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#### EV527

### Anxiety, depression, perceived social support and quality of life in Malaysian breast cancer patients: A 1-year prospective study

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**Background** Depression and anxiety were common psychiatric morbidity among breast cancer patient. This study aims to study the level of depression, anxiety, QoL and PSS among Malaysian breast cancer women over a period of 12 months and their associations at baseline, 6 and 12 months.

**Methods** It is a 12-months prospective cohort study. Two hundred and twenty one female patients were included into the study. They were assessed at the time of diagnosis, 6 months and 12 month using Hospital Anxiety and Depression Scale (HADS), Quality-of-Life Questionnaire (QLQ-C30), Version 3.0 and Multidimensional Scale of Perceived Social Support (MSPSS). Relevant socio-clinical characteristic information was collected.

**Results** The HADS anxiety and depression subscales scores of the subjects were relatively low. The level of anxiety reduced significantly at 6 and 12 months (baseline – 6 months,  $P=0.002$ ; baseline – 12 months,  $P<0.001$ ). There were no changes in the level of depression over the study period. The global status of QoL and MSPSS scores were relatively high. There was positively correlation between the global status of QoL and MSPSS for the study subjects (Spearman's  $\rho=0.31-0.36$ ). Global status of QoL and MSPSS scores were negatively correlated with anxiety and depression.

**Conclusion** Malaysian breast cancer women had relatively better QoL with lower level of anxiety and depression. Perceived social support was important associated factor for better QoL with low level of psychological distress. It reflected the importance of enhancing and maintaining the social support system for breast cancer patients.

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#### EV528

### Impact of pain and remission in the functioning of patients with depression in China

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**Introduction** Major depressive disorder (MDD) is the second leading cause of disability in China.

**Objective** To analyze functioning during the course of treating MDD in China, Taiwan and Hong Kong.

**Aims** To study the influence of pain and clinical remission on functioning.

**Methods** This was a post-hoc analysis of a 6-month, prospective, observational study ( $n=909$ ) with 422 patients enrolled from China ( $n=205$ ; 48.6%), Taiwan ( $n=199$ ; 47.2%) and Hong Kong ( $n=18$ ; 4.2%). Functioning was measured with the Sheehan Disability Scale (SDS), pain with the Somatic Symptom Inventory, and severity of depression with the Quick Inventory of Depressive Symptomatology-Self Report 16 (QIDS). Patients were classified as having no pain, persistent pain (pain at any visit) or remitted pain (pain only at baseline). A mixed model with repeated measures was fitted to analyze the relationship between pain and functioning.

**Results** At baseline, 40% of the patients had painful physical symptoms. Patients with pain had a higher QIDS and lower SDS ( $P<0.05$ ) at baseline. At 6 months, patients with persistent pain had lower functioning ( $P<0.05$ ). The regression model confirmed that clinical remission was associated with higher functioning at endpoint and that patients with persistent pain had lower functioning at endpoint when compared with the no pain group.

**Conclusions** Patients presenting with pain symptoms had lower functioning at baseline. At 6 months, pain persistence was associated with significantly lower functioning as measured by the SDS. Clinical remission was associated with better functional outcomes. The course of pain was related to the likelihood of achieving remission.

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#### EV529

### Prevalence of involuntary hospitalization in patients with depressive disorders

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**Introduction** Depression is a disabling disorder with a high socioeconomic impact. It might require hospitalization for symptom control and/or harm prevention. Other depressive disorders might as well require hospitalization in benefit of the patient. Hospitalization may be involuntary. Hospitalization willfulness in depressive patients has not been systematically studied in recent years.

**Objective** The aim of this study is to explore the necessity of involuntary hospitalization in patients presenting depressive symptoms at the emergency service that were later diagnosed with a depressive disorder.

**Materials and methods** From all patients visited in the psychiatric emergency service from 2012 to April 2015 those that were hospitalized in the acute mental health unit and diagnosed with a depressive disorder were studied. All those monopolar depression diagnoses were considered, excluding those within the bipolar spectrum. Diagnosis followed CIE-9 criteria. A descriptive cross-sectional study of the samples was then conducted. Statistical analysis was performed using SPSS software (SPSS Inc., Chicago, Ill.).

**Results** From all 385 depressive disorders, 169 were involuntary admissions (43.9%), 196 were voluntary (50.9%) and 20 were sched-

uled (5.2%), difference was statistically significant ( $P < 0.05$ ). Mean age, was 59.52 years for involuntary admissions, 61.7 for voluntary and 63.6 years for scheduled, with a statistically significant difference ( $P < 0.05$ ). Gender differences were not significant.

**Conclusions** Most depressive disorders were hospitalized voluntarily. However, a relevant percentage of patients required involuntary hospitalization. Younger patients presented a higher ratio of involuntary hospitalization. Reasons for involuntary hospitalization needs should be further studied.

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## EV531

### Depression in pregnancy associated with lower consumption of salads

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**Introduction** A considerable amount of studies support the association of depression with nutritional factors, especially fruit and vegetables. Little evidence exists concerning mood and nutritional habits of pregnant women in Greece.

**Objective** Our specific objective was to examine potential relationships between fruit and vegetable consumption and depression in pregnant women.

**Aims** The overall aim of this study was to investigate the nutritional habits and the depression level of healthy pregnant women in Greece.

**Method** Eighty-eight healthy pregnant women, aged 25–44 years (mean ± standard deviation: 32.41 ± 3.9), were studied with the aid of a questionnaire addressing eating habits and the Beck Depression Inventory (BDI).

**Results** Twenty-four women were found having mild to moderate depression (score 20–24, according to BDI) associated with lower consumption of salads ( $P < 0.05$ ). No association was found between depression and consumption of fruit or fruit juices, or prescribed supplements (Ca, Fe, Mg, folic acid).

**Conclusion** Interestingly, in our sample an association of depression in pregnancy was found with the consumption of salads but not fruit or fruit juices. The presence of vitamin B in vegetables is one of the factors differentiating them from fruit. So it might be a crucial element for further research.

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## EV532

### Mindfulness, self-compassion and depressive symptoms in pregnant women

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**Introduction** Depressive symptoms in pregnancy are risk factors for postpartum depression and associated to adverse child outcomes (Glover, 2014). Depressive symptoms decreases after participation in mindfulness and self-compassion based interventions for pregnant women (e.g. Goodman et al., 2014). However, apart from intervention trials, there are not studies on the relationship between mindfulness, self-compassion and depressive symptoms in pregnancy (Zoeterman, 2014).

**Objective** To explore the association between mindfulness, self-compassion and depressive symptoms in pregnant women.

**Methods** Four hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy completed a set of self-report questionnaires validated for pregnancy: Facets of Mindfulness Questionnaire-10 (FMQ-10; Azevedo et al., 2015; to evaluate Nonjudging of experience/NJ, acting with awareness (AA) and observing and describing (OD), Self-Compassion Scale (SCS); Bento et al., 2015; to evaluate self-kindness, self-judgment, common humanity [CH], isolation, mindfulness and over-identification [OD]) and Postpartum Depression Screening Scale-24 (PDSS-24; Pereira et al., 2013). Only variables significantly correlated with the outcomes were entered in the multiple regression models.

**Results** FMQ-10 and SCS Total scores were both significant predictors of PDSS-24 ( $B = -0.294, -0.272$ ). Derealization and failure predictors were NJ and Isolation ( $B = -0.234, 0.384$ ); Suicidal ideation predictor was NJ, OD and isolation ( $B = -0.152, -0.115, 0.334$ ); concentration difficulties and anxiety predictors were isolation and CH ( $B = 0.296, -0.201$ ); Sleep difficulties predictors were AA and isolation ( $B = -0.199, 0.248$ ) (all  $P < 0.05$ ).

**Conclusions** Mindfulness and self-compassion dimensions, particularly nonjudging of experience, acting with awareness, observing and describing are protective correlates of antenatal depressive symptoms. Isolation is a correlate of PD in pregnancy.

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## EV533

### Somatic symptoms as measured by SSI-26 (Somatic Symptom Inventory) correlate with social and physical functioning (SF36) in depressed patients. The relative contribution of anhedonia

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According to the DSM5, Somatic Symptom Disorder (SSD) is characterized by somatic symptoms that are either very distressing or result in significant disruption of functioning. These criteria are significantly different compared with previous editions of DSM. For example, the DSM-IV diagnosis of somatization disorder required a specific number of complaints from among four symptom groups, however the SSD criteria no longer have such a requirement. Nevertheless somatic symptoms must be significantly distressing or disruptive to daily life. Very few studies have focussed on the influence of suffering anhedonia on the perception of somatic symptoms and how this impact on Health