



Fig. 1

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1980>

EW0112

Study on dimensional facets of personality as putative mediating factors for perinatal depression and anxiety in women who gave birth in Timis County

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Introduction Antepartum depression has garnered wide recognition from the scientific community in recent years. This has led to the replacement of the term postpartum with perinatal in the 5th edition of the DSM with regards to pregnancy associated depression. Personality may play a significant role in the susceptibility for developing perinatal depression.

Objectives The current research aimed to analyze the role of different facets of personality in mediating the occurrence of both, perinatal depression and perinatal anxiety, in women who gave birth in our region.

Methods A prospective survey was conducted at "Bega" Clinic Timisoara in 118 women being monitored during their antepartum period. Of these, 80 women attended to the second assessment between 6 to 8 weeks of their postpartum period. Postnatal depression was assessed by the Edinburgh Postnatal Depression Scale using a cut-off > 13. Personality was assessed by using the NEO-FFI Inventory that is five-factor model based.

Results The presence of antepartum depression was identified in 28 (23.7%) of pregnant women while postpartum depression was detected in 7 new mothers (8.8%). Among the NEO-FFI Inventory factors only Neuroticism had significant higher mean scores in both antepartum and postpartum depressive women ($P=0.003$ and $P=0.016$ respectively). There were also significant correlations between Neuroticism and antepartum and postpartum levels of both trait and state anxiety.

Conclusions In the psychological management and approach of delivering women Neuroticism should be taken into account as a possible mediating factor for both depression and anxiety during their perinatal period.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1981>

EW0113

The subjective perception of time as a factor of the course of depressive disorders

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Introduction Personal peculiarities of the individual are the separate significant factor of formation and course of depression that has a predictive value.

Objectives Investigation of an emotionally significant attitude of patients to their past, present, future and also depending on the severity of depressive symptoms.

Methodology Forty patients with depressive episodes (F 32.0, F 32.1, F 32.2) and 35 persons without mental disorders were examined. An integrated approach was applied using the method of "Semantic time differential".

Results Correlation analysis showed that in mild depression patients experienced their present condition changed, it is associated with emotional assessment of the past ($r=-0.441$) and extrapolated their experiences for the future—feeling doubt about their implementation in the future, including its activity ($r=-0.484$) and size ($r=-0.523$). In an moderate degree of depression patients in the present acutely realized that they had depression and from the point of view of this condition perceived their past and future—feeling a structureness and size of the past ($r=0.500$) and worrying about the emotional background, structureness and activity of the future ($r=-0.500$, $r=-0.756$ and $r=-0.500$, respectively). In severe depression patients did not associate their condition with the past, realized the presence of depression in the present, and did not expected to improve their emotional conditions in the future ($r=-0.432$).

Conclusions The data can be used to assess the dynamics of patient's conditions with depressive episodes as well as to develop an adequate psychotherapy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1982>

EW0114

Cognitive impairment in major depressive disorder and severe depressive episode with psychotic symptoms

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Introduction Cognitive impairment in patients with depressive disorder is a subject of intensive research.

Objectives This study deals with the cognitive impairment in patients with severe depressive episode with psychotic symptoms and patients with major depressive disorder during the acute state of illness.

Aims The aim was to define domains and the level of cognitive impairment in both groups of patients.