that residual insomnia symptoms were significantly associated with these relapse cases (OR = 5.290, 95% CI, 1.42 to 19.76). Regarding quality of life, residual core mood and insomnia significantly predicted the EQ5D scores at 6 months post-baseline (B = −2.670, 95% CI, −181 to −.027, and B = −3.109, 95% CI, −172 to −.038, respectively).

Discussion Residual symptoms are common in patients receiving treatment for depressive disorder and were found to be associated with relapses and quality of life. Clinicians need to be aware of these residual symptoms when carrying out follow-up treatment in patients with depressive disorders, so that prompt action can be taken to mitigate the risk of relapse.

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EW0645

Antidepressant therapy is followed by normalization 0f serum albumin conformation in patients with melancholic depression

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Objectives Discovery of biomarkers for evaluation of efficacy of psychopharmacotherapy is important task.

Aim To study parameters characteristic for albumin binding sited in melancholic depression (MD) using fluorescent laser spectroscopy in range of 30–50 picoseconds.

Methods 22 patients with MD (dep) (F33.1 and 2) were investigated in dynamics of antidepressant therapy (venlafaxine: 75–150 mg/daily) for 30 days. Control group (con) consists of 54 volunteers. Decay of fluorescence amplitude (A) of fluorescent probe K-35 from serum albumin was measured using laser. Earlier, we revealed 3 binding sites in albumin with amplitudes A_1, A_2 and A_3 with decay time of 1, 3 and 9 nanoseconds, respectively.

Results There was revealed significant decrease of amplitude $A_{1\ dep}$, normalized on mean value of A_1 for controls ($A_{1\ dep}/A_{1\ con}$), for patients with MD after treatment with venlafaxine. In this case, $A_{1\ dep}$values decreased and were equal to A_1 values of controls ($P < 0.01$): $A_{1\ dep}/A_{1\ con}$ before treatment–1.23 and after 30 days of therapy–0.97 relative units; for controls this value was–1.00 relative units. The same type of normalization was observed for amplitudes A_2 and A_3 of melancholic patients. There were revealed significant changes of A_3/A_1 ratio that points out on conformational changes of serum albumin molecule in dynamics of venlafaxine therapy.

Conclusion We have registered unidirectional changes in albumin molecule in patients with MD. Investigated parameters can serve as potential biomarkers for evaluation of efficacy of psychopharmacotherapy.

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Usage of selective serotonin-noradrenalin reuptake inhibitors in treatment of depressive disorders

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Objectives Relevance of current investigation is conditioned by the high prevalence of depression in population and tendency of increased rate of relapses.

Aim To study efficacy of selective serotonin-noradrenalin reuptake inhibitor–milnacipran in treatment of depressive disorders.

Methods There were investigated 22 patients. Patient's state was defined as depressive episode (F32.1) and recurrent depressive disorder (F33.1). Mean age–33 years, duration of disease–from 2 weeks to 18 years, duration of current depressive episode–5.3 months. Mean point according to HAM-D scale before treatment was 24.0. Patients were investigated in dynamics of antidepressant therapy (milnacipran–50–150 mg/daily) for 4–5 weeks.

Results Efficacy of treatment with milnacipran was 82% (18 responders, 4 nonresponders). In responder's group decrease of depressive symptoms was started after 1 week of treatment and practical reduction of all these symptoms was observed after 4–5 weeks of therapy (points of HAM-D scale–0.81). Patients of this group receive milnacipran as supportive therapy at least for 3 months after signing out of clinic. During 1 year after signing out of clinic, there were no signs of aggravation of patient's state. 2 patients independently discontinue to take the medicine; there were aggravation of state and they were hospitalized in psychiatric clinic.

Conclusion Milnacipran is effective in treatment of depressive disorders, ensured effective reduction of depressive symptoms. Its therapeutic effect is realized rather quickly. Milnacipran can be recommended as antidepressant of choice for prophylaxis of depressive disorders.

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

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The choice of anesthetics and the effect on the Hamilton depression rating scale in therapy resistant depression

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Introduction The Dutch guideline ECT does not favor any anesthetic drug during electroconvulsive therapy. Although there are differences in seizure duration which may influence the effect of ECT, ethomidate, methohexital and propofol are "equal". The influence of switching anesthetics during ECT is unknown. The reason for switching anesthetics is insufficient improvement in depressive symptomatology which is based on clinical picture. The Hamilton is a multiple item questionnaire which can give an indication of depression and which can evaluate recovery.

Objectives Does the choice of anesthetics or switching anesthetics influence the effect of ECT on the Hamilton depression rating scale?