

**Results:** A total of 231 patients (mean age, 55.5 years, 27.3% over 65 years, 62% female) were enrolled from Italy and included in the analysis. Mean(SD) SDS total score, PHQ-9, PDQ-5 scores at baseline were 17.8(7.58), 15.7(5.97) and 9.8(4.99), the scores(SE) decreased by 6.6(0.64), 5.9(0.47) and 3.6(0.36) from baseline to last visit. Mean(SE) EQ-5D-5L utility index increased by 0.13(0.01). Safety and tolerability profile of vortioxetine was in line with the established profile.

**Conclusions:** Improvements in overall functioning, depressive symptoms, cognitive function and quality of life were observed in patients treated with vortioxetine, including a wide proportion of elderly patients in a real-world setting.

**Disclosure:** A. Pugliese is an employee of Lundbeck Italy. K. Simonsen and H. Ren are employees of H. Lundbeck A/S.

**Keywords:** Depression; real world evidence; vortioxetine; effectiveness

## EPP0636

### Genome-wide association study of depression symptoms using online self-questionnaires in the Russian population cohort: preliminary results

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**Introduction:** Depression is a chronic, recurrent mental disorder with a moderate level of genetic impact. Modern GWAS of depression require extra-large sample sizes and new effective, clinically sensitive, objective and simple to fill online phenotyping tools for population studies are necessary today.

**Objectives:** Aim: to test online phenotyping tools based on clinical and psychometric instruments to evaluate depressive symptoms in population cohort for using in GWAS

**Methods:** Participants: 2610 Russian-speaking respondents- clients of Genotek Ltd., provider of genetic testing services in Russian Federation. The online survey included HADS-D (Hospital Anxiety and Depression Scale - depression subscale), original questionnaire adapted for self-report from major depression DSM-5 criteria, questions about sex and age. Three research phenotypes were defined: quantitative “HADS-D score” and two categorical “HADS-D depression” (cut-off 8 points) - 20.63 %, “DSM depression” 16.73 %. DNA samples obtained from saliva were genotyped on Illumina Infinium GSA v1.0/v2.0/v3.0 microarrays. GWAS analysis was performed independently for each of the research phenotypes.

**Results:** None of the signals reached genome-wide significance (p value 10<sup>-8</sup>), but some signals with subthreshold significance were identified including four signals in the genes encoding proteins: “DSM\_Depression”: rs2131596 in *GRIPI* (p=3.682e-06, β=0.6965), rs11158021 in *SAMD4A* (p=2.841e-06, β=0.6762), “HADS-D Depression”: rs2425793 in *CDH22* (p=4.408e-07, β=1.539), rs36006890 in *PDIA6* (p = 6.529e-07, β=1.549).

**Conclusions:** Preliminary results of the first GWAS of depression symptoms in the Russian population are acceptable and confirm the accuracy of the research strategy using online phenotyping tools based on clinical and psychometric instruments and provide basis for further studies.

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**Keywords:** Depression; GWAS; phenotyping

## EPP0637

### Factor Structure of Catatonia in Catatonic Depression

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**Introduction:** Depression with catatonic features is a relatively common condition that can pose difficulties in nosological assessment and lead to life-threatening complications.

**Objectives:** To determine the structure of catatonia associated with depression, and its subtypes.

**Methods:** The exploratory factor analysis with maximum likelihood (MLE) data extraction and varimax rotation was used in a sample of 96 patients with depressive, bipolar or schizophrenia spectrum disorders, who were depressed and who met the criteria for catatonia according to the Bush-Francis Catatonia Screening Instrument (BFCSI).

**Results:** The factor analysis revealed four factors of catatonia in depression, accounting for 57.3% of the variance. “Agitated” factor (eigenvalue 5.65, 18.2% of the variance) includes agitation, impulsivity, emotional lability, verbigeration, sudden muscular tone alterations, ambitendency, perseveration and stereotypy. “Hypokinetic” factor (eigenvalue 5.05, 16.3% of the variance) includes mutism, withdrawal, stupor, staring, negativism, rigidity, posturing and gegenhalten. “Proskinetik” factor (eigenvalue 3.65, 11.8% of variance) includes automatic obedience, mitgehen, echophenomena, catalepsy and waxy flexibility. “Parakinetic” factor (eigenvalue 3.41, 11.0% of variance) includes grimacing, flat affect, compulsive emotions, mannerisms and compulsive behavior. “Agitated catatonia” is a more specific subtype and is usually associated with bipolar disorder. “Hypokinetic catatonia” is the most common but less specific subtype. “Proskinetik catatonia” in depression does not occur apart from other subtypes of catatonia. “Parakinetic catatonia” is most commonly associated with schizophrenia spectrum disorders.

**Conclusions:** Our study shows the heterogeneity of catatonic features in depression and facilitates the nosological diagnosis of catatonic depression.

**Disclosure:** No significant relationships.