Methods A prospective and multisite clinical cohort study of young people aged 15–25 years seeking help from a primary mental health service ($n = 448$). Participants completed a clinical interview (incl. QIDS-C16) and self-report battery (incl. WHODAS 2.0, employment, education) at baseline which was repeated at 12-month follow-up whilst continuing treatment as usual.
Results Remitted depression was significantly associated with improved functioning; however, 12 month functioning was still lower than the normative ranges for age-matched peers. Remittance of depression did not change the likelihood of being NEET. Only 10% of those who were NEET had received vocational support during the study.
Conclusion Remittance of depression was associated with improved functioning but it did not reduce the likelihood of being NEET. This may be explained by economic influences or alternatively, a time lag may exist where improvements in functioning do not immediately correspond with reduced NEET rates. Lastly, there may be a scarring effect of depression such that change in NEET status requires an additional intervention to depression treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW259

Association of family stress with other psychosocial factors in female population 25–64 years in Russia: WHO program MONICA-psychosocial

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Aim To explore association of family stress with other psychosocial factors in female population aged of 25–64 years in Russia.
Methods Under the third screening of the WHO "MONICA-psychosocial" program random representative sample of women aged 25–64 years ($n = 870$) were surveyed in Novosibirsk. Questionnaire "Awareness and attitude towards the health" was used to estimate levels of family stress. Chi-square (χ^2) was used for assessment of statistical significance.
Results The prevalence of high family stress level in women aged 25–64 years was 20.9%.
High family stress was higher in age groups 25–34 years and 45–54 years: 27.6% and 30.5%, respectively. Among women with family stress, 58.7% had high level of trait's anxiety. Women with stress at family had high rate of major depression (11%). There were tendencies of higher prevalence of hostility and vital exhaustion in those with stress (41.1% and 27.4%, respectively). Among those in female population with stress at family, 60.6% had sleep disturbances. Social support like close contacts and social network tended to be lower in women with family stress: 59.1% and 80.3%, respectively. Rates of serious conflicts in family were more often in younger age groups and reached 48.6%. In women aged 25–34 years, 54.9% have no possibilities to have a rest at home after usual working day ($P < 0.001$).
Conclusions The prevalence of high stress in family in female population aged 25–64 years is more than 20% in Russia. High family stress closely associated with anxiety, major depression, high hostility and vital exhaustion, poor sleep and low social support.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW260

Prenatal depression in women hospitalized for threatened preterm labour: A prospective study in Greece

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Introduction Pregnancy complications may require admission in a high-risk pregnancy unit (HRPU). A complicated pregnancy and hospital admission might negatively affect the pregnant woman's mental health.
Objectives To screen for depressive symptoms in pregnant women admitted in a high-risk pregnancy unit due to threatened preterm labour and also to investigate for associated risk factors.
Aims Early identification of prenatal depression will decrease the risk of pregnancy complications and postnatal depression.
Methods A prospective study enrolled pregnant women admitted at $^{3}24$ gestational weeks due to threatened preterm labour in a university hospital HRPU, between 9/2014 and 11/2015. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess depressive symptoms and a cut-off score $^{3}13$ was considered as indicative of depression. Test results were then correlated with the indication for admission, demographic and socio-economic parameters.
Results Overall, 80 of the women admitted in the HRPU were eligible for the study and agreed to complete the questionnaire. The mean age was 29.4 ± 6.23 years and the mean gestational week at the admission was 31.6 ± 3.33 weeks. The prevalence of prenatal depression (score $^{3}13$) was 25% (20/80). In the multivariable model, depression was significantly correlated with the existence of thoughts for pregnancy termination [$P = .03$ OR = 4.560 95% CI: (1.162–17.892)].
Conclusions One quarter of pregnant women admitted in the HRPU with the indication of threatened preterm labour may suffer from clinically significant depression. An unwanted pregnancy was found to be independently associated with prenatal depression whereas no association was found with any obstetric parameters.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW261

Descriptive epidemiology of depressive and anxiety disorders, cognitive impairment and dementia in a sample of elderly patients in the geriatric unity of a general hospital

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Introduction Studies have demonstrated the high prevalence of depressive disorders amongst elderly people and their underestimation and mistreatment.
Objective The aim of this study is to describe epidemiological issues in a sample of elderly hospitalized patients, giving special attention on the prevalence of depressive and anxiety disorders and the detection of potential risk factors.

Material and methods The sample included 168 elderly patients referred for the geriatric unit of a general hospital. Epidemiological and clinical data were collected. Geriatric Depression Scale (GDS), Mini Mental State Examination (MMSE) and Functional Independence Measure (FIM™) were used. Data were analyzed with XLSTAT program.
Results The 39% of the sample were men and the 61% women, with an age range between 65 and 95 years. Nine percent of patients aged 65–84 had a diagnosis of depressive or anxious-depressive disorder, compared to 13% within the age range 85–95. However, 14% of patients aged 65–85 had a GDS higher than 5 and 19% for the patients aged 85–95, which could confirm the underestimated rate of depression diagnosed in elderly patients. Item "feeling loneliness" was pointed out in 75% and item "feeling bored" in 64% of all GDS higher than 5. Prevalence of dementia was 8% in the whole sample.
Conclusions High prevalence of depressive and anxious disorders amongst the elderly is to be taken in account. Potential risk factors could be loneliness and lack of daily activity. The development of social primary prevention interventions in order to decrease the prevalence of these pathologies amongst elderly is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW262

Making sense of economic deprivation as a predictor of suicide and homicide: A nationwide register-study

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Introduction Classical work on lethal aggression often viewed suicide and homicide as sharing a common source.
Objective The present investigation explores the association between measures of social deprivation on the relative incidence of suicide over homicide in Italian provinces.
Methods Data refer to official government sources on lethal violence rates and measures of social deprivation. The central dependent variable is termed SHR or the suicide rate expressed as a proportion of the sum of the suicide and homicide rates Data were available for the 103 Italian provinces.
Results The SHR had three significant predictors. The greater the percentage of the population with low education, the lesser the tendency towards suicide. The tendency towards suicide was also predicted by rental housing, the greater the percentage of the population living in rental housing the less the tendency towards suicide. The inverse of the unemployment rate also predicted the SHR. Given that the measure follows an inverse function, the greater the unemployment rate the lesser the tendency towards suicide relative to homicide (SHR). We can interpret the results relative to a homicidal tendency in the SHR: the greater the low education percentage of the population, the greater the homicidal tendency, and the greater the rental housing percentage, the greater the homicidal tendency in the SHR.
Conclusion The results are consistent with a stream of previous research that connects deprivation with a relatively high probability for disadvantaged populations to direct aggression outwardly in the form of homicide rather than inwardly in the form of suicide.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW263

Structure and function of social networks, loneliness, and their association with mental disorders among older men and women in Ireland: A prospective community-based study

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Introduction Interpersonal stressors and social isolation are detrimental for emotional health, but how these factors are related to loneliness and altogether influence risk for mental disorders is not well understood.
Objectives To examine the mediating role of loneliness in the associations of relationship quality and social networks with depressive symptoms, anxiety, and worry among a sample of Irish men and women in late-life.
Aims To determine the gender-specific risk for mental disorder associated with poor social relationships and loneliness among older adults.
Methods Data came from the Irish Longitudinal Study on Ageing (TILDA). Nationally representative data on 6105 community-dwelling adults aged > 50 years were analyzed. Follow-up data was obtained two years after cohort inception. Multivariable linear regressions and mediation analyses were used to assess the associations. Analyses were stratified by gender.
Results Better spousal relationship quality was protective against depressive symptoms and worry for men. For both genders, support from friends was protective against depressive symptoms, and better relationship quality with children was protective against depressive symptoms and worry. Social network integration was inversely related to depressive symptoms for men. Loneliness significantly mediated most associations (Tables 1–3).

Table 1 Loneliness[a] as a mediator of the link between relationship quality[b], social networks[c] and depressive symptoms[d] at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support from spouse						
- Total	0.021	-0.140-0.181		**-0.336**	**-0.566--0.106**	
- Direct				**-0.257**	**-0.484--0.030**	
- Indirect				**-0.079**	**-0.128--0.029**	**23.5**
Social strain from spouse						
- Total	0.102	-0.060-0.265		**0.217**	**0.057-0.377**	
- Direct				0.132	-0.026-0.290	
- Indirect				**0.085**	**0.041-0.129**	**39.1**
Social support from children						
- Total	**-0.375**	**-0.575--0.175**		**-0.135**	**-0.264--0.007**	
- Direct	**-0.316**	**-0.515--0.117**		-0.112	-0.239-0.016	
- Indirect	**-0.059**	**-0.103--0.015**	**15.7**	-0.024	-0.053-0.005	17.5
Social strain from children						
- Total	**0.186**	**0.007-0.365**		0.074	-0.079-0.228	
- Direct	0.134	-0.046-0.314				
- Indirect	**0.052**	**0.003-0.100**	**27.8**			
Social support from other family members						
- Total	-0.084	-0.192-0.024		-0.029	-0.122-0.063	
- Direct						
- Indirect						
Social strain from other family members						
- Total	0.154	-0.014-0.323		0.066	-0.118-0.250	
- Direct						
- Indirect						
Social support from friends						
- Total	**-0.143**	**-0.272--0.014**		**-0.113**	**-0.205--0.021**	
- Direct	-0.121	-0.250-0.008		-0.070	-0.162-0.022	
- Indirect	-0.022	-0.048-0.004	15.5	**-0.043**	**-0.068--0.019**	**38.3**
Social strain from friends						
- Total	0.087	-0.103-0.278		0.080	-0.102-0.263	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.089	-0.425-0.248		**-0.371**	**-0.656--0.087**	
- Direct				-0.254	-0.541-0.032	
- Indirect				**-0.117**	**-0.195--0.039**	**31.5**

CI: confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 depressive symptoms (CES-D) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
[a] The mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
[b] The scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
[c] The scale for social networks (SNI) ranged from 1 (most isolated) to 4 (most integrated).
[d] W2 Depressive symptoms (CES-D). The scale ranged from 0-60, with higher scores indicating more depressive symptoms.