tal Depression Survey (EPDS). Analysis procedures included cluster analysis and hierarchical regression.
Results Individual symptoms were reported by 2.9–31.7% of the sample. Separate clusters (CES-D = 4; EPDS = 2) were identified and, of these, two clusters were primary predictors of maternal and newborn outcomes. Results differed from that obtained with cut-score analytics.
Conclusions Examination of depression symptom clusters as related to health outcomes during childbearing has significance for clinical practice and research, particularly for women who would not score as depressed on established screening instruments.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.746

EV0417

Health-related quality of life of primary care patients with depressive disorders

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Background Depressive disorders are known to impair health-related quality of life (HRQoL) both in the short and long term. However, the determinants of long-term HRQoL outcomes in primary care patients with depressive disorders remain unclear.
Methods In a primary care cohort study of patients with depressive disorders, 82% of 137 patients were prospectively followed up for five years. Psychiatric disorders were diagnosed with SCID-I/P and SCID-II interviews; clinical, psychosocial and socio-economic factors were investigated by rating scales and questionnaires plus medical and psychiatric records. HRQoL was measured with the generic 15D instrument at baseline and five years, and compared with an age-standardized general population sample ($n = 3707$) at five years.
Results Depression affected the 15D total score and almost all dimensions at both time points. At the end of follow-up, HRQoL of patients in major depressive episode (MDE) was particularly low, and the association between severity of depression (Beck Depression Inventory, BDI) and HRQoL was very strong ($r = -0.804$). The most significant predictors for change in HRQoL were changes in BDI and Beck Anxiety Inventory (BAI) scores. The mean 15D score of depressive primary care patients at five years was much worse than in the age-standardized general population, reaching normal range only among patients who were in clinical remission and had virtually no symptoms.
Conclusions Among depressive primary care patients, presence of current depressive symptoms markedly reduces HRQoL, with symptoms of concurrent anxiety also having a marked impact. For HRQoL to normalize, current depressive and anxiety symptoms must be virtually absent.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.747

EV0418

Antidepressant withdrawal mania: Two case reports

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Introduction Although rarely reported, antidepressant discontinuation may induce hypomania or mania even in the absence of bipolar disorder [1,2].
Objectives We report two cases of antidepressant withdrawal induced mania.
Methods Clinical process consultation and PubMed search were performed in November 2016 using the search keywords antidepressant, mania and discontinuation.
Results Case report 1: a dysthymic 60 years old woman with 20 years of psychiatric following had been treated with venlafaxine 150 mg/daily the past year. She abruptly stopped taking this drug, developing heightened mood, irritability and racing thoughts five days later. She was admitted at our hospital, initiating then valproate and antipsychotics. Two weeks later, the hypomania clinical state remitted completely.
Case report 2: a 64 years old woman, with a 12-year-old diagnosis of unipolar depression was brought to our emergency service with complaints of disorganized behavior, paranoid delusional ideas, excessive speech, irritable mood and reduced need for sleep, 1 week after abrupt trazodone 150 mg/daily discontinuation. Valproic acid 1000 mg/daily and olanzapine 20 mg/daily were introduced, with gradual improvement of symptoms. Two weeks later she was completely asymptomatic.
Conclusion Psychiatrists should be aware of the risk of antidepressant withdrawal induced mania. More studies should be conducted about this subject, aiming for the clarification of risk factors and the establishment of clinical criteria for this phenomenon.
Disclosure of interest The authors have not supplied their declaration of competing interest.
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http://dx.doi.org/10.1016/j.eurpsy.2017.01.748

EV0419

Vortioxetine versus citalopram in treating major depressive disorder (MDD)

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Introduction Citalopram is a widely used antidepressant (AD), indicated for the treatment of Major Depressive Disorder (MDD), with a high and Selective Serotonin Reuptake Inhibitory action (SSRI), good efficacy and safety profile. Vortioxetine is a novel multimodal antidepressant compound, with a mixed action on Serotonin (both 5-HT agonism and antagonism). Its clinical efficacy has been established in several short and long term trials; furthermore it proved effective at mitigating cognitive dysfunction, which is addressed to as one of the main causes of social impairment in MMD patients.
Objectives To evaluate the relative efficacy and safety of Vortioxetine versus Citalopram, in patients suffering from MDD.
Aims To assess whether Vortioxetine effectiveness and tolerability are comparable to those observed for previous antidepressants.
Methods The main outcomes were efficacy (variance from baseline to 1 month) in the Montgomery-Åsberg Depression Rating Scale (MADRS) and Hamilton Rating Scale for Depression (HAM-D) and tolerability (adverse events). Changes in cognitive performance were assessed using the following specifics tools: Digit symbol substitution test (DSST), Trail Making Test A (TMT-A) and Hopkins Verbal Learning Test-Revised (HVLT-R).