

**Introduction:** There is no doubt that the symptoms of depression is the loss of appetite and loss the ability to taste food. However there is unanswered question how depression disorder impact different preferences of food tastes, which was sought to be explored in this study.

**Objectives:** were to evaluate changes in characteristics of food tastes in patients with depressive disorder and healthy controls; and to find the association with clinical expression of depressive severity.

**Methods:** 74 patients with depressive disorder (according DSM-V, MINI 6.0.0) and 38 healthy controls, 18 to 55 age old, were included into this study. The subjects were interviewed using the socio-demographic and the food sensory questionnaires. The severity of depression was rated using Montgomery-Asberg Depression Rating Scale (MADRS).

**Results:** There were significantly more patients with depressive disorder in comparison to healthy controls preferred non-spicy taste of food (66.2 % vs. 47.4 % respectively,  $p=0.025$ ) and non-sour taste of food (66.2% vs 50.0 %, respectively,  $p=0.015$ ), without significant differences in preference of salty and sweet food tastes. Among study patients with depressive disorder, the majority (71.6%) suffered from moderate severe depression, 23 % - severe depression and 5.4 % had mild severity depression. The preferences of tastes of the food (sour, sweet, salty, spicy) were independent of the severity of the depressive disorder ( $p>0.05$ )

**Conclusions:** Patients with depressive disorder prefer non-spicy and non-sour food tastes, without differences in salty and sweet foods; it have found independent of the severity of the depressive disorder.

**Keywords:** depression; taste; food

### EPP0517

#### Emotional blunting and cognitive profile in elderly depressed patients in treatment with vortioxetine

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**Introduction:** Antidepressants in older people have experienced their increase in medical prescriptions in recent decades whit comorbidity with other pathologies and drug polytherapies. With the use of antidepressants, can be observed side and unwanted effects (e.g. emotional blunting). Vortioxetine is a new antidepressant agent which promises fewer side effects.

**Objectives:** To evaluate the clinical efficacy, safety, side effects (e.g. emotional blunting) and cognitive profile

**Methods:** 45 elderly patients affected by MDD (DSM-5) were recruited in our observational study. All patients were treated with vortioxetine for 12 months. Physiological and pathological parameters were collected at baseline (T0), after 3 months (T1), 6 months (T2); 12 months (T3). All patients were administered the following scales: GDS; MMSE; QLi; ODQ. The statistical data were processed with EZAnalyze.

**Results:** 33.33% of patients had a score in the “unlikely depression” GDS group. The ANOVA ODQ “Total” results indicate that at least two of the repeated measures differ significantly. Data of the “antidepressant as cause” dimension are interesting [T0 vs T3 (P-Unadjusted .000; P-Bonferroni .000; T-value 5.687. MMSE scores are indicative of one small but not significant difference. Mean QLiIndex scores did not show statistically significant changes, but are indicative of positive changes from the baseline score

**Conclusions:** Vortioxetine resulted in partial reduction of depression. There was a moderate non-statistically significant increase in body weight, glycidic and lipid profiles. Overall data highlight the importance and role that vortioxetine can have in the management of depressive symptoms in elderly subjects. The handling, effectiveness and reduced side effects of the molecule are emphasized.

**Keywords:** Depression; EMOTIONAL BLUNTING; Vortioxetine; Pharmacology

### EPP0518

#### Childhood trauma influences the age of onset and severity of major depressive disorder via brain function

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**Introduction:** Associations between childhood trauma (CT), social support (SS), brain functions and major depressive disorder (MDD) is unknown.

**Objectives:** This study aimed to investigate whether brain functions mediated associations between CT, SS, and MDD.

**Methods:** 164 MDD and 98 healthy controls (HC) were recruited and measured by HAMD-24 and HAMA. Some completed CT questionnaire (CTQ) and social support rating scale (SSRS). We examined amplitude of low-frequency fluctuation (ALFF) between the two groups and correlations between HAMD-24, HAMA and ALFF in MDD. Then, the peak voxels of the ALFF changed regions were used as seeds to analyze whole-brain functional connectivity (FC). Next, correlations between FC and clinical variables of MDD were performed. Last, mediation analysis was used to further determine whether ALFF or FC could mediate the associations between CT, SS, and different clinical variables in MDD patients.

**Results:** Compared to HC, MDD showed decreased ALFF in right posterior cingulate (PCC\_R), left postcentral gyrus, right precentral gyrus, and left thalamus (THA\_L), but increased ALFF in right medial frontal gyrus, left subgenual anterior cingulate, and left middle occipital gyrus as well as decreased FC in bilateral PCC and THA\_R. HAMD-24 had negative correlation with ALFF of THA\_L, while positive with sexual abuse (SA) score in MDD. Mediation analysis revealed that FC of PCC\_R mediated association between SA and baseline HAMD-24, and itself or together with SS mediated association between CT and onset age of MDD.

**Conclusions:** CT may influence the depression severity and onset age of MDD by moderating FC of PCC\_R only or together with SS.

**Keywords:** major depressive disorder; childhood trauma; brain function; social support