

– 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.

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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.

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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.

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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-