Methods: To assess the level of anxiety and depression, the Hospital Anxiety and Depression Scale (HADS) was used as the most convenient for application in clinical practice.
Results: The study involved 42 people in the age group 45-60 years old with the consequences of cerebrovascular accident in the form of various types of dysarthria and without severe movement disorders. All participants had a university degree and a confirmed stroke of anamnesis. According to the data obtained, 45% of patients had symptoms of depression, 52% – anxiety. It should be clarified that specific weight of men with manifestations of depression and anxiety was higher (65% and 56%, respectively). The beginning of active antidepressant therapy in a hospital setting showed a positive subjective effect from such influences – in 38% of patients.
Conclusions: The use of modern methods for assessing the level of anxiety and depression in patients with speech disorders should become an obligatory stage of diagnostic measures. Psychological assistance and pharmacological correction not only helps patients to adapt to new social conditions, but also promotes prevention the progression of depressive manifestations.

Disclosure: No significant relationships.
Keywords: dysarthria; anxiety; depression; cerebrovascular accident.

EPV0251

Face tuning in female and male individuals with depression

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Introduction: The current COVID-19 pandemic brings social isolation to our daily lives that may elevate depression. The impact of major depressive disorder (MDD) on social cognitive functioning is far from understood, but essential for prevention and treatment of this neuropsychiatric condition.
Objectives: Our aim was to examine (i) whether face tuning is lower in depression; and (ii) how it is related to other cognitive abilities (such as perceptional organization). Furthermore, we intended to clarify gender impact on face tuning in MDD, as twice more females are affected.
Methods: Using a recently developed paradigm, the Face-n-Food task, we examined face tuning in 26 patients with MDD and 26 person-by-person matched controls. The advantage of non-face images is that its single elements do not promote face processing.
Results: Strikingly, MDD individuals showed intact face tuning. As sex ratio in our patient sample was about 2:1 (as in MDD population in general), we recruited additional male patients and found that MDD male patients were as good as female patients. Yet, while face tuning in MDD patients showed a significant correlation with perceptual organization abilities, in controls, it was linked with social cognition.
Conclusions: The outcome suggests that the origins of aberrant social functioning in MDD lie in maladaptive cognitive schemas rather than in a lack of sensitivity towards social signals per se. To elucidate neural circuits involved in face tuning in MDD, a magnetoencephalography (MEG) study with the Face-n-Food images is currently under progress.

Disclosure: No significant relationships.
Keywords: face pareidolia; social cognition; Depression; gender impact

EPV0252

Anxiety in depression

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Introduction: There are different clinical forms combining anxiety and depression and it is essential to identify them because they will require different management. Among these clinical forms, there is that including anxiety as a symptom within the depressive episode : the anxious depression.
Objectives: The objective is to find the characteristics of this anxious depression.
Methods: We conducted a literature review on the PubMed® site giving access to the MEDLINE® database, as well as on the Google Scholar® search engine and retained 127 articles.
Results: By studying anxiety as a symptom of the depression, we identify on the pathophysiological level different neurobiological mechanisms (neuroanatomical, biological, immunological and endocrinological) involved in types of symptoms of different anxiety. Thus, by adopting a dimensional point of view, we can say that there are various anxiety symptoms which can be included in multiple forms of anxiety within the depression: psychic anxiety (anxiety and irritability), somatic anxiety (hypochondria, sweating, cardiological, respiratory, gastrointestinal and urinary symptoms), motor anxiety (agitation), anxious arousal (somatic anxiety, fear, panic) or anxious apprehension (anticipatory anxiety and worry). The prognosis which emerges from it is of a more pejorative evolution, and has specificities on which an increased attention is required, such as suicidal behavior which is more frequently described for example. The treatment must be psychotherapeutic, sociotherapeutic, and medication by antidepressant treatment, with SSRIs in the first line.
Conclusions: It is therefore essential to identify the clinical presentation of the anxious depression because it has specific semiological, neurobiological, prognostic and therapeutic characteristics.

Disclosure: No significant relationships.
Keywords: Anxiety; Depression; anxious depression

EPV0253

The structure of depressive manifestations in preoperative cardiac surgery patients

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