

Introduction Depression is a complex disease associated with sleep, appetite and body weight disturbances as well as with the level of physical activity, all of which may be the risk factors for the development of metabolic disorders. Different physiological mechanisms as well as psychosocial factors such as gender, age, smoking, stress level, nutrition and level of physical activity can affect the metabolic syndrome (MS) development in depressed patients. It is considered that chronic stress causes depression and subsequent poor lifestyle that can lead to the MS development, which results in increased incidence of cardiovascular disease.

Aim To determine the psychosocial and clinical characteristics of depressed patients with MS diagnosis.

Methods Cross-sectional study was conducted on a sample of 80 patients suffering from depressive disorder. The structured socio-demographic questionnaire, MINI questionnaire, Hamilton Rating Scale for Depression (HAM-D-17) and the Clinical Global Impression Scale (CGI) were used as diagnostic instruments. MS diagnosis was made according to NCEP/ATP III criteria.

Results Depressive patients with MS diagnosis had a significantly higher frequency of suicide attempts, while MS diagnosis significantly more frequently was present in female patients. Increased intake of carbohydrates was an important characteristic of the depression as well as MS.

Conclusion Further studies are needed in order to explain the observed gender differences, and whether interventions focused on the treatment of depression may contribute to the acceptance of healthy lifestyles, particularly in changing of dietary habits, and thus indirectly contribute to the reduction of MS frequency.

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EW185

Self-esteem and emotional distress in a population of unemployed persons

K. Medhaffar*, I. Feki, R. Sellami, I. Baati, D. Trigui, I. Abida, J. Masmoudi

Hédi Chaker University Hospital, Psychiatry "A", Sfax, Tunisia

* Corresponding author.

Introduction For most individuals, basic life requirements are met through employment. It can satisfy creative urges, promote self-esteem, and provide an avenue for achievement and self-realization.

Objective To assess the level of depression, anxiety and self-esteem in a population of unemployed persons.

Method It was a cross-sectional study involving unemployed people we met in the office of employment of Sfax in Tunisia. The level of anxiety and depression was assessed by the Beck depression and anxiety inventories. The self-esteem Rosenberg scale allowed us to evaluate the level of self-esteem of our population.

Results The average age of our subjects was 33 years six months. The average duration of unemployment of our population was 4 years 7 months and 38.2% of them had never worked before. The anxiety level was moderate in 38.2%, while moderate to severe depression was found in 47%. Self-esteem was low to very low in 47.1%. A low level of depression was positively correlated with a low socioeconomic level ($P=0.000$), a low level of anxiety ($P=0.000$) and a high self-esteem level ($P=0.000$).

Conclusion People with strong support systems and greater self-esteem seemed to experience less unemployment stress. Identifying those who are at high risk for psychological and physical problems and finding ways of preventing them from suffering the adverse effect of unemployment are important areas for further study.

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EW188

Apathy and depression: Which clinical specificities?

J. Palaric

Saint Ave, France

Introduction Apathy is a transnosographical symptom that is often described in psychiatric and neurological illness. The most known definition, proposed by Marin (1991), is a lack of goal-directed voluntary behavior. Apathy and depression may be present together but they are clinically independent. The confusion between signs of apathy and those of depression might reveal diagnostic and treatment issue. Our aim is to define a clinical profile of apathetic patients (Ap) with depression, hypothesizing there is a different clinic profile than non-apatetic patients (NAP).

Method Seventy adults diagnosed with depression were included in a comparative, non-randomized and open cohort, since November 2014. Clinical assessments targeted clinical scale evaluations (MINI, AES, MADRS, STAI, SHAPS). Patients were separated in two groups, Ap VS NAP, using a 42 points cut-off at AES score.

Results Ap represent 30%; $n(\text{Ap})=21$, $n(\text{NAP})=49$. Depressive severity scores (MADRS) are lower in the Ap group; $W\text{-test}=672$, $P=0.044$. State anxiety scores (STAI-A) are lower in Ap group; $W\text{-test}=739$, $P=0.004$. Anhedonia scores (SHAPS) are lower in Ap group; $W\text{-test}=412$, $P=0.004$. Pearson test show negative correlation between AES/STAI-A ($r=-0.27$; $P=0.02$); AES/SHAPS ($r=-0.45$; $P=0.001$).

Conclusion Apathetic patients suffering from depression seem to present different clinical pattern in term of anxiety and anhedonia. These results are high of interest for therapeutic and further studies focus on pathophysiological issues.

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EW190

The role of augmentation treatment with second-generation antipsychotics in major depression disorder—current evidence in the literature

E. Pereira*, F. Coutinho, M. Marinho, C. Hipólito-Reis

Centro Hospitalar de São João, Clinic of Psychiatry and Mental Health, Porto, Portugal

* Corresponding author.

Introduction Major depressive disorder (MDD) is a chronic mental illness with a considerable lifetime prevalence in adult men and women. Only a third of MDD patients remit following adequate antidepressant treatment, while most suffer from significant core depressive or residual symptoms during their clinical course. Augmentation treatment with second-generation antipsychotics (SGAs) has been one of the suggested approaches to overcome this shortage of efficacy of antidepressant therapy.

Objectives To review the role of SGAs as an augmentation strategy to antidepressant therapy in MDD.

Methods A search of the MEDLINE/Pubmed database was conducted for articles from 2010 to 2015, using the MeSH terms “antipsychotics”, “depression” and “treatment”.

Results There is a general consensus in the literature that antidepressant augmentation treatment with SGAs is more effective than placebo in the management of patients with MDD who failed to respond adequately to antidepressant therapy alone. The majority of studies found no significant differences between the different studied drugs (namely, aripiprazole, quetiapine, olanzapine and risperidone). On the other hand, discontinuation rates due to adverse effects are also higher with SGAs versus placebo. However, it remains unclear if augmentation with SGAs is more effective than