on patient characteristics, treatments, clinical outcomes, and healthcare utilization were collected during a 90-day follow-up. Data collection is still ongoing.
Results: Sixty-four evaluable patients were considered for this interim analysis: 41 (64.1%) females, mean [SD] age 46.0 [15.4] years, a concomitant psychiatric diagnosis in 7 (10.9%), and other comorbidities in 26 (40.6%). The baseline mean [SD] MADRS total score was 37.5 [7.2], with severe MDE and prior suicidal behavior in 30 (46.9%) and 21 (32.8%) patients, respectively. Median [25th;75th percentiles] duration of current MDE was 1.1 [0.3;2.1] months. Acute inpatient hospitalization was provided for 43 (67.2%) patients. Antidepressant augmentation with mood stabilizers and/or antipsychotic drugs and optimization were the most frequent early standard-of-care treatment regimens in 32 (53.3%) and 24 (40.0%) patients with available data (N=60), respectively.
Conclusions: Our preliminary results suggest that initial treatment approaches in this critical population are mostly polypharmacological and delivered as inpatient care, with consequent intensive resource utilization.

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Keywords: suicidal ideation; major depressive disorder; real world; standard of care

EPP0064

Association of genetic variants of Glutamate Metabotropic Receptor 5 gene and state-anhedonia

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Introduction: Andedonia is one of the core symptoms of depression. It is known that in case of depressed individuals experiencing anhedonia, the classical antidepressants are often ineffective, thus investigation of this symptom would be essential. Recent studies highlight the possible role of the glutamatergic system in anhedonia however, the genetic background of these assumptions is still unclear.
Objectives: Our goal was to investigate the possible associations between state-anhedonia and genetic variants from *GRM5* (Glutamate Metabotropic Receptor 5) gene.
Methods: For our analysis we used data from the NewMood (New Molecules in Mood Disorders, LSHM-CT-2004-503474) project. Participants (n = 1820) aged between 18-60, were recruited in Budapest and in Manchester. All volunteers filled out mental-health questionnaires and provided DNA sample. Genotyping was performed by Illumina's CoreExom PsychChip. Altogether 1282 variants from *GRM5* gene survived the genetic quality control steps. State-anhedonia was measured with an item from the Brief Symptom Inventory questionnaire. We performed logistic regression using Plink 2.0. During our analyses, age, gender, population and the top10 principal components of the genome were added into the model as covariates. Correction for linkage-disequilibrium were performed with LDlink.
Results: After the correction of linkage-disequilibrium, three independent variables (r^2<0.2), (rs1827603, rs6483520, rs35669869) yielded significant (p<0.05) results, both in additive and in dominant model. In case of recessive model, only rs11020880 showed significant (p<0.05) effect.
Conclusions: The detected nominally significant associations between state-anhedonia and genetic variants from *GRM5* gene strengthen previous assumptions about the possible relationship between glutamatergic system and anhedonia.

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Keywords: Glutamate; GRM5; Genetics; anhedonia

Eating Disorders 01

EPP0065

Links between posterior pituitary activity, psychometric profile and other endocrine abnormalities in anorexia nervosa: a multimodal evaluation

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Introduction: Opioid system activity was found disturbed in several reward circuit areas in restrictive anorexia nervosa (AN) patients but also at the pituitary level. The role of this specific abnormality in AN physiopathology remains unknown.**O**
Objectives: We aimed to evaluate the relationship of upper mentioned AN abnormality with its classical pituitary features and eating behavior traits.
Methods: PET [^{11}C] diprenorphin binding potential (BP_{ND}) were processed for each pituitary part in three groups of young women: 12 AN, 11 recovered AN patients (ANrec), and 12 Controls. Anterior pituitary hormones and neurohypophysis (NH) 12 points circadian profile including copeptin and oxytocin, psychological scores were evaluated in these subjects as well as in 13 bulimic (BN) patients.
Results: [^{11}C] diprenorphin pituitary binding was found to be fully localized in NH. Only AN patients' NH present lower [^{11}C] diprenorphin BP_{ND} than Controls, interpreted as a higher opioid tone. Both AN and ANrec show lower copeptin/24h than in Controls but no difference in oxytocin. BN showed increased copeptin and low