

EW0396

Confirmatory factor analysis of the postpartum depression screening scale-21 in a sample of Portuguese women

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Introduction The postpartum depression screening scale (PDSS; Beck & Gable, 2002) is a widely used measure to assess women's depressive symptoms after their children's birth. Pereira et al. adapted, validated and developed a short-version of PDSS for Portuguese women (PDSS-21).

Objective To examine the factor structure of the PDSS-21, using confirmatory factor analysis (CFA) in a sample of Portuguese women in the postpartum period.

Methods The sample was composed of 208 women (mean age = 32.72; SD = 4.49) who completed the PDSS-21 approximately at the 6th week postpartum. CFA was used to test the model suggested by prior exploratory factor analyses of PDSS-21. AMOS software was used.

Results After two items were deleted and some errors were correlated, CFA indicated a good fit for the second-order factor ($\chi^2/df = 1.793$; CFI = 0.957; GFI = 0.889, rmsea = 0.062; P [rmsea \leq 0.05] < 0.056). The 19-item PDSS showed excellent internal consistency ($\alpha = 0.92$) and the four dimensions presented Cronbach's alphas ranging between good ($\alpha = 0.83$) and excellent ($\alpha = 0.93$).

Conclusions These findings suggest that the 19-item PDSS obtained through CFA is a reliable and valid measure to assess depressive symptoms among women in the postpartum period.

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EW0397

The paradoxical effect of two different emotion regulation processes in the association between shame and depression

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Experiential avoidance, considered a main process of psychological inflexibility, has been defined as the unwillingness to be in contact with particular unwanted inner experiences and the effort to control or avoid its form, frequency and the context in which they occur. On the other hand, decentering, conceptualized as the ability to deal with feelings, thoughts and emotions as subjective and ephemeral events, which occur in the mind, is considered an important protective process against psychopathology. The present study aimed to explore the moderator effect of two different emotional regulation processes, decentering and experiential avoidance, on the association between external shame and depression. The sample comprised 421 participants (131 males and 290 females), aged between 18 and 34-year-old. Results from two independent path analysis revealed that decentering abilities and experiential avoidance showed a significant moderator effect on the association between external shame and symptoms of depression. In fact, these findings allow to verify that decentering abilities were negatively linked to symptoms of depression. Through a path analysis,

the buffer effect of decentering was confirmed. On the contrary, performed tests demonstrated that experiential avoidance exacerbates shame's impact on the severity of depressive symptoms. Taken together, these findings emphasize the importance of targeting maladaptive emotion regulation processes (such as experiential avoidance), and developing adaptive strategies (e.g., decentering abilities), as strategies to diminish depressive symptomatology in prevention and intervention programs.

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EW0398

Shame and depression: The roles of self-reassurance and social safeness

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Self-reassurance and social safeness are both positive factors linked with a lighter experience of shame and depression symptoms. Self-reassurance is defined as an adaptive emotion regulation process, and social safeness as an emotion experience related to feelings of being safe around others, accepted by others, and connected to one's social world. Nevertheless, data about how self-reassurance and social safeness and pleasure operate in the association between external shame and depression is still scarce. A path model which hypothesised that self-reassurance and social safeness and pleasure may act as mediators on the association between shame and depressive symptomatology was tested. This study's sample consisted of adult men ($n = 54$) and women ($n = 125$), from the Portuguese general population. Results indicated that self-reassurance and social safeness act as mediators in the relationship between shame and depression symptoms. Specifically, a higher report of shame seems to explain higher levels of depressive symptomatology, via lower tendency for self-reassurance and poorer experience of social safeness. The tested model explained 45% of the variance of depressive symptomatology and was revealed to be invariant between men and women. This study's results underline the profound impact of the experience of comfort within secure and warm social relationships, but mostly the importance of self-soothing and self-compassion abilities which associate with greater social functioning. Moreover, in practical terms, these findings reinforce the pertinence of cultivating self-compassion, which has proven to be particularly relevant when intervening with high levels of shame, and in the prevention of depression.

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EW0399

Cognitive function before and after electroconvulsive therapy in patients with major depression

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Background Despite its high effectiveness, electroconvulsive therapy (ECT) is not a widely used method to treat depression. One of the reasons for this could be the fear of cognitive side effects. The aim of this study was to investigate effects of ECT on cognitive function.



Methods We conducted a prospective study with a sample size of 23 patients (10 male), who met the criteria of treatment-resistant depression according to ICD-10 and gave their informed consent for ECT treatment. Before and after ECT, the following investigations have been performed: Beck depression inventory (BDI), Montgomery-Asberg depression rating scale (MADRS), Mehrfachwahl-Wortschatz-Intelligenztest (MWT-B), trail making test (TMT) A and B, stroop-test, mini mental state examination (MMSE) and the German version of the California verbal learning test (MGT).

Results After ECT treatment, we found highly significant changes of depression-scales BDI ($P=0.028$) and MADRS ($P=0.001$). IQ as measured by the MWT-B ($P=0.851$), executive functions as measured by trail making test A ($P=0.568$) and B ($P=0.372$) and stroop-test, memory functions as measured by the MGT ($P=0.565$) (Figure 1) and MMSE ($P=0.678$) did not differ significantly after ECT treatment.

Conclusion There were no significant differences in cognitive function before and after ECT treatment. To confirm these findings, it would be necessary to perform larger studies.

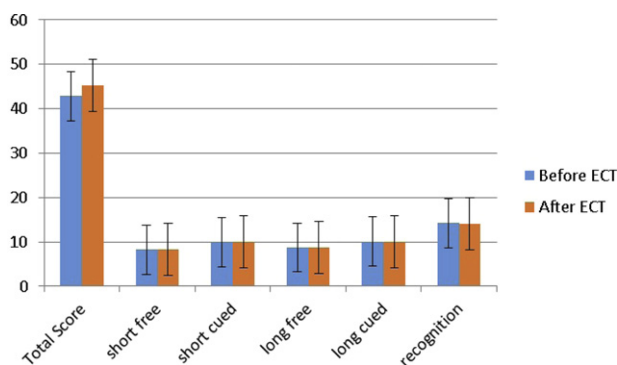


Figure 1

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EW0400

Vascular disease and trajectories of late-life major depressive disorder in secondary psychiatric care

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Objectives To examine 5 years trajectories of secondary-treated late-life major depressive disorder (MDD), and evaluate whether pre-existing cerebrovascular disease and related risk factors are associated with more severe trajectories of late-life MDD.

Methods Data were obtained from Danish registers. The sample included 11,184 adults ≥ 60 at index MDD diagnosis. Trajectories of in or outpatient contact at psychiatric hospitals for MDD over the 5 years period following index MDD diagnosis were modeled using latent class growth analysis. Risk factors included cerebrovascular disease, cardiovascular disease, hypertension, diabetes, and vascular dementia defined based on hospital diagnoses and prescription medications, demographic characteristics and characteristics of the index MDD diagnosis.

Results The final model included classes with consistently low (66%), high decreasing (19%), consistently high (9%) and moderate

fluctuating (6%) probabilities of contact at a psychiatric hospital for MDD during the 5 year period following the index MDD diagnosis (Fig. 1). Older age, greater severity, inpatient treatment and > 12 antidepressant prescriptions within 5 years of the index MDD diagnosis predicted membership in more severe trajectory classes. Cerebrovascular disease and related risk factors were not associated with trajectory class membership.

Conclusions A substantial proportion (34%) of individuals diagnosed with MDD in late-life require specialized psychiatric treatment for extended periods of time. We found no evidence that cerebrovascular disease or related risk factors predicted course trajectories in secondary-treated late-life MDD.

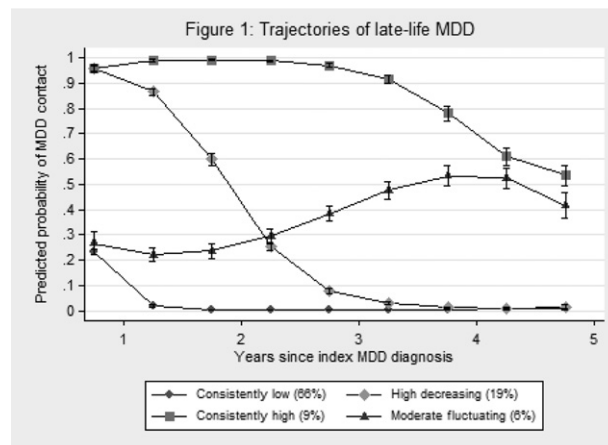


Fig. 1 Trajectories of late-life MDD.

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EW0401

Cognition in mild and moderate depression

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Introduction It is known that there is a cognitive decline in major depressive disorder. Most studies were performed on patients whose sum on a Montgomery and Asberg depression rating scale was greater than 30.

Objectives In our work, we concentrated on mild and moderate depression, MADRS > 30 was not criteria. Patients included were diagnosed with mild to moderate depressive episode.

Aims To determine how depressive episodes affect cognition.

Methods We included 30 patients diagnosed at the clinic for psychiatry in Nis. We covered the age group between 20 and 40 years, regardless of the gender and educational level. For the assessment of cognition, we used digital symbol substitution test (DSST), Rey audio verbal learning test (RAVLT), trail making test (TMT), stroop color naming test (Stroop), and patients were evaluated with Montgomery and Asberg depression rating scale (MADRS). Tests were conducted on the first visit to a psychiatrist. Patients were compared with the results of the healthy population with the same characteristics, and in the same period (August 2016). Mean values were compared and groups were compared by Student's t-test.

Results There was a statistically significant difference in all of the tests, and all of the parts of tests conducted on the patients and the control group.