

Introduction Affecting over 120 million people, major depressive disorder (MDD) is characterized by low mood, lack of interest and a cluster of other vegetative and cognitive symptoms causing significant distress of functioning. It has a relapsing and recurring course and frequently becomes chronic. Thus, there is a need to further develop therapeutic techniques to improve the course and the prognosis of depressive disorders. Recent clinical trials suggest that botulinum toxin (BTX) treatment may also have an antidepressant effect.

Objective The authors aim to conduct a non-systematic review in order to understand the relationship between MDD and BTX treatment.

Aims To assess whether current evidence supports the BTX to treat major depressive patients.

Methods A non-systematic review of English scientific literature was conducted through research in the PubMed search engine, using the keywords “botulinum toxin” and “depression”.

Results There is a small but growing body of evidence suggesting that botulinum toxin may be useful for the treatment of depression. The main hypothesis for the proposed beneficial effects of botulinum toxin is through the facial feedback. Low mood and depression are often associated with a sad facial expression. Injecting botulinum toxin and improving facial expression would lead to the improvement of depression symptoms.

Conclusions Positive effects on mood have been observed in subjects who underwent treatment of glabellar frown lines with botulinum toxin. It supports the concept that the facial musculature not only expresses, but also regulates mood states.

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EV489

Impact and importance of anhedonia as a mediating variable in amelioration of social functioning in depressed patients

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Background Anhedonia is a core dimension of major depressive disorder (MDD). Paradoxically, the association between anhedonia and social impairment is poorly known.

Objective To determine the longitudinal relationships between depressive symptoms, anhedonia, and social functioning in depressed patients treated with agomelatine.

Material and method One thousand five hundred and seventy patients with MDD starting treatment with agomelatine prescribed by their GPs were included in a prospective study (follow-up: 10 to 14 weeks). Patients were assessed at baseline and at the end point of the study, using the MADRS to assess antidepressant efficacy, the SHAPS scale and an original visual analog scale exploring the subjective pleasure felt by patients in their main leisure activity to measure anhedonia, and the QFS to measure social functioning in its qualitative and quantitative dimensions. In addition to the univariate analyses, a mediation path analysis was performed using the Sobel test.

Results The results showed a robust and significant improvement in symptoms of depression, anhedonia, and social functioning. The correlations between the SHAPS and QFS scores were high and significant. Subsequent analyses showed that amelioration of anhedonia is a significant mediating variable between the progression of depressive symptoms and social functioning (Δ QFS $G = -14.3$, $P < 0.0001$) and explains around one third of the variance of the model (35.37%).

Conclusion Anhedonia, a major dimension of depression, provides specific insights into the understanding of the complex links between residual symptoms of MDD and social functioning. In conclusion, improving the evaluation of anhedonia is a fundamental issue in primary care.

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

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Acceptance and commitment therapy (ACT) predictive factors of return to work after depression

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Introduction Prolonged sick leaves are a major risk to quit the world of work and depression is the leading cause of disability in France. New therapies from the third wave of CBT as the Commitment and Acceptance Therapy (ACT) may be interesting to promote the return to work (RTW).

Objectives To assess predictive factors of return to work after depression.

Methods This is a descriptive, prospective and multicentric study. The recruitment of investigating doctors was conducted by the publication of an advertisement in a French journal of occupational medicine. Each investigator recruited patients during reinstatement medical examination after a prolonged sick leave for depressive syndrome. Sociodemographic, occupational, medical and psychological factors (particularly in connection with the ACT) was assessed at baseline and 3 months later.

Results Thirty-one patients were initially included in the study, but 2 were lost to follow up at 3 months and 29 were analyzed. Twenty three patients RTW at 3 months. Those who RTW were less anxious ($P = 0.023$), less depressed ($P = 0.021$), had a better impression of improvement ($P = 0.0066$) and had a lower score of experiential avoidance ($P = 0.0025$).

Conclusions The ACT, through its action on the reduction of experiential avoidance, and the definitions of new life values could allow a faster RTW after a sick leave for depressive syndrome.

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

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Childhood abuse in adult women with unipolar depression seeking treatment at a tertiary care centre in India, compared to healthy women

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Introduction Childhood abuse has been reported as a precursor and maintaining factors for adult psychiatric disorders. Childhood physical abuse, neglect and sexual abuse have been independently reported in women with depression. There is a serious dearth of literature on the incidence of childhood abuse among women with depression from India.

Objectives & aims We investigated and compared the incidence of childhood abuse (overall) – physical, emotional and sexual (indi-