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Maladaptive emotion regulation mediating the link between the recall of early affiliative memories and depressive symptomatology

J. Marta-Simões, C. Ferreira*, A.L. Mendes, I.A. Trindade
Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC - Cognitive Behavioural Centre for Research and Intervention, Coimbra, Portugal

* Corresponding author.

The inability of recalling warm and safe memories with parents and close relatives has been often associated in literature with a negative and judgmental sense of self, and a higher proneness to experience feelings of inferiority, inadequacy, and defectiveness. Thus, intending to deal with self-judgment and inferiority, individuals may become submissive as a way of compensating one's negative emotional states with other's positive attention and desirability. However, both early negative affiliative memories and submissiveness are associated with higher vulnerability to psychopathology, namely depression. Using a sample of 338 young women, the present study intended to examine the association between early affiliative memories and depressive symptomatology, and the mediator roles of self-judgment and submissive attitudes and behaviours on this association, through a path analysis. The tested model provided an excellent fit to the data, accounting for 41% of the depressive symptomatology's variance. Results revealed a direct effect of early affiliative memories on depressive symptomatology; and also on self-judgment and submissiveness, explaining 28% and 23% of their variances, respectively. Moreover, part of these memories' effect on depressive symptomatology was explained by self-judgment and submissiveness, which seems to suggest that submissiveness, although used to compensate feelings of inferiority and a judging attitude towards the self, may be a maladaptive strategy due to its positive association with depressive symptoms. This study's findings appear to emphasize the relevance of targeting submissiveness, especially in the context of a scarce recall of early affiliative experiences, when approaching women's depressive symptomatology on mental health promotion programs.

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EW181

Monitoring of liver function in major depressive disorder treated with SSRI

P. Ifteni*, A. Teodorescu
Spitalul de Psihiatrie si Neurologie, Psihiatrie Clinica III, Brasov, Romania

* Corresponding author.

Background Major depressive disorder is one of the most prevalent psychiatric illnesses in the world affecting more than 12% of men and more than 21% of women in their lifetime. Selective serotonin reuptake inhibitors (SSRIs) are worldwide prescribed to treat depression. SSRIs drugs can cause drug-induced liver injury (DILI). *Aims* The aim of the study was to evaluate the liver function in patients treated with SSRI in order to detect DILI.

Methods All the patients with first major depressive episode treated with the same SSRI antidepressant for at least 3 months between September 2013 and September 2015 were entered into the study. The hepatic function panel included aminotransferases, total and direct bilirubin, albumin, total protein, gamma glutamyl transferase (GGT), LDH cholesterol, hepatitis B virus (HBV), and hepatitis C virus (HCV).

Results Of 134 subjects with MDD according to The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

who met inclusion criteria, 98 patients entered into study. Seventy-seven (76.5%) were treated with SSRI for at least 3 months with mean age were 45.4 (SD=6.3), 65 women (66.3%). Five patients (5.1%) were newly diagnosed with hepatitis, and 10 (10.2%) presented elevated values of ALT, AST. The mean duration of depressive symptoms was 9.2 months (SD=6.9).

Conclusions The treatment with SSRI seems to be effective and safe in our sample. A relative small number of patients with MDD were diagnosed with viral hepatitis during this cross-sectional study. Further randomized and controlled trials are needed.

Keywords Depression; Antidepressants; SSRI; Hepatitis

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EW183

Escitalopram orally-disintegrating tablets (ODT) in major depression treatment

M. Polikowska, B. Łoza*

Medical University of Warsaw, Psychiatry, Warsaw, Poland

* Corresponding author.

Introduction The growing rate of depressive disorders causes needs for more effective and more innovative solutions. The modern patients' challenges make them fail mostly in the treatment compliance. Some reports have described that escitalopram orally disintegrating tablets (ODT) induce faster response and lower dropout rate than oral standard tablets (OST), although both forms have equal bioavailability.

Aim We tried to clarify effectiveness rates between escitalopram ODT and OST treatments in depressive patients.

Method An open-label, 6-month, randomized, flexible-dose study was conducted for direct comparison of the effects of escitalopram ODT (N16) and OST (N15) on dropout rate and clinical outcomes in patients with major depression.

Results Outcome measures included Hamilton Depression Rating Scale (HDRS), Drug Attitude Inventory-10 (DAI), Clinical Global Improvement Scale (CGI), and Psychological General Well-Being Scale (PGWB). The tolerability was assessed by the UKU scale. No significant difference was found in HDRS, CGI, PGWB and GAF between the two forms of tablets. No significant difference was found in any tolerability rates. However, dropout rate favored escitalopram ODT group (N5, 31.3%) vs escitalopram OST (N7, 47.0%). DAI-10 outcomes, both in patients' general attitude and subjective feelings, were significantly improved in ODT group ($P=0.000$), comparing with OST.

Discussion Escitalopram in its classical form (OST) has become a leader in a group of antidepressants, thanks to safety of use, efficacy and tolerability. In the ODT form, escitalopram can meet additional needs, both clinical and lifestyle. ODT may reduce dropout rate and costs of long-term treatment improving the patients' compliance.

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EW184

Psychosocial and clinical characteristics of depressed patients with metabolic syndrome

M. Martinac^{1,*}, D. Babić², M. Pavlović²

¹ *Public Health Centre Mostar, Centre for Mental Health, Mostar, Bosnia and Herzegovina*

² *University Clinical Hospital Mostar, Department of Psychiatry, Mostar, Bosnia and Herzegovina*

* Corresponding author.

Introduction Depression is a complex disease associated with sleep, appetite and body weight disturbances as well as with the level of physical activity, all of which may be the risk factors for the development of metabolic disorders. Different physiological mechanisms as well as psychosocial factors such as gender, age, smoking, stress level, nutrition and level of physical activity can affect the metabolic syndrome (MS) development in depressed patients. It is considered that chronic stress causes depression and subsequent poor lifestyle that can lead to the MS development, which results in increased incidence of cardiovascular disease.

Aim To determine the psychosocial and clinical characteristics of depressed patients with MS diagnosis.

Methods Cross-sectional study was conducted on a sample of 80 patients suffering from depressive disorder. The structured socio-demographic questionnaire, MINI questionnaire, Hamilton Rating Scale for Depression (HAM-D-17) and the Clinical Global Impression Scale (CGI) were used as diagnostic instruments. MS diagnosis was made according to NCEP/ATP III criteria.

Results Depressive patients with MS diagnosis had a significantly higher frequency of suicide attempts, while MS diagnosis significantly more frequently was present in female patients. Increased intake of carbohydrates was an important characteristic of the depression as well as MS.

Conclusion Further studies are needed in order to explain the observed gender differences, and whether interventions focused on the treatment of depression may contribute to the acceptance of healthy lifestyles, particularly in changing of dietary habits, and thus indirectly contribute to the reduction of MS frequency.

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EW185

Self-esteem and emotional distress in a population of unemployed persons

K. Medhaffar*, I. Feki, R. Sellami, I. Baati, D. Trigui, I. Abida, J. Masmoudi

Hédi Chaker University Hospital, Psychiatry "A", Sfax, Tunisia

* Corresponding author.

Introduction For most individuals, basic life requirements are met through employment. It can satisfy creative urges, promote self-esteem, and provide an avenue for achievement and self-realization.

Objective To assess the level of depression, anxiety and self-esteem in a population of unemployed persons.

Method It was a cross-sectional study involving unemployed people we met in the office of employment of Sfax in Tunisia. The level of anxiety and depression was assessed by the Beck depression and anxiety inventories. The self-esteem Rosenberg scale allowed us to evaluate the level of self-esteem of our population.

Results The average age of our subjects was 33 years six months. The average duration of unemployment of our population was 4 years 7 months and 38.2% of them had never worked before. The anxiety level was moderate in 38.2%, while moderate to severe depression was found in 47%. Self-esteem was low to very low in 47.1%. A low level of depression was positively correlated with a low socioeconomic level ($P=0.000$), a low level of anxiety ($P=0.000$) and a high self-esteem level ($P=0.000$).

Conclusion People with strong support systems and greater self-esteem seemed to experience less unemployment stress. Identifying those who are at high risk for psychological and physical problems and finding ways of preventing them from suffering the adverse effect of unemployment are important areas for further study.

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EW188

Apathy and depression: Which clinical specificities?

J. Palaric

Saint Ave, France

Introduction Apathy is a transnosographical symptom that is often described in psychiatric and neurological illness. The most known definition, proposed by Marin (1991), is a lack of goal-directed voluntary behavior. Apathy and depression may be present together but they are clinically independent. The confusion between signs of apathy and those of depression might reveal diagnostic and treatment issue. Our aim is to define a clinical profile of apathetic patients (Ap) with depression, hypothesizing there is a different clinic profile than non-apatetic patients (NAP).

Method Seventy adults diagnosed with depression were included in a comparative, non-randomized and open cohort, since November 2014. Clinical assessments targeted clinical scale evaluations (MINI, AES, MADRS, STAI, SHAPS). Patients were separated in two groups, Ap VS NAP, using a 42 points cut-off at AES score.

Results Ap represent 30%; $n(\text{Ap})=21$, $n(\text{NAP})=49$. Depressive severity scores (MADRS) are lower in the Ap group; $W\text{-test}=672$, $P=0.044$. State anxiety scores (STAI-A) are lower in Ap group; $W\text{-test}=739$, $P=0.004$. Anhedonia scores (SHAPS) are lower in Ap group; $W\text{-test}=412$, $P=0.004$. Pearson test show negative correlation between AES/STAI-A ($r=-0.27$; $P=0.02$); AES/SHAPS ($r=-0.45$; $P=0.001$).

Conclusion Apathetic patients suffering from depression seem to present different clinical pattern in term of anxiety and anhedonia. These results are high of interest for therapeutic and further studies focus on pathophysiological issues.

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EW190

The role of augmentation treatment with second-generation antipsychotics in major depression disorder—current evidence in the literature

E. Pereira*, F. Coutinho, M. Marinho, C. Hipólito-Reis

Centro Hospitalar de São João, Clinic of Psychiatry and Mental Health, Porto, Portugal

* Corresponding author.

Introduction Major depressive disorder (MDD) is a chronic mental illness with a considerable lifetime prevalence in adult men and women. Only a third of MDD patients remit following adequate antidepressant treatment, while most suffer from significant core depressive or residual symptoms during their clinical course. Augmentation treatment with second-generation antipsychotics (SGAs) has been one of the suggested approaches to overcome this shortage of efficacy of antidepressant therapy.

Objectives To review the role of SGAs as an augmentation strategy to antidepressant therapy in MDD.

Methods A search of the MEDLINE/Pubmed database was conducted for articles from 2010 to 2015, using the MeSH terms “antipsychotics”, “depression” and “treatment”.

Results There is a general consensus in the literature that antidepressant augmentation treatment with SGAs is more effective than placebo in the management of patients with MDD who failed to respond adequately to antidepressant therapy alone. The majority of studies found no significant differences between the different studied drugs (namely, aripiprazole, quetiapine, olanzapine and risperidone). On the other hand, discontinuation rates due to adverse effects are also higher with SGAs versus placebo. However, it remains unclear if augmentation with SGAs is more effective than