[2] Hacettepe University Faculty of Medicine Department of Psychiatry, Hacettepe University Faculty of Medicine Department of Psychiatry, Ankara, Turkey
* Corresponding author.

Objective Activation syndrome consists of 10 suicides associated symptoms, which is induced by antidepressant treatment. These are anxiety, agitation, manic episodes, sleep disruption, irritability, hostility, aggressiveness, impulsivity, akathisia and mania/hypomania. This syndrome is reported to be associated with a bipolar disorder diathesis. The aim of this study is to evaluate lifetime hypomanic symptoms with major depressive disorder, who are prescribed antidepressant medication, and to investigate whether there is a relationship between these symptoms and the development of AS.
Methods Sixty consecutive outpatients with the diagnosis of major depressive disorder who were naturalistically given antidepressant treatment were examined prospectively. Patients were assessed three times; at baseline, 2 and 4 weeks later. At baseline visit, clinical characteristics of patients including Ghaemi criteria were assessed, life-time history of hypomanic symptoms were assessed with the Hypomania-Checklist-32. In all three interviews, Barnes Akathisia Rating Scale, Hamilton Rating Scale for Depression, Hamilton Anxiety Rating Scale and Young Mania Rating Scale were applied to detect the symptoms of AS. The patients who present at least one of the 10 symptoms were considered to have AS.
Results Of the 60 patients 25(41.7%) developed AS. The most prevalent symptoms of AS are insomnia (31.7%), anxiety (25%) and irritability (15%). Significant difference was found between patients with and without AS, with regard to HCL-32 test scores. A moderate correlation between the number of AS symptoms and HCL-32 test scores were determined. AS was found to be significantly more frequent in patients with mere hypersomnia and both increased appetite and hypersomnia those without these symptoms.
Disclosure of interest The findings of this study suggest that certain features of BPS might be associated with the development of AS. Antidepressant treatment of depressive illnesses in this spectrum which are misdiagnosed as unipolar may reveal these symptoms that will complicate the current episode and destabilize the longitudinal course. For this reason, clinicians should evaluate the patients who present antidepressant induced symptoms meticulously and be careful not to overlook the characteristics of BPS.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.714

EV0385

Reduced latency to first antidepressant treatment in Italian patients with a more recent onset of major depressive disorder

B. Grancini*, B. Dell'Osso, L. Cremaschi, F. De Cagna, B. Benatti, G. Camuri, C. Arici, C. Dobrea, L. Oldani, M.C. Palazzo, M. Vismara, A.C. Altamura
Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico-University of Milan, Department of Psychiatry, Milano, Italy
* Corresponding author.

Introduction Major depressive disorder (MDD) is a prevalent burdensome disease, which frequently remains untreated. The duration of untreated illness (DUI) is modifiable parameter and a valid predictor of outcome. Previous investigation in patients with MDD revealed a DUI of different years, while recent reports have documented a reduction of DUI across time, in patients with different psychiatric disorders.
Objectives/aims The present study was aimed to investigate potential differences in terms of DUI and related variables in patients with MDD across time.
Methods An overall sample of 188 patients with MDD was divided in two subgroups on the basis of their epoch of onset (onset before and after year 2000). DUI and other onset-related variables were assessed through a specific questionnaire and compared between the two subgroups.
Results The whole sample showed a mean DUI of approximately 4.5 years, with a lower value in patients with more recent onset compared to the other subgroup (27.1 ± 42.6 vs. 75.8 ± 105.2 months, $P < .05$). Moreover, patients with onset after 2000 reported higher rates of onset-related stressful events and lower ones for benzodiazepines prescription (65% vs. 81%; $P = 0.02$; 47% vs. 30%; $P = 0.02$).
Conclusions The comparison of groups with different epochs of onset showed a significant reduction in terms of DUI and benzodiazepines prescription, and a higher rate of onset-related stressful events in patients with a more recent onset. Reported findings are of epidemiologic and clinical relevance in order to evaluate progress and developments in the diagnostic and therapeutic pathways of MDD in Italian and other countries.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.715

EV0386

Efficacy of hypericum extract Ws® 5570 compared with paroxetine in patients with a moderate major depressive episode–a subgroup analysis

E. Holsboer-Trachsler[1,*], E. Seifritz[2], M. Hatzinger[3]
[1] C/o Psychiatric Clinics UPK, University of Basel, Basel, Switzerland
[2] Psychiatric Hospital of the University of Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland
[3] Psychiatric Services Solothurn, University of Basel, Solothurn, Switzerland
* Corresponding author.

Introduction Various studies showed the efficacy and tolerability of WS® 5570 (Hyperiplant® Rx, Dr. Willmar Schwabe GmbH & Co. KG) for the treatment of acute mild-to moderate depression. Beneficial effects of WS® 5570 have been also shown in patients with moderate-to-severe depression.
Objectives/aims We present a subgroup analysis of a double blind, randomised trial to compare the therapeutic efficacy of WS® 5570 with paroxetine in patients suffering from a major depressive episode with moderate symptom intensity. This analysis on moderately depressed patients treated with WS® 5570 tries to support the hypothesis that WS® 5570 is an effective remedy in patients with major depression and moderate symptom intensity.
Methods Moderate depression was defined by a baseline Hamilton Depression Rating Scale (HAM-D) total score between 22 and 25. Sixty-four patients received, after a single blind placebo run-in phase of 3–7 days, either 3×300 mg/day WS® 5570 or 20 mg/day paroxetine for six weeks. The change of the HAM-D total score was used to describe the efficacy of WS® 5570 compared with paroxetine in the subgroup of patients with moderate depression.
Results The reduction of the HAM-D total score was significantly more pronounced in patients treated with 3×300 mg/day WS® 5570 compared to 20 mg/day paroxetine. After six weeks, responder (87.1%) and remission rates (60.6%) to WS® 5570 were significantly higher than to paroxetine (71%/42.4%).
Conclusions After six weeks, patients treated with WS® 5570 showed a higher reduction in depression severity score and yielded greater response and remission rates compared with patients treated with paroxetine.

https://doi.org/10.1016/j.eurpsy.2017.01.716 Published online by Cambridge University Press

Disclosure of interest Supported by Dr. Willmar Schwabe GmbH & Co. KG, Karlsruhe, Germany

http://dx.doi.org/10.1016/j.eurpsy.2017.01.716

EV0387

The Association between self-stigma and coping strategies in depressive disorder–a cross-sectional study

M. Holubova[1,2,*], J. Prasko[1]
[1] *University of Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic*
[2] *Regional Hospital Liberec, Department of Psychiatry, Liberec, Czech Republic*
[*] *Corresponding author.*

Background Self-stigma is a maladaptive psychosocial phenomenon that may disturb many areas of patient's life. In connection with maladaptive coping strategies should make mental health recovery more difficult. Specific coping strategies may be connected with the self-stigma and also with the severity of the disorder. The objective of the study was to explore the relationship between coping strategies, the severity of the disorder and self-stigma in outpatients with depressive disorder.
Method Eighty-one outpatients, who met ICD-10 criteria for depressive disorders, were enrolled in the cross-sectional study. Data on sociodemographic and clinical variables were recorded. All probands completed standardized measurements: The Stress Coping Style Questionnaire (SVF-78), the Internalized Stigma of Mental Illness Scale (ISMI), and the Clinical Global Impression (CGI).
Results The patients with depression overuse negative coping strategies, especially escape tendency and resignation. Using of positive coping is in average level. Coping strategies are significantly associated with the self-stigma. Negative coping (especially resignation and self-accusation) increase the self-stigma, using of positive coping (primarily underestimation, reaction control, and positive self-instruction) have a positive impact to decreased self-stigma. The level of self-stigma correlated positively with total symptom severity score.
Conclusions The present study revealed the important association between coping strategies and self-stigma in outpatients with depressive disorders. Decreasing the use of negative strategies, and strengthening the use of positive coping may have a positive impact to self-stigma reduction.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.717

EV0388

Korean medication algorithm for depressive disorder (KMAP-DD) 2017: Maintenance treatment

D.I. Jon[1,*], W. Kim[2], H.R. Wang[3], Y.S. Woo[3], J.S. Seo[4], Y.M. Park[5], J.H. Jeong[6], S.H. Shim[7], J.G. Lee[8], K.J. Min[9], W.M. Bahk[3]
[1] *Hallym University Sacred Heart Hospital, Psychiatry, Anyang, Republic of Korea*
[2] *Inje University Seoul Baik Hospital, Psychiatry, Seoul, Republic of Korea*
[3] *The Catholic University St. Mary Hospital, Psychiatry, Seoul, Republic of Korea*
[4] *Konkuk University Chungju Hospital, Psychiatry, Chungju, Republic of Korea*
[5] *Inje University Ilsan Paik Hospital, Psychiatry, Goyang, Republic of Korea*
[6] *The Catholic University St. Vincent Hospital, Psychiatry, Suwon, Republic of Korea*
[7] *Soonchunhyang University Cheonan Hospital, Psychiatry, Cheonan, Republic of Korea*
[8] *Inje University Haewoondae Baik Hospital, Psychiatry, Busan, Republic of Korea*
[9] *Chung-Ang University Hospital, Psychiatry, Seoul, Republic of Korea*
[*] *Corresponding author.*

Introduction The international guideline for treating depression has been widely used.
Objectives The current study focused on the maintenance treatment section of the third revision of Korean Medication Algorithm for Depressive Disorder (KMAP-DD)
Methods A 44-item questionnaire was used to obtain the consensus of experts regarding pharmacological treatment strategies for depressive disorder. Of the 144 committee members, 79 psychiatrists responded to the survey. Each treatment strategy or treatment option was evaluated with the nine-point scale.
Results Most clinicians answered to maintain both antidepressants (AD) and atypical antipsychotics (AAP) for psychotic depression in remission state. The duration of AD maintenance: from 19.8 weeks to 46.8 weeks for patients in remission of the first episode, from 34.8 weeks to 78.4 weeks for the second depressive episode, and long-term continuation for three or more depressive episodes. Aripiprazole was the most preferred AAP. The preferred doses of AD and AAP in maintenance treatment were about 75% and 50% of those in acute treatment The maintenance of AAP in the psychotic depression in remission was similar to the AD, although shorter and less.
Conclusions The maintenance strategies of KMAP-DD 2017 were similar to those of KMAP-DD 2012. Most clinicians preferred to maintain AD for substantial duration after achieving remission. The maintenance of AAP was also preferred, but the duration was shorter than AD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.718

EV0389

Is increased screen time associated with the development of anxiety or depression in young people?

J. Khouja[1,*], M. Munafò[1], K. Tilling[2], N. Wiles[2], C. Joinson[2], P. Etchells[3], A. John[4], S. Gage[1], R. Cornish[2]
[1] *University of Bristol, School of Experimental Psychology, Bristol, United Kingdom*
[2] *University of Bristol, School of Social and Community Medicine, Bristol, United Kingdom*
[3] *Bath Spa University, School of Society- Enterprise and Environment, Bath, United Kingdom*
[4] *Swansea University Medical School, Farr Institute, Swansea, United Kingdom*
[*] *Corresponding author.*

Introduction Emerging evidence suggests that sedentary behaviour, specifically time spent taking part in screen-based activities, such as watching television, may be associated with mental health outcomes in young people [1]. However, recent reviews have found limited and conflicting evidence for both anxiety and depression [2].
Objectives The purpose of the study was to explore associations between screen time at age 16 years and anxiety and depression at 18.
Methods Subjects ($n = 1958$) were from the Avon Longitudinal Study of Parents and Children (ALSPAC), a UK-based prospective cohort study. We assessed associations between screen time (measured via questionnaire at 16 years) and anxiety and depression (measured in a clinic at 18 years using the Revised Clinical Interview Schedule) using ordinal logistic regression, before and after

https://doi.org/10.1016/j.eurpsy.2017.01.716 Published online by Cambridge University Press