

non-child bearing age. Despite high prevalence of prenatal and postnatal depression in Pakistan, research on the effectiveness of psychological interventions is limited.

**Aims** This study aimed to assess the feasibility of group interpersonal psychotherapy (IPT) intervention for maternal depression in Karachi, Pakistan.

**Methods** A total of 50 mothers aged 18 years and above with children below 3 years of age, and experiencing mild to moderate depression were recruited. Assessments were done using Edinburgh Postnatal Depression Scale (EPDS) Rosenberg's Self-Esteem Scale and EuroQol-5D at baseline, 3 months, and 6 months. Rosenberg's Self-Esteem Scale and EQ-5D were also used to measure self-esteem and health related quality of life. Participants were randomly assigned into IPT plus treatment as usual (TAU) and TAU groups. Ten sessions of group IPT were delivered to intervention group.

**Results** Results indicated significant difference between intervention and control group on EPDS. The mean score at baseline for the IPT group (mean = 14.76) reduced to (mean = 6.40) ( $P < 0.000$ ) at 3-month and to (mean = 6.64) ( $P < 0.001$ ) at 6-month intervals as compared to TAU (mean = 11.44) ( $P < 0.000$ ) at 3-month and to (mean = 11.08) at 6-month ( $P < 0.001$ ) after randomisation.

**Conclusion** IPT is a successful fit for women with maternal depression in low-income areas and IPT can be the appropriate treatment option as it is time limited, specific, and evidence based.

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

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#### EV511

### Change your life with seven sheets of paper: A pilot randomized controlled trial for postnatal depression (CREATOR)

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**Introduction** Prevalence of Common Mental Disorders (CMD) is high in low and middle-income countries. The prevalence rate of postnatal depression in Pakistani women and its effect on the growth and development of young children and child mortality is very high. Despite availability of interventions to improve maternal health, the major issue in implementation of those interventions is because of limited availability of trained health professionals.

**Aims** The aim of this study is to deliver CBT based intervention called "change your life with 7 sheets of paper" to women with mild to moderate PND through trained Traditional Birth Attendants (TBAs).

**Methods** During first stage of this rather blind feasibility randomized control trial 5 TBAs were trained to deliver CBT. Total 36 participants with PND having child between the ages 0–12 months will be recruited from community. Participants will be assessed using Edinburgh Postnatal Depression Scale, Patient Health Questionnaire (PHQ-9) and World Health Organization Quality of Life scale at baseline and then at 3 months. Eight group sessions of CBT will be delivered by trained TBAs.

**Results** Outcome assessments will be done after completion of intervention of intervention i.e., 3 months after baseline. Preliminary findings will be presented in the conference.

**Conclusion** Findings from this trial will help us to understand how the involvement of TBAs can help in overcoming the challenge of non-availability of trained health professionals and in attain-

ment of millennium development goals of reducing mother and child mortality.

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

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#### EV513

### Does the supplementation of vitamin D affect depressive symptoms?

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**Introduction** Depression has been linked to decreased levels of vitamin D in adults and the altered dietary intake of calcium and vitamin D has been reported to have implications for the development of depressive symptoms. Although, the relation between vitamin D and depression has been established, it is not yet clear whether the supplementation of vitamin D could affect the clinical manifestation of depression. Therefore, the aim of this study was to determine whether the supplementation of vitamin D could affect the development/course of depression.

**Material and methods** A systematic literature search was performed for randomized control trials (RCTs) in which vitamin D was supplemented and depression was measured.

**Results and discussion** Six studies were identified as being eligible to be included in this review. The results regarding the supplementation of vitamin D and its effect on the course and manifestation of depression were conflicting. One study concluded that the supplementation of vitamin D3 had beneficial effect in depression and another study reported no improvement in the indices of mental well-being in the vitamin D supplemented group and rejected the hypothesis that an annual high dose of vitamin D3 could prevent depressive symptoms. The remainder four studies reported inconclusive results regarding vitamin D supplementation and the course of depression.

**Conclusion** As current literature displayed contradictory results and no sound conclusion could be drawn regarding the supplementation of vitamin D and its effect on depression, there is a need of RCTs to determine whether the supplementation of vitamin D levels could affect depression.

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

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#### EV514

### The meaning of loss in the context of elderly homes

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**Introduction** Family plays a pivotal function in life of all human being and their significance even increases with the age. However, living in an elderly home may result in a multitude of losses which must be addressed by individual through the process of grief.

**Aim** The purpose of this study was to explore situations of loss and grief among institutionalized elders.

**Methods** It is a qualitative, descriptive and exploratory research. Data was collected from two Portuguese elderly homes in the municipality of Viseu, Portugal. A purposeful sample of 7 elders was recruited, and audiotaped face-to-face semi-structured interviews were conducted.

**Results** Three dimensions of emotional loss were created: loss by death, loss by separation and other losses. Loss by separation was further divided into three subcategories: marriage separation, family separation and separation of peers living in the elderly home.

The death of a loved one reminds the elderly individual of his/her own mortality, complicating the process of mourning. Separation, however is much more difficult to overcome because there is a loss among the living, with the possibility to lose the meaning of life with the other one.

**Conclusions** Understanding loss and grief among elderly people is fundamental for nursing care, in order to help them with the process of coping and to prevent institutionalization to become an unpleasant experience. This will also offer health care facilities suggested ways to reduce or combat loneliness and depression among the elderly people.

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

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## EV515

### Prevalence and risk factors of peripartum depressive symptoms among South Korean women – Preliminary data of a large prospective study

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**Objective** The aim of this study was to assess period prevalence and risk factors of peripartum depression in South Korean women.

**Methods** Two thousand four hundred and forty-nine women in their first trimester of pregnancy were recruited, 1355 women were followed to the end of the study (1 month after delivery), 423 women are before the 1 month after delivery, 671 were dropped out. There were four time points of assessment – 12, 24, 36 weeks of gestation and 1 month after delivery. Depressive symptoms were assessed using the validated Korean version of the Edinburgh Postnatal Depression Scale. Risk factors were assessed across the demographic features, past histories, obstetric histories, and psychological status.

**Results** The prevalence of peripartum depressive symptoms (above 10 points of K-EPDS) was found to be 18.8% at 1st trimester, 12.9% at 2nd trimester, 12.6% at 3rd trimester, and 15.7% at 1 month after delivery. Identified risk factors of depression at 1st trimester were unmarried status, employed status, low family income, familial history and past history of depression, multigravida, unplanned pregnancy, hyperemesis, and threatened abortion. In psychological aspects, higher distress, lower marriage satisfaction, and lower quality of life increased the risk of depression. The analyses to identify risk factors of postpartum depression will be performed after the deliveries of recruited mothers are complete.

**Conclusion** A substantial proportion of mothers suffered from peripartum depression from their early pregnancy in Seoul, Korea. Intervention based on identified risk factors would be recommended to help depressive pregnant mothers.

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

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## EV516

### Mindfulness, self-compassion and spiritual well-being in chronic depression

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**Introduction** Depression is one of the main causes of incapacity worldwide. Research has shown that mindfulness practice, self-compassion promotion, and spiritual well-being are beneficial for depressed individuals.

**Objective** Analyze the associations between compassion, mindfulness, and spiritual well-being, during and after a therapeutic intervention (concluded less than a year ago).

**Aims** To determine if mindfulness, self-compassion, and spiritual well-being are predictors of depression.

**Method** Patients diagnosed with chronic depression were treated in a residential therapeutic community for a period of six to eight months. The 63 participants (M = 32.84, SD = 10.24, range = 15–50 years old; 32 during treatment; 31 after treatment) were assessed with the Beck Depression Inventory, the Questionnaire of the Five Facets of Mindfulness, the Self-Compassion Scale, and the Spiritual Well-Being Questionnaire.

**Results** There were differences in mindfulness, self-compassion, spiritual well-being and depression by sex, existence of previous psychiatric treatment, moment of the study (during versus after intervention), and depression levels. After intervention the group had higher levels of mindfulness and self-compassion (common humanity) and lower levels of over-identification, compared with group during treatment. The predictors of depression were the self-judgment dimension of the self-compassion scale and, negatively, the mindfulness dimensions of non-reactivity and non-judging, and the spiritual well-being dimension of personal well-being.

**Conclusion** Results confirm the relationship between the study variables and depression. This reinforces the importance of intervention based on positive psychology enhancing positive areas of human experience, rather than focusing on psychological pain, weaknesses, and disabilities.

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

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## EV517

### Characteristic distributions of CBF changes in remitted geriatric depression

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**Background** The cerebral blood flow (CBF) is an absolute measure that superior to the relative measure of neural activity, blood oxygenation-level-dependent (BOLD). The previous studies have reported CBF abnormalities in the adult depressive patients. However, it is not clear whether the abnormal CBF could be improved in the remitted geriatric depression (RGD).

**Methods** We enrolled 82 RGD patients and 90 age and education matched healthy controls. All the subjects underwent 3-T MRI with pseudo arterial spin labeling (pASL), and the pASL data were analysis voxel-by-voxel with control the gray matter volume.

**Results** Compared with the healthy controls, the RGD patients demonstrated higher relative CBF value in left inferior temporal gyrus and left precuneus; while lower relative CBF value in right medial temporal and occipital cortex, right insula operculum (including parts of frontal, temporal and parietal cortex) and insula, right medial frontal cortex. When compared with the remitted early onset depression (EOD), the remitted late onset depression (LOD) showed lowed relative CBF value in right angular gyrus. While there was no significantly different relative CBF value between the RGD patients accompany with MCI and RGD patients with cognitive normal.