

units in Sfax and Tunis, Tunisia. These participants, randomly chosen, were asked to answer a questionnaire after their consent. Depressive symptoms were evaluated using the “Beck Depression Inventory” (BDI).

Results The mean age of participants was 39.84 years. Among them, 38.6% had a low educational level (illiterate or primary school level); 45.3% were professionally inactive and 92.9% had a low to medium socio economic level. Medical, psychiatric and suicide attempt histories were reported respectively in 51.2%, 7.6% and 1.8% of cases. According to BDI, a mild depression was noted in 22.9%; moderate 16.1%; severe 4.1%. Among those presenting a moderate to severe depression (MSD), only 16.8% were followed up in psychiatry, 4.2% were receiving antidepressant and 9.8% benzodiazepine. MSD was associated with low educational level ($P < 0.001$); low to medium socio economic level ($P < 0.001$); psychiatric histories ($P < 0.001$); suicide attempt histories ($P < 0.001$); somatic histories ($P < 0.001$).

Conclusion Our study highlighted a high prevalence of depression that is still under diagnosed and therefore poorly managed. General practitioners should be made aware of the importance of screening for depression in medical patients because it not only complicates their overall medical treatments, but also impedes their physical and social functioning.

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EV0430

Depressive symptoms among genders

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Introduction Depression is one of the most well-known psychological issues and is among the most severe ones. World Health Organisation's (WHO) report on health identifies 1.9% lifetime prevalence of depressive episode for males and almost twice as high–3.2% for females.

Methods This study aimed to map the depressive symptoms among working population in Czech Republic.

Results Analysis of covariance showed that there is significant effect of age $F(52) = 6.58, P = 0.010$ and gender $F(52) = 12.53, P < .001$ and t-tests showed the means of BDI II scores were significantly different for genders with females having higher mean (11.91) than males (9.80), $t(1025) = -3.42, P < .001$.

Conclusion The clinical burden of depression is still an increasing one in today's society and this research helped to identify the potentially most vulnerable individuals. These seem to be working women aged 35–44.

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Core self-evaluation and depression among caregivers of Alzheimer disease patients

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Introduction Caregivers of Alzheimer Disease (AD) patients suffer from chronic stress and psychophysical burden, which often lead to depression symptoms. It seems that core self-evaluation (CSE), coping with stress and social support might be modifying factors in coping with situation of caregiving.

Aims The aims of the study were to examine: (1) level of depression; (2) relationships between CSE, style of coping with stress, social functioning and depression severity among caregivers.

Methods The study involved 60 caregivers of AD patients who were children of the sick and have been caring for at least one year. It was cross-sectional and assessed by questionnaires. Following tools were used: Core Self-Evaluation, Beck Depression Inventory, Coping Inventory for Stress Situations, Distress Thermometer and an original questionnaire assessing the situation of caregiving.

Results A total of 51.7% of responders demonstrated severity of depression symptoms, associated to at least one mild clinical depression episode. The factors introduced to the model explained 65% variance of depression symptoms. Predictors of greater depression symptoms proved to be: low CSE ($\Delta R^2 = 0.32; \beta = -0.12$), low social support ($\Delta R^2 = 0.08; \beta = -0.27$), low life satisfaction ($\Delta R^2 = 0.02, \beta = -0.26$), high levels of distress ($\Delta R^2 = 0.12, \beta = 0.31$), coping style focused on emotions ($\Delta R^2 = 0.12, \beta = 0.17$).

Conclusions In the area of caregivers' psychological assistance and depression therapy, interventions leading to increase of CSE and providing adequate social support that contributes to better care provision and maintaining proper self-image, should be taken into consideration.

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Neurometabolic alterations in a depression-like rat model of chronic forced swimming stress using in vivo proton magnetic resonance spectroscopy at 7 T

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Although recent investigations of major depressive disorder (MDD) have focused on the monoaminergic system, accumulating evidence suggests that alternative pathophysiological models of MDD and treatment options for patients with MDD are needed. Animals subjected to chronic forced swim stress (CFSS) develop behavioral despair. The purpose of this study was to investigate the *in vivo* effects of CFSS in the rat prefrontal cortex (PFC) with 7 T and short-echo-time proton magnetic resonance spectroscopy (¹H MRS). Ten male Wistar rats underwent 14 days of CFSS, and *in vivo* ¹H MRS and forced swim tests were performed before and after CFSS. Point-resolved spectroscopy was used to quantify metabolite levels in the rat PFC. The spectral analyses showed that *in vivo* ¹H MRS can be used to reliably assess the Glu system. The rats showed significantly increased immobility times and decreased climbing times in the FST after CFSS, which suggested that the rats developed behavioral despair. The pre-CFSS and post-CFSS Glu and Gln levels did not significantly differ ($P > 0.050$). The levels of myo-inositol, total choline, and N-acetylaspartate, myo-inositol/creatinine, and total choline/creatinine increased significantly ($P < 0.050$). Similar findings have been reported in patients with MDD. Taken together, these results suggested that the CFSS-induced metabolic alterations were similar to those found in patients and that high-field and short-echo-time *in vivo* ¹H MRS can be used to investi-