uled (5.2%), difference was statistically significant ($P < 0.05$). Mean age, was 59.52 years for involuntary admissions, 61.7 for voluntary and 63.6 years for scheduled, with a statistically significant difference ($P < 0.05$). Gender differences were not significant.

Conclusions Most depressive disorders were hospitalized voluntarily. However, a relevant percentage of patients required involuntary hospitalization. Younger patients presented a higher ratio of involuntary hospitalization. Reasons for involuntary hospitalization needs should be further studied.

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EV531

Depression in pregnancy associated with lower consumption of salads

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Introduction A considerable amount of studies support the association of depression with nutritional factors, especially fruit and vegetables. Little evidence exists concerning mood and nutritional habits of pregnant women in Greece.

Objective Our specific objective was to examine potential relationships between fruit and vegetable consumption and depression in pregnant women.

Aims The overall aim of this study was to investigate the nutritional habits and the depression level of healthy pregnant women in Greece.

Method Eighty-eight healthy pregnant women, aged 25–44 years (mean± standard deviation: 32.41 ± 3.9), were studied with the aid of a questionnaire addressing eating habits and the Beck Depression Inventory (BDI).

Results Twenty-four women were found having mild to moderate depression (score 20–24, according to BDI) associated with lower consumption of salads ($P < 0.05$). No association was found between depression and consumption of fruit or fruit juices, or prescribed supplements (Ca, Fe, Mg, folic acid).

Conclusion Interestingly, in our sample an association of depression in pregnancy was found with the consumption of salads but not fruit or fruit juices. The presence of vitamin B in vegetables is one of the factors differentiating them from fruit. So it might be a crucial element for further research.

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

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EV532

Mindfulness, self-compassion and depressive symptoms in pregnant women

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Introduction Depressive symptoms in pregnancy are risk factors for postpartum depression and associated to adverse child outcomes (Glover, 2014). Depressive symptoms decreases after participation in mindfulness and self-compassion based interventions for pregnant women (e.g. Goodman et al., 2014). However, apart from intervention trials, there are not studies on the relationship between mindfulness, self-compassion and depressive symptoms in pregnancy (Zoeterman, 2014).

Objective To explore the association between mindfulness, self-compassion and depressive symptoms in pregnant women.

Methods Four hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy completed a set of self-report questionnaires validated for pregnancy: Facets of Mindfulness Questionnaire-10 ([FMQ-10]; Azevedo et al., 2015; to evaluate Nonjudging of experience/NJ, acting with awareness (AA) and observing and describing (OD), Self-Compassion Scale ([SCS]; Bento et al., 2015; to evaluate self-kindness, self-judgment, common humanity [CH], isolation, mindfulness and over-identification [OD]) and Postpartum Depression Screening Scale-24 (PDSS-24; Pereira et al., 2013). Only variables significantly correlated with the outcomes were entered in the multiple regression models.

Results FMQ-10 and SCS Total scores were both significant predictors of PDSS-24 ($B = -0.294, -0.272$). Derealization and failure predictors were NJ and Isolation ($B = -0.234; 0.384$); Suicidal ideation predictor was NJ, OD and isolation ($B = -0.152; -0.115; 0.334$); concentration difficulties and anxiety predictors were isolation and CH ($B = 0.296; -0.201$); Sleep difficulties predictors were AA and isolation ($B = -0.199; 0.248$) (all $P < 0.05$).

Conclusions Mindfulness and self-Ccompassion dimensions, particularly nonjudging of experience, acting with awareness, observing and describing are protective correlates of antenatal depressive symptoms. Isolation is a correlate of PD in pregnancy.

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EV533

Somatic symptoms as measured by SSI-26 (Somatic Symptom Inventory) correlate with social and physical functioning (SF36) in depressed patients. The relative contribution of anhedonia

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According to the DSM5, Somatic Symptom Disorder (SSD) is characterized by somatic symptoms that are either very distressing or result in significant disruption of functioning. These criteria are significantly different compared with previous editions of DSM. For example, the DSM-IV diagnosis of somatization disorder required a specific number of complaints from among four symptom groups, however the SSD criteria no longer have such a requirement. Nevertheless somatic symptoms must be significantly distressing or disruptive to daily life. Very few studies have focussed on the influence of suffering anhedonia on the perception of somatic symptoms and how this impact on Health

Related Quality of Life (HRQoL), particularly physical functioning. We studied the relative impact of somatic symptoms on the social and physical functioning in depressed patients. Moreover we have explored the influence of anhedonia as measured by the Snaith-Hamilton Anhedonia Pleasure Scale (SHAPS). We analysed the correlations between the scores of the 8 dimensions of the SF-36, the SSI-26 and the SHAPS questionnaires. The results show a significant correlation between SSI-26 score and physical functioning ($r = -0.565$; $P < 0.001$), role physical ($r = -0.551$; $P < 0.001$), bodily pain ($r = -0.659$; $P < 0.001$), general health ($r = -0.534$; $P < 0.001$), vitality ($r = -0.481$; $P = 0.001$), social functioning ($r = -0.302$; $P = 0.044$) and mental health ($r = -0.461$; $P = 0.001$). Additionally, SHAPS score correlates with vitality ($r = -0.371$; $P = 0.012$), social functioning ($r = -0.574$; $P < 0.001$) and mental health ($r = -0.445$; $P = 0.002$). The results demonstrated that both somatic symptoms and level of anhedonia negatively correlate with HRQoL, suggesting a potential relationship between level of anhedonia and some somatic symptoms. This could impact on the diagnosis and treatment of depressed patients with somatic symptoms and anhedonia.

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

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EV534

First evidence for glial pathology in late life minor depression: S100B is increased in males with minor depression

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Minor depression is diagnosed when a patient suffers from two to four depressive symptoms for at least two weeks. Though minor depression is a widespread phenomenon, its pathophysiology has hardly been studied. To get a first insight into the pathophysiological mechanisms underlying this disorder we assessed serum levels of biomarkers for plasticity, glial and neuronal function: brain-derived neurotrophic factor (BDNF), S100B and neuron specific enolase (NSE). Twenty-seven subjects with minor depressive episode and 82 healthy subjects over 60 years of age were selected from the database of the Leipzig population-based study of civilization diseases (LIFE). Serum levels of BDNF, S100B and NSE were compared between groups, and correlated with age, body-mass index, and degree of white matter hyperintensities (score on Fazekas scale). S100B was significantly increased in males with minor depression in comparison to healthy males, whereas other biomarkers did not differ between groups ($P = 0.10$–0.66). NSE correlated with Fazekas score in patients with minor depression ($r_s = 0.436$, $P = 0.048$) and in the whole sample ($r_s = 0.252$, $P = 0.019$). S100B correlated with body mass index ($r_s = 0.246$, $P = 0.031$) and with age in healthy subjects ($r_s = 0.345$, $P = 0.002$). Increased S100B in males with minor depression, without alterations in BDNF and NSE, supports the glial hypothesis

of depression. Correlation between white matter hyperintensities and NSE underscores the vascular hypothesis of late life depression.

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EV535

Prevalence of depressive disorders in andalusia: Results from the PISMA-ep study

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Introduction   Depressive disorders are the most prevalent mental diseases and they cause a major impact in our society.
Objectives   The objective of this study is to establish the prevalence of depressive disorders in Andalusia.
Aims   The aim is to provide useful information regarding this prevalent and disabling condition, in order to contribute to its prevention and treatment.
Methods   Our results proceed from the PISMA-ep study, undertook in Andalusia. In this cross-sectional community based study, 4507 participants between 18 and 75 years of age were interviewed by fully trained professionals. The main diagnostic tool was the Spanish version of the MINI Neuropsychiatric International Interview.
Results   Our sample consists of 4507 participants. 50.9% of them were females. Mean age was 42.8 years. The estimated one-month prevalence of any mood disorder was 7.9% (7.1–8.6). The estimated one-month prevalence of major depression was 6, 4% (5.6–7.1). The prevalence of the other measured depressive disorders were as follows: Recurrent depressive episode: 3.7% (3.2–4.3), Melancholic depression: 3% (2.5–3.5), Severe depressive episode with psychotic symptoms: 1.4% (1.1–1.8).
Conclusions   The PISMA-ep is the first large mental health epidemiological study ever developed in the largest region of Spain. The results obtained in this region show a higher prevalence of depressive disorders in Andalusia, when compared with prior studies that used a nationally representative sample (i.e. the ESEMeD study). The reasons for this higher prevalence are yet to be explored.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EV536

Aspects of quality of life in depression

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Introduction   The quality of life in patients with depression may be a measure of the efficiency of its management. Although quality of life is a subjective concept, difficult to assess, it may be reflected