

## EV0413

**The effect of subjective well being method on depression in high school students**M. Pourshahriari<sup>1,\*</sup>, Z. Abrishami<sup>2</sup><sup>1</sup> Alzahra University, Psychology, Tehran, Iran<sup>2</sup> Rozbeh hospital, Psychiatry, Tehran, Iran

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**Introduction** Depression has a large impact on individual, family and society. This disorder can start early in life and often go untreated. The aim of current research was to investigate the effectiveness of subjective well being method in reduction of depression in high school students by using a cluster random sampling four hundreds students were selected from five different areas. All subjects answered the Kovaks Depression Questionnaire and hundred (fifty boys and fifty girls) had been selected who were under the mean score. The subjects were randomly assigned to four groups, two experimental, two controls. The intervention was used in an hour and a half each week for twelve weeks fifteen.

**Methods** The data was analysed using manova that showed significant difference among experiment and control groups on depression scores. But there were no difference between sexes.

The study suggest further study with longer intervention.

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

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## EV0414

**Standardization of Czech version of beck depression inventory (BDI II)**R. Ptacek<sup>1,\*</sup>, J. Raboch<sup>1</sup>, M. Vnukova<sup>1</sup>, J. Hlinka<sup>2</sup>, M. Cervenkova<sup>3</sup><sup>1</sup> First Faculty of Medicine, Charles University, Department of Psychiatry, Prague, Czech Republic<sup>2</sup> Institute of Computer Science, The Czech Academy of Science, Prague, Czech Republic<sup>3</sup> University of New York in Prague, Psychology, Prague, Czech Republic

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**Introduction** Depression is now the fourth most common cause of invalidity. World Health Organization (WHO) predicts that by 2020 it will be the second most common cause (WHO, 2001). Beck Depression Inventory (BDI II) is highly reliable tool for measuring the intensity of depression.

**Methods** The aim of this study was to assess the validity and reliability of the Czech version of BDI II. This was done on a representative sample of working population.

**Results** Results from 1027 participants were obtained. The sample was equally distributed among males and females. T-test showed that on average women suffered from higher depressive symptoms than males. Cronbach alpha showed high items consistency of 0,92 and confirmatory factor analysis found, as predicted, 3 factors: cognitive, somatic and affective.

**Conclusion** Cronbach alpha and factor analysis showed high internal consistency and reliability of Czech version of BDI II. Czech version of BDI II is thus not only a translation but can be considered a psychometric tool that is comparable with the original version. The results of this study are therefore comparable with other available results.

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

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## EV0415

**How does lifestyle affect depression?**J. Raboch<sup>1</sup>, R. Ptacek<sup>1,\*</sup>, M. Vnukova<sup>1</sup>, S. Tkacova<sup>2</sup><sup>1</sup> First Faculty of Medicine, Charles University, Department of Psychiatry, Prague, Czech Republic<sup>2</sup> University of New York in Prague, Psychology, Prague, Czech Republic

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**Objective** The aim of this study was to test the assumption that there seems to be association between depression and lifestyle choices. The hypothesis was that unhealthy lifestyle will have an association with increased score on BDI II.

**Methods** Czech version of BDI II was used and a questionnaire of lifestyle was distributed among Czech economically active population. Combination of interviews (for older population) and questionnaires (for younger population) was used. Stepwise multiple linear regression was applied to test whether and to what extent is lifestyle associated with depression.

**Results** In total data from 1027 participants was collected; 675 persons aged 25–50 years and 352 persons aged 51–65 years. The model explains 31% of variance of depression and the model is highly significant  $F(8,1018) = 57.66, P = 0.001$ . Lifestyle choices that were found to be associated with depression were sleeping habits, regular eating and drinking habits and generally conscious adherence to healthy lifestyle.

**Conclusion** Overall, an association was found between depression and certain lifestyle choices. Importantly it was also found conscious maintenance of healthy lifestyle is an important factor. This study thus confirmed the hypothesis that there is an association between depression and lifestyle. The most important factor of lifestyle in this study was shown to be regular sleeping pattern lasting at least 6 hours. Regular eating and maintaining drinking regime during the day were also found to be crucial.

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

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## EV0416

**Exploring perinatal depression symptom clusters as predictors of childbearing outcomes**K. Records<sup>1,\*</sup>, M.J. Rice<sup>2</sup>, Z.D. Apugan<sup>1</sup><sup>1</sup> University of Missouri St Louis, College of Nursing, St Louis, USA<sup>2</sup> University of Colorado Anschutz Medical Center, College of Nursing, Denver, USA

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**Introduction** Perinatal depression is related to poorer outcomes for women and their children. Measurement indices that categorize perinatal depression as present or absent are commonly used in clinical practice and research efforts. Categorization minimizes the health effects of potentially different symptom clusters and may confound understanding of health outcomes.

**Objectives** The objective of this investigation is to explore the symptom clusters resulting from administering two commonly used depression screening instruments during pregnancy and postpartum.

**Aims** (1) Identify the depressive symptom clusters for perinatal depression; (2) Test whether symptom clusters predict maternal and newborn outcomes, and if so, whether these differ from categorization analytics.

**Methods** A secondary analysis was conducted on data from a longitudinal study of 139 women. They participated from their 3rd trimester of pregnancy through 8 months after birth and completed surveys at five times using the center for epidemiologic studies Depressed Mood Scale (CES-D) and the Edinburgh Postna-