

**Methods** A prospective and multisite clinical cohort study of young people aged 15–25 years seeking help from a primary mental health service ( $n=448$ ). Participants completed a clinical interview (incl. QIDS-C16) and self-report battery (incl. WHODAS 2.0, employment, education) at baseline which was repeated at 12-month follow-up whilst continuing treatment as usual.

**Results** Remitted depression was significantly associated with improved functioning; however, 12 month functioning was still lower than the normative ranges for age-matched peers. Remittance of depression did not change the likelihood of being NEET. Only 10% of those who were NEET had received vocational support during the study.

**Conclusion** Remittance of depression was associated with improved functioning but it did not reduce the likelihood of being NEET. This may be explained by economic influences or alternatively, a time lag may exist where improvements in functioning do not immediately correspond with reduced NEET rates. Lastly, there may be a scarring effect of depression such that change in NEET status requires an additional intervention to depression treatment.

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#### EW259

### Association of family stress with other psychosocial factors in female population 25–64 years in Russia: WHO program MONICA-psychosocial

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**Aim** To explore association of family stress with other psychosocial factors in female population aged of 25–64 years in Russia.

**Methods** Under the third screening of the WHO “MONICA-psychosocial” program random representative sample of women aged 25–64 years ( $n=870$ ) were surveyed in Novosibirsk. Questionnaire “Awareness and attitude towards the health” was used to estimate levels of family stress. Chi-square ( $\chi^2$ ) was used for assessment of statistical significance.

**Results** The prevalence of high family stress level in women aged 25–64 years was 20.9%.

High family stress was higher in age groups 25–34 years and 45–54 years: 27.6% and 30.5%, respectively. Among women with family stress, 58.7% had high level of trait’s anxiety. Women with stress at family had high rate of major depression (11%). There were tendencies of higher prevalence of hostility and vital exhaustion in those with stress (41.1% and 27.4%, respectively). Among those in female population with stress at family, 60.6% had sleep disturbances. Social support like close contacts and social network tended to be lower in women with family stress: 59.1% and 80.3%, respectively. Rates of serious conflicts in family were more often in younger age groups and reached 48.6%. In women aged 25–34 years, 54.9% have no possibilities to have a rest at home after usual working day ( $P<0.001$ ).

**Conclusions** The prevalence of high stress in family in female population aged 25–64 years is more than 20% in Russia. High family stress closely associated with anxiety, major depression, high hostility and vital exhaustion, poor sleep and low social support.

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

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#### EW260

### Prenatal depression in women hospitalized for threatened preterm labour: A prospective study in Greece

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**Introduction** Pregnancy complications may require admission in a high-risk pregnancy unit (HRPU). A complicated pregnancy and hospital admission might negatively affect the pregnant woman’s mental health.

**Objectives** To screen for depressive symptoms in pregnant women admitted in a high-risk pregnancy unit due to threatened preterm labour and also to investigate for associated risk factors.

**Aims** Early identification of prenatal depression will decrease the risk of pregnancy complications and postnatal depression.

**Methods** A prospective study enrolled pregnant women admitted at <sup>3</sup>24 gestational weeks due to threatened preterm labour in a university hospital HRPU, between 9/2014 and 11/2015. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess depressive symptoms and a cut-off score <sup>3</sup>13 was considered as indicative of depression. Test results were then correlated with the indication for admission, demographic and socio-economic parameters.

**Results** Overall, 80 of the women admitted in the HRPU were eligible for the study and agreed to complete the questionnaire. The mean age was  $29.4 \pm 6.23$  years and the mean gestational week at the admission was  $31.6 \pm 3.33$  weeks. The prevalence of prenatal depression (score <sup>3</sup>13) was 25% (20/80). In the multivariable model, depression was significantly correlated with the existence of thoughts for pregnancy termination [ $P=.03$  OR=4.560 95% CI: (1.162–17.892)].

**Conclusions** One quarter of pregnant women admitted in the HRPU with the indication of threatened preterm labour may suffer from clinically significant depression. An unwanted pregnancy was found to be independently associated with prenatal depression whereas no association was found with any obstetric parameters.

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

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#### EW261

### Descriptive epidemiology of depressive and anxiety disorders, cognitive impairment and dementia in a sample of elderly patients in the geriatric unity of a general hospital

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**Introduction** Studies have demonstrated the high prevalence of depressive disorders amongst elderly people and their underestimation and mistreatment.

**Objective** The aim of this study is to describe epidemiological issues in a sample of elderly hospitalized patients, giving special attention on the prevalence of depressive and anxiety disorders and the detection of potential risk factors.