

## EW0390

### Connection between coping strategies and quality of life in outpatient with depression – cross-sectional study

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**Background** The quality of life is a multidimensional phenomenon which represents all aspects of patient's well-being and various areas of the patient's life. Specific coping strategies may be connected with the quality of life and also with the severity of the disorder. The objective of this study was to explore the relationship between the coping strategies and quality of life in outpatients with depressive disorder.

**Methods** Eighty-two outpatients, who met ICD-10 criteria for depressive disorders, were enrolled in the cross-sectional study. Data on sociodemographic and clinical variables were recorded. Individuals with depression filled out the standardized measures: The Stress Coping Style Questionnaire (SVF-78), The Quality of Life Satisfaction and Enjoyment Questionnaire (Q-LES-Q), and The Clinical Global Impression (CGI).

**Results** The patients overuse negative coping strategies, especially, escape tendency and resignation. Using of positive coping is in average level (the strategy Positive self-instruction is little used). Coping strategies are significantly associated with quality of life. Higher using of positive coping has a positive association with QoL. The main factors related to QoL are the subjective severity of the disorder, employment and positive coping strategies according to regression analysis.

**Conclusions** This study revealed the connection between coping strategies and quality of life in patients with depressive disorders. Strengthening the use of positive coping strategies may have a positive effect on the quality of life, mental conditions and treatment of patients with depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.004>

## EW0391

### Features of formation and system of psychoprophylaxis of suicidal behavior in young patients with depression

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The work covers the study of the formation of suicidal behavior in young adults with depressive disorders and developing of pathogenetic based system of its prevention. There were clinical and psychopathological signs of depressive disorders in young patients analyzed. Anxiety, asthenia, asthenic-apathetic and melancholy variants of depressive disorders in young patients with suicidal behavior were highlighted. In this study, there were the markers of suicide risk for young patients with depressive disorders determined: high suicide risk, low death self-consciousness, high anhedonia level, clinical manifestations of anxiety and depression by the hospital anxiety and depression scale, severe anxiety and depression by the Hamilton anxiety rating scale, major depressive episode by the Montgomery-Asberg depression rating scale. It has been proved that in observed young patients with depressive disorders with suicide behavior increased concentrations of serotonin, cortisol, noradrenaline and decreased levels of adrenaline

and melatonin in plasma were observed. These changes were determined as neurohormonal background for depletion of adaptation resource in stress situations. There were approaches to differentiated prevention of suicidal behavior in depressive disorders in young people validated that include pharmacotherapy (selective SSRI, melatonin, serotonin and norepinephrine), psychotherapy and psychoeducation. Psychotherapeutic complex in patients with depressive episode must include personality-oriented psychotherapy, cognitive behavioral therapy, family therapy and autogenous training; in disorders of adaptation – rational psychotherapy, cognitive-behavioral analytic psychotherapy, family therapy, autogenic training. Psychoeducation should be carried out using information modules, training a positive self-image, improved compliance; formation of communication skills, problem solving, interpersonal interaction and problem-oriented discussions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.005>

## EW0392

### Case report: Three years of refractory atypical depression successfully treated with “old school” moclobemide (maoi-r)

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**Background** Atypical depression is linked to bipolarity and specific response to mono amino oxidase inhibitors (MAOI), treatments not commonly used due to their complex handling. We describe a successfully treated case.

**Methodology** Clinical description. Depression severity is assessed with Montgomery Asberg depression rating scale (MADRS).

**Clinical case** Female, 54-year-old. Major depression, since 2011, refractory to venlafaxine/aripiprazol and escitalopram 20 mg/day. Manic episode with psychotic symptoms after potentiation with duloxetine. Diagnose of schizoaffective disorder was made, treated with aripiprazol 10 mg/day, with established chronic depressive symptoms, despite addition of valproate and venlafaxine, and partial response to pramipexole up to 1 mg/day.

– Decision of cleaning up aripiprazol during 8 days and switch to moclobemide monotherapy was made due to atypical features. Baseline MADRS: 31. At week 2, there is change in mood, expression, psychomotor features and speech formal and content alterations. At week 4, activity increases, and biorythms normalize. At week 8 (with 600 mg/day increased dose), full response is obtained, including drive, and anxiety, with MADRS 12.

– After one year of treatment, she has kept stability with no manic or psychotic symptoms emergence. Reduction in dose are linked to depression relapses. She still struggles with psychosocial recovery. – Tolerance has been good in all moment, except for headache crisis, not linked to high blood pressure or diet.

**Conclusions** MAOI still has a role in affective disorders treatment, given its effectiveness, unique mechanism of action and good tolerability. Targeted psychopharmacological and phenomenology knowledge can be the key to a recovery.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.006>