after adjusting for sex, age, age at onset of illness, numbers of previous episode, and baseline severity (baseline HAMD-17 or MWSAS), respectively.

Results: Of the 131 participants, 104 (79.4%) who completed baseline measurements using WAIS-III and had at least one post-baseline assessment were included in the analysis. Subjects had low verbal IQ (VIQ) scores (88.8 ± 13.7), performance IQ (PIQ) scores (83.7 ± 14.7), and full scaled IQ (FSIQ) scores (86.4 ± 12.9) than general population norms. PIQ scores were lower than VIQ scores. Patients experiencing less digit span-forward scores were more likely to have poor treatment outcomes regardless of symptom severity measured by HAMD-17 or functioning measured by MWSAS.

Conclusions: Discrepancy existing between VIQ and PIQ may be attributed to psychomotor retardation, a general slowing of mental processes recognized as a depressive symptom. MDD patients with lower scores of digital forwards were clinically useful in predicting poor outcomes after acute fluoxetine treatment.

PS95
Cognitive impairment of remitted depression in medication with anticholinergic activity
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Abstract
Objective: It is widely reported that cognitive impairment emerges in remitted depression. However, it has been suggested that the cognitive impairment may either persist due to the disorder despite effective antidepressant (ADT) treatment or emerge as a side effect of the ADT treatment itself. The aim of our study was to clarify whether anticholinergic effect influenced to the cognitive impairment in remitted depression.

Methods: A total of 49 inpatients with MDD (DSM-IV) after remission (HAM-D ≤ 7) were recruited. A total of 67 healthy participants were recruited as control group. For all subjects, two cognitive tests were conducted; logical memory (LM) of the Wechsler Memory Scale Revised (WMS-R), Stroop Color and Word Test (Stroop). In addition, we collected blood samples at study entry, and measured serum anticholinergic activity (SAA) as anticholinergic effect using a radio-receptor assay technique which was developed by Tune and Coyle. We divided all MDD patients into two groups: those with positive SAA [SAA (+), n=28] and those with negative SAA [SAA (-), n=21]. Any SAA level greater than the detection limit of a quantitative level (≥1.95 pmol / ml) is defined as SAA (+). The present study was approved by the Medical Ethics Committee of Juntendo University. All participants provided written informed consent.

Results: The scores of LM of WMS-R and Stroop were significantly lower in SAA (+) than those in healthy controls (p < 0.001, Mann–Whitney U). In SAA (-) group, Scores of LM of WMS-R were significantly lower than those in healthy controls (p = 0.047, Mann–Whitney U). For Multiple regression analysis, SAA levels had a significant effect on LM of WMS-R (p = 0.005).

Conclusions: Anticholinergic effect with ADT may influence to a part of cognitive impairment in remitted depression. Especially, memory impairment may be affected with the anticholinergic level.

PS96
The change of prescribing patterns for inpatients of major depressive disorder
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Abstract
Purpose: DSM-5 influenced the prescribing patterns in clinical area. In this study, we tried to find out the change of prescribing patterns for patients with major depressive disorder.

Methods: Objects were selected in psychiatric inpatients with major depressive disorder at the Chung-Ang university hospital in 2005, 2010, and 2015. Especially, patients with anxious distress and mixed features on DSM-5 criteria were evaluated.

Results: The number of inpatients with MDD was 80 in 2005, 121 in 2010, and 197 in 2015. There were 116 male patients (29.1%) and 282 female patients (70.9%) and their average age was 49.3. 71.3% of patients were prescribed antidepressants in 2005, 87.6% in 2010 and 80.7% in 2015. In patients with anxious distress, prescription rate of antidepressants has been increased (2005: 70%, 2010: 88.0%, 2015: 91.2%). In patients with mixed feature, except 2010 (95.0%), prescription rate of antidepressants were low. (2005: 64.3%, 2010: 95.0%, 2015: 53.7%). 27.5% of patients were prescribed mood stabilizer in 2005, the rate has declined in 2010 (5.0%) and increased in 2015 (14.2%). In patients with anxious distress, mood stabilizer prescription has decreased. (2005: 13.3%, 2010: 8.0%, 2015: 2.7%). In patients with mixed feature, prescribing rate of mood stabilizer was 42.9% in 2005, 5.0% in 2010 and 56.1% in 2015. Antipsychotics prescription rate was 77.5% in 2005, 50.4% in 2010 and 62.4% in 2015. In patients with anxious distress specifier, prescription rate was 73.3% in 2005, 50.0% in 2010 and 58.4% in 2015. In patients with mixed feature, antipsychotics prescription rate was 92.9% in 2005, 45.0% in 2010, and 87.8% in 2015.

Conclusion: The result showed the difference in use of antipsychotics and mood stabilizers between MDD patients with mixed features and those of anxious distress. It supports the validity of DSM-5 which separated mixed features from anxious distress.

PS97
Serum Cytokine Levels in Major Depressive Disorder and Its Role in Antidepressant Response
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Abstract
Objective: Cytokines have been reported to have key roles in major depressive disorder (MDD). However, much less is known about cytokines in MDD and antidepressant treatment due to the diversity of cytokines and the heterogeneity of depression. We investigated the levels of cytokines in patients with MDD