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Maladaptive emotion regulation mediating the link between the recall of early affiliative memories and depressive symptomatology

J. Marta-Simões, C. Ferreira*, A.L. Mendes, I.A. Trindade
Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC - Cognitive Behavioural Centre for Research and Intervention, Coimbra, Portugal
* *Corresponding author.*

The inability of recalling warm and safe memories with parents and close relatives has been often associated in literature with a negative and judgmental sense of self, and a higher proneness to experience feelings of inferiority, inadequacy, and defectiveness. Thus, intending to deal with self-judgment and inferiority, individuals may become submissive as a way of compensating one's negative emotional states with other's positive attention and desirability. However, both early negative affiliative memories and submissiveness are associated with higher vulnerability to psychopathology, namely depression. Using a sample of 338 young women, the present study intended to examine the association between early affiliative memories and depressive symptomatology, and the mediator roles of self-judgment and submissive attitudes and behaviours on this association, through a path analysis. The tested model provided an excellent fit to the data, accounting for 41% of the depressive symptomatology's variance. Results revealed a direct effect of early affiliative memories on depressive symptomatology; and also on self-judgement and submissiveness, explaining 28% and 23% of their variances, respectively. Moreover, part of these memories' effect on depressive symptomatology was explained by self-judgment and submissiveness, which seems to suggest that submissiveness, although used to compensate feelings of inferiority and a judging attitude towards the self, may be a maladaptive strategy due to its positive association with depressive symptoms. This study's findings appear to emphasize the relevance of targeting submissiveness, especially in the context of a scarce recall of early affiliative experiences, when approaching women's depressive symptomatology on mental health promotion programs.
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Monitoring of liver function in major depressive disorder treated with SSRI

P. Ifteni*, A. Teodorescu
Spitalul de Psihiatrie si Neurologie, Psihiatrie Clinica III, Brasov, Romania
* *Corresponding author.*

Background Major depressive disorder is one of the most prevalent psychiatric illnesses in the world affecting more than 12% of men and more than 21% of women in their lifetime. Selective serotonin reuptake inhibitors (SSRIs) are worldwide prescribed to treat depression. SSRIs drugs can cause drug-induced liver injury (DILI).
Aims The aim of the study was to evaluate the liver function in patients treated with SSRI in order to detect DILI.
Methods All the patients with first major depressive episode treated with the same SSRI antidepressant for at least 3 months between September 2013 and September 2015 were entered into the study. The hepatic function panel included aminotransferases, total and direct bilirubin, albumin, total protein, gamma glutamyl transferase (GGT), LDH cholesterol, hepatitis B virus (HBV), and hepatitis C virus (HCV).
Results Of 134 subjects with MDD according to The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) who met inclusion criteria, 98 patients entered into study. Seventy-seven (76.5%) were treated with SSRI for at least 3 months with mean age were 45.4 (SD = 6.3), 65 women (66.3%). Five patients (5.1%) were newly diagnosed with hepatitis, and 10 (10.2%) presented elevated values of ALT, AST. The mean duration of depressive symptoms was 9.2 months (SD = 6.9).
Conclusions The treatment with SSRI seems to be effective and safe in our sample. A relative small number of patients with MDD were diagnosed with viral hepatitis during this cross-sectional study. Further randomized and controlled trials are needed.
Keywords Depression; Antidepressants; SSRI; Hepatitis
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EW183

Escitalopram orally-disintegrating tablets (ODT) in major depression treatment

M. Polikowska, B. Łoza*
Medical University of Warsaw, Psychiatry, Warsaw, Poland
* *Corresponding author.*

Introduction The growing rate of depressive disorders causes needs for more effective and more innovative solutions. The modern patients' challenges make them fail mostly in the treatment compliance. Some reports have described that escitalopram orally disintegrating tablets (ODT) induce faster response and lower dropout rate than oral standard tablets (OST), although both forms have equal bioavailability.
Aim We tried to clarify effectiveness rates between escitalopram ODT and OST treatments in depressive patients.
Method An open-label, 6-month, randomized, flexible-dose study was conducted for direct comparison of the effects of escitalopram ODT (N16) and OST (N15) on dropout rate and clinical outcomes in patients with major depression.
Results Outcome measures included Hamilton Depression Rating Scale (HDRS), Drug Attitude Inventory-10 (DAI), Clinical Global Improvement Scale (CGI), and Psychological General Well-Being Scale (PGWB). The tolerability was assessed by the UKU scale. No significant difference was found in HDRS, CGI, PGWB and GAF between the two forms of tablets. No significant difference was found in any tolerability rates. However, dropout rate favored escitalopram ODT group (N5, 31.3%) vs escitalopram OST (N7, 47.0%). DAI-10 outcomes, both in patients' general attitude and subjective feelings, were significantly improved in ODT group ($P = 0.000$), comparing with OST.
Discussion Escitalopram in its classical form (OST) has become a leader in a group of antidepressants, thanks to safety of use, efficacy and tolerability. In the ODT form, escitalopram can meet additional needs, both clinical and lifestyle. ODT may reduce dropout rate and costs of long-term treatment improving the patients' compliance.
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Psychosocial and clinical characteristics of depressed patients with metabolic syndrome

M. Martinac[1,*], D. Babić[2], M. Pavlović[2]
[1] *Public Health Centre Mostar, Centre for Mental Health, Mostar, Bosnia and Herzegovina*
[2] *University Clinical Hospital Mostar, Department of Psychiatry, Mostar, Bosnia and Herzegovina*
* *Corresponding author.*