

chronic pain of higher intensity and with greater interference on daily functioning.

**Conclusion** Our research data show a high frequency of chronic pain among patients diagnosed with MDD and its positive inter-correlation which results in negative impact on daily functioning, especially in females.

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

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#### EV484

### Augmentation strategies in the treatment of major depressive disorder

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Augmentation strategies for the treatment of Major depressive disorder (MDD) are needed when patients with MDD have a partial, or not responded to antidepressant monotherapy. The focus of augmentation therapy has been combining an antidepressant (AD) medication with another AD. Atypical antipsychotics (AAP) are becoming commonly used to augment antidepressants. Beyond AD and AAP, alternative augmentation strategies include mood stabilizers (MS).

**Aim** To analyze the characteristics of therapy in patients with diagnosis of MDD and to investigate the frequency of augmentation therapy.

**Method** Study included 28 patients hospitalized during one year with MDD diagnosis. Statistical analysis was performed with x2 and t-test.

**Result** Among patients with MDD there were 18 (64.28%) women with an average age 57.5 and 10 (35.71%) men with an average age 53.5. Of the 28 patients with MDD, 25 (89.28%) were treated with a combination therapy, and monotherapy in the remaining 3 patients (10.71%). Of 25 patients with augmentation strategy treatment, 22 (88%) used two medications and the remaining 3 (12%) three psychotropic medications (AAP, AD, MS). The most frequent combinations were a combination of AD and AAP (17 patients, 68%). Beyond that frequent combination were AD and MS (6 patients, 24%). Two patients used combination two AAP, and one patient with two AD and one patients used AAP and MS.

**Conclusion** Augmentation strategy is often used in patients with MDD. There is no significant difference in the use combination therapy based on gender and age.

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

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#### EV485

### The Mini-Spadin, an efficient alternate to Spadin in the depression treatment

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**Objectives** We previously discovered spadin as a new antidepressant drug concept. Spadin exerts its antidepressant actions on the TREK-1 potassium channel, a new antidepressant (AD) target. We have shown that spadin acts more rapidly in comparison to other ADs. We have pointed out that spadin induced neurogenesis after only 4-day treatments. We have demonstrated that spadin did not display side effects at the cardiac level and on TREK-1 controlled functions such as stroke, epilepsy or pain.

**Objectives** With the final goal to make spadin a drug for human clinic, our objective was to find analogs of spadin demonstrating a better affinity or a better in vivo stability or both.

**Methods** Several analogs of spadin were synthesized. Their ability to block the TREK-1 channel activity were first tested by electrophysiology on HEK293 cells stably transfected with TREK-1 channels. AD effects were measured by using the forced swim test and the novelty suppressed feeding test. Neurogenesis was investigated by measuring the expression level of the synaptic protein PSD-95 in in vitro cultured neurons.

**Results** Our data allow us to identify a shortened spadin, called mini-spadin, that displayed the same AD properties as spadin and a 400 fold increase in the TREK-1 affinity. Mini-spadin increased the synaptogenesis marker PSD95 levels after only 24 hours of treatment, suggesting that like spadin, mini-spadin was able to induce neurogenesis and synaptogenesis.

**Conclusions** Even if further experiments are required, the mini-spadin appears to be more efficient than spadin offering a very promising alternate to spadin as human drug.

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

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#### EV486

### Short-term study in patients treated with desvenlafaxine

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**Introduction** Desvenlafaxine is an antidepressant inhibitor of the reuptake of norepinephrine and serotonin (SNRI). Several publications support its efficacy in reducing depressive symptoms in the short term.

**Objectives** The objective of this paper is to estimate the effect of short-term (12 weeks) of patients with depressive disorder treated with desvenlafaxine.

**Methodology** This is a prospective observational study tracking a cohort of outpatients with depressive disorder treated with Desvenlafaxine for three months. To accomplish our goal we used the Montgomery-Asberg scale performing three measurements (baseline, one month and two months after initiate the treatment). The size of our sample was 24 patients.

**Results** We found that in about 80% of patients the treatment was effective, no significant differences in relation to sex, age or treatment dose were reported. Regarding the severity of the symptoms, in the initial assessment 16% of the patients had a mild depressive episode, 70% a moderate episode and about 12% had a severe episode; while in the last evaluation, almost 46% of patients were in recovery, nearly 42% had mild symptoms, 8% moderate symptoms and only 4% had mild symptoms.

**Conclusion** We can conclude that the treatment with Desvenlafaxine has been effective at improving in the short-term the depressive disorder, independently of gender, age and dose administered.

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

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#### EV488

### Facing depression with botulinum toxin: Literature review

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**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.

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

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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 ( $\Delta$  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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#### EV490

### 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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#### EV491

### 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-