

Conclusion The late life depression persists with CBF abnormalities in the remitted state. And it is implicit that hyperperfusion in the left brain cortex and hypoperfusion in the right brain cortex could be the specific form to RGD patients.

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

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EV518

Civilization syndrome. New diagnosis and new therapeutic approach

B. Łoza*, M. Polikowska

Medical University of Warsaw, Psychiatry, Warsaw, Poland

* Corresponding author.

Introduction Although the relationship between the content of stress and serious diseases, such as depression is not so obvious, underlying mechanisms encouraging more and more authors to define a 'civilization syndrome' as a link between our modern lifestyle, the civilization we live and psychosocial health problems. With regard to the 'civilization syndrome', there are several new candidates that have been spotted as the challenges for psychiatric research, like burnout, infertility and solitude. All these phenomena seem to increase epidemically and require urgent conceptual and therapeutic studies.

Aim . The program was addressed to three groups of patients with burnout, infertility, and social relationship/loneliness crisis.

Method Using the new stress reduction program (SRP), engaging both pharmacological and psychotherapeutic approach, and also several lifestyle factors, like physiotherapy, nutrition aspects, coaching, social media contact and monitoring, most of patients improved in terms of emotional and behavioral markers, in short- and long-term (4–6 months) observations.

Material Patients and clients (N43) with F3.x-F4.x disorders according to ICD-10.

Results A variety of PRS scales were used to assess patients' improvement outcomes. Significant reductions (4–6 months) were observed at Maslach Burnout Inventory (–23.4%, $P=0.000$), Fertility Problem Inventory (–34.5%, $P=0.000$), UCLA Loneliness Scale, ver. 3 (–43.3%, $P=0.000$), and Perceived Stress Scale (44.0%, $P=0.000$).

Discussion This program interplays between stress and mental health problems and opens up new possibilities for diagnosis and therapy, focusing on the challenges of civilization, and especially opens up preventive options in stress-related problems and diseases, which represent a growing health burdens in modern society.

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Metabolic dysregulation as predictor for the course of late-life depression

R. Marijnissen^{1,*}, N. Vogelzangs², M. Mulder³, R. van den Brink⁴, H. Comijs², R. Oude Voshaar⁴

¹ Wolfheze, Netherlands

² VU University Medical Center, Department of Psychiatry/GGZinGeest & Institute for Extramural Medical Research EMGO, Amsterdam, Netherlands

³ Arnhem, Netherlands

⁴ University Medical Center Groningen- University of Groningen, University Center of Psychiatry & Interdisciplinary Center for Psychopathology of Emotion Regulation, Groningen, Netherlands

* Corresponding author.

Introduction Depression is associated with the metabolic syndrome (MS). Recently, the concept of 'metabolic depression' has been proposed based on a protracted course of depressive symptoms over time.

Objective and aims Within the Netherlands study of depression in older persons, we examined whether metabolic dysregulation predicted the two-year course of depression.

Methods A cohort study ($n=285$) of depressed persons (≥ 60 years) with two-year follow up. Depression was classified according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Severity of depression was assessed with sum score as well as subscale scores of the Inventory of Depressive Symptomatology (IDS) at six-month intervals. The metabolic syndrome was defined according the National Cholesterol Education Program (NCEP-ATP III). We applied logistic regression and linear mixed models adjusted for a wide range of confounders and severity of depression at baseline.

Results The number of MS-components predicted non-remission at two-years (OR=1.28 [95% CI: 1.00–1.58], $P=0.047$), which was driven by waist-circumference, HDL-cholesterol and triglycerides. MS was only associated with the somatic symptom subscale score of the IDS over time, but not with its sum score (interaction time \times somatic subscale, $P=0.002$). This effect was driven by waist circumference, elevated fasting glucose level and hypertension.

Conclusion Metabolic dysregulation predicts the course of late-life depression. This effect seems to be driven by visceral obesity (as indicated by the waist circumference) and lipid dysregulations and with respect to the somatic symptoms of depression.

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EV520

The role of self-compassion in lifetime history of depression: A study in Portuguese pregnant women

E. Bento¹, S. Xavier¹, J. Azevedo¹, M. Marques^{1,2}, M.J. Soares¹, M.J. Martins^{1,3,*}, P. Castilho³, N. Madeira², A. Macedo^{1,2}, A.T. Pereira¹

¹ Faculty of Medicine-University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

² Coimbra Hospital and University Centre-Portugal, Psychiatry, Coimbra, Portugal

³ Faculty of Psychology and Educational Sciences - University of Coimbra, CINEICC, Coimbra, Portugal

* Corresponding author.

Introduction Although self-compassion has been pointed as an effective strategy for coping with depression, there are not any studies investigating its association with lifetime history of depression (LTHD).

Objective To compare self-compassion levels in pregnant women with vs. without LTHD and to analyze if self-compassion dimensions are significant predictors of LTHD.

Methods Four hundred and twenty-seven pregnant women with a mean age of 33 years (± 4.785) in their second trimester of pregnancy completed the Self Compassion Scale validated for pregnancy (SCS; Bento et al., 2015) and a new self-report questionnaire to evaluate the presence of LTHD according to DSM-5 criteria for depression.

Results Ninety-seven (23.0%) women had LTHD. Bisserial Spearman correlations between LTHD and SCS total score were significant, negative and moderate ($r=-0.31$). SCS subscales, except Common Humanity, showed significant correlations: Self-Kindness/SK ($r=-0.130$), self-judgement (SJ) (0.313), isolation (0.357), mindfulness ($r=-0.102$), over-identification (OI) ($r=0.393$). Independent sample t tests revealed that women with vs. without LTHD had significantly lower levels of total SCS, SK and Mindfulness scores and higher levels of SJ, Isolation and OI. Logistic regression (assumptions were fulfilled, Tabachnick and Fidell, 2007) showed that the SCS explained 26.7%–43.6% of the LTHD vari-