

in the elderly. PHPT is one of differential diagnoses for psychiatric symptoms, like depression, whose management is conditioned by that of the somatic disease.

**Keywords:** hyperparathyroidism; Depression

## EPP0549

### Alcohol use disorder as a warning sign for depressive disorders in acute psychiatric care? hospitalization demographics in arad (ROMANIA)

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doi: 10.1192/j.eurpsy.2021.903

**Introduction:** Screening for psychiatric disorders is the job of primary care providers. As such, general practice residents spend one month on psychiatry rotation. During which, they need to familiarize with the diagnostic and treatment of mental disorders. Since depressive disorders in early stages can be easily overlooked by the untrained eye, we set out to analyse the demographic particularities of our patients.

**Objectives:** The objective of our study was to analyze demographic characteristics of patients hospitalised on Acute Inpatient Psychiatry Ward with unipolar depression and to identify the specific warning signs, later to be used for an awareness campaign addressed to family medicine residents.

**Methods:** Data was collected from Acute Inpatient Psychiatry Ward of Arad County Emergency Clinical Hospital (Romania) between 1st January 2019 and 30th September 2020. We included every patient who was discharged with unipolar depression diagnosis according to ICD-10 criterias(F32-F33). Every patient was included only once. In cases of multiple hospitalisations, we included the most severe episode. If the severity of episodes was similar, the longest hospitalisation from the selected period. The data analysis accomplished in Microsoft Excel2010.

**Results:** A number of 344 patients were included in our analysis (175 male, 169 female). Their presumptive diagnosis upon hospitalisation: Depressive Episode(F32)-32.3%, Recurring Depression (F33)-32,3%, Alcohol Use Disorder(F10)-23,8%, Suicid Attempt (X61-80)-7,0%, Other Psychiatric Disorders(F06,F20-23), Other Substance Use Disorder(F19)-0,6%. From 82 patients with presumptive diagnosis of Alcohol Use Disorder and definitive diagnosis of Depressive Disorder, 90,2% were male.

**Conclusions:** In primary practice alcohol misuse can be objectively spotted. Awareness is needed to investigate a possibly underlying depressive disorder.

**Keywords:** alcohol use disorder; Depression; comorbidity; sex differences

## EPP0550

### Prescribing exercise as a treatment for depression

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doi: 10.1192/j.eurpsy.2021.904

**Introduction:** Depression is a heterogeneous syndrome linked to significant structural brain abnormalities, such as volumetric reductions in the hippocampus, anterior cingulate cortex and prefrontal cortex, as well as compromised white matter integrity. Recent growing evidence suggests that exercise is a promising and compelling treatment for depression in adults, showing effects that are comparable to other first-line treatments for depression.

**Objectives:** This review aims to improve our understanding of the biological pathways involved in both the pathophysiology of depression and the antidepressant effects of exercise.

**Methods:** This literature review considers the latest available scientific research addressing a comprehensive analysis of the antidepressant effect of physical exercise and the biological pathways involved.

**Results:** Physical activity has been shown to have a multimodal effect that stimulates biochemical pathways and restores neuronal structures disturbed in depression. Experimental evidence supports exercise-induced increases in hippocampal, anterior cingulate cortex and prefrontal cortex volume, suggesting that exercise and antidepressant medication may alleviate depression through common neuromolecular mechanisms. However, the benefits of exercise may also persist beyond the end of treatment, unlike antidepressant medication.

**Conclusions:** Given the undeniable scientific evidence favoring physical exercise in alleviating depression, it is of crucial importance to recommend this treatment in adjunct to psychotherapy and medication. Individuals at risk for depression also greatly benefit from its neuroprotective effects and should prioritize lifestyle changes. In older adults, there is a greater need for non-pharmaceutical treatments for depression due to limited efficacy of pharmaceutical treatments in this population.

**Keywords:** Physical Activity; Exercise

## EPP0551

### The impact of dose on the real-world effectiveness of vortioxetine in outpatients with mdd in greece

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doi: 10.1192/j.eurpsy.2021.905

**Introduction:** The current treatment goal in Major Depressive Disorder (MDD) is functional recovery (Zimmerman M et al, 2012). However, finding the “right dose for the right patient” may be challenging and the dose-response relationship for antidepressant efficacy remains controversial (Hieronymus F et al, 2016). Efficacy evaluated by MADRS increases with higher vortioxetine doses, based on meta-analysis data (Thase ME et al, 2016).

**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  $-9.2\pm 8.2$  and  $-12.1\pm 6.0$ , 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

## EPP0552

### Characteristics of unipolar depression in psychiatric inpatients

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doi: 10.1192/j.eurpsy.2021.906

**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

## EPP0553

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

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doi: 10.1192/j.eurpsy.2021.907

**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 -  $40,87\pm 15,86$  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

## EPP0554

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

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doi: 10.1192/j.eurpsy.2021.908