EPP0521

Overnight affective dynamics and sleep characteristics as predictors of depression and its development

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Introduction: Greater affective inertia during the day (higher carry-over effects of prior affect to the current moment) is associated with depression and its development. However, the role of overnight affective inertia (from evening to morning) in depression, and the role of sleep therein, has been scarcely studied.
Objectives: We examined i) the difference in overnight inertia for positive (PA) and negative affect (NA) between individuals with past depression, current depression, and no depression; ii) how sleep duration and quality influence overnight affective inertia in these groups, and iii) whether overnight affective inertia predicts depression development.
Methods: We used data of 579 women from the East-Flanders Prospective Twin Survey. First, individuals with past (n=82), current (n=26), and no depression (n=471) at baseline were examined, and then individuals who did (n=58) and did not (n=319) develop depression at 12-months follow-up. Affect was assessed 10 times a day for 5 days. Sleep was assessed with sleep diaries. Affective inertia was operationalized as the influence of $affect_{t-1}$ on $affect_t$. Linear mixed-effect models were used to test the hypotheses.
Results: Overnight affective inertia was not associated with depression, neither was it differently associated with sleep characteristics in the depression groups. However, sleep characteristics were more negatively associated with morning NA in both depression groups compared to the non-depressed group. Overnight affective inertia did not predict the development of depression at follow-up.
Conclusions: Depression and sleep characteristics might be more related to mean affect levels rather than to more complex emotion dynamics measures. Replication of these findings with longer time-series is needed.

Keywords: Affective inertia; Depression; sleep; Experience Sampling Method

EPP0520

Study of cognitive impairment in depression

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Introduction: Cognitive impairment is frequently observed in patients suffering from depression. Cognitive dysfunction play a critical role in increasing the individual's vulnerability for the first onset, maintenance and future recurrence of depressive episodes.
Objectives: The objectiv was to assess the cognitive impairment in patient with depressive episode.
Methods: A cross sectional, hospital based study was conducted among 100 patients with depressive episodes diagnosed by International Classification of Diseases - 10 visiting outpatient and inpatient in Department of Psychiatry of Manipal Teaching Hospital, Pokhara, Nepal. The subjects were interviewed with Beck's depression inventory, Perceived deficient questionnaire, Frontal assessment battery, Trail making test A and B and Forward and Backward Digit Span test. For the assessment of correlates, regression analyses were done using SPSS v 20.0.
Results: The mean age of the participants was 32.47 years (SD±12.25), majority were female, married, Hindu and from urban population. Higher number of respondent were student. Most of them were educated till intermediate level and belonged to middle socioeconomic class family. Different domain of cognitive function according to severity of depression was found to be statistically significant ($p<0.05$). This study also found that age, sex, education, medication use and Becks depression inventory score predicted the cognitive function.
Conclusions: Cognitive impairment is not ucommon among patient with depressive episodes. The impairment is not only seen in severe cases but also in mild to moderate cases. The assessment of cognitive deficits should be the regular part of the assessment in depressive patients.

Keywords: Depression; cognitive functions

EPP0521

Inaugural seizure in a patient submitted to electroconvulsive therapy and anti-psychotic treatment: Who's the culprit?

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Introduction: Electroconvulsive Therapy (ECT) is one of the most effective treatments for Depressive Disorder. Although its safety and tolerability have been throughout the years, it still holds common mild and rarely persistent side effects.
Objectives: The aim is to review some of the most recent data on the connection between inaugural seizures in psychiatric patients being submitted to ECT for treatment of Major Depressive Disorder, while also discussing the possible contribution of the concomitant use of clozapine and clomipramine.
Methods: The authors present a case report of an episode of an inaugural seizure in a patient submitted to ECT, with concomitant use of clozapine and clomipramine. A search on Pubmed and Clinicalkey was performed, from which the relevant publications were selected and reviewed.
Results: The authors present a 62 year old woman who developed an inaugural generalized tonic-clonic seizure after being submitted to ECT for treatment of Recurrent Major Depressive Disorder (RMDD), while also carrying out clozapine and clomipramine dosage reduction, with the purpose of discontinuation. The patient had no history of previous seizures, nor were there relevant findings in the patient's neurological examination, blood work, brain CT or EEG.

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