about a recently deceased adult, using structured diagnostic interviews (SCID and SIDP-IV). Diagnostic summaries, coroner's reports and police records were reviewed by a psychiatrist, a psychologist, a social worker, and a neuroscientist until agreement was reached about final diagnosis. The final sample included 40 adults who met criteria for OCPD (18 had died by suicide; 20 had died by natural causes). An additional 40 cases were examined in which evidence of PD was absent (19 had died by suicide; 18 had died by natural causes).

**Results:** The diagnosis of a Major Depressive Disorder was significantly more common in suicide completers with OCPD compared to suicide completers without OCPD ($X^2 = 6.74$, $p < .01$) or cases of natural death with OCPD ($X^2 = 12.70$, $p < .001$). Suicide completers with OCPD displayed many symptoms of depression, more often than suicide completers without OCPD or cases of natural death with OCPD (see Table 1). As compared to the cases of natural death, both groups of suicide completers were more likely to have previously attempted suicide prior to their final act ($X^2 = 8.52$, $p < .05$).

**Table 1.** Comparison of four groups using psychological autopsy procedures to identify the presence of diagnostic criteria for a Major Depressive Episode at the time of death.

| | OCPD Suicide | OCPD Natural Death | No PD Suicide | No PD Natural Death | $X^2$ |
|---|---|---|---|---|---|
| Sad mood | 82.4% | 36.8% | 78.9% | 50.0% | 11.38 ** |
| Sleep disturbance | 82.4% | 38.9% | 73.7% | 46.7% | 9.53 * |
| Feelings of worthlessness | 60.0% | 38.9% | 84.2% | 17.6% | 17.49 *** |
| Reduced concentration | 58.8% | 27.8% | 57.9% | 14.3% | 9.89 * |
| Recurrent suicidal ideation | 88.2% | 26.3% | 78.9% | 0.0% | 35.57 *** |
| Loss of pleasure | 82.4% | 38.9% | 73.7% | 40.0% | 10.80 ** |
| Psychomotor changes | 50.0% | 33.3% | 61.1% | 26.7% | 5.04 |
| Reduced energy | 64.7% | 44.4% | 63.2% | 33.3% | 4.12 |
| Change of appetite | 70.6% | 26.3% | 42.1% | 31.3% | 8.37 * |

Note: *= p < .05; **= p < .01; ***= p < .001

**Conclusions:** Adults with OCPD appear vulnerable to a Major Depressive episode, and the combination of MDD with OCPD creates a significant risk for death by suicide. It is important to appreciate the influence of personality disorder or depression and suicide risk.

**Disclosure of Interest:** None Declared

## EPP0188

## Resveratrol supplementation enhanced SSRIs efficacy in premenopausal women with major depressive disorder

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**Introduction:** Premenopausal period is characterized by cognitive and mood disorders in women (Weber et al. J. Steroid Biochem. Mol. Biol. 2014;142:90–98). Resveratrol (3,5,4′-trihydroxy-trans-stilbene) is a phytoestrogen present in the skin of a range of foods including red grapes, blueberries and peanuts. Resveratrol can act through multiple mechanisms, including binding and activation of estrogen receptors (ER), to increase nitric oxide bioavailability and thereby facilitate the endothelium-dependent vasodilatation necessary for adequate cerebral perfusion (Xia et al. Molecules. 2014;19:16102–16121). Some evidences indicate that resveratrol can improve cognitive processes and emotional state (Kodali et al. Sci. Rep. 2015;5:8075).

**Objectives:** The aim of the present study was to compare the efficacy the combined treatmnet of SSRIs (vortexine, escitalopram, sertraline and fluoxetine) plus resveratrol (50 mg twice per day) for 6 months therapy on the affective profile of premenopausal woman with clinically confirmed Major Depressive Disorder (MDD)

**Methods:** For the assessment of affective profile in premenopausal women (35-45 years) with clinically confirmed MDD, we used the different tests: Montgomery-Asberg Depression Rating Scale (MADRS) and Shihan Anxiety Scale (ShARS Scale).

**Results:** After 6 months of SSRIs plus resveratrol therapy, MADRS Scale showed more significant improvement of the depressive symptoms in premenopausal women with clinically confirmed MDD compared to the SSRIs treatment alone (p>0,05). Moreover, these patients demonstrated a significantl low anxiety state using ShARS Scale.

**Conclusions:** Thus, our pilot clinical study clearly demonstrated that co-treatment with SSRIs plus resveratrol (50 mg twice per day) was able to enhance the therapeutic effects of SSRIs on the affective-related symptoms in premenopausal women. We need to create new approaches to treat the premenopausal women with MDD using a combination of SSRIs with resveratrol.

**Disclosure of Interest:** None Declared

## EPP0189

## Perceived family functioning and its association with depressive symptoms severity and quality of life in patients with major depressive disorder

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**Introduction:** Studies have shown that family factors affect the development, maintenance and course of major depressive disorder (MDD).
**Objectives:** The present study aimed to prospectively investigate whether dysfunctional family functioning is associated with meaningful clinical outcomes including symptom severity and quality of life (QoL) in patients with MDD.
**Methods:** A total of 114 patients with a clinical diagnosis of MDD (83.3% females, aged 47.25±13.98 years) participated in the study. Participants were recruited from the outpatient clinic, Department of Psychiatry and the mobile mental health unit of the University Hospital of Heraklion in Crete, Greece, and from a Greek online depression peer-support group. Family functioning was assessed in terms of cohesion, flexibility, communication and satisfaction dimensions (FACES IV) at baseline. Depression severity (BDI) and QoL (WHOQOL-BREF) were assessed about 10 months after the baseline assessment (9.56±2.52).
**Results:** Conceptually, the cohesion dimension contains Balanced Cohesion (central area) with Disengaged (low unbalanced) and Enmeshed (high unbalanced) dimension, and the flexibility dimension contains Balanced Flexibility (central area) with Rigid (low unbalanced) and Chaotic (high unbalanced) dimension. Multivariable analysis adjusting for confounding variables such as patients' educational level, residence, family structure, pharmacotherapy, psychotherapy, and history of suicide attempts indicated that Balanced Cohesion was positively associated with increased levels of patients' psychological QoL. Moreover, two out of four unbalanced scales - Enmeshed and Chaotic - were negatively related to lower psychological QoL. The findings also demonstrated that Enmeshed scale was positively associated with higher depressive symptoms. Finally, lower family communication was related to increased depressive symptoms, whereas lower family satisfaction was associated with patients' lower psychological QoL.
**Conclusions:** Family environmental factors appear to play an important role in clinical outcomes of MDD. Family interventions targeting dysfunctional family interactions by promoting awareness of family dynamics could improve the emotional well-being of patients with MDD.

**Disclosure of Interest:** None Declared

## EPP0190

### Five-factor personality dimensions and their associations with early maladaptive schemas in individuals with major depressive disorder

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**Introduction:** Major depressive disorder (MDD) is the third leading cause of disease burden, accounting for 4.3% of the global burden of disease. Personality traits, as described in the Five-Factor Model, are consistently associated with individual's well-being and mental health. Early Maladaptive Schemas (EMS) are self-perpetuating dysfunctional cognitive structures that have been linked with psychological health and play a significant role in developing and maintaining psychological distress. Both personality traits and EMS have been extensively studied as contributors to MDD symptoms.
**Objectives:** To our knowledge, very few studies have attempted to link personality to EMS in clinical samples. The present study aimed to investigate the association between EMS with personality traits of Five-Factor Model in a clinical sample of patients with MDD in Crete, Greece.
**Methods:** Two hundred and two patients with a clinical diagnosis of MDD (81.7% females, aged 47.75±14.06 years) participated in the study. The Traits Personality Questionnaire was used to measure personality traits in terms of neuroticism, extraversion, openness, agreeableness, and conscientiousness dimensions. The Young Schema Questionnaire-Short Form 3 (YSQ-SF 3) was used to evaluate 18 EMS which are grouped in five domains: disconnection and rejection, impaired autonomy and performance, impaired limits, other-directedness, and overvigilance and inhibition.
**Results:** Significant associations between EMS and personality traits were found. Specifically, a higher level of all EMS domains was found in patients with MDD scoring higher in neuroticism and lower in extraversion, conscientiousness and agreeableness (apart from the association of agreeableness with other-directedness which was non-significant). Openness was negatively related to other-directedness.
**Conclusions:** Although causal inferences cannot be made due to the cross-sectional design of the present study, our findings are in accordance with Schema Therapy that affirms a relationship between innate temperament and EMS. Future research should examine whether psychological interventions focusing at healing EMS will contribute to alteration of personality traits.

**Disclosure of Interest:** None Declared

## Obsessive-Compulsive Disorder

## EPP0191

### A case of outpatient treatment in a 58-year-old woman with hoarding disorder and hallucinations.

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**Introduction:** In hoarding disorder the patient has a strong tendency to collect and accumulate objects with or without value and great difficulty in destroying them.
In this case, a 58-year-old woman diagnosed with a hoarding disorder 5 years ago, came to a psychiatry clinic due to frequent