

Disclosure of interest Supported by Dr. Willmar Schwabe GmbH & Co. KG, Karlsruhe, Germany

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.716>

EV0387

The Association between self-stigma and coping strategies in depressive disorder—a cross-sectional study

M. Holubova^{1,2,*}, J. Prasko¹

¹ University of Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

² Regional Hospital Liberec, Department of Psychiatry, Liberec, Czech Republic

* Corresponding author.

Background Self-stigma is a maladaptive psychosocial phenomenon that may disturb many areas of patient's life. In connection with maladaptive coping strategies should make mental health recovery more difficult. Specific coping strategies may be connected with the self-stigma and also with the severity of the disorder. The objective of the study was to explore the relationship between coping strategies, the severity of the disorder and self-stigma in outpatients with depressive disorder.

Method Eighty-one outpatients, who met ICD-10 criteria for depressive disorders, were enrolled in the cross-sectional study. Data on sociodemographic and clinical variables were recorded. All probands completed standardized measurements: The Stress Coping Style Questionnaire (SVF-78), the Internalized Stigma of Mental Illness Scale (ISMI), and the Clinical Global Impression (CGI).

Results The patients with depression overuse negative coping strategies, especially escape tendency and resignation. Using of positive coping is in average level. Coping strategies are significantly associated with the self-stigma. Negative coping (especially resignation and self-accusation) increase the self-stigma, using of positive coping (primarily underestimation, reaction control, and positive self-instruction) have a positive impact to decreased self-stigma. The level of self-stigma correlated positively with total symptom severity score.

Conclusions The present study revealed the important association between coping strategies and self-stigma in outpatients with depressive disorders. Decreasing the use of negative strategies, and strengthening the use of positive coping may have a positive impact to self-stigma reduction.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.717>

EV0388

Korean medication algorithm for depressive disorder (KMAP-DD) 2017: Maintenance treatment

D.I. Jon^{1,*}, W. Kim², H.R. Wang³, Y.S. Woo³, J.S. Seo⁴, Y.M. Park⁵, J.H. Jeong⁶, S.H. Shim⁷, J.G. Lee⁸, K.J. Min⁹, W.M. Bahk³

¹ Hallym University Sacred Heart Hospital, Psychiatry, Anyang, Republic of Korea

² Inje University Seoul Baik Hospital, Psychiatry, Seoul, Republic of Korea

³ The Catholic University St. Mary Hospital, Psychiatry, Seoul, Republic of Korea

⁴ Konkuk University Chungju Hospital, Psychiatry, Chungju, Republic of Korea

⁵ Inje University Ilsan Paik Hospital, Psychiatry, Goyang, Republic of Korea

⁶ The Catholic University St. Vincent Hospital, Psychiatry, Suwon, Republic of Korea

⁷ Soonchunhyang University Cheonan Hospital, Psychiatry, Cheonan, Republic of Korea

⁸ Inje University Haewoondae Baik Hospital, Psychiatry, Busan, Republic of Korea

⁹ Chung-Ang University Hospital, Psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction The international guideline for treating depression has been widely used.

Objectives The current study focused on the maintenance treatment section of the third revision of Korean Medication Algorithm for Depressive Disorder (KMAP-DD)

Methods A 44-item questionnaire was used to obtain the consensus of experts regarding pharmacological treatment strategies for depressive disorder. Of the 144 committee members, 79 psychiatrists responded to the survey. Each treatment strategy or treatment option was evaluated with the nine-point scale.

Results Most clinicians answered to maintain both antidepressants (AD) and atypical antipsychotics (AAP) for psychotic depression in remission state. The duration of AD maintenance: from 19.8 weeks to 46.8 weeks for patients in remission of the first episode, from 34.8 weeks to 78.4 weeks for the second depressive episode, and long-term continuation for three or more depressive episodes. Aripiprazole was the most preferred AAP. The preferred doses of AD and AAP in maintenance treatment were about 75% and 50% of those in acute treatment. The maintenance of AAP in the psychotic depression in remission was similar to the AD, although shorter and less.

Conclusions The maintenance strategies of KMAP-DD 2017 were similar to those of KMAP-DD 2012. Most clinicians preferred to maintain AD for substantial duration after achieving remission. The maintenance of AAP was also preferred, but the duration was shorter than AD.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.718>

EV0389

Is increased screen time associated with the development of anxiety or depression in young people?

J. Khouja^{1,*}, M. Munafò¹, K. Tilling², N. Wiles², C. Joinson², P. Etchells³, A. John⁴, S. Gage¹, R. Cornish²

¹ University of Bristol, School of Experimental Psychology, Bristol, United Kingdom

² University of Bristol, School of Social and Community Medicine, Bristol, United Kingdom

³ Bath Spa University, School of Society- Enterprise and Environment, Bath, United Kingdom

⁴ Swansea University Medical School, Farr Institute, Swansea, United Kingdom

* Corresponding author.

Introduction Emerging evidence suggests that sedentary behaviour, specifically time spent taking part in screen-based activities, such as watching television, may be associated with mental health outcomes in young people [1]. However, recent reviews have found limited and conflicting evidence for both anxiety and depression [2].

Objectives The purpose of the study was to explore associations between screen time at age 16 years and anxiety and depression at 18.

Methods Subjects ($n = 1958$) were from the Avon Longitudinal Study of Parents and Children (ALSPAC), a UK-based prospective cohort study. We assessed associations between screen time (measured via questionnaire at 16 years) and anxiety and depression (measured in a clinic at 18 years using the Revised Clinical Interview Schedule) using ordinal logistic regression, before and after