

in ATIII involved in the prediction of 24-item Hamilton Depression Rating Scale in the follow-up study with significant predictive values ($p=0.0240$ and 0.0233 , respectively).

Conclusions: This study detected a reduction in ATIII after occipital rTMS, further revealed the relationships between change in ATIII and therapeutic response, and ultimately provided evidence for the potential of ATIII as a biomarker for the evaluation and prediction of antidepressive effect.

Disclosure: No significant relationships.

Keywords: major depressive disorder; antithrombin III; occipital repetitive transcranial magnetic stimulation antidepressive effect; biomarker

O106

Use of pharmacotherapies for treatment resistant depression in finland: A nationwide cohort study

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Introduction: There is a lack of knowledge on utilized pharmacotherapies for treatment resistant depression (TRD).

Objectives: To investigate the courses of treatment of TRD.

Methods: All patients aged 16-65 years and diagnosed with depression in Finland during 2004-2016 were included (identified from nationwide registers for inpatient and specialized outpatient care, sick leaves and disability pensions). New antidepressant users were identified with six-month washout period and followed up for two years to observe the possible emergence of TRD, which was defined as initiation of a third treatment after having two failed pharmacological treatments with adequate duration. Pharmacological treatments were analyzed using PRE2DUP-method.

Results: During follow-up, 177,144 persons had their first registered depression (mean age:39.5, 62.5% women). Of them, 10.9% (N=19,322) met TRD criteria. Among the TRD patients, most common first and second lines antidepressants were as follows: SSRIs (44.6%), mirtazapine (19.0%) and SNRIs (16.5%). As the third line of treatment, 44.2% of TRD patients had antidepressant monotherapy, 32.1% a combination of ≥ 2 antidepressants, 15.8% antipsychotic or mood stabilizer augmentation and an antidepressant, 4.9% both combination of antidepressants and an augmentation with a mood stabilizer or antipsychotic, 2.7% antipsychotic or mood stabilizer monotherapy and 0.3% ECT monotherapy. Of TRD patients, 36.2% (N=6985) progressed to the fourth line of treatment and most common treatments were antidepressant monotherapy (37.5%), antidepressant combinations (30.8%) and augmentation (20.3%).

Conclusions: Although antidepressant combination and augmentation strategies became more frequent, antidepressant monotherapies were still the most common third and fourth lines of depression treatment.

Disclosure: The study was funded by Janssen and SR is an employee of Janssen.

Keywords: Treatment Resistant Depression; pharmacotherapy

O108

Identification of risk-factors for the development of depressive symptoms in perinatal period: A longitudinal study

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Introduction: Perinatal depression is a severe and disabling condition, which affects negatively both mothers' and children's mental health and well-being. About 12.8% of pregnant women report depressive symptoms in the perinatal period.

Objectives: The aims of the present study are to: 1) identify factors (socio-demographic and clinical) associated with an increased risk of developing PD; 2) promote a screening program on PD.

Methods: All pregnant women were assessed at each trimester of pregnancy, three days after the childbirth and after 1, 3, 6 and 12 months, with the Edinburgh Postpartum Depression Scale (EPDS). Women scoring ≥ 10 on the EPDS were invited to receive a full psychiatric evaluation to confirm the diagnosis.

Results: 420 women were recruited. 52.9%, 27.6% and 31.6% of participants presented an EPDS ≥ 10 score at The I, II and III trimester of pregnancy, respectively. The percentage of patients with and EPS score ≥ 19 is 16.6%, 6.8%, 6.8%, 11.3% and 7.8% in 3 days following the childbirth and after 3, 6, 9 and 12 months, respectively. Higher EPDS scores are predicted by the presence of anxiety symptoms before pregnancy and of depressive and anxiety symptoms in previous pregnancies ($p<0.05$). Women with family conflicts and with anxiety symptoms in the partner are more likely to report higher EPDS scores ($p<0.001$).

Conclusions: Our results confirm that perinatal depression is a highly prevalent condition. An early identification of depressive symptoms during this period is crucial in order to reduce the long-term negative impact on the mothers, the newborn and other family members.

Disclosure: No significant relationships.

Keywords: Perinatal depression; depressive symptoms; risk-factors; longitudinal study

O109

A specific "at risk" profile related to recent stressful life events in euthymic major depressive disorder

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Introduction: Stressful life events (SLE) may influence the illness course and outcome.

Objectives: The present study aimed to characterize socio-demographic and clinical characteristics of euthymic major depressive disorder (MDD) outpatients with SLE relative to those without.

Methods: This sample included 628 (mean age=55.1 ± 16.1) currently euthymic MDD outpatients, among them 250 (39.8%) reported SLE and 378 (60.2%) did not.

Results: After univariate analyses, outpatients with SLE were most frequently widowed and lived predominantly with friends/others. Furthermore, compared to outpatients without SLE, those with SLE were more likely to have a family history of suicidal behavior, manifested melancholic characteristics and higher Coping Orientation to the Problems Experienced (COPE) positive reinterpretation/growth and less likely to manifest a comorbid panic disorder, residual interepisodic symptoms, have used psychiatric medications, and use current antidepressant medications. After regression analyses, having a family history of suicide (OR=9.697; $p \leq .05$), history of psychotropic medications use (OR=2.888; $p \leq .05$), and reduced use of antidepressants (OR=.321; $p = .001$) were significantly associated with SLE. Mediation analyses demonstrated that the association between current use of antidepressants and SLE was mediated by previous psychiatric medications.

Conclusions: Having a family history of suicide, history of psychotropic medications use, and reduced use of antidepressants may confer a specific “at risk” profile related to the enhanced vulnerability to experience SLE.

Disclosure: No significant relationships.

Keywords: Antidepressants; major depressive disorder; family history of suicide; negative distressing/stressful life events

E-mental health

O110

Screening for depression: The added value of actigraphy and smartphone-based intensive sampling of depressive affect and behaviors

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Introduction: In many countries, depressed individuals often first visit primary care settings for consultation, but a considerable number

of clinically depressed patients remains unidentified. Introducing additional screening tools may facilitate the diagnostic process.

Objectives: This study aims to examine whether Experience Sampling Method (ESM)-based measures of depressive affect and behaviors can discriminate depressed from non-depressed individuals. In addition, the added value of actigraphy-based measures was examined.

Methods: We used data from two samples to develop and validate prediction models. The development dataset included 14 days of ESM and continuous actigraphy of currently depressed (n=43) and non-depressed individuals (n=82). The validation dataset included 30 days of ESM and continuous actigraphy of currently depressed (n=27) and non-depressed individuals (n=27). Backward stepwise logistic regression analyses were applied to build the prediction models. The performance of the models was assessed with the goodness of fit indices, calibration curves, and discriminative ability (AUC, the area under the receiver operating characteristic curve).

Results: In the development dataset, the discriminative ability was good for the actigraphy model (AUC=0.790) and excellent for the ESM (AUC=0.991) and combined-domains model (AUC=0.993). In the validation dataset, the discriminative ability was reasonable for the actigraphy model (AUC=0.648) and excellent for the ESM (AUC=0.891) and combined-domains model (AUC=0.892).

Conclusions: ESM is a good diagnostic predictor and is easy to calculate, and, therefore, holds promise for implementation in clinical practice. Actigraphy shows no added value to ESM as a diagnostic predictor, but might still be useful when active monitoring with ESM is not feasible.

Disclosure: No significant relationships.

Keywords: Prediction model; Experience Sampling Method; Actigraphy; Depression

O111

Program esilence 1.0 - self-regulation program in food education via instagram-loricorps, study protocol

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Introduction: Social medias are seen as a risk factor for mental health because they increase body dissatisfaction and decrease self-esteem. This program is based on alimentation and physical well-being by relying on integrated intuitive eating and physical self-esteem. This program, implemented in a community setting use social media (i.e. Instagram-Loricorps), is composed of 12 monthly 180-second video capsule that address themes related to the promotion of body sensations and intuitive movement.

Objectives: The main objective of this study is to evaluate the effects of the program into the physical environment targeting the physical self-perceptions (PSP). Specifically, this study evaluates whether the eSILENCE 1.0 Program improves the level of PSP related to nutrition and explores the changes in the level and variability of the PSP.

Methods: This project is a mixed sequential explanatory study. 300 participants (Experimental Group [EG; N=200], Control