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Introduction: The findings of preclinical and clinical studies have shown that estrogen deficiency during perimenopause increase the susceptibility of women to affective-related disorders, including depression. In this association, nutrients imbalance is considered as one of the critical causes enabling to the pathophysiological mechanisms for development of psychiatric disorders. Application of additional nutritional interventions for treatment of mood deteriorations can be beneficial for both the prophylaxis and therapy of affective-related disorders.

Objectives: This study evaluated the effect of co-administration of escitalopram (20 mg/kg) and vitamin D3 supplementation (4000 IU) on depression scores for perimenopausal women of reproductive age with clinical depression.

Methods: We used perimenopausal women with clinical depression. They were treated by escitalopram plus Vitamin D3 for 6 months. We measured affective-related and gynecological states.

Results: The women treated with escitalopram plus Vitamin D3 had greater reduction in depression scores than the group of perimenopausal women treated only with escitalopram. The vitamin D3 groups of patients had significantly higher 25-hydroxyvitamin D concentration and estradiol levels in comparison to the control group ($p < 0.01$).

Conclusions: The present trial showed that consuming escitalopram plus IU vitamin D3 daily was effective in decreasing depression levels. This work promotes more effective creating of the novel therapeutic targets and strategies for depression-related state treatment in perimenopausal women. We suggest further clinical trial with Vitamin D application in women who are at risk for perimenopausal depression. The reported study was funded by Russian Science Foundation (RSF) accordingly to the research project № 16-15-10053 (extension).

Conflict of interest: No

Keywords: Vitamin D3; escitalopram; Dépression; Perimenopause

EPP0388

Are cognitive conflicts a neglected factor in depression research and treatment?

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Introduction: A negative self-concept has been established as one of the key psychological features of depression. However, several studies have shown that a particular kind of cognitive conflict, implicative dilemma, is highly prevalent in depression.

Objectives: This study aimed to gauge the relative significance of both aspects, self-negativity and cognitive conflict, for depression.

Methods: A cross-sectional study compared 161 patients with major depression with 110 controls. They were assessed to measure negative self-construing (self-ideal discrepancy) and conflicts (implicative dilemmas) with the repertory grid technique, and also symptom severity.

Results: At least one implicative dilemma was found for 68.3% of patients with depression, compared to 34.5% of controls ($p < .01$; $\phi = .33$). As expected, the self-ideal distance was also much higher for the group with depression ($M = .47$; $SD = .15$) than for controls ($M = .25$; $SD = .10$; $d = 1.8$). Both cognitive conflict and self-ideal discrepancy entered in the regression model created to predict depressive symptoms. 99% of participants of the clinical group had at least a positive view (coincidence between "self now" and "ideal self").

Conclusions: Negative self-views proved to be a characteristic of people with depression. However, our results show that depression is better characterized by a pattern of mixed positive and negative self-descriptions with a high rate of conflict between them. Therefore, in addition to self-negativity, we need to consider internal conflict (e.g., implicative dilemmas) as a factor to complement our understanding and treatment strategy for depression.

Conflict of interest: No

Keywords: repertory grid technique; personal dilemmas; Depressive symptoms; treatment target

EPP0389

Brain asymmetry in resting state and during linguistic tasks in major depression vs. dysthymia: an EEG alpha study

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Introduction: Mood disorders are relatively heterogeneous and there is limited research on the psychobiological distinctive features of Dysthymia with respect to Major Depression. In line with past studies, they are expected to exhibit inverted brain asymmetries.

Objectives: We aimed to investigate altered asymmetry of EEG Alpha band in MDD, Dysthymia patients and healthy controls during resting state and two linguistic tasks: phonological and semantic. We hypothesized, in patients with Dysthymia compared with MDD, a greater extent of inverted hemispheric asymmetry due to the structured lifetime nature of their disorder.

Methods: We recorded EEG Alpha activity as an index of cortical inhibition, in 20 MDD patients, 20 Dysthymic patients and 20 healthy controls (all groups matched) during the three tasks. Electrodes were clustered in four main regions, two anterior (left and right) and two posterior (left and right). Statistics were carried out by means of ANOVA.

Results: In frontal sites, no Alpha asymmetry was found in the groups, but Dysthymic patients had an overall greater Alpha activity across all tasks. The same effect was found in posterior regions, but, in addition, greater Alpha on the left was found during resting state for all groups. Dysthymic patients only maintained this altered asymmetry also during the linguistic tasks.

Conclusions: Our findings highlight the role of linguistic tasks in assessing deficits in hemispheric integration in mood disorders. Dysthymic patients, who suffer from a lifetime disorder, exhibited an overall greater cortical inhibition especially on the left posterior sites, which was not counterbalanced by left lateralization-inducing tasks.

Conflict of interest: No

Keywords: Mood disorders; EEG; alpha band; lateralization