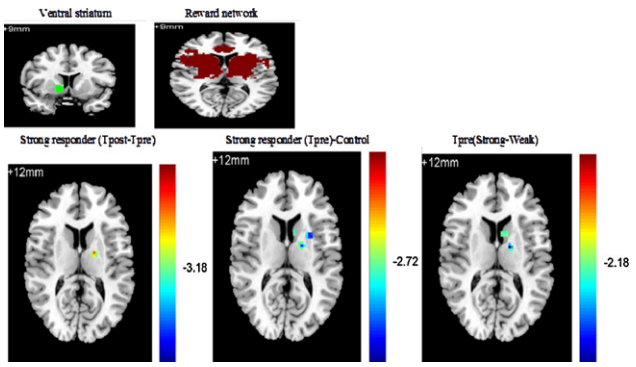

Fig. 1

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

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EW0112

Study on dimensional facets of personality as putative mediating factors for perinatal depression and anxiety in women who gave birth in Timis County

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Introduction Antepartum depression has garnered wide recognition from the scientific community in recent years. This has led to the replacement of the term postpartum with perinatal in the 5th edition of the DSM with regards to pregnancy associated depression. Personality may play a significant role in the susceptibility for developing perinatal depression.
Objectives The current research aimed to analyze the role of different facets of personality in mediating the occurrence of both, perinatal depression and perinatal anxiety, in women who gave birth in our region.
Methods A prospective survey was conducted at "Bega" Clinic Timisoara in 118 women being monitored during their antepartum period. Of these, 80 women attended to the second assessment between 6 to 8 weeks of their postpartum period. Postnatal depression was assessed by the Edinburgh Postnatal Depression Scale using a cut-off > 13. Personality was assessed by using the NEO-FFI Inventory that is five-factor model based.
Results The presence of antepartum depression was identified in 28 (23.7%) of pregnant women while postpartum depression was detected in 7 new mothers (8.8%). Among the NEO-FFI Inventory factors only Neuroticism had significant higher mean scores in both antepartum and postpartum depressive women ($P = 0.003$ and $P = 0.016$ respectively). There were also significant correlations between Neuroticism and antepartum and postpartum levels of both trait and state anxiety.
Conclusions In the psychological management and approach of delivering women Neuroticism should be taken into account as a possible mediating factor for both depression and anxiety during their perinatal period.

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EW0113

The subjective perception of time as a factor of the course of depressive disorders

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Introduction Personal peculiarities of the individual are the separate significant factor of formation and course of depression that has a predictive value.
Objectives Investigation of an emotionally significant attitude of patients to their past, present, future and also depending on the severity of depressive symptoms.
Methodology Forty patients with depressive episodes (F 32.0. F 32.1, F 32.2) and 35 persons without mental disorders were examined. An integrated approach was applied using the method of "Semantic time differential".
Results Correlation analysis showed that in mild depression patients experienced their present condition changed, it is associated with emotional assessment of the past ($r = -0.441$) and extrapolated their experiences for the future–feeling doubt about their implementation in the future, including its activity ($r = -0.484$) and size ($r = -0.523$). In an moderate degree of depression patients in the present acutely realized that they had depression and from the point of view of this condition perceived their past and future–feeling a structureness and size of the past ($r = 0.500$) and worrying about the emotional background, structureness and activity of the future ($r = -0.500$. $r = -0.756$ and $r = -0.500$. respectively). In severe depression patients did not associate their condition with the past, realized the presence of depression in the present, and did not expected to improve their emotional conditions in the future ($r = -0.432$).
Conclusions The data can be used to assess the dynamics of patient's conditions with depressive episodes as well as to develop an adequate psychotherapy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0114

Cognitive impairment in major depressive disorder and severe depressive episode with psychotic symptoms

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Introduction Cognitive impairment in patients with depressive disorder is a subject of intensive research.
Objectives This study deals with the cognitive impairment in patients with severe depressive episode with psychotic symptoms and patients with major depressive disorder during the acute state of illness.
Aims The aim was to define domains and the level of cognitive impairment in both groups of patients.

The next aim was to compare profiles of cognitive impairment in both groups of patients.
The last aim was to find out a relationship between cognitive performance and severity of depressive episode during the acute state of illness.
Methods We have used neuropsychological test battery (Auditory–Verbal Learning Test, Rey-Osterrieth Complex Figure Test, Logical Memory, Digit span test, Trail making test, Verbal Fluency Test, Block Design and Benton Visual Retention Test) for the evaluation of the cognitive functions in patients with severe depressive episode with psychotic symptoms ($n = 5$) and patients with major depressive disorder ($n = 8$).
Results We found cognitive impairment in all examined domains in both groups of patients.
More profound cognitive impairment was found in patients with severe depressive episode with psychotic symptoms, particularly in visual memory, visuo-constructive abilities, speed of cognitive processing and executive functions. We found no correlation between cognitive performance and severity of depressive episodes.
Conclusions Our findings suggest a strong correlation between psychotic symptoms in depression and cognitive performance.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0115

Maternal depressive symptom trajectories and psychosocial functioning in young adults: A 27-year longitudinal study

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Introduction Maternal depression is a well-known risk factor for child development. Longitudinal studies extending from pregnancy to adulthood, however, are rare.
Objectives The aim of the study was to investigate whether maternal high depressive symptom trajectories (chronic or intermittent depressive symptom patterns) from pregnancy to the adolescence of the children predict lower adaptive functioning or higher levels of emotional or behavioural symptoms in young adults.
Methods The sample comprised 329 first-time mothers from maternity centres in Tampere, Finland. Maternal depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale (EPDS) antenatally and at two months, six months, 4–5 years, 8–9 years and 16–17 years after delivery. A model including four symptom trajectories (very low, low-stable, high-stable and intermittent) was selected to describe the symptom patterns over time. Adaptive functioning and problems of the children ($n = 144$) were assessed by the Adult Self Report forms (Achenbach & Rescorla) at the age of 27 years.
Results High maternal depressive symptom trajectories did not predict self-reported lower adaptive functioning of the children in adulthood. However, children of mothers with chronic or intermittent depressive symptom patterns reported higher levels of internalising problems as well as symptoms of depression and anxiety in young adulthood than the children of mothers with very low or low stable symptom patterns.
Conclusions High maternal depressive symptom trajectories predict higher levels of emotional symptoms of children in young adulthood. The mechanisms of intergenerational transmission are important topics for further research.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0116

Quetiapine XR as add-on to antidepressants in treatment-resistant late-life major depression

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Objective To assess the efficacy and tolerability of quetiapine as add-on to antidepressant agents in treatment-resistant late-life major depression.
Methods A group of 15 patients, 8 male and 7 female, mean age 68.2, evaluated in our department for clinical symptoms that made possible a DSM 5 diagnosis of major depressive disorder, were initiated on quetiapine XR, flexible daily dose 50–300 mg QD. All patients were on treatment with an antidepressant–either a selective serotonin reuptake inhibitor (SSRI) ($n = 10$), or venlafaxine ($n = 5$)–for at least 6 weeks and presented no improvement during current treatment administered at therapeutic doses. Patients were assessed using Montgomery Asberg Depression Rating Scale (MADRS), Clinical Global Impression–Severity (CGI-S), Global Assessment of Functioning (GAF), and Columbia Suicide Severity Rating Scale (C-SSRS) every 4 weeks for 3 months.
Results After 12 weeks, patients had a mean improvement in MADRS score of $45.7 \pm 2.3\%$, with a final mean MADRS score of 13.5 ($P < 0.01$). No variations were registered depending on the specific SSRI or venlafaxine concomitant treatment. Quetiapine XR mean daily dose administered during the study was 125 mg. C-SSRS didn't registered significant variations in suicidal ideation or behavior throughout the trial. Overall GAF score increased with 22.1 points, and CGI-S decreased with a mean of 1.5 points at week 12 ($P < 0.01$). Tolerability of add-on quetiapine was very good, no serious adverse event being reported.
Conclusions Quetiapine was efficient and well tolerated in late-life resistant major depression, as add-on to SSRIs or venlafaxine, during the 12 weeks of the trial.
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EW0117

The clinical course of depression: Chronicity is the rule rather than the exception

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Introduction Major depressive disorder (MDD) is often considered an episodic disorder. However, literature might underestimate the chronicity of MDD since results depend on follow-up dura-