

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1511>

EV527

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

C.G. Ng^{1,*}, S. Mohamed², M.H. See³, F. Harun⁴, A.H. Sulaiman¹, N.Z. Zainal¹, N.A. Taib³

¹ University of Malaya, Department of Psychological Medicine, Kuala Lumpur, Malaysia

² Faculty of Medicine-Universiti Teknologi MARA, Department of Psychiatry, Kuala Lumpur, Malaysia

³ University Malaya Medical Centre, Department of Surgery, Kuala Lumpur, Malaysia

⁴ University of Malaya, Department of surgery, Kuala Lumpur, Malaysia

* Corresponding author.

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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1512>

EV528

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

D. Novick^{1,*}, Q. Shi², L. Yue², W. Montgomery³, M.V. Moneta⁴, S. Siddi^{4,5}, J.M. Haro⁴

¹ Eli Lilly and Company, Windlesham, Surrey, UK

² Lilly Suzhou Pharmaceutica Company, Ltd., Shanghai, China

³ Eli Lilly Australia Pty Ltd, West Ryde, Australia

⁴ Parc Sanitari Sant Joan de Déu, Fundació Sant Joan de Déu, CIBERSAM, Universitat de Barcelona, Barcelona, Spain

⁵ Section of Clinical Psychology, Department of Education, Psychology, Philosophy, University of Cagliari, Italy

* Corresponding author.

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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1513>

EV529

Prevalence of involuntary hospitalization in patients with depressive disorders

Á. Palma Conesa^{1,2,*}, F.N. Dinamarca Cáceres^{1,2}, M. Grifell Guardia^{1,2}, L. Galindo Guarín^{1,2}, L. González Contreras¹, M.T. Campillo Sanz¹, V. Pérez Solà^{1,2}

¹ Institut de Neuropsiquiatria i Addiccions-Parc de Salut Mar – Barcelona – Spain, Psiquiatria, Barcelona, Spain

² Institut Hospital del Mar d'Investigacions Mèdiques-IMIM-Parc de Salut Mar-Barcelona-Spain, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Depression is a disabling disorder with a high socio-economic 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-