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 pathophysiologic 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
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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.
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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

various antidepressants were withdrawn, lithium salts were introduced. It is then that the patient starts improving her mood.
Results – Dysthymia (F34.1).
– Mixed and other personality disorders (F61.0).
Conclusions In spite of having an appropriate pharmacological, unfortunately, antidepressants improve dysthymia just in 50–70% of patients. Antidepressants resistant dysthymia cases have been studied. In those cases, it has been necessary to add lithium or thyroxine. This confirms that, when it comes to this disorder, there are many neurochemical mechanisms involved, given the positive response to the combination of drugs, notwithstanding the severity of the adverse effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV495

Assessment of mature serum brain-derived neurotrophic factor (BDNF) is not superior to total serum BDNF in prediction of antidepressant treatment outcome

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Background Serum BDNF levels are decreased in major depressive disorder (MDD) and tend to normalize under antidepressant treatment, serving as a treatment outcome predictor. BDNF is initially synthetized as precursor protein proBDNF and is cleaved to mature BDNF (mBDNF) while only the latter exerts neurotrophic activity.
Aim The aim was to explore if a specific enzyme-linked immunosorbent assay (ELISA) kit for mBDNF in serum would be superior to the unspecific assessment of total serum BDNF in predicting treatment response in MDD.
Methods Twenty-five patients with MDD underwent standardized treatment with duloxetine. Severity of depression was measured by Hamilton Depression Rating Scale (HDRS) at baseline (BL), after one (W1), two (W2) and six weeks (W6) of treatment. Treatment response was defined as a HDRS $\geq$ 50% reduction of BL score at W6. mBDNF and total BDNF serum levels were determined at BL, W1 and W2.
Results A high and stable correlation was found between mBDNF and total BDNF serum levels over all measurements. The predictive value of mBDNF BL levels and mBDNFΔW1 to response was similar to that of total BDNF BL and total BDNFΔW1. The assessment of serum mBDNF was not superior to total BDNF in prediction of treatment outcome.
Conclusions Not only baseline total BDNF but also mBDNF is predictive to treatment outcome. The later might represent the main player in this respect, which supports the idea of a functional link between neuroplasticity and MDD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV496

Computer-based cognitive training for patients with unipolar depression

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Introduction Unipolar depression is a public health problem and is the most common psychiatric disorder among people with long-term sick leave in Denmark. Patients with unipolar depression are often associated with deficits in cognitive function long after the affective symptoms have disappeared. This could explain the long-term sick leave among patients suffering from unipolar depression. Computer-based cognitive training has been used to increase cognitive function in other patient groups.
Objectives It is unknown whether cognitive functions are improved in patients with depression by help of a cognitive computer program. Further we investigate whether this intervention shortens sick leave.
Aims To investigate whether a computer-based cognitive training group present a higher score in cognitive function after training and return to their employment earlier compared to the control group.
Methods The study includes patients who have been admitted because of depression, but are finished with their treatment. When the patients are discharged, they will be randomizes into two groups and evaluated on their cognitive function. Only one of the two groups will receive computer-based cognitive training. After 12 week the two groups' cognitive function will be compared. Furthermore there is a six-month follow up, to show if or when the participants have returned to work.
Results The results will be presented at the EPA March 2016 in Madrid.
Conclusion Based on the results of study it is our intention to conclude whether or not to implement computer-based cognitive training in treatment of patients with depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV498

Acute administration of reboxetine reduces alcohol self-administration but, after a subchronic treatment with this drug, alcohol self-administration is enhanced

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