

that residual insomnia symptoms were significantly associated with these relapse cases ( $OR = 5.290$ , 95% CI, 1.42 to 19.76). Regarding quality of life, residual core mood and insomnia significantly predicted the EQ5D scores at 6 months post-baseline ( $B = -2.670$ , 95% CI, -181 to -0.027, and  $B = -3.109$ , 95% CI, -172 to -0.038, respectively).

**Discussion** Residual symptoms are common in patients receiving treatment for depressive disorder and were found to be associated with relapses and quality of life. Clinicians need to be aware of these residual symptoms when carrying out follow-up treatment in patients with depressive disorders, so that prompt action can be taken to mitigate the risk of relapse.

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#### EW0645

### Antidepressant therapy is followed by normalization Of serum albumin conformation in patients with melancholic depression

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**Objectives** Discovery of biomarkers for evaluation of efficacy of psychopharmacotherapy is important task.

**Aim** To study parameters characteristic for albumin binding sited in melancholic depression (MD) using fluorescent laser spectroscopy in range of 30–50 picoseconds.

**Methods** 22 patients with MD (dep) (F33.1 and 2) were investigated in dynamics of antidepressant therapy (venlafaxine: 75–150 mg/daily) for 30 days. Control group (con) consists of 54 volunteers. Decay of fluorescence amplitude (A) of fluorescent probe K-35 from serum albumin was measured using laser. Earlier, we revealed 3 binding sites in albumin with amplitudes A<sub>1</sub>, A<sub>2</sub> and A<sub>3</sub> with decay time of 1, 3 and 9 nanoseconds, respectively.

**Results** There was revealed significant decrease of amplitude A<sub>1 dep</sub>, normalized on mean value of A<sub>1</sub> for controls (A<sub>1 dep</sub>/A<sub>1 con</sub>), for patients with MD after treatment with venlafaxine. In this case, A<sub>1 dep</sub> values decreased and were equal to A<sub>1</sub> values of controls ( $P < 0.01$ ): A<sub>1 dep</sub>/A<sub>1 con</sub> before treatment – 1.23 and after 30 days of therapy – 0.97 relative units; for controls this value was – 1.00 relative units. The same type of normalization was observed for amplitudes A<sub>2</sub> and A<sub>3</sub> of melancholic patients. There were revealed significant changes of A<sub>3</sub>/A<sub>1</sub> ratio that points out on conformational changes of serum albumin molecule in dynamics of venlafaxine therapy.

**Conclusion** We have registered unidirectional changes in albumin molecule in patients with MD. Investigated parameters can serve as potential biomarkers for evaluation of efficacy of psychopharmacotherapy.

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

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#### EW0646

### Usage of selective serotonin-noradrenalin reuptake inhibitors in treatment of depressive disorders

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**Objectives** Relevance of current investigation is conditioned by the high prevalence of depression in population and tendency of increased rate of relapses.

**Aim** To study efficacy of selective serotonin-noradrenalin reuptake inhibitor – milnacipran in treatment of depressive disorders.

**Methods** There were investigated 22 patients. Patient's state was defined as depressive episode (F32.1) and recurrent depressive disorder (F33.1). Mean age – 33 years, duration of disease – from 2 weeks to 18 years, duration of current depressive episode – 5.3 months. Mean point according to HAM-D scale before treatment was 24.0. Patients were investigated in dynamics of antidepressant therapy (milnacipran – 50–150 mg/daily) for 4–5 weeks.

**Results** Efficacy of treatment with milnacipran was 82% (18 responders, 4 nonresponders). In responder's group decrease of depressive symptoms was started after 1 week of treatment and practical reduction of all these symptoms was observed after 4–5 weeks of therapy (points of HAM-D scale – 0.81). Patients of this group receive milnacipran as supportive therapy at least for 3 months after signing out of clinic. During 1 year after signing out of clinic, there were no signs of aggravation of patient's state. 2 patients independently discontinue to take the medicine; there were aggravation of state and they were hospitalized in psychiatric clinic.

**Conclusion** Milnacipran is effective in treatment of depressive disorders, ensured effective reduction of depressive symptoms. Its therapeutic effect is realized rather quickly. Milnacipran can be recommended as antidepressant of choice for prophylaxis of depressive disorders.

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

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#### EW0647

### The choice of anesthetics and the effect on the Hamilton depression rating scale in therapy resistant depression

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**Introduction** The Dutch guideline ECT does not favor any anesthetic drug during electroconvulsive therapy. Although there are differences in seizure duration which may influence the effect of ECT, ethomidate, methohexitone and propofol are "equal". The influence of switching anesthetics during ECT is unknown. The reason for switching anesthetics is insufficient improvement in depressive symptomatology which is based on clinical picture. The Hamilton is a multiple item questionnaire which can give an indication of depression and which can evaluate recovery.

**Objectives** Does the choice of anesthetics or switching anesthetics influence the effect of ECT on the Hamilton depression rating scale?

**Aims** To determine whether the choice of anesthetic drugs in the case of switching influences the effect on the Hamilton depression rating scale.

**Methods** We collected data of patients who received ECT for therapy resistant depression over the past five years. Choice of anesthetics, eventually switch and the score on the HDRS before and after ECT were included. The data was statistical analyzed.

**Results** 50 patients received ECT during past 5 years. ECT gives an improvement on the HDRS in all cases, whether there was a switch or not. Switching from methohexitol to ethomidate when shock duration is less than 21 seconds gives a significant difference in improvement on the HDRS (BI 1.288 to 13.538) compared to patients who did not switch.

**Conclusions** There are no significant differences on HDRS effect between the different anesthetics. Switching from methohexitol to ethomidate gives a significant improvement on HDRS compared with no switch.

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

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## EW0648

### Intrinsic functional connectivity of cortico-basal ganglia-thalamo-cortical circuitry underlying psychomotor retardation in major depressive disorder

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**Introduction** Psychomotor retardation (PMR) in depression is analogous to the hypokinesia in Parkinson's disease, which is associated with the unbalanced direct and indirect pathways of cortico-basal ganglia-thalamo-cortical (CBTC) circuitry. This study hypothesized PMR in major depressive disorder (MDD) should be associated with the hyperactivity of CBTC indirect pathways.

**Objectives** To substantiate the hypothesis that the PMR symptom of MDD might attribute to the hyperactivity of the cortico-basal ganglia-thalamo-cortical indirect pathway which could inhibit psychomotor performance.

**Methods** We investigated the intrinsic striato-subthalamic nucleus (STN)-thalamic functional connectivity (FC), three pivotal hubs of the indirect pathway, in 30 MDD patients with PMR (PMR group) and well matched 30 patients without PMR (NPMR group) at baseline, and 11 patients of each group at follow-up who remitted after antidepressant treatment.

**Results** The results showed increased STN-striatum FC of PMR group at baseline and no more discrepancy at follow-up, and significant correlation between PMR severity and thalamo-STN FC.

**Conclusions** Our findings suggested the increased STN-striatum FC should be considered as a state biomarker to distinguish MDD patients with PMR from patients without PMR at acute period, and thalamo-STN FC could be identified as the predictor of the PMR severity for MDD patients.

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

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## e-Poster Walk: Ethics and psychiatry/Philosophy and psychiatry/Others–Part 1

### EW0649

#### Is an isolation room harmful to patients with schizophrenia?: A biochemical study of salivary amylase

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**Introduction** Some patients with acute phase schizophrenia are too agitated to receive treatment in a normal hospital room. They must be isolated for the treatment. Although the stay in an isolation room seems harmful to patients, no study detailing the stress response to isolation with objective measures has been conducted.

**Method** Nine patients with schizophrenia or schizoaffective disorder were recruited (mean age = 52 years, male = 3, schizophrenic = 7). At the time of evaluation, they were staying in an isolation room. To evaluate stress response to the environment, the level of salivary amylase was tested when the patients were either in the isolation room (T1) or out of the isolation room (T2). T2 was defined as one hour after the room's door was opened. The data were analyzed by the Wilcoxon rank-sum test.

**Result** There is a significant difference between the median (range) levels of salivary amylase at T1 and T2 (19 [2–146] vs 44 [9–178], respectively,  $P=0.021$ ).

**Discussion** The data demonstrate that the stress response at T2 was stronger than that at T1, which suggests that the isolation room environment is less stressful to the patient compared to being outside the room. An environment that has many potential stimuli, such as the presence of other patients and a television in the lobby, may be harmful to patients with acute phase schizophrenia. Therefore, although the isolation room is apparently harmful, it could, in fact, have a positive effect on patients.

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### EW0650

#### Outcomes of involuntary hospital admission. Satisfaction with treatment and the effect of involuntary admissions on patients

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**Introduction** Involuntary hospitalization in those presumed to be mentally ill has been a common practice. Although some patients are hospitalized for aggression, two-thirds of the patients are hospitalized because of the threat they pose to themselves. Although these patients require risk assessment and evaluation for possible presence of mental illness, the question is how much these patients will benefit from involuntary admission and what the long-term outcome would be.

**Method** All patients admitted involuntary to the psychiatric ward in Kingston, Canada, and psychiatrists involved in their care were interviewed to see whether they think the involuntary admission was helpful. All patients were asked to fill-out MacArthur AES to assess their satisfaction with hospitalization.

**Results** Although psychiatrists frequently reported that the admission was justified, only 29 out of 81 patients reported being