EV0234

The Kynurenine pathway in pancreatic carcinoma

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Introduction Pancreatic carcinoma (PC) belongs to the most aggressive tumours worldwide, with a five year survival of 7%. Mostly, diagnosis is made in late stages, as by now no early detection method is available. Symptoms of depression occur frequently before diagnosis of PC. PC and depression are both known to go along with changes in the kynurenine-pathway.
Objectives This study aimed to examine the kynurenine pathway (Figure 1) and evaluate a possible depression in newly diagnosed PC patients in comparison to healthy controls (HC).
Methods 26 PC patients and 26 age and sex matched HC participated in this study. We investigated serum-levels of kynurenine, kynurenic-acid, quinolinic-acid and tryptophan. To diagnose features of depression SKID-II and BDI were used.
Results None of the participants fulfilled criteria of a depressive episode. Regarding BDI-scores, 2 PC-patients showed features of mild depression. PC patients showed significantly lower tryptophan-levels ($P = 0.05$) and significantly increased quinolinic-acid levels ($P = 0.01$) compared to HC. Quinolinic-acid levels were correlated with BDI ($r = 0.23$, $P = 0.02$).
Conclusions Our study results imply IDO-activation and kynurenine-pathway activation by showing decreased tryptophan and high quinolonic-acid levels in our PC patients compared to HC. Larger studies are needed to gather further insight in the kynurenine pathway in PC.

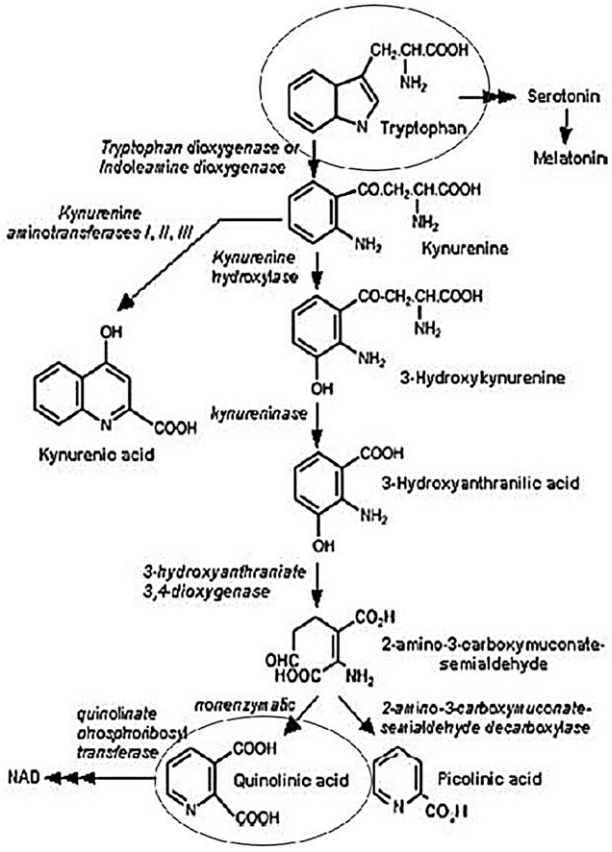

Figure 1

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

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The mortality gap. Patients with serious mental conditions. Mortality, morbidity and use of health services

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Introduction Mental illness are among the most prevalent causes of death [1]. Larger population based studies are needed in order to control the high mortality rates for psychiatric patients [2].
Objective To examine the relationship between psychiatric disease and somatic illness.
Method Data from health-related databases and registries are cross-matched by social security number for all psychiatric patients in North-Norway for 2008–2016/2017. $n = 4000–6000$.
(Table 1)
Mortality is considered multifactorial, and risk factors may appear as both direct and indirect causes. A high number of demographic, somatic, psychiatric and service related variables allow the study to control for interactions and confounding associations by multivariate analyses.
Results/planned papers – 1 A case-register study of the comorbidity of mental and somatic disorders in North Norway: Research protocol.
– 2 Increased mortality in psychiatric patients: A case-registry study.

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