

EV0413

The effect of subjective well being method on depression in high school studentsM. Pourshahriari^{1,*}, Z. Abrishami²¹ Alzahra University, Psychology, Tehran, Iran² 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^{1,*}, J. Raboch¹, M. Vnukova¹, J. Hlinka², M. Cervenkova³¹ First Faculty of Medicine, Charles University, Department of Psychiatry, Prague, Czech Republic² Institute of Computer Science, The Czech Academy of Science, Prague, Czech Republic³ 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.

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EV0415

How does lifestyle affect depression?J. Raboch¹, R. Ptacek^{1,*}, M. Vnukova¹, S. Tkacova²¹ First Faculty of Medicine, Charles University, Department of Psychiatry, Prague, Czech Republic² 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.

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EV0416

Exploring perinatal depression symptom clusters as predictors of childbearing outcomesK. Records^{1,*}, M.J. Rice², Z.D. Apugan¹¹ University of Missouri St Louis, College of Nursing, St Louis, USA² 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-

tal Depression Survey (EPDS). Analysis procedures included cluster analysis and hierarchical regression.

Results Individual symptoms were reported by 2.9–31.7% of the sample. Separate clusters (CES-D = 4; EPDS = 2) were identified and, of these, two clusters were primary predictors of maternal and newborn outcomes. Results differed from that obtained with cut-score analytics.

Conclusions Examination of depression symptom clusters as related to health outcomes during childbearing has significance for clinical practice and research, particularly for women who would not score as depressed on established screening instruments.

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EV0417

Health-related quality of life of primary care patients with depressive disorders

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Background Depressive disorders are known to impair health-related quality of life (HRQoL) both in the short and long term. However, the determinants of long-term HRQoL outcomes in primary care patients with depressive disorders remain unclear.

Methods In a primary care cohort study of patients with depressive disorders, 82% of 137 patients were prospectively followed up for five years. Psychiatric disorders were diagnosed with SCID-I/P and SCID-II interviews; clinical, psychosocial and socio-economic factors were investigated by rating scales and questionnaires plus medical and psychiatric records. HRQoL was measured with the generic 15D instrument at baseline and five years, and compared with an age-standardized general population sample ($n = 3707$) at five years.

Results Depression affected the 15D total score and almost all dimensions at both time points. At the end of follow-up, HRQoL of patients in major depressive episode (MDE) was particularly low, and the association between severity of depression (Beck Depression Inventory, BDI) and HRQoL was very strong ($r = -0.804$). The most significant predictors for change in HRQoL were changes in BDI and Beck Anxiety Inventory (BAI) scores. The mean 15D score of depressive primary care patients at five years was much worse than in the age-standardized general population, reaching normal range only among patients who were in clinical remission and had virtually no symptoms.

Conclusions Among depressive primary care patients, presence of current depressive symptoms markedly reduces HRQoL, with symptoms of concurrent anxiety also having a marked impact. For HRQoL to normalize, current depressive and anxiety symptoms must be virtually absent.

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EV0418

Antidepressant withdrawal mania: Two case reports

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Introduction Although rarely reported, antidepressant discontinuation may induce hypomania or mania even in the absence of bipolar disorder [1,2].

Objectives We report two cases of antidepressant withdrawal induced mania.

Methods Clinical process consultation and PubMed search were performed in November 2016 using the search keywords antidepressant, mania and discontinuation.

Results Case report 1: a dysthymic 60 years old woman with 20 years of psychiatric following had been treated with venlafaxine 150 mg/daily the past year. She abruptly stopped taking this drug, developing heightened mood, irritability and racing thoughts five days later. She was admitted at our hospital, initiating then valproate and antipsychotics. Two weeks later, the hypomania clinical state remitted completely.

Case report 2: a 64 years old woman, with a 12-year-old diagnosis of unipolar depression was brought to our emergency service with complaints of disorganized behavior, paranoid delusional ideas, excessive speech, irritable mood and reduced need for sleep, 1 week after abrupt trazodone 150 mg/daily discontinuation. Valproic acid 1000 mg/daily and olanzapine 20 mg/daily were introduced, with gradual improvement of symptoms. Two weeks later she was completely asymptomatic.

Conclusion Psychiatrists should be aware of the risk of antidepressant withdrawal induced mania. More studies should be conducted about this subject, aiming for the clarification of risk factors and the establishment of clinical criteria for this phenomenon.

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

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EV0419

Vortioxetine versus citalopram in treating major depressive disorder (MDD)

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Introduction Citalopram is a widely used antidepressant (AD), indicated for the treatment of Major Depressive Disorder (MDD), with a high and Selective Serotonin Reuptake Inhibitory action (SSRI), good efficacy and safety profile. Vortioxetine is a novel multimodal antidepressant compound, with a mixed action on Serotonin (both 5-HT agonism and antagonism). Its clinical efficacy has been established in several short and long term trials; furthermore it proved effective at mitigating cognitive dysfunction, which is addressed to as one of the main causes of social impairment in MDD patients.

Objectives To evaluate the relative efficacy and safety of Vortioxetine versus Citalopram, in patients suffering from MDD.

Aims To assess whether Vortioxetine effectiveness and tolerability are comparable to those observed for previous antidepressants.

Methods The main outcomes were efficacy (variance from baseline to 1 month) in the Montgomery-Åsberg Depression Rating Scale (MADRS) and Hamilton Rating Scale for Depression (HAM-D) and tolerability (adverse events). Changes in cognitive performance were assessed using the following specific tools: Digit symbol substitution test (DSST), Trail Making Test A (TMT-A) and Hopkins Verbal Learning Test-Revised (HVLTR).