

Objectives: The aim of this exploratory analysis was to assess the impact of different doses on vortioxetine effectiveness in clinical practice in Greece.

Methods: In this non-interventional study, open-label vortioxetine was administered at a flexible dosage (5-20 mg/d). Patients receiving 5/10 mg vortioxetine (group A), at the end of the study, were compared to patients receiving 15/20mg vortioxetine (group B). At baseline, 1 and 3 months, depressive symptoms and functioning were assessed by MADRS and SDS. Multiple regression was used for the statistical analyses.

Results: The study included 336 MDD patients. At the end of the study, 64.3% (n=200) of patients were receiving 15/20 mg vortioxetine. Higher vortioxetine dose at month 3 was significantly correlated with higher MADRS total score at baseline ($p<0.001$). SDS total score change from baseline to month 3 was significantly associated with vortioxetine dose ($p<0.001$), with group A and group B showing improvements of -9.2 ± 8.2 and -12.1 ± 6.0 , respectively- whereas such association was not observed for MADRS total score.

Conclusions: In conclusion, patients with more severe depressive symptoms were treated with higher antidepressant doses. However, beyond symptom improvement, vortioxetine effectiveness on patient functioning seems to increase with higher doses.

Conflict of interest: A. Galanopoulos and E. Papalexi are full-time employees in Lundbeck Hellas. A. Ettrup is a full-time employee in H. Lundbeck A/S.

Keywords: Non-interventional; Vortioxetine; Depression; Dose

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Characteristics of unipolar depression in psychiatric inpatients

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Introduction: Unipolar depression is daily encountered in psychiatry. **Objectives:** To describe the socio-demographic and clinical characteristics of patients with unipolar depression.

Methods: This is a cross-sectional, descriptive study carried out at the psychiatric department of the University Hospital of Mahdia. We have included patients with unipolar depression. The data were collected from patients' medical files using a pre-established 37-item questionnaire.

Results: We have collected 53 patients. The mean age was 44 years. The majority of patients were female (56.6%) and unemployed (70%). 47.2% of patients were married. 72% of patients had a low socioeconomic level. They were smokers in 45.3% of cases. Alcohol consumption was found in 24.5% of cases. A family history of mood disorder and suicide or attempted suicide were present in 7% and 13.2% of the cases respectively. 7% of the patients had a history of a postpartum thymic episode. The mean number of depressive episodes was 2.5. Personal history of suicide attempts was found in 40% of cases. The mean age of the first thymic episode was 35 years. At the psychiatric examination, psychomotor retardation was present in

64% of cases, anxiety distress in 58.5% of cases, psychotic, melancholic and atypical characteristics in 30%, 13.2% and 5.7% of cases respectively. 81% of patients were treated with anxiolytic drugs in combination with an antidepressant. Antipsychotic treatment was combined in 45% of cases and electro-convulsive therapy in 9.4% of cases.

Conclusions: Our patients presented predictive criteria of bipolarity. Therefore, vigilance is necessary in their medical management.

Keywords: inpatients; unipolar; Depression

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Family history of mood disorders and concomitant psychopathology in patients with depression

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Introduction: A family history (FH) of mood disorders is an important clinical feature that affects the risk of depression and its clinical manifestations during the course of the disease.

Objectives: To assess the impact of FH in patients with depression on the presence of concomitant psychiatric disorders.

Methods: This cross-sectional study included 172 patients with depression (64.5% women; age - 40.87 ± 15.86 years). The M.I.N.I. was conducted to verify the diagnosis of psychiatric disorders. FH is based on indirect reports of patients.

Results: The most prevalent concomitant psychiatric diagnoses in patients with depression were generalized anxiety disorder (GAD; 26,2%), panic disorder (24,4%) and social anxiety disorder (13,4%). FH was recorded in 52 (30.2%) patients with depression. Patients with depression and FH more often had concomitant GAD (with FH - 20 (38,5%), without FH - 25 (20,8%); $p=0.016$). Women with depression and FH showed a higher rate of early onset (before age 18) of depression (with FH - 10 (32,3%), without FH - 10 (12,5%); $p=0.015$). Men with depression and FH more often had concomitant GAD (with FH - 10 (47,6%), without FH - 8 (20%); $p=0.025$). Logistic regression revealed that FH was associated with GAD in patients with depression ($p=0.019$).

Conclusions: FH of mood disorders in patients with depression is associated with specific concomitant psychopathology. Further genetic studies are needed to explain this comorbidity.

Keywords: Depression; anxiety; family history

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Delta and theta eeg activity during resting state is altered in patients affected by major depression

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