EPP0642

Clinical evaluation of Major Depressive Disorder (MDD) and Borderline Personality Disorder(BPD) in youth adolescents.

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Introduction: According to international studies, at least 70% of BPD in adolescence are comorbid with MDD.
Objectives: To determine the clinical and psychopathological markers of MDD in BPD in adolescence.
Methods: Clinical psychopathological interview, SCID-II, Hamilton Depression Rating Scale (HDRS). Sample: N=73 male and female, age: 18-25 with MDD and BPD.
Results: MDD comorbid with BPD in adolescence is characterized by polymorphism of its' psychopathological manifestations due to the structure of BPD and the input of the age factor. In the studied sample 31 (42,5%) with both MDD and BPD also revealed addictions; 24 patients (32,9%) - anxiety and obsessive-compulsive (OCD) disorders, 18 patients (24,7%) had overvalued ideas. The high contingency of MDD with autoaggressive actions confirmed their high suicidal risk (53 patients). Among them - 31 patients (58,5%) - had non-suicidal self-harm (NSSI), 7 patients – (13,2%) had suicidal attempt (SA), and 15 patients (28,3%) had NSSI and suicidal attempts (NSSI+SA). The highest incidence of NSSI and NSSI+SA was noted in MDD with addictive disorders: NSSI – N=20 (80,00%), NSSI+SA - N=5 (20,00%), SA – N=0. MDD with BPD and anxiety disorders: NSSI – N=9 (56,25%), NSSI+SA – N= 6 (37,50%), SA–N=1 (6,25%). MDD with BPD and overvalued ideas: NSSI – N=2 (16,67%), NSSI +SA – N= 4 (33,33%), SA N=6 (50,0%), (results p<0.01).
Conclusions: Psychopathological relations between BPD and MDD in youth are different due to additional comorbid conditions, like addictions, anxiety and OCD, overvalued ideas and have clinical implications in terms of suicidal and NSSI risks, individualized interventions and prognosis.

Disclosure: No significant relationships.
Keywords: major depressive disorder; nonsuicidal self-injury; suicidal behaviour; borderline personality disorder

EPP0639

Comparative analysis of plasma metabolomics markers in patients with major depressive disorder and healthy controls

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Introduction: Mood disorders, including depression, are diseases associated with an increased risk of several metabolic alterations. Metabolomics studies have proved their potential for detecting novel biomarkers of psychiatric diseases.
Objectives: To analyze the plasma metabolite profiling of patients with major depressive disorder (MDD) compared to healthy controls.
Methods: The blood samples were collected from 11 patients diagnosed with MDD and 11 healthy controls, and plasma was separated by centrifugation. The profiles of the metabolites in the plasma samples were determined by Ultra-High Performance Liquid Chromatography-Quadrupole Time of Flight Electrospray Mass Spectrometry (UHPLC-QTOF-MS) in positive mode. The chromatograms were processed by Compass DataAnalysis 4.2 using the Find Molecular Feature (FMF) method and Profile Analysis 2.1 (Bruker, Daltonics) was further used for matrix generation. The MetaboAnalyst online software was used for univariate and multivariate analysis. The mass/charge ratio (m/z values) determined by biostatistics were identified from the Lipidomic Gateway (www.lipidmaps.org) and Human Metabolomic Data Base (www.hmdb.ca).
Results: We found 14 metabolites which could discriminate between cases and controls, having an area under the curve (AUC) in the receiver operating characteristic (ROC) analysis of higher than 0.6. Among these, only two metabolites passed the p<0.05 threshold of statistical significance, one being 2.5 more abundant (p<0.001) in the plasma of MDD patients compared to controls and the other being 1.7 more abundant (p=0.005) in MDD patients compared to controls.
Conclusions: The only metabolite that passed the false discovery rate correction was putatively identified from the metabolomics database as being the phosphatidylcholine PC (16:0/16:0).

Disclosure: No significant relationships.
Keywords: metabolomics; Depression

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Development the societal preference-based utility value set for the Patient Health Questionnaire depression scale in Hungary

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Introduction: Depression is associated with high impact on health-related quality of life (HRQoL). Health state valuations are used for cost-effectiveness analysis to provide results for health-policy interventions.
Objectives: The study aims to estimate a population-based value set of depression described by Patient Health Questionnaire (PHQ-9). We intend to assess vignettes describing PHQ-9 health states to estimate utility values
Methods: Current research elicited direct utility scores using time trade-off (TTO) method obtained from the Hungarian general