Results Data collection is ongoing. According to Literature we expect to find a significant number of MDD patients on Vortioxe-tine to achieve a reduction in depressive symptoms from baseline, to report poor adverse events and to increase their cognitive performance.

Conclusion As shown by recent literature, Vortioxetine might be an effective option in treating MMD with particular focus on cognitive dysfunction.

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

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EV0420

Depression and loneliness did not affect academic achievement among university students

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Background Many students experience symptoms of loneliness, either as a result of the new academic situation or due to the lack of social skills, which results in an inability to actively participate in community activities and socialization. Depression is another common problem that impacts students' ability to perform life activities. Further, while intuitively a negative association between loneliness, depression and academic achievement is assumed, consistent data are missing. Accordingly, the present study investigated the relationship between depression, and loneliness and academic achievement among undergraduate students.

Method This study was carried out on 240 university students (mean age: M = 23.42 years), who completed the Beck Depression Inventory and the UCLA Loneliness Scale, while for academic achievement the average marks were used.

Result Increased age was associated with lower scores in loneliness and depression, and higher achievements. Higher scores of depression and loneliness were associated. Achievement scores were unrelated to loneliness and depression.

Conclusions Against intuitive expectations, academic achievement was unrelated to symptoms of depression and loneliness. Accordingly, we assume that academic achievement seemed to be related to further cognitive and emotional processes such as motivation, mental toughness, stress resistance, and goal oriented behavior.

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

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EV0421

An item response theory based analysis of the Hamilton depression rating scale-an Indian perspective

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Introduction Hamilton Depression Rating Scale (HAMD) remains the most widely used outcome measure though many consider the scale to have many defects.

Objectives To use IRT analysis to identify HDRS items which are problematic in terms of IRT parameters, thus suggest changes to the scale.

Methods Patients attending psychiatric OPD meeting DSM-5 criteria for unipolar depression were selected for the study. Patients were between 18-65 years of age, had no major medical problems and were not on any medicines at present. 17 item HDRS was administered using the anchors developed by William Guy as part of the ECDEU NIMH Collaborative Study To determine the relationship between scores on the individual HAMD items and overall depressive severity in an outpatient population Option Characteristic Curve (OCC) which is a graphical representation of the probability of endorsing the different options for a given item across the range of depressive severity) and Item Characteristic Curve (ICC) which is a graphical representation of the mean item score (expected value) and confidence interval as a function of depressive severity was used.

Results Results showed that Items Depressed Mood, Work and Activities show good relationship between item responses and overall depressive severity. Items Hypochondriasis, somatic symptoms general and retardation appeared to be more problematic with regard to their ability to discriminate over the full range of depression severity.

Conclusions Further studies are needed to critically review one of the most commonly used scale for one of the commonest malady of humans.

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

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EV0422

Folate and pyridoxine to ssri in major depression and residual cognitive Decline

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Introduction Depressive disorders are very common conditions, lifetime risk for experiencing major depression is approximately 15%.

Objective Patients with major depression having an insufficient response to SSRI may benefit from addition of methylfolate and pyridoxine.

Aim The aim of our study was to determine the effect of folate and pyridoxine augmentation to SSRI on emotional, physical and cognitive symptoms in major depression.

Methods Eighteen patients with MDD were enrolled, were on citalopram 20 mg/day when folate/15 mg per day/and pyridox-ine/40 mg per day/were added. They have been monitored for three months using standard scales for depression and assessment by interview.

Results After three months of using folate and pyridoxine to SSRI there was a significant improvement in depression as measured by the scales. In 8 patients were recorded improvements of 30-50%. The most prominent changes were in cognitive sphere of depression such as attention, reasoning and problem solving, working memory and speed of processing.

Conclusion Low levels of folate and pyridoxine have been associated with the presence of depression and residual poor cognitive function. Our study confirms that folate and pyridoxine as adjunctive therapy to SSRI-partially refractory major depression is useful in particular to issues of residual cognitive interference conditions such as impaired concentration and memory, slow mentation, attention/vigilance, problem solving, working memory and speed of processing.