

multimorbid conditions (comprising 18 physical diseases) was predicted at a follow-up (arithmetic mode of follow-up = 4 years) considering a metabolic score and diseases at baseline, study group and other relevant sociodemographic and health-related factors. The analyses were conducted separately by men and women.

**Results:** DEP+LONE membership significantly predicted the multimorbidity in both sexes. Over 50% of women and 54% of men from the DEP+LONE group showed two or more physical conditions at follow-up. Additionally, DEP group membership predicted multimorbidity at follow-up in men ( $p < .01$ ).

**Conclusions:** These results highlight the relevant contribution of loneliness in depression-related metabolic dysregulation in chronic condition development, probably by means of metabolic dysregulation boosting. This study claims for action to reduce the impact of loneliness in old age and to promote healthy ageing.

**Conflict of interest:** No

**Keywords:** Late-life depression; MULTIMORBIDITY; ATHLOS project; Loneliness

### EPV0428

#### The structure of psychosocial maladaptation and anxiety-depressive symptomatics in women with different genesis of depression

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**Introduction:** In the structure of the mental disorders depression holds the leading position. In recent years, there has been an increase of publications showing the combination of depression and psychosocial maladaptation, which both acts as a derivative in the clinic of depressive disorders and as an independent phenomenon, having a distinct effect on their course.

**Objectives:** The purpose of the work is to study to study of relationships of structure and severity of manifestations of psychosocial maladaptation and anxiety-depressive symptoms in women with depressive disorders of different genesis.

**Methods:** 252 women with a diagnosis of depressive disorder were examined: 94 people with depressive disorder of psychogenic genesis, 83 women with endogenous depression and 75 patients with depressive disorder of organic genesis. The patients were divided into groups depending on the genesis of the depressive disorder and the presence and severity of problems in psychosocial functioning. The study was conducted using clinical-psychopathological and psychodiagnostic methods.

**Results:** As a result of the study, it was found that genesis of depression has been found to have the greatest impact on depression in the absence of signs of maladaptation and its mild degree. As the severity of maladaptation increases, the impact of the genesis of depression decreases and is less severe in severe maladaptation. Anxiety is less dependent on the genesis of depression, and is more determined by the degree of maladaptation.

**Conclusions:** Thus, in determining the directions of psychotherapeutic and rehabilitation management of depressive disorders in women, it is mandatory to take these parameters into account.

**Conflict of interest:** No

**Keywords:** psychosocial maladaptation; Dépression

### EPV0430

#### Maais are no treatment of „last resort“: a review of response after failed tranylcypromine in depression

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**Introduction:** Tranylcypromine (TCP) is prescribed for treatment resistant depression (TRD). The irreversible monoamine oxidase-(MAO)-A/B inhibitor is often labeled as a treatment of “last resort”. This classification was established when the number of treatment options was limited.

**Objectives:** With 58% responders as the mean in TCP-treatment of TRD in controlled studies, the question arises which therapeutic options occur in non-responders of TCP (TCP-NR), and whether TCP is actually a “last resort”.

**Methods:** The therapy of TCP-NR was investigated in a comprehensive review of controlled and non-controlled clinical studies of TCP in depression as well as in case reports of medical-scientific literature.

**Results:** 93 therapies of TCP-NR have been found (63 in the follow-up of clinical studies, 30 in case reports). Continuing TCP itself was included in 48 trials of TCP-NR (augmentation/combination of TCP). Discontinuation of TCP and switch to another antidepressant was applied in 45 TCP-NR. Response was achieved in 48 trials (51.6%), 36 in TCP-augmentation/combination (75%), and 12 after discontinuation of TCP (26.7%). The higher number of responders in augmentation/combination of TCP is explained by the selectivity of case reports. For lithium-augmentation (78.6% responders), however, data are considered as less selective because results of the follow-up of TCP-studies are also included.

**Conclusions:** A definition of the MAO-inhibitor as a “last resort” in the treatment of depression seems to be misleading today because of the manifold treatment options. There are good chances of response for TCP-NR in TRD with e.g. lithium augmentation of TCP, augmentation with second generation antipsychotic drugs or switch to other antidepressants.

**Disclosure:** Sven Ulrich is working in the pharmaceutical company Aristo Pharma GmbH which is marketing a tranylcypromine drug product. Thomas Messer has received speaker honoraria from Aristo Pharma GmbH.

**Keywords:** tranylcypromine; monoamine oxidase inhibitor; Dépression; treatment resistant depression

### EPV0431

#### The emotional response to different tastes of food - as possible marker in recognition of depressive symptoms and suicidal ideations

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