tion and the extent to which psychiatric co-morbidity is taken into account.
Aim To determine, whether MDD should be considered an episodic or chronic disorder.
Objective To examine the 6 year course of MDD, incorporating data of multiple time points and taking common psychiatric co-morbidities into account.
Methods Data were from 903 patients with current MDD at baseline in the Netherlands study of depression and anxiety, with subsequent data from 2 year, 4 year and 6 year follow-up. Four course trajectories were created taking all information during follow-up into account classifying patients as (1) recovered, (2) recurrent without chronic episodes, (3) recurrent with chronic episodes or (4) consistently chronic. A chronic episode was defined as having symptoms consistently over 2 years.
Results The recovery rate of MDD was 58% at 2 year follow-up but looking at 6 year follow-up and taking into account co-morbid dysthymia, (hypo) mania and anxiety disorders reduced this recovery rate to 17%. Moreover, more than half of the patients experienced chronic episodes.
Conclusions Longitudinal data of this psychiatric cohort study showed that full recovery is the exception rather than the rule. MDD follows a chronic course and, moreover, persons are prone to switch to other psychiatric disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0118

Mirtazapine and trazodone efficacy on major depressive disorder (MDD) is moderated by patients' age and sex: A randomized, controlled trial

M. Vilibić[1,*], Ž. Šurina Osmak[2], M. Tomljenović[3], B. Kolarić[4], V. Jukić[5]
[1] *University Psychiatric Hospital Vrapče, Department of Biological Psychiatry and Psychogeriatrics, Zagreb, Croatia*
[2] *Ministry of Defence of the Republic of Croatia, Department of Health, Zagreb, Croatia*
[3] *Medical School, University of Rijeka, Department of Social Medicine and Epidemiology, Rijeka, Croatia*
[4] *Andrija Štampar Teaching Institute of Public Health, Service for Epidemiology, Zagreb, Croatia*
[5] *University Psychiatric Hospital Vrapče, Department of Forensic Psychiatry, Zagreb, Croatia*
* *Corresponding author.*

Introduction NaSSA antidepressant mirtazapine and SARI trazodone has proven efficacy on MDD.
Aim To compare differences in mirtazapine and trazodone efficacy on MDD in different age and sex groups.
Methods A consecutive sample of 60 MDD outpatients were randomized to mirtazapine 30 mg/day or trazodone 150 mg/day for a 3 months stable dosing period at the department of biological psychiatry and psychogeriatrics of the university psychiatric hospital Vrapče, Croatia. Outcome was relative lowering of HAMD-17 scale result. The study was single blind: rater was blinded, while patients informed regarding prescribed medication.
Results Overall efficacy of mirtazapine and trazodone was comparable (84% lowering of HAMD–17 in both cases; difference $P = 0.754$). After adjustment for MDD baseline severity (CGI–S), education, marital and working status, interaction of age and sex significantly moderated two drugs' efficacies. In patients older than 47 years, in male patients trazodone was significantly more effective, and in female patients significantly less effective than mirtazapine. This effect was increasing by aging.
Conclusion Mirtazapine and trazodone efficacy on MDD is moderated by patients' age and sex.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0119

Early prediction of non-response to anti-depressive treatment with an easy-to-use electrophysiological index dynamics

S. Yariv[1,*], G. Shahaf[2], B. Bloch[1], A. Reshef[1], Y. Bloch[3]
[1] *Emek Medical Center, Psychiatry, Afula, Israel*
[2] *BrainMARC, Chief Scientist, Yoqneam, Israel*
[3] *Shalvata Mental Health Center, Child and Adolescent Outpatient clinic, Hod Hasharon, Israel*
* *Corresponding author.*

Introduction The evaluation of response to pharmacological treatment in MDD requires 6–8 weeks. Therefore, the ability to predict response, and especially lack of response to treatment, as early as possible after treatment onset or change, is of major significance. Many studies demonstrated significant results regarding the ability to use EEG and ERP markers. However, these markers are derived from long EEG/ERP samples, often from multiple channels, which render them impractical for frequent sampling.
Methods We developed a new electrophysiological attention-related marker from a single channel (2 electrodes) and 1 minute samples. This work presents an initial evaluation of the ability to harness this marker, for early differentiation between responders and non-responders to anti-depressive treatment, in 26 patients with various levels of depression and heterogeneous treatment interventions and 10 healthy controls. Subjects who initiated treatment for depression were followed clinically through their Hamilton depression scores as well as their EEG activity twice a week for a period of 8 weeks. Any acceptable anti-depressive treatment been included. The improvement in Hamilton scores at the end of 8 weeks used to discriminate responders and non-responders.
Results Within two weeks, we could differentiate between non-responders and responders to anti-depressive treatment, with absolute discrimination between subjects with moderate to severe depression, and with 0.71 sensitivity and 0.96 specificity within the whole depressed subjects.
Conclusions This is a proof of concept for an easy to use, cheap and quick marker for the lack of respond to anti-depressive treatment within two weeks of anti-depressive treatment.
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EW0120

The dopaminergic polymorphisms in psychomotor retardation of depression: A pathway-based imaging genetics association study

Y. Yin*, Y. Yuan
Affiliated ZhongDa Hospital and Institute of Neuropsychiatry of Southeast Univer, Department of Psychosomatics and Psychiatry, ZhongDa Hospital School of Medicine Southeast University, Nanjing, China
* *Corresponding author.*

Introduction Several lines of evidence implicate dopamine is involved in the psychomotor retardation (PMR) in major depressive disorder (MDD). Besides, abnormal cerebral blood flow (CBF) of PMR was also found in the cortico-basal ganglia-thalamo-cortical

(CBTC) circuitry. We hypothesize that the polymorphisms of the dopaminergic pathway should be associated the abnormal CBF in the CBTC circuitry.
Objective To investigate the association of the polymorphisms throughout the dopaminergic pathway with the cerebral blood flow (CBF) of PMR in MDD.
Methods The blood sample of 63 patients (23 PMR, 40 NPMR) were collected for genotyping the dopaminergic polymorphisms (92 SNPs from10 genes). After quality controlling, 15 SNPs in 8 candidate genes were entered into the mass univariate modeling analysis. For the statistical analysis, patients with unqualified fMRI image and unmatched demographic data were ruled out. Consequently 56 patients (23 PMR, 33 NPMR) were taken into the statistical analysis.
Results Genotype-by PMR associations with the CBF differences predominately distributed in bilateral prefrontal cortex (PFC), temporal cortex, and striatum, the left thalamus, the right primary motor cortex, insular cortex, fusiform gyri, and lingual gyri. There were significant negative correlation between the CBF of the PFC and the PMR severity. However, the CBF of the striatum and the thalamus were positively correlated with the PMR severity.
Conclusions The polymorphisms of dopaminergic pathway are associated with not only CSTC circuitry, but also some other brain regions involving in cognition and emotion controlling. While the increased CBF of PFC might suppress PMR, the increased CBF of striatum and thalamus adversely aggravate PMR.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster walk: E-mental health

EW0121

The association between time spent on computer tablets and attention deficit hyperactivity disorder (ADHD) among children from 3 to 12 years old

A. Alhadi [1,2,*], O.A. Abid [1], K.A. Alsuhaibani [1], K.A. Alshehri [1], R.A. Alowaisheq [1], N.B. Al Backer [3]
[1] *King Saud University, Department of Psychiatry, Riyadh, Saudi Arabia*
[2] *King Saud University, SABIC Psychological Health Research and Applications Chair SPHRAC, Riyadh, Saudi Arabia*
[3] *King Saud University, Department of Paediatrics, Riyadh, Saudi Arabia*
* *Corresponding author.*

Introduction ADHD is one of the most common neuropsychiatric disorders in children. The worldwide prevalence is estimated to be between 2–18%. The exact cause of ADHD is still unknown, but some factors have been found to increase the risk of having ADHD like increase TV exposure time and video games.
Objectives To study the association between time spent on computer tablets (iPads or Android tablets) by children and ADHD.
Methods This cross sectional study targeted children from 3 to 12 years old who use computer tablets. Two non-random sampling techniques were used to distribute self-administered questionnaires to one of the caregivers of 275 children, 36 of them installed an application in their children's computer tablets that measures the actual time spent by the children. The questionnaire contains demographics, validated Arabic ADHD rating scale and questions to assess the parental attitude. The SPSS package was used for statistical analysis.
Results The results showed that the overall prevalence of ADHD is 22.2% and it is higher in males. There is no statistically significant association between ADHD and all variables except for the time spent on computer tablets, which showed that children using computer tablets more than the average time have an increased chance of having ADHD with an odds ratio of 1.9 with 95% confidence interval from 1.08 to 3.40.
Conclusion This study shows an association between time spent on computer tablets by children and ADHD. There is need for longitudinal studies to demonstrate the temporality and to confirm the association.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0122

"Tell me more and help me to decide, doctor" – Information seeking attitudes and use of information resources in patients with depression

H. Almeida [1,*], M. Figueiredo-Braga [2]
[1] *Hospital Magalhães Lemos, B, Porto, Portugal*
[2] *University of Porto, Department of Clinical Neurosciences and Mental Health Faculty of Medicine, Porto, Portugal*
* *Corresponding author.*

Introduction Shared decision-making (SDM) has shown to improve adherence, decrease hospitalization, and enhance knowledge of the illness and satisfaction with mental health services. Eliciting each patient's preferences for information allows tailoring the physician behavior according perspectives and expectations. Patients with depression (PWD) have frequently limited information regarding the availability and efficacy of psychiatric treatments.
Aims/objectives Unveil information seeking attitudes of patients with depression and their a priori use of digital sources of information.
Methods A convenience sample of PWD was submitted to a battery of self-report questionnaires. Standardized instruments were used to measure information seeking attitudes and the accessibility and usage of digital information resources.
Results Thirty-six patients were inquired, with a mean age of 39.8 (13.4) years. Information-seeking preferences were high, with an API-I score of 90.1 (13.8). Preferences for information-seeking behaviors were higher in severely depressed ($P = 0.010$) and less educated ($P = 0.026$) patients. Preferences were negatively correlated with length of psychiatric treatment ($r = -0.514$; $P = 0.002$). Sixty-one percent had a priori information regarding their psychiatric problem, and 68.8% considered it was influential in the decision-making behavior. Access and use of digital resources were correlated with education level (0.644; $P = 0.000$ and 0.554; $P = 0.003$), age (−0.357; $P = 0.001$ and −0.559; $P = 0.007$) and illness severity (−0.431; $P = 0.04$).
Conclusion Patients with depression want to be informed about their mental condition and treatment options. Few resources are used and decision mostly relies on health professional's opinion and guidance. Accessible resources seem scarce and future research shall address the acceptance and impact of decisional-aid instruments on this population.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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