Results: The three most commonly reported depressive symptoms were insomnia/hypersomnia, anhedonia and fatigue/loss of energy. However, sixty-five percent of the PWS were not depressive symptoms, but other symptoms (e.g. irritability, rumination) or aspects of functioning (e.g. withdrawing, managing time). The positive health domains captured all the PWS. However, 44% of PWS were labeled as multiple positive health domains, whereas labeling as symptoms of depression resulted in almost no such overlap.

Conclusions: A more transdiagnostic and integrative approach seems necessary to capture PWS. Depending on one's purpose, one may consider expanding the definition with other symptoms and aspects of functioning, or using the positive health concept.

Keywords: Relapse prevention; Depression; Personalized warning signals; Personalized mental health

EPP0535

Stress is associated with larger perivascular spaces in depression: A 7-tesla MRI study

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Introduction: Emerging evidence in depressive phenotypes suggests that the breakdown of the blood brain barrier (BBB) and high levels of inflammatory cytokines in states of persistent stress or traumatic experiences may contribute to its pathophysiology. Ultra-high field MRI may aid in the radiological detection of maladaptations of the glymphatic system related to BBB integrity that may not be visualized at lower field strengths.
Objectives: We aimed to investigate the link between glymphatic neuroanatomy in the form of perivascular spaces (PVS) and trauma experience in patients with major depressive disorder.
Methods: We examined PVS's in patients with major depressive disorder and in healthy controls using 7-Tesla MRI and a semi-automated segmentation algorithm.
Results: After controlling for age and gender, we found that the number of traumatic life events experienced was positively correlated with total PVS volume in MDD patients ($r = 0.50$, $p = 0.028$) and the overall population ($r = 0.34$, $p = 0.024$). Furthermore, the number of traumatic events eliciting fear, helplessness, or horror was positively correlated with total PVS volume in MDD patients ($r = 0.50$, $p = 0.030$) and the overall population ($r = 0.32$, $p = 0.023$). As expected, age correlated positively with PVS count ($r = 0.37$, $p = 0.013$), PVS total volume ($r = 0.53$, $p < 0.001$), and PVS density ($r = 0.68$, $p < 0.001$ in all participants.
Conclusions: These results suggest a relationship between glymphatic dysfunction potentially related to BBB integrity and psychological trauma in patients with depression, and suggest that glymphatic impairment may play a role in trauma-related symptomatology.

Keywords: perivascular spaces; trauma; Depression; high-field MRI

EPP0536

Depressive disorder in childhood: The importance of an early diagnosis for a functional recovery. Specific symptoms and treatment in an 8-years old patient with depression

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Introduction: Depressive disorders (Dd) in childhood have a prevalence about 1-2%. Sometimes depression may be underdiagnosed with the risk of complications: comorbidity, chronicity or development of psychiatric diseases in adulthood. Although children often do not show a clear sad mood, they usually presents irritability as a cardinal symptom. Other common symptoms in children´s depression are lack of attention, difficult of concentration and impulsivity. These symptoms actually could define as well an Attention Deficit and Hyperactivity Disorder (ADHD), highly prevalent in school-aged children (5-7%).
Objectives: -To deep into diagnosis and evolution of depressive disorder in primary school-aged children (7-12 years-old). -To contrast clinical evidence about specific aged-symptoms observed in the boy and follow-up until remission.
Methods: -Case study. Graphic description of diagnosis path and treatment in a 8-years-old boy suffers from depression. -Clinical case attended in Mental Health Unit, ambulatory consultation (outpatient). -Diagnosis tools: Clinical examination, family interview, evaluation tests and school psychopedagogical assessment.
Results: -Treatment methods: psychotherapy, psychopharmacology and theater. -Specific depressive symptoms depends on childhood stages (*chart by ages). -Pharmacological treatment used: psychostimulants, benzodiazepines and antidepressants. -Efficacy of monotherapy with Fluoxetine 20mg/day 6-months. -Importance of individual psychotherapy and group activities 12-months. -Episode resolution and functional recovery 15-months.
Conclusions: Variability of symptoms in children´s depression can be confused with other psychiatric disorders like decreased school performance (ADHD), that may make diagnosis difficult. Sometimes, both disorders coexist, especially when the mood disorder is secondary to academic problems caused by ADHD. Early diagnosis and continued follow-up in specialized units is necessary to avoid progression and complications of Dd.

Keywords: Depression; childhood; functional recovery; early diagnosis

EPP0537

Correlation of dsm-5-based and hads self-reported depression phenotypes: Preliminary results of on-line survey in russian population cohort

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Introduction: To reduce the heterogeneity of depressive GWAS samples it seems relevant to evaluate and compare current instruments for depression phenotyping.

Objectives: The aim is to evaluate the agreement of DSM criteria and HADS scores in depression phenotyping for population studies.

Methods: The self-report data was obtained from 5116 clients (females 50,63%; mean age 36,92±9,82 years, Me=42; Q1=35, Q3=76) of genetic testing company Genotek Ltd.. The respondents completed an on-line questionnaire with items on social status and biometrics. Depression phenotyping was based on DSM-5 criteria (life-time and current for major and bipolar depression) and HADS (current).

Results: Mean HADS scores were: HADS-A – 6,43±2,9, Me=8; Q1=6, Q3=18; HADS-D – 4,5±2,83, Me=6; Q1=4, Q3=17. Abnormal anxiety and depression (≥ 11 for each subscale) were present in 9% (N–456) and 3,4% (N–174) of respondents, respectively; borderline (8-10) – in 23% (N–1172) and 11,9% (N–592), respectively. The life-time report of major depression according to DSM-5 criteria was 17,6% (N–261) and of bipolar disorder – 8,3% (N–139). Moderate correlations were present for borderline HADS anxiety scores and DSM major depression (0.19, p<.01). Similar correlations of HADS anxiety scores were registered for DSM bipolar depression (0.20, p<.01). Moreover, HADS depression scores did not correlate with any DSM depressive phenotype.

Conclusions: Our study shows significant correlations only for DSM depression criteria and HADS anxiety, but not depression scores. It could indicate the different significance of individual scale items in depression phenotyping and the need for their separate further evaluation.

Keywords: Depression; phenotyping; screening scales; DSM criteria

EPP0538

Depression in elderly patients hospitalized in psychiatry

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Introduction: Depression in the elderly represents a major public health problem, due to its high prevalence and its deleterious consequences in terms of morbidity and mortality, in particular by suicide.

Objectives: 1-Draw up the socio-demographic and clinical profile of elderly patients hospitalized in psychiatry for a major depressive episode 2-Determine the semiological and therapeutic characteristics of depression in the elderly.

Methods: Participants were outpatients of Psychiatry B department in Hedi chaker University Hospital Center in Tunisia, over the age of 65, hospitalized in psychiatry for a major depressive episode, recruted between 2000 and 2015. The data was collected using a pre-established sheet containing socio-demographic information, the clinical and evolutionary characteristics of the depressive episode and the therapeutic data concerning the depressive episode.

Results: 30 patients were included in this study with an average age (69 Y) and sex ratio (0.66). More than half (53.3%, 16 patients) had a history of chronic somatic disease. The average length of hospitalization was 26 days. The most frequent reason for hospitalization is sadness of mood (43.3%) with cognitive impairment as the predominant clinical symptomatology (40%). 93.3% of the population received as treatment an antidepressant mainly Fluoxetine (50%).

Conclusions: Depression and its different modes of expression in the elderly is a serious condition with direct effects on quality of life. Early detection is desirable in order to set up appropriate management, and thus prevent the occurrence of complications such as suicide.

Keywords: Depression; Elderly

EPP0539

Dental health awareness in patients feeling sad or hopeless- an estimate from youth risk behavior surveillance survey

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Introduction: Research has found that low mood including sadness and hopelessness is an important factor for decreased awareness in one's oral health and lowered frequency of visit to the dental office, this relationship is not well studied in national representative samples. Poor mental wellbeing can lead to poor oral health.

Objectives: Aim is to examine the relationship between feeling sad or hopeless and awareness for dental care.

Methods: Data were obtained from the Youth Risk Behavior Surveillance Survey (YRBS-CDC), USA, for years 2009-2017. All ages from 12 to 18 years, feeling sad or hopeless and dental visits were identified. Univariable relationship between feeling sad or hopeless (>2 weeks in the past year) and dental office visits for all dental care (during the past 12 months, 12-24 months, >24 months, and never) was evaluated using chi-square test.

Results: Out of a total of 53,098 youths, 30.5% of youths were feeling sad or hopeless. Within the youths feeling sad or hopeless, the prevalence of youth who never received dental care was higher at 37.1% in comparison to youths who received dental care >24 months ago 36.4%,12-24 months 33.7%, and visited the dental office in the past 12 months 28.9%. (p<0.0001). In youths who had dental care in the last 12 months, the prevalence of sadness or