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.

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

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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-Ccompassion 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.

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

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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