The next aim was to compare profiles of cognitive impairment in both groups of patients.
The last aim was to find out a relationship between cognitive performance and severity of depressive episode during the acute state of illness.
Methods We have used neuropsychological test battery (Auditory–Verbal Learning Test, Rey-Osterrieth Complex Figure Test, Logical Memory, Digit span test, Trail making test, Verbal Fluency Test, Block Design and Benton Visual Retention Test) for the evaluation of the cognitive functions in patients with severe depressive episode with psychotic symptoms ($n = 5$) and patients with major depressive disorder ($n = 8$).
Results We found cognitive impairment in all examined domains in both groups of patients.
More profound cognitive impairment was found in patients with severe depressive episode with psychotic symptoms, particularly in visual memory, visuo-constructive abilities, speed of cognitive processing and executive functions. We found no correlation between cognitive performance and severity of depressive episodes.
Conclusions Our findings suggest a strong correlation between psychotic symptoms in depression and cognitive performance.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0115

Maternal depressive symptom trajectories and psychosocial functioning in young adults: A 27-year longitudinal study

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Introduction Maternal depression is a well-known risk factor for child development. Longitudinal studies extending from pregnancy to adulthood, however, are rare.
Objectives The aim of the study was to investigate whether maternal high depressive symptom trajectories (chronic or intermittent depressive symptom patterns) from pregnancy to the adolescence of the children predict lower adaptive functioning or higher levels of emotional or behavioural symptoms in young adults.
Methods The sample comprised 329 first-time mothers from maternity centres in Tampere, Finland. Maternal depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale (EPDS) antenatally and at two months, six months, 4–5 years, 8–9 years and 16–17 years after delivery. A model including four symptom trajectories (very low, low-stable, high-stable and intermittent) was selected to describe the symptom patterns over time. Adaptive functioning and problems of the children ($n = 144$) were assessed by the Adult Self Report forms (Achenbach & Rescorla) at the age of 27 years.
Results High maternal depressive symptom trajectories did not predict self-reported lower adaptive functioning of the children in adulthood. However, children of mothers with chronic or intermittent depressive symptom patterns reported higher levels of internalising problems as well as symptoms of depression and anxiety in young adulthood than the children of mothers with very low or low stable symptom patterns.
Conclusions High maternal depressive symptom trajectories predict higher levels of emotional symptoms of children in young adulthood. The mechanisms of intergenerational transmission are important topics for further research.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0116

Quetiapine XR as add-on to antidepressants in treatment-resistant late-life major depression

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Objective To assess the efficacy and tolerability of quetiapine as add-on to antidepressant agents in treatment-resistant late-life major depression.
Methods A group of 15 patients, 8 male and 7 female, mean age 68.2, evaluated in our department for clinical symptoms that made possible a DSM 5 diagnosis of major depressive disorder, were initiated on quetiapine XR, flexible daily dose 50–300 mg QD. All patients were on treatment with an antidepressant–either a selective serotonin reuptake inhibitor (SSRI) ($n = 10$), or venlafaxine ($n = 5$)–for at least 6 weeks and presented no improvement during current treatment administered at therapeutic doses. Patients were assessed using Montgomery Asberg Depression Rating Scale (MADRS), Clinical Global Impression–Severity (CGI-S), Global Assessment of Functioning (GAF), and Columbia Suicide Severity Rating Scale (C-SSRS) every 4 weeks for 3 months.
Results After 12 weeks, patients had a mean improvement in MADRS score of $45.7 \pm 2.3\%$, with a final mean MADRS score of 13.5 ($P < 0.01$). No variations were registered depending on the specific SSRI or venlafaxine concomitant treatment. Quetiapine XR mean daily dose administered during the study was 125 mg. C-SSRS didn't registered significant variations in suicidal ideation or behavior throughout the trial. Overall GAF score increased with 22.1 points, and CGI-S decreased with a mean of 1.5 points at week 12 ($P < 0.01$). Tolerability of add-on quetiapine was very good, no serious adverse event being reported.
Conclusions Quetiapine was efficient and well tolerated in late-life resistant major depression, as add-on to SSRIs or venlafaxine, during the 12 weeks of the trial.
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EW0117

The clinical course of depression: Chronicity is the rule rather than the exception

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Introduction Major depressive disorder (MDD) is often considered an episodic disorder. However, literature might underestimate the chronicity of MDD since results depend on follow-up dura-