

Objectives To review epidemiology, pathogenesis, risk factors, consequences and current recommendations for therapeutic intervention.

Methods Medline/Pubmed database search using the terms post-stroke depression, depression and stroke, depression and cerebral vascular accident, stroke patients, published in the last 16 years.

Conclusion The treatment of PSD has been shown effective in improving the evolution and prognosis of these patients, therefore it is very important early diagnosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.701>

EV0372

Management of treatment resistant depression: A comparison between French expert consensus guidelines and international evidence based guidelines

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Expert consensus guidelines rely on a relevant methodological procedure complementary to based-evidence recommendations. They aim at offering support strategies derived from expert consensus for clinical situations where the levels of evidence are either absent or insufficient. Recommendations for resistant depressive disorders proposed by french association for biological psychiatry and fundamental foundation, were based on responses from 36 highly specialized experts in this field. They were invited to complete a comprehensive questionnaire with 118 issues. The questions raised covered a wide range of aspects from the evaluation of therapeutic resistance and clinical conditions increasing the risk for treatment failure to the adopted therapeutic strategies organized according the effects of previous treatment lines. Specific populations/situations especially including elderly, comorbidities (anxiety disorders, personality disorders and addictions) were also been studied through specific questions. Such recommendations are intended to substantially help the decision and therapeutic choice of clinician implied in the management of resistant depressive disorders in everyday clinical practice. We propose in this communication to compare the results of these recommendations with the various data from the evidence-based guidelines in order to demonstrate their complementarity for the management of resistant depressive disorders.

Disclosure of interest

The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.702>

EV0373

Electroconvulsive therapy as an effective alternative in depressive disorder

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Introduction The efficacy of electroconvulsive therapy (ECT) in the treatment of depressive episodes is well established, and so is reflected in the major guides.

Objectives Description of a clinical case of a patient diagnosed with major depressive episode with psychotic symptoms and obsessive compulsive disorder prevalence of compulsive acts that do not respond to drug treatment but to electroconvulsive therapy.

Methods Presentation and review of a case.

Results A 55-year-old woman diagnosed with recurrent depressive disorder with worsening in the last 4 years.

Clinical depressive Sadness, spontaneous crying in the form of access, apathy, isolation and clinofilia desires, complaints mnemonic deficits and complete anhedonia. Obsessional symptoms compulsive as more repetitive behaviors of obsessive ideas, which repeats incessantly despite checking, that does not prepare or calm. The patient has not responded to any pharmacological strategy, despite using full doses and combinations of antidepressant, but euthymics more antipsychotics (sertraline, fluoxetine, reboxetine, venlafaxine, bupropion, lithium, valproic acid, lamotrigine, risperidone, quetiapine, trifluoperazine, clotiapine). For this reason, it was decided to start treatment with ECT, progressively responds in each session, after 8 sessions the patient is euthymic, it has resumed normal activities, no obsessive or psychotic symptoms.

Conclusions It is important to know that it is a safe technique that would save not only an economic cost, if not a personal emotional cost. It is noteworthy that more than 50% of depressed patients who respond to a course of ECT, fall between 6 and 12 months despite receiving adequate pharmacological treatment then so we will have to closely monitor the patient.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.703>

EV0374

Clinical predictors of antidepressant response to ketamine in unipolar treatment-resistant depression

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Introduction The non-competitive N-methyl-D-aspartate glutamate receptor antagonist ketamine has been shown to have rapid antidepressant effects in treatment-resistant depression (TRD). However, only a few studies have investigated which clinical characteristics predict a response to ketamine.

Objectives To assess sociodemographic variables and clinical markers that predict response to ketamine in unipolar TRD patients.

Methods Searches of Pubmed, NCBI and Google Scholar were conducted for clinical trials and systematic reviews, through October 2016, using the keywords:

ketamine, N-methyl-D-aspartate receptor antagonist, rapid-acting antidepressant, depression, treatment-resistant depression, clinical predictors.

Results Findings support the following clinical predictors:

– sociodemographic variables: positive family history of alcohol abuse disorder in first-degree relative (increased antidepressant response and fewer depressive symptoms for up to 4 weeks post-infusions), higher BMI (improvement in depression severity at 230 minutes and one day post-infusion), negative history of suicide attempt (greater improvement at day 7);

– infusion-associated events: greater dissociation during infusion (better antidepressant response at 230 minutes and one week post-infusion); rapid response to first infusion (sustained response to subsequent infusions in one-third responders for up to 83 days);

– symptomatology: anxious depression (fewer depression symptoms at day one up to 25 associated with longer time to relapse); neurocognitive performance (lower attention) predicts change in severity of depressive symptoms over six infusions.

Conclusions Findings suggest that specific clinical characteristics are predictors of ketamine response in TRD. Future studies confirming reliable predictors will assist clinicians to implement efficacious and individualized treatment for TRD patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.704>

EV0375

Major depressive disorder: Recurrence risk factors

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Introduction Despite the frequency and the severity of depressive episodes, the major depressive disorder (MDD) is today inadequately diagnosed and treated, and the risk factors for its recurrence are not well elaborated. The objectives of this study were to describe the sociodemographic, clinical evolutionary and therapeutic features of this disorder and to identify the factors involved in the risk of its recurrence.

Methods This is a retrospective, descriptive and analytical study, involving 150 patients with MDD, isolated episode or recurrent major depressive disorder (RMDD) with a follow-up for at least two years. Data collection was performed using two pre-established questionnaires for the MDD isolated episode and for the RMDD respectively with 51 and 92 items. A study of the recurrence period was performed by Kaplan–Meier method. The Cox-test was used to determine the survival curves and to look for the risk factors significantly associated with MDD recurrence.

Results A total of 150 patients was gathered, predominantly female, married and from urban origin. The average age at the beginning of the disorder was 35 years. The recurrence period was 109 months and the factors associated with recurrence were the early age of onset of the disorder, family history of mood disorders, the severity of MDE index, residual symptoms and discontinuation of treatment.

Conclusion The study of factors involved in MDD recurrence is of a particular importance since it allows not only to know the group of patients at risk but also to improve their therapeutic care.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.705>

EV0376

Prevalence and risk factors of postpartum depression among preterm infant mothers

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Introduction The birth of a preterm infant evokes considerable psychological distress in mothers and is associated with an increased risk for postpartum depression.

Objectives The aim of this study was to assess the prevalence of postnatal depression among preterm infant mothers and to identify highlighting associated factors.

Methods We conducted a cross-sectional, descriptive and analytical study, including 97 mothers of premature infants who presented to the outpatient unit of neonatology at the UH Hedi Chaker of Sfax in Tunisia. For each mother, we collected sociodemographic and obstetric data. We used the Edinburgh Postnatal Depression Scale (EPDS) for screening postpartum depression.

Results Average age of mothers was 30.2 years. Average gestational age was 32.82 weeks. Almost all the mothers were married (99%), had a satisfactory couple relationship (93.7%), almost two thirds were multiparous (64.9%), and 77.3% gave birth by caesarean section. Prematurity was unexpected by 56.7% of women. Regarding newborns, digestive problems were noted in 25.8% of cases and sleep disturbances in 20.6% of them. Prevalence of depression in the population studied was 39.2%. It was significantly associated with unexpected prematurity ($P < 0.001$), impaired couple relationship ($P = 0.001$), digestive problems ($P = 0.013$) and sleep disturbances ($P = 0.002$).

Conclusion Mothers of preterm infants seem to be particularly vulnerable to postpartum depression. Systematic screening for depressive symptoms in this obstetric population can help to have an optimal psychological outcomes for mothers and infants during a crucial period of development of mother–infant coregulation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.706>

EV0377

Childhood trauma: A factor for increased risk of major depression in psoriatic patients

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A history of childhood maltreatment (CM) is an important determinant for understanding the development of psychiatric and physical disorders. CM is associated with sensitization of central nervous system (CNS) that leads to dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis [1]. Early life stress is a well-known contributor to major depression [2]. The dysregulation of HPA axis and sympathetic nervous system activity also impact skin. Epidermis shows a high vulnerability to such psychological stressors resulting to increase risk for psoriasis [3]. The current study investigates the association between childhood trauma and major depression, childhood trauma and psoriasis, and also severity of major depression in female and male patients with psoriasis. Sixty-four psoriatic patients (female = 34, mean age = 46.87) were evaluated with the Childhood Trauma Questionnaire (CTQ) for the history of CM and with the MINI International Neuropsychiatric Interview for the diagnosis of major depression. CM was associated with major depression, indexed by a higher CTQ in emotional ($\chi^2(3) = 26.002$, $P < .0005$) and physical abuse scores ($\chi^2(3) = 23.764$, $P < .0005$). CM limited to sexual abuse was associated with higher severity of psoriasis ($\chi^2(3) = 9.81$, $P < .02$). There was no indication of a difference between men and women in severity of major depression ($U = 444$, $P = .304$). Our findings highlight the importance of recognizing psychiatric comorbidity, in particu-