 ng/mL.

*Results*    We found that insulin significantly up-regulated serum PE concentration from $26.15 \pm 2.63$ to $41.43 \pm 6.27$ nM ($P = 0.0318$). Analysis during circadian cycle in mice revealed that the amount of PE and its derivatives significantly varied during the cycle being higher during the period of maximal activity (dark period). We also measured serum insulin concentration between 1 and 7 pm and observed a significant rise confirming the relationships between insulin and PE concentration. We showed that the serum level of PE is lower in depressive patients than in healthy non-psychiatric. We observed that the weaker level of PE in depressive patients can recover the level of healthy subjects after a chronic antidepressant treatment.

*Conclusions*    Dosing the serum level of PE could be a promising approach for the diagnosis of depression and to determine the remission of the disease.

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

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## EV523

### Treatment of mild to moderate major depressive disorder with agomelatine in patients with cardiovascular disorders (national observational multicenter study "pulse")

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*Introduction*    The urgency of depression treatment in patients with cardiovascular diseases (CVD) is determined by the increasing prevalence of affective disorders. For these patients, tolerance and safety of antidepressants are of great importance.

*Objective*    To obtain additional data on therapeutic efficacy and tolerance of agomelatine in the treatment of mild to moderate depressive disorders in cardiologic practice in Russia.

*Methods*    Eight hundred and ninety-six adult patients with CVD (86.5% arterial hypertension, 29.5% stable angina, 16% myocardial infarction, 23.6% conduction disturbances, 17.6% chronic heart-failure) were treated with agomelatine 25-50 mg for 12 weeks. Depression and anxiety symptoms were evaluated via Hospital Anxiety and Depression Scale (HADS), Clinical Global Impression (CGI-S and CGI-I), Visual Analog Scale (VAS), Spielberger Anxiety Scale (SAS), Whitely Hypochondria Index (WHI) and quality of life questionnaire (SF-36). Safety and tolerance were also monitored according to the summary of product characteristics recommendations.

*Results*    HADS scores decreased throughout the study and severe anxiety rate decreased from 95.9% to 15%. After 12 weeks of treatment, remission (HADS < 7) rate was 84.6%. Subjective assessment of patient health significantly improved ($P < 0.00001$). WHI decreased significantly ($P < 0.00001$). Physical and mental health significantly improved ($P < 0.00001$). Heart rate and blood pressure decreased. Treatment acceptability was considered "excellent" by 82% of doctors and 75% of patients.

*Conclusion*    Agomelatine significantly improved depressive symptoms, anxiety and hypochondria in depressed patients with CVD and demonstrated good tolerance. This suggests the possibil-