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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