By age 75 years, mean plasma testosterone levels have decreased 35% compared with young adults, and more than 25% of men of this age are clinically hypogonadal. Age related hypogonadism, which has been termed»andropause«, is thought to be responsible for variety of symptoms experienced by elderly men, including reduced muscle and bone mass, sexual dysfunction, depression, fatigue and irritability.
Objectives: However, it has been difficult to establish correlations between these symptoms and plasma testosterone levels. Clinical trials of testosterone replacement have documented some symptoms relief (improved muscle strength and bone mineral density), yet studies to date on the specific relation between depression and testosterone level have been methodologically flawed.
Methods: Data are presented from systematic clinical and epidemiological studies with bearing on this relation:
1. population-based assessments of the relation between testosterone level, genetic factors and depression in elderly men,
2. placebo-controlled clinical trials of testosterone replacement in men with major depressive disorder.

Results: Results suggest that age-related hypothalamo-pituitary-gonadal hypofunction may have particular etiologic importance in late-onset male dysthimia.
Conclusions: However, there is still the dilemma whether late-onset depression in older men is predominantly biological (in which testosterone decline certainly plays an important role), psychosocial, or stress-diathesis origin.

Disclosure of Interest: None Declared

EPV0414

Atopic Dermatitis and Major Depressive Disorder: is there causality?

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Introduction: The association between Atopic Dermatitis (AD) and Major Depressive Disorder (MDD) has long been reported by some population-based observational studies. However, observational studies are susceptible to potential confounders and inverse causation, rendering it difficult to conclude about the causality of such association. Mendelian randomization (MR) analysis is a novel epidemiological method to assess the causation between an exposure and an outcome, with less susceptibility to potential confounders and reverse causation by using genetic variants as instrumental variables.
Objectives: To report a clinical case of depression in association with atopic dermatitis and to review what contributions MR studies have been bringing to the matter of causality between AD and MDD.
Methods: Case report and literature review based on PubMed using the terms “atopic dermatitis”, “eczema”, “depression", “depressive”, “mood” and “Mendelian randomization”, which were searched in the title and abstract fields.
Results: Case-report: A 26-year-old man was admitted for inpatient treatment with a clinical picture of sadness, irritability, social isolation and insomnia, with 4 months of evolution, aggravated by suicidal ideation in the preceding days. On examination of the mental status, the patient had a frankly depressed mood, with congruent affects. He was contemplating suicide methods, pointing to sodium nitrite intoxication as an option. The patient related these symptoms to the worsening of his atopic dermatitis. In fact, he had a history of other depressive episodes contemporaries with periods of dermatological worsening.
Literature review: The PubMed research identified 7 articles, 4 of which assessed the causal effect of AD on MDD. Three studies did support a causal effect of AD genetic risk on MDD. One study supported a small causal effect of AD on MDD, with the significance disappearing when a stricter threshold for selection of single-nucleotide polymorphisms was applied.
Conclusions: The MR studies included in this poster favour the absence of a causal effect of AD on MDD, suggesting that the comorbidity observed clinically is unlikely to be causal. We must be aware that these studies are few and are not free of limitations (e.g. subgroup analysis for age and severity was not carried out, AD and MDD diagnosis were self-reported in some cases). Further research may help clarify the existence of causality and/or uncover the factors responsible for the observed association of AD with MDD in observational studies.

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EPV0415

“Lactose free” depression- Antidepressant with and without lactose registered in Croatia

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Introduction: Depression is a common illness worldwide, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years. Lactose intolerance affects 70% of the world population. With both conditions being common there are a lot of people having both lactose intolerance and depression. People with lactose intolerance are unable to fully digest lactose. As a result, they have diarrhea, bloating and gas after eating or drinking dairy products. Lactose is one of the most used excipients in drug formulations and is ofteny overlooked when prescribed.
Objectives: To quantify and identify the amount of lactose in medications used for the treatment of depression and to identify ‘lactose-free’ medication registered in Croatia.
Methods: Medications used for the treatment of depression were identified from the Agency for medicinal products and medical products of Croatia (HALMED). Their formulation including excipients was obtained from the Agency.
Results: Wide range of antidepressants contains lactose. We have quantified the lactose amount using information on medicinal products with marketing authorisation granted by HALMED.