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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