– sociodemographic variables: positive family history of alcohol abuse disorder in first-degree relative (increased antidepressant response and fewer depressive symptoms for up to 4 weeks post-infusions), higher BMI (improvement in depression severity at 230 minutes and one day post-infusion), negative history of suicide attempt (greater improvement at day 7);
– infusion-associated events: greater dissociation during infusion (better antidepressant response at 230 minutes and one week post-infusion); rapid response to first infusion (sustained response to subsequent infusions in one-third responders for up to 83 days);
– symptomatology: anxious depression (fewer depression symptoms at day one up to 25 associated with longer time to relapse); neurocognitive performance (lower attention) predicts change in severity of depressive symptoms over six infusions.
Conclusions Findings suggest that specific clinical characteristics are predictors of ketamine response in TRD. Future studies confirming reliable predictors will assist clinicians to implement efficacious and individualized treatment for TRD patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.704

EV0375

Major depressive disorder: Recurrence risk factors

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Introduction Despite the frequency and the severity of depressive episodes, the major depressive disorder (MDD) is today inadequately diagnosed and treated, and the risk factors for its recurrence are not well elaborated. The objectives of this study were to describe the sociodemographic, clinical evolutionary and therapeutic features of this disorder and to identify the factors involved in the risk of its recurrence.
Methods This is a retrospective, descriptive and analytical study, involving 150 patients with MDD, isolated episode or recurrent major depressive disorder (RMDD) with a follow-up for at least two years. Data collection was performed using two pre-established questionnaires for the MDD isolated episode and for the RMDD respectively with 51 and 92 items. A study of the recurrence period was performed by Kaplan–Meier method. The Cox-test was used to determine the survival curves and to look for the risk factors significantly associated with MDD recurrence.
Results A total of 150 patients was gathered, predominantly female, married and from urban origin. The average age at the beginning of the disorder was 35 years. The recurrence period was 109 months and the factors associated with recurrence were the early age of onset of the disorder, family history of mood disorders, the severity of MDE index, residual symptoms and discontinuation of treatment.
Conclusion The study of factors involved in MDD recurrence is of a particular importance since it allows not only to know the group of patients at risk but also to improve their therapeutic care.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.705

EV0376

Prevalence and risk factors of postpartum depression among preterm infant mothers

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Introduction The birth of a preterm infant evokes considerable psychological distress in mothers and is associated with an increased risk for postpartum depression.
Objectives The aim of this study was to assess the prevalence of postnatal depression among preterm infant mothers and to identify highlighting associated factors.
Methods We conducted a cross-sectional, descriptive and analytical study, including 97 mothers of premature infants who presented to the outpatient unit of neonatology at the UH Hedi Chaker of Sfax in Tunisia. For each mother, we collected sociodemographic and obstetric data. We used the Edinburgh Postnatal Depression Scale (EPDS) for screening postpartum depression.
Results Average age of mothers was 30.2 years. Average gestational age was 32.82 weeks. Almost all the mothers were married (99%), had a satisfactory couple relationship (93.7%), almost two thirds were multiparous (64.9%), and 77.3% gave birth by caesarean section. Prematurity was unexpected by 56.7% of women. Regarding newborns, digestive problems were noted in 25.8% of cases and sleep disturbances in 20.6% of them. Prevalence of depression in the population studied was 39.2%. It was significantly associated with unexpected prematurity ($P < 0.001$), impaired couple relationship ($P = 0.001$), digestive problems ($P = 0.013$) and sleep disturbances ($P = 0.002$).
Conclusion Mothers of preterm infants seem to be particularly vulnerable to postpartum depression. Systematic screening for depressive symptoms in this obstetric population can help to have an optimal psychological outcomes for mothers and infants during a crucial period of development of mother–infant coregulation.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.706

EV0377

Childhood trauma: A factor for increased risk of major depression in psoriatic patients

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A history of childhood maltreatment (CM) is an important determinant for understanding the development of psychiatric and physical disorders. CM is associated with sensitization of central nervous system (CNS) that leads to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis [1]. Early life stress is a well-known contributor to major depression [2]. The dysregulation of HPA axis and sympathetic nervous system activity also impact skin. Epidermis shows a high vulnerability to such psychological stressors resulting to increase risk for psoriasis [3]. The current study investigates the association between childhood trauma and major depression, childhood trauma and psoriasis, and also severity of major depression in female and male patients with psoriasis. Sixty-four psoriatic patients (female = 34, mean age = 46.87) were evaluated with the Childhood Trauma Questionnaire (CTQ) for the history of CM and with the MINI International Neuropsychiatric Interview for the diagnosis of major depression. CM was associated with major depression, indexed by a higher CTQ in emotional ($\chi^2(3) = 26.002$, $P < .0005$) and physical abuse scores ($\chi^2(3) = 23.764$, $P < .0005$). CM limited to sexual abuse was associated with higher severity of psoriasis ($\chi^2(3) = 9.81$, $P < .02$). There was no indication of a difference between men and women in severity of major depression ($U = 444$, $P = .304$). Our findings highlight the importance of recognizing psychiatric comorbidity, in particu-

https://doi.org/10.1016/j.eurpsy.2017.01.707 Published online by Cambridge University Press

lar major depression, among psoriatic patients. Depressive disorder with the presence of psoriasis may constitute a separate etiology with a greater contribution of early environment.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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http://dx.doi.org/10.1016/j.eurpsy.2017.01.707

EV0378

Modifications of depression-like behavior in the adult ovariectomized female rats treated with different doses of cholecalciferol

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The aim of the preclinical study was to examine the effects of chronic the effects of chronic cholecalciferol administration (1.0, 2.5 or 5.0 mg/kg/day, s.c., once daily, for 14 days) on depression-like behavior following ovariectomy in rats. Cholecalciferol was administered to the ovariectomized (OVX) rats and OVX rats treated with 17β-estradiol (17β-E_2, 0.5 μg/rat, s.c., once daily, for 14 days). Depression-like behavior was assessed in the forced swimming test (FST) and the spontaneous locomotor activity was assessed using the open field test (OFT). Treatment with cholecalciferol in high dose (5.0 mg/kg/day, s.c.) significantly decreased immobility time of OVX rats in the FST. Co-administration of cholecalciferol in high dose with 17β-E_2 exerted a markedly synergistic antidepressant-like effect in the OVX rats on the same model of depression-like behavior testing. Cholecalciferol in high dose administered alone or together with 17β-E_2 significantly enhanced frequency of grooming of the OVX rats in the OFT. Moreover, cholecalciferol in high dose administered alone or together with 17β-E_2 significantly decreased the elevated corticosterone levels in the blood serum of OVX rats following the FST. These results indicate that cholecalciferol in high dose has a marked antidepressant-like effect in the adult female rats with low levels of estrogen. The data also indicate that the combination of cholecalciferol in high dose and 17β-E_2 is more effective than 17β-E_2 alone in OVX rats inducing a more profound antidepressant-like effect in the FST.

Russian Science Foundation (RSF) funded the reported study accordingly to the research project № 16-15-10053.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.708

EV0379

Does committed action act as a buffer against the impact of shame on depression?

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Committed action is defined as the ability to take action guided by personal life values, i.e., to be persistent in valued behaviours even when such pursuit implicates facing setbacks and experiencing discomfort. This is a key process for acceptance and commitment therapy, and is linked to several positive mental health outcomes. Although current literature has stressed the pervasive impact of shame on psychopathology, especially on depression, data concerning the role of committed action on the impact of shame on depression is considered insufficient. Considering these premises, the current study intended to explore the moderator role of committed action in the relationship between external shame and depressive symptomatology, in an adult sample of 178 participants of both sexes. Path analysis' results showed that shame holds a positive effect on depression ($\beta = 1.19$, $P < .001$), and that committed action serves as a moderator of the effect of shame on depression ($\beta = -.63$, $P < .010$). The tested model accounted for 45% of the variance of depression symptoms. A graphical representation allowed to observe that committed action presents a buffer effect for the harmful impact of shame on symptoms of depression. That is, at any level of shame experienced, those individuals who revealed higher levels of committed action showed less depression symptoms. This study has corroborated the powerful effect of external shame on depression symptoms, which was found to be buffered by committed action. The present findings thus highlight the pertinence of identifying personal life values and motivating committed action, particularly in prevention and intervention programs for depression.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.709

EV0380

Depression and chronic immune system dysfunction–a longitudinal study in patients with lupus

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Introduction Depression is a common companion of systemic lupus erythematosus that substantially contribute to patient's suffering and a decreased quality of life. The relationship between depressive symptoms and disease immune processes is not well understood.

Objectives To further understand the relationship between lupus and depression, a patient cohort was examined for correlations between clinical presentation, biological parameters and psychosocial evaluation.

Methods Seventy-two lupus patients were screened for depressive symptoms, clinically and psychologically characterized using a battery of instruments, including assessments for depression, anxiety, fatigue, pain and overall health. Scores from these assessments were correlated with lupus clinical profile and biological parameters namely the immune profile.

Results Forty-two percent of the patients had scores indicative of depression using the HADS Depression scale. Strong correlation was found between pain and depression. Moderate correlation was found between several lupus symptoms, such as mouth ulcers, rash, and arthritis, and psychological evaluation. There was low to moderate correlation between complement levels, C-reactive protein and psychological indicators, but no other lab tests correlated well with the psychological tests.