EPP0534

Health anxiety in patients with depression with somatic symptoms and psychodermatological disorders

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Introduction: As significance of medically unexplained symptoms increases in general practice it is important to discuss psychopathological comorbidity regarding the impact of health anxiety indicating sufferers excessive care use.
Objectives: To study the impact of health anxiety in depression with somatic symptoms.
Methods: 50 patients with depression with somatic symptoms compared to 79 patients with psychodermatological disorders with complaints of pathological skin sensations completed the Hospital Anxiety and Depression Scale (HADS) and the Short Health Anxiety Inventory (SHAI). The Mann-Whitney U-Test was applied. The psychosemantic method "Classification of sensations" was used to differentiate patients' bodily experience. Factor analysis was performed.
Results: Scores on HADS-anxiety and SHAI were significantly higher in depression (U=645, p=0.009; U=89.5; p=0.036), although there were no significant differences on HADS-depression. Factor analysis showed a polarization of bodily experience categories in depression as the first factor (38% of total variance) included negative emotions with somatic sensations of exhaustion and the second factor (10% of total variance) included pleasant sensations and positive emotions with the negative sign of factor loadings. In psychodermatological disorders the first factor (31% of total variance) was quite similar, however the second factor (12% of total variance) included skin and general somatic sensations illustrating the higher concern with somatic symptoms.
Conclusions: Higher health anxiety in depression with somatic symptoms compared to psychodermatological disorders (more concerned with bodily experience) could be associated with patients' complaints of emotional state indicating differences in psychological mechanisms. The research was supported by Russian Foundation for Basic Research with the Grant 20-013-00799.

Keywords: health anxiety; depression with somatic symptoms; psychodermatological disorders

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Features of the influence of hereditary factors on the clinical manifestations of depressive disorders

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Introduction: The urgency of the problem of depression is due to their high prevalence and severity of consequences. At present, the pathogenetic role of heredity in the course of depressive disorders remains unclear. Therefore, studies related to this problem are designed to identify the relationship between hereditary factors and the characteristics of the clinic of depression.
Objectives: The aim was to study the features of the influence of hereditary factors on the clinic of depressive disorders.
Methods: clinical-psychopathological, psychometric, genealogical, statistical.
Results: Based on the study of clinical, psychometric (Hamilton scale (HDRS)), genealogical data of 87 patients with depression, a high level of family burden of depression at all levels of kinship in the pedigree of patients (73.56%), alcohol abuse (39.08%), the presence of hypertension (54.02%), heart disease (42.53%) and endocrine pathology (14.94%) were identified. Moreover, in the pedigree of the examined most often this pathology was found in relatives of I and II degree of kinship. When comparing the factors of heredity with the clinical structure and features of depression revealed the proportion of correlations of such factors as: observation by a psychiatrist of I and II degree of relatedness ($p \leq 0.01$), depressive disorders mainly by II degree of relatedness ($p \leq 0.05$), suicidal behavior according to I and II degree of kinship ($p \leq 0.005$), alcohol dependence mainly on I degree of kinship ($p \leq 0.03$). Selected leading symptom complexes: depressive, asthenic, apathetic, anxiety-phobic, somato-vegetative, hypochondriac.
Conclusions: The data obtained should be taken into account in diagnostic and preventive measures.

Keywords: depression; hereditary factors

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Personalized warning signals for depressive relapse: A qualitative study

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Introduction: An important aspect of depression relapse prevention programs is identifying personalized warning signals (PWS). These PWS are typically defined as depressive symptoms. Yet, no study has investigated to what extend PWS fit within the diagnostic classification framework, and how this compares to a more transdiagnostic, integrative approach towards depression.
Objectives: To examine how well PWS reflect depressive symptoms, describe the remaining PWS, and examine how well PWS can be assigned to domains of an existing transdiagnostic and integrative framework, the positive health concept.
Methods: 162 PWS of 66 individuals with a history of depression were labeled as one or more symptoms of depression or to a residual category. The same process was repeated for labeling the domains of the positive health model. Labeling was done by three independent reviewers (inter-rater percent agreement: symptoms: 0.83 & positive health domains: 0.73). Disagreements were resolved by discussion.

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Results: The three most commonly reported depressive symptoms were insomnia/hypersomnia, anhedonia and fatigue/loss of energy. However, sixty-five percent of the PWS were not depressive symptoms, but other symptoms (e.g. irritability, rumination) or aspects of functioning (e.g. withdrawing, managing time). The positive health domains captured all the PWS. However, 44% of PWS were labeled as multiple positive health domains, whereas labeling as symptoms of depression resulted in almost no such overlap.
Conclusions: A more transdiagnostic and integrative approach seems necessary to capture PWS. Depending on one's purpose, one may consider expanding the definition with other symptoms and aspects of functioning, or using the positive health concept.

Keywords: Relapse prevention; Depression; Personalized warning signals; Personalized mental health

EPP0535

Stress is associated with larger perivascular spaces in depression: A 7-tesla MRI study

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Introduction: Emerging evidence in depressive phenotypes suggests that the breakdown of the blood brain barrier (BBB) and-high levels of inflammatory cytokines in states of persistent stress or traumatic experiences may contribute to its pathophysiology. Ultra-high field MRI may aid in the radiological detection of maladaptations of the glymphatic system related to BBB integrity that may not be visualized at lower field strengths.
Objectives: We aimed to investigate the link between glymphatic neuroanatomy in the form of perivascular spaces (PVS) and trauma experience in patients with major depressive disorder.
Methods: We examined PVS's in patients with major depressive disorder and in healthy controls using 7-Tesla MRI and a semi-automated segmentation algorithm.
Results: After controlling for age and gender, we found that the number of traumatic life events experienced was positively correlated with total PVS volume in MDD patients ($r= 0.50$, $p= 0.028$) and the overall population ($r= 0.34$, $p= 0.024$). Furthermore, the number of traumatic events eliciting fear, helplessness, or horror was positively correlated with total PVS volume in MDD patients ($r= 0.50$, $p= 0.030$) and the overall population ($r= 0.32$, $p= 0.023$). As expected, age correlated positively with PVS count ($r= 0.37$, $p= 0.013$), PVS total volume ($r= 0.53$, $p< 0.001$), and PVS density ($r= 0.68$, $p< 0.001$ in all participants.
Conclusions: These results suggest a relationship between glymphatic dysfunction potentially related to BBB integrity and psychological trauma in patients with depression, and suggest that glymphatic impairment may play a role in trauma-related symptomatology.

Keywords: perivascular spaces; trauma; Depression; high-field MRI

EPP0536

Depressive disorder in childhood: The importance of an early diagnosis for a functional recovery. Specific symptoms and treatment in an 8-years old patient with depression

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Introduction: Depressive disorders (Dd) in childhood have a prevalence about 1-2%. Sometimes depression may be underdiagnosed with the risk of complications: comorbidity, chronicity or development of psychiatric diseases in adulthood. Although children often do not show a clear sad mood, they usually presents irritability as a cardinal symptom. Other common symptoms in children´s depression are lack of attention, difficult of concentration and impulsivity. These symptoms actually could define as well an Attention Deficit and Hyperactivity Disorder (ADHD), highly prevalent in school-aged children (5-7%).
Objectives: -To deep into diagnosis and evolution of depressive disorder in primary school-aged children (7-12 years-old). -To contrast clinical evidence about specific aged-symptoms observed in the boy and follow-up until remission.
Methods: -Case study. Graphic description of diagnosis path and treatment in a 8-years-old boy suffers from depression. -Clinical case attended in Mental Health Unit, ambulatory consultation (outpatient). -Diagnosis tools: Clinical examination, family interview, evaluation tests and school psychopedagogical assessment.
Results: -Treatment methods: psychotherapy, psychopharmacology and theater. -Specific depressive symptoms depends on childhood stages (*chart by ages). -Pharmacological treatment used: psychostimulants, benzodiazepines and antidepressants. -Efficacy of monotherapy with Fluoxetine 20mg/day 6-months. -Importance of individual psychotherapy and group activities 12-months. -Episode resolution and functional recovery 15-months.
Conclusions: Variability of symptoms in children´s depression can be confused with other psychiatric disorders like decreased school performance (ADHD), that may make diagnosis difficult. Sometimes, both disorders coexist, especially when the mood disorder is secondary to academic problems caused by ADHD. Early diagnosis and continued follow-up in specialized units is necessary to avoid progression and complications of Dd.

Keywords: Depression; childhood; functional recovery; early diagnosis

EPP0537

Correlation of dsm-5-based and hads self-reported depression phenotypes: Preliminary results of on-line survey in russian population cohort

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