sheesha smoking habits were considered as the main risk factors associated with stress.

Conclusion A large number of factors were associated with experiencing menopausal and psychosocial problems and which had negative effects on the quality of life among Arabian women. Depression, anxiety and stress should be considered as an important risk factors for osteoporosis.

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EV0369

Biomarkers of depressive disorders: A multiplex analysis of blood serum

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Depressive disorders are a great burden for individual patients and society. Blood-based biomarkers are regarded as a feasible option for investigation of depressive disorders. Several potential biomarkers for depression were selected. We studied the following serum markers: cortisol, melatonin, brain-derived neurotrophic factor (BDNF), prolactin, insulin-like growth factor 1 (IGF-1), β-endorphin, orexin A. The patient sample consisted of 78 persons with depressive disorders. Patients were divided into two groups: 46 patients with a first depressive episode and 32 patients with recurrent depressive disorder. Control group consisted of 71 healthy individuals of corresponding age and sex. All markers were measured in serum using MILLIPLEX® MAP panels (Merck, Darmstadt, Germany) by analyzer MAGPIX (Luminex, USA). Statistical analyses were performed using SPSS software. Results were expressed as median and quartile intervals [Q1–Q3]. There was a significant increase of serum concentrations of cortisol (663.69 [467.5–959.49] nmol/L, $P < 0.001$) and melatonin (66.31 [33.6–132.59] pg/mL, $P = 0.029$) in patients compared with the control group (526.1 [367,24–654,7] nmol/L and 45.11 [27.47–73.47] pg/mL). In addition, correlations were found between potential biomarkers, clinical indicators and treatment response measured by applying the Hamilton Depression rating scale and the Clinical Global Impression rating scales. A significant correlation was found between the concentration of prolactin and high response to pharmacotherapy ($r = -0.267$, $P = 0.029$). Identifying biomarkers that can be used as diagnostics or predictors of treatment response in people with depressive disorders will be an important step towards being able to provide personalized treatment.

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In patients with major depressive disorders, depression, stress axis activity and problem solving skills as a proxy of executive functions are unrelated

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Introduction Major depressive disorders (MDD) are among the most prevalent psychiatric disorders worldwide. While there is abundant literature showing that an increased cortisol secretion, understood as a proxy of the deteriorated hypothalamus-pituitary-adrenocortical axis activity (HPA AA), and poor cognitive performance are tightly related, less is known as regards to the HPA AA and higher cognitive information processes such as problem solving.

Aims Investigating the association between cortisol secretion and problem solving performance among patients with MDD.

Methods Fifteen inpatients with MDD (HDRS > 24; mean age: 59 years; 80% females) underwent a pharmacologic HPA AA challenge both at baseline and six weeks later to assess the cortisol secretion. They were treated with standard antidepressants at therapeutic dosages. Further, they learned how to solve the Tower-of-Hanoi problem-solving task (ToH-PS-T) and how to apply the problem solving strategy to other tasks (transfer). Testing occurred both at baseline and six weeks later. Outcome variables were symptoms of depression, cortisol secretion and the performance to transfer the acquired ToH-PS-T.

Results Both symptoms of depression and cortisol secretion decreased over time, and transfer performance increased over time. Neither at baseline nor six weeks later, symptoms of depression, transfer performance and cortisol secretion were statistically related.

Conclusions The pattern of results suggests that cortisol secretion as a proxy of physiological stress regulation, symptoms of depression, and higher order cognitive performances seem unrelated. Given that cognitive information processing performance substantively increased regardless from depression and cortisol secretion, problem-solving skills need to be focused separately.

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Poststroke depression

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Psychiatric symptoms are the complications most often ignored in patients who suffered a stroke. Depression is the most common psychiatric complication in post-stroke patients with a prevalence of about 20–50% in the first year and with a peak in first six months after the stroke. Depression in turn, constitutes itself a factor of cerebrovascular risk. Despite its high prevalence this disorder remains under diagnosed and under treated. One explanation for this fact is that depressive symptoms are often misinterpreted as consequences of stroke itself. This reality is even more striking in patients with aphasia. Poststroke depression (PSD) results from the interaction between biological, as the location of the stroke, social and psychological factors. The presence of this disorder is associated with deleterious consequences for rehabilitation process. These patients suffer more often from attention deficits, cognitive difficulties, lower response to rehabilitation programs, poor quality of life and increased mortality.