

The death of a loved one reminds the elderly individual of his/her own mortality, complicating the process of mourning. Separation, however is much more difficult to overcome because there is a loss among the living, with the possibility to lose the meaning of life with the other one.

Conclusions Understanding loss and grief among elderly people is fundamental for nursing care, in order to help them with the process of coping and to prevent institutionalization to become an unpleasant experience. This will also offer health care facilities suggested ways to reduce or combat loneliness and depression among the elderly people.

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EV515

Prevalence and risk factors of peripartum depressive symptoms among South Korean women – Preliminary data of a large prospective study

S.Y. Lee^{1,*}, H.M. Ryu²

¹ Dankook University College of Medicine-Cheil General Hospital and Women's Health, Psychiatry, Seoul, Republic of Korea

² Dankook University College of Medicine-Cheil General Hospital and Women's Health, Obstetrics and Gynecology, Seoul, Republic of Korea

* Corresponding author.

Objective The aim of this study was to assess period prevalence and risk factors of peripartum depression in South Korean women.

Methods Two thousand four hundred and forty-nine women in their first trimester of pregnancy were recruited, 1355 women were followed to the end of the study (1 month after delivery), 423 women are before the 1 month after delivery, 671 were dropped out. There were four time points of assessment – 12, 24, 36 weeks of gestation and 1 month after delivery. Depressive symptoms were assessed using the validated Korean version of the Edinburgh Postnatal Depression Scale. Risk factors were assessed across the demographic features, past histories, obstetric histories, and psychological status.

Results The prevalence of peripartum depressive symptoms (above 10 points of K-EPDS) was found to be 18.8% at 1st trimester, 12.9% at 2nd trimester, 12.6% at 3rd trimester, and 15.7% at 1 month after delivery. Identified risk factors of depression at 1st trimester were unmarried status, employed status, low family income, familial history and past history of depression, multigravida, unplanned pregnancy, hyperemesis, and threatened abortion. In psychological aspects, higher distress, lower marriage satisfaction, and lower quality of life increased the risk of depression. The analyses to identify risk factors of postpartum depression will be performed after the deliveries of recruited mothers are complete.

Conclusion A substantial proportion of mothers suffered from peripartum depression from their early pregnancy in Seoul, Korea. Intervention based on identified risk factors would be recommended to help depressive pregnant mothers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV516

Mindfulness, self-compassion and spiritual well-being in chronic depression

E. Silva, S. Simões, H. Espírito-Santo, M. Marques, L. Lemos*
Miguel Torga Institute, Psychology, Coimbra, Portugal

* Corresponding author.

Introduction Depression is one of the main causes of incapacity worldwide. Research has shown that mindfulness practice, self-compassion promotion, and spiritual well-being are beneficial for depressed individuals.

Objective Analyze the associations between compassion, mindfulness, and spiritual well-being, during and after a therapeutic intervention (concluded less than a year ago).

Aims To determine if mindfulness, self-compassion, and spiritual well-being are predictors of depression.

Method Patients diagnosed with chronic depression were treated in a residential therapeutic community for a period of six to eight months. The 63 participants (M = 32.84, SD = 10.24, range = 15–50 years old; 32 during treatment; 31 after treatment) were assessed with the Beck Depression Inventory, the Questionnaire of the Five Facets of Mindfulness, the Self-Compassion Scale, and the Spiritual Well-Being Questionnaire.

Results There were differences in mindfulness, self-compassion, spiritual well-being and depression by sex, existence of previous psychiatric treatment, moment of the study (during versus after intervention), and depression levels. After intervention the group had higher levels of mindfulness and self-compassion (common humanity) and lower levels of over-identification, compared with group during treatment. The predictors of depression were the self-judgment dimension of the self-compassion scale and, negatively, the mindfulness dimensions of non-reactivity and non-judging, and the spiritual well-being dimension of personal well-being.

Conclusion Results confirm the relationship between the study variables and depression. This reinforces the importance of intervention based on positive psychology enhancing positive areas of human experience, rather than focusing on psychological pain, weaknesses, and disabilities.

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EV517

Characteristic distributions of CBF changes in remitted geriatric depression

W. Liao^{1,*}, Z. Wang², H. Shu¹, Z. Zhang¹

¹ Neuropsychiatric Institute and Medical School of Southeast University, Neurologic Department, Nanjing, China

² Hangzhou Normal University, center for cognition and brain disorders, Hangzhou, China

* Corresponding author.

Background The cerebral blood flow (CBF) is an absolute measure that superior to the relative measure of neural activity, blood oxygenation-level-dependent (BOLD). The previous studies have reported CBF abnormalities in the adult depressive patients. However, it is not clear whether the abnormal CBF could be improved in the remitted geriatric depression (RGD).

Methods We enrolled 82 RGD patients and 90 age and education matched healthy controls. All the subjects underwent 3-T MRI with pseudo arterial spin labeling (pASL), and the pASL data were analysis voxel-by-voxel with control the gray matter volume.

Results Compared with the healthy controls, the RGD patients demonstrated higher relative CBF value in left inferior temporal gyrus and left precuneus; while lower relative CBF value in right medial temporal and occipital cortex, right insula operculum (including parts of frontal, temporal and parietal cortex) and insula, right medial frontal cortex. When compared with the remitted early onset depression (EOD), the remitted late onset depression (LOD) showed lowed relative CBF value in right angular gyrus. While there was no significantly different relative CBF value between the RGD patients accompany with MCI and RGD patients with cognitive normal.

Conclusion The late life depression persists with CBF abnormalities in the remitted state. And it is implicit that hyperperfusion in the left brain cortex and hypoperfusion in the right brain cortex could be the specific form to RGD patients.

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EV518

Civilization syndrome. New diagnosis and new therapeutic approach

B. Łoza*, M. Polikowska

Medical University of Warsaw, Psychiatry, Warsaw, Poland

* Corresponding author.

Introduction Although the relationship between the content of stress and serious diseases, such as depression is not so obvious, underlying mechanisms encouraging more and more authors to define a 'civilization syndrome' as a link between our modern lifestyle, the civilization we live and psychosocial health problems. With regard to the 'civilization syndrome', there are several new candidates that have been spotted as the challenges for psychiatric research, like burnout, infertility and solitude. All these phenomena seem to increase epidemically and require urgent conceptual and therapeutic studies.

Aim . The program was addressed to three groups of patients with burnout, infertility, and social relationship/loneliness crisis.

Method Using the new stress reduction program (SRP), engaging both pharmacological and psychotherapeutic approach, and also several lifestyle factors, like physiotherapy, nutrition aspects, coaching, social media contact and monitoring, most of patients improved in terms of emotional and behavioral markers, in short- and long-term (4–6 months) observations.

Material Patients and clients (N43) with F3.x-F4.x disorders according to ICD-10.

Results A variety of PRS scales were used to assess patients' improvement outcomes. Significant reductions (4–6 months) were observed at Maslach Burnout Inventory (-23.4% , $P=0.000$), Fertility Problem Inventory (-34.5% , $P=0.000$), UCLA Loneliness Scale, ver. 3 (-43.3% , $P=0.000$), and Perceived Stress Scale (44.0% , $P=0.000$).

Discussion This program interplays between stress and mental health problems and opens up new possibilities for diagnosis and therapy, focusing on the challenges of civilization, and especially opens up preventive options in stress-related problems and diseases, which represent a growing health burdens in modern society.

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EV519

Metabolic dysregulation as predictor for the course of late-life depression

R. Marijnissen^{1,*}, N. Vogelzangs², M. Mulder³, R. van den Brink⁴, H. Comijs², R. Oude Voshaar⁴

¹ Wolfheze, Netherlands

² VU University Medical Center, Department of Psychiatry/GGZinGeest & Institute for Extramural Medical Research EMGO, Amsterdam, Netherlands

³ Arnhem, Netherlands

⁴ University Medical Center Groningen- University of Groningen, University Center of Psychiatry & Interdisciplinary Center for Psychopathology of Emotion Regulation, Groningen, Netherlands

* Corresponding author.

Introduction Depression is associated with the metabolic syndrome (MS). Recently, the concept of 'metabolic depression' has been proposed based on a protracted course of depressive symptoms over time.

Objective and aims Within the Netherlands study of depression in older persons, we examined whether metabolic dysregulation predicted the two-year course of depression.

Methods A cohort study ($n=285$) of depressed persons (≥ 60 years) with two-year follow up. Depression was classified according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Severity of depression was assessed with sum score as well as subscale scores of the Inventory of Depressive Symptomatology (IDS) at six-month intervals. The metabolic syndrome was defined according the National Cholesterol Education Program (NCEP-ATP III). We applied logistic regression and linear mixed models adjusted for a wide range of confounders and severity of depression at baseline.

Results The number of MS-components predicted non-remission at two-years (OR=1.28 [95% CI: 1.00–1.58], $P=0.047$), which was driven by waist-circumference, HDL-cholesterol and triglycerides. MS was only associated with the somatic symptom subscale score of the IDS over time, but not with its sum score (interaction time \times somatic subscale, $P=0.002$). This effect was driven by waist circumference, elevated fasting glucose level and hypertension.

Conclusion Metabolic dysregulation predicts the course of late-life depression. This effect seems to be driven by visceral obesity (as indicated by the waist circumference) and lipid dysregulations and with respect to the somatic symptoms of depression.

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EV520

The role of self-compassion in lifetime history of depression: A study in Portuguese pregnant women

E. Bento¹, S. Xavier¹, J. Azevedo¹, M. Marques^{1,2}, M.J. Soares¹, M.J. Martins^{1,3,*}, P. Castilho³, N. Madeira², A. Macedo^{1,2}, A.T. Pereira¹

¹ Faculty of Medicine-University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre-Portugal, Psychiatry, Coimbra, Portugal

³ Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Although self-compassion has been pointed as an effective strategy for coping with depression, there are not any studies investigating its association with lifetime history of depression (LTHD).

Objective To compare self-compassion levels in pregnant women with vs. without LTHD and to analyze if self-compassion dimensions are significant predictors of LTHD.

Methods Four hundred and twenty-seven pregnant women with a mean age of 33 years (± 4.785) in their second trimester of pregnancy completed the Self Compassion Scale validated for pregnancy (SCS; Bento et al., 2015) and a new self-report questionnaire to evaluate the presence of LTHD according to DSM-5 criteria for depression.

Results Ninety-seven (23.0%) women had LTHD. Bisserial Spearman correlations between LTHD and SCS total score were significant, negative and moderate ($r=-0.31$). SCS subscales, except Common Humanity, showed significant correlations: Self-Kindness/SK ($r=-0.130$), self-judgement (SJ) (0.313), isolation (0.357), mindfulness ($r=-0.102$), over-identification (OI) ($r=0.393$). Independent sample t tests revealed that women with vs. without LTHD had significantly lower levels of total SCS, SK and Mindfulness scores and higher levels of SJ, Isolation and OI. Logistic regression (assumptions were fulfilled, Tabachnick and Fidell, 2007) showed that the SCS explained 26.7%–43.6% of the LTHD vari-