

ity of wide and safe use of agomelatine for treatment of depression in patients with CVD.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1508>

EV524

Premorbid temperament as a predictor for remission in depression

J. Miettunen^{1,*}, R. Marttila², N. Rautio², E. Roivainen³, S. Keinänen-Kiukaanniemi², L. Ala-Mursula², J. Auvinen², M. Timonen²

¹ Oulu, Finland

² University of Oulu, Center for Life Course Epidemiology and Systems Medicine, Oulu, Finland

³ Verve Rehabilitation, Oulu, Finland

* Corresponding author.

Introduction Personality traits have been associated with risk for depressive disorders. Studies with premorbid measures on personality are uncommon.

Objective Estimate effect of premorbid personality as a predictor for remission in depressive disorders.

Aim To study premorbid personality as a predictor for remission in depression in a population based sample.

Methods The sample is based on the large Northern Finland Birth Cohort 1966. Temperament traits were measured at age 31 years using the Temperament and Character Inventory. At the age of 46 years depressive symptoms were measured using the Beck Depression Inventory – II (BDI). The sample included those with self-reported life-time depression history at age 46 years but not yet at age 31 years ($n = 298$). Temperament at age 31 years was used to predict remission ($BDI \leq 13$) at age 46 years using logistic regression analysis, with gender and educational level as confounders. Cohen's d was used as effect size measure.

Results Two hundred and one (67.4%) of individuals with self-reported depression were on remission at the follow-up. Low harm avoidance (total scale, and subscales anticipatory worry, shyness, and fatigability), low impulsiveness and high exploratory excitability (subscales of novelty seeking), and low sentimentality (subscale of reward dependence) predicted significantly remission with effect sizes between 0.28 and 0.45, highest effect being in harm avoidance.

Conclusions Different temperament traits were able to predict remission status in depression. Effect sizes were between small and moderate. Temperament may associate with treatment response in depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1509>

EV525

The importance of art therapy in the integrative treatment of recurrent depressive disorder – case study

J. Pavlovic Stojkovic¹, M. Milosavljevic^{1,*}, M. Vukovic¹, L. Vidic¹, D. Lecic Tosevski^{1,2,3}

¹ Institute of Mental Health, Clinical Department for Crisis Situations and Affective Disorders, Belgrade, Serbia

² Serbian Academy of Sciences and Arts, Medicine, Belgrade, Serbia

³ University of Belgrade, Medical Faculty, Belgrade, Serbia

* Corresponding author.

An integrative treatment of patients with affective disorders during hospitalisation also includes art therapy. Art therapy, as a form of expressive therapy, uses the creative process to encourage communication, expression of feelings and offers the space for mutual

mirroring. This paper presents a patient who has been treated for approximately five years under the diagnosis of a recurrent depressive disorder (F33) and mixed personality disorder (F61). The patient has been experiencing unrecognised and untreated problems of the depression spectrum since 1993, when he took part in the Yugoslav war. The main issue was the somatic symptoms (headaches, nausea etc). Another major problem during his psychiatric treatment and an additional cause of unsatisfactory therapeutic effect was his inability to verbalise his feelings. In the course of art therapy, when the patient was given a topic “How I see myself in five years”, he drew a man who appeared to be sleeping and explained that he could not see himself in five years’ time, since he would not be alive at the time and that he could not see a way out of the current situation. With the help of a supportive group, for the first time since the beginning of his treatment, he spoke about his thoughts and feelings of hopelessness, sorrow, alienation and loneliness. This enabled new insight into the patient’s depression. This clinical example shows how art therapy and reaction of the group, which was supportive and highly associative, can turn the non-verbal into verbal and non-communication into communication.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1510>

EV526

Toward evidence-based medical statistics: Re-evaluate the efficacy of antidepressants by using Bayes factors

R. Monden^{1,*}, D.V. Stijn¹, W. Klaas¹, R. Annelieke¹, M. Richard², W. Eric-Jan³

¹ University Medical Center Groningen, Psychiatry, Groningen, Netherlands

² Cardiff University, School of Psychology, Cardiff, United Kingdom

³ University of Amsterdam, Psychology, Amsterdam, Netherlands

* Corresponding author.

Introduction Studies have been reported the similar efficacy of antidepressants (effect size around 0.3), and it is difficult for clinicians to select an antidepressant. This may partly due to the use of a $p < .05$ null-hypothesis significance testing (NHST) framework to evaluate “substantial evidence”. This framework only allows dichotomous conclusions and does not quantify the strength of evidence supporting efficacy. In addition, meta-analyses based on publications may offer positively biased results due to selective publications.

Objectives Demonstrate that the Bayesian framework can provide valuable information on the strength of the evidence for drug efficacy.

Aims Re-evaluate the efficacy of FDA-approved antidepressants applied to anxiety disorders and depression by means of Bayes factors.

Methods To avoid selective publication, data of double-blind placebo-controlled trials for FDA-approved antidepressants for the treatment of anxiety disorders and depression were extracted from the FDA. Bayes factors (BFs) were calculated and compared with the results obtained under NHST framework.

Results A large variance of evidence for the efficacy of antidepressants was found for both depression and anxiety disorders. Among trials providing “substantial evidence” according to the FDA for anxiety disorders, only 27 out of 59 dose groups obtained strong support for efficacy according to the typically used cut-off of $BF \geq 20$. For depression, all FDA-approved antidepressants had $BF \geq 20$, except for bupriopion. Moreover, it was shown that the tested antidepressants can be differentiated based on the strength of evidence and effect size.

Conclusions The BFs quantified the comparative evidence base for the efficacy of antidepressants.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1511>

EV527

Anxiety, depression, perceived social support and quality of life in Malaysian breast cancer patients: A 1-year prospective study

C.G. Ng^{1,*}, S. Mohamed², M.H. See³, F. Harun⁴, A.H. Sulaiman¹, N.Z. Zainal¹, N.A. Taib³

¹ University of Malaya, Department of Psychological Medicine, Kuala Lumpur, Malaysia

² Faculty of Medicine-Universiti Teknologi MARA, Department of Psychiatry, Kuala Lumpur, Malaysia

³ University Malaya Medical Centre, Department of Surgery, Kuala Lumpur, Malaysia

⁴ University of Malaya, Department of surgery, Kuala Lumpur, Malaysia

* Corresponding author.

Background Depression and anxiety were common psychiatric morbidity among breast cancer patient. This study aims to study the level of depression, anxiety, QoL and PSS among Malaysian breast cancer women over a period of 12 months and their associations at baseline, 6 and 12 months.

Methods It is a 12-months prospective cohort study. Two hundred and twenty one female patients were included into the study. They were assessed at the time of diagnosis, 6 months and 12 month using Hospital Anxiety and Depression Scale (HADS), Quality-of-Life Questionnaire (QLQ-C30), Version 3.0 and Multidimensional Scale of Perceived Social Support (MSPSS). Relevant socio-clinical characteristic information was collected.

Results The HADS anxiety and depression subscales scores of the subjects were relatively low. The level of anxiety reduced significantly at 6 and 12 months (baseline – 6 months, $P=0.002$; baseline – 12 months, $P<0.001$). There were no changes in the level of depression over the study period. The global status of QoL and MSPSS scores were relatively high. There was positively correlation between the global status of QoL and MSPSS for the study subjects (Spearman's $\rho=0.31-0.36$). Global status of QoL and MSPSS scores were negatively correlated with anxiety and depression.

Conclusion Malaysian breast cancer women had relatively better QoL with lower level of anxiety and depression. Perceived social support was important associated factor for better QoL with low level of psychological distress. It reflected the importance of enhancing and maintaining the social support system for breast cancer patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1512>

EV528

Impact of pain and remission in the functioning of patients with depression in China

D. Novick^{1,*}, Q. Shi², L. Yue², W. Montgomery³, M.V. Moneta⁴, S. Siddi^{4,5}, J.M. Haro⁴

¹ Eli Lilly and Company, Windlesham, Surrey, UK

² Lilly Suzhou Pharmaceutica Company, Ltd., Shanghai, China

³ Eli Lilly Australia Pty Ltd, West Ryde, Australia

⁴ Parc Sanitari Sant Joan de Déu, Fundació Sant Joan de Déu, CIBERSAM, Universitat de Barcelona, Barcelona, Spain

⁵ Section of Clinical Psychology, Department of Education, Psychology, Philosophy, University of Cagliari, Italy

* Corresponding author.

Introduction Major depressive disorder (MDD) is the second leading cause of disability in China.

Objective To analyze functioning during the course of treating MDD in China, Taiwan and Hong Kong.

Aims To study the influence of pain and clinical remission on functioning.

Methods This was a post-hoc analysis of a 6-month, prospective, observational study ($n=909$) with 422 patients enrolled from China ($n=205$; 48.6%), Taiwan ($n=199$; 47.2%) and Hong Kong ($n=18$; 4.2%). Functioning was measured with the Sheehan Disability Scale (SDS), pain with the Somatic Symptom Inventory, and severity of depression with the Quick Inventory of Depressive Symptomatology-Self Report 16 (QIDS). Patients were classified as having no pain, persistent pain (pain at any visit) or remitted pain (pain only at baseline). A mixed model with repeated measures was fitted to analyze the relationship between pain and functioning.

Results At baseline, 40% of the patients had painful physical symptoms. Patients with pain had a higher QIDS and lower SDS ($P<0.05$) at baseline. At 6 months, patients with persistent pain had lower functioning ($P<0.05$). The regression model confirmed that clinical remission was associated with higher functioning at endpoint and that patients with persistent pain had lower functioning at endpoint when compared with the no pain group.

Conclusions Patients presenting with pain symptoms had lower functioning at baseline. At 6 months, pain persistence was associated with significantly lower functioning as measured by the SDS. Clinical remission was associated with better functional outcomes. The course of pain was related to the likelihood of achieving remission.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1513>

EV529

Prevalence of involuntary hospitalization in patients with depressive disorders

Á. Palma Conesa^{1,2,*}, F.N. Dinamarca Cáceres^{1,2}, M. Grifell Guardia^{1,2}, L. Galindo Guarín^{1,2}, L. González Contreras¹, M.T. Campillo Sanz¹, V. Pérez Solà^{1,2}

¹ Institut de Neuropsiquiatria i Addiccions-Parc de Salut Mar – Barcelona – Spain, Psiquiatria, Barcelona, Spain

² Institut Hospital del Mar d'Investigacions Mèdiques-IMIM-Parc de Salut Mar-Barcelona-Spain, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Depression is a disabling disorder with a high socio-economic impact. It might require hospitalization for symptom control and/or harm prevention. Other depressive disorders might as well require hospitalization in benefit of the patient. Hospitalization may be involuntary. Hospitalization willfulness in depressive patients has not been systematically studied in recent years.

Objective The aim of this study is to explore the necessity of involuntary hospitalization in patients presenting depressive symptoms at the emergency service that were later diagnosed with a depressive disorder.

Materials and methods From all patients visited in the psychiatric emergency service from 2012 to April 2015 those that were hospitalized in the acute mental health unit and diagnosed with a depressive disorder were studied. All those monopolar depression diagnoses were considered, excluding those within the bipolar spectrum. Diagnosis followed CIE-9 criteria. A descriptive cross-sectional study of the samples was then conducted. Statistical analysis was performed using SPSS software (SPSS Inc., Chicago, Ill.).

Results From all 385 depressive disorders, 169 were involuntary admissions (43.9%), 196 were voluntary (50.9%) and 20 were sched-