ity of wide and safe use of agomelatine for treatment of depression in patients with CVD.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1508

EV524

Premorbid temperament as a predictor for remission in depression

J. Miettunen [1,*], R. Marttila [2], N. Rautio [2], E. Roivainen [3], S. Keinänen-Kiukaanniemi [2], L. Ala-Mursula [2], J. Auvinen [2], M. Timonen [2]
[1] *Oulu, Finland*
[2] *University of Oulu, Center for Life Course Epidemiology and Systems Medicine, Oulu, Finland*
[3] *Verve Rehabilitation, Oulu, Finland*
* *Corresponding author.*

Introduction Personality traits have been associated with risk for depressive disorders. Studies with premorbid measures on personality are uncommon.

Objective Estimate effect of premorbid personality as a predictor for remission in depressive disorders.

Aim To study premorbid personality as a predictor for remission in depression in a population based sample.

Methods The sample is based on the large Northern Finland Birth Cohort 1966. Temperament traits were measured at age 31 years using the Temperament and Character Inventory. At the age of 46 years depressive symptoms were measured using the Beck Depression Inventory – II (BDI). The sample included those with self-reported life-time depression history at age 46 years but not yet at age 31 years ($n = 298$). Temperament at age 31 years was used to predict remission (BDI$\leq$13) at age 46 years using logistic regression analysis, with gender and educational level as confounders. Cohen's d was used as effect size measure.

Results Two hundred and one (67.4%) of individuals with self-reported depression were on remission at the follow-up. Low harm avoidance (total scale, and subscales anticipatory worry, shyness, and fatigability), low impulsiveness and high exploratory excitability (subscales of novelty seeking), and low sentimentality (subscale of reward dependence) predicted significantly remission with effect sizes between 0.28 and 0.45, highest effect being in harm avoidance.

Conclusions Different temperament traits were able to predict remission status in depression. Effect sizes were between small and moderate. Temperament may associate with treatment response in depression.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1509

EV525

The importance of art therapy in the integrative treatment of recurrent depressive disorder – case study

J. Pavlovic Stojkovic [1], M. Milosavljevic [1,*], M. Vukovic [1], L. Vidic [1], D. Lecic Tosevski [1,2,3]
[1] *Institute of Mental Health, Clinical Department for Crisis Situations and Affective Disorders, Belgrade, Serbia*
[2] *Serbian Academy of Sciences and Arts, Medicine, Belgrade, Serbia*
[3] *University of Belgrade, Medical Faculty, Belgrade, Serbia*
* *Corresponding author.*

An integrative treatment of patients with affective disorders during hospitalisation also includes art therapy. Art therapy, as a form of expressive therapy, uses the creative process to encourage communication, expression of feelings and offers the space for mutual mirroring. This paper presents a patient who has been treated for approximately five years under the diagnosis of a recurrent depressive disorder (F33) and mixed personality disorder (F61). The patient has been experiencing unrecognised and untreated problems of the depression spectrum since 1993, when he took part in the Yugoslav war. The main issue was the somatic symptoms (headaches, nausea etc). Another major problem during his psychiatric treatment and an additional cause of unsatisfactory therapeutic effect was his inability to verbalise his feelings. In the course of art therapy, when the patient was given a topic "How I see myself in five years", he drew a man who appeared to be sleeping and explained that he could not see himself in five years' time, since he would not be alive at the time and that he could not see a way out of the current situation. With the help of a supportive group, for the first time since the beginning of his treatment, he spoke about his thoughts and feelings of hopelessness, sorrow, alienation and loneliness. This enabled new insight into the patient's depression. This clinical example shows how art therapy and reaction of the group, which was supportive and highly associative, can turn the non-verbal into verbal and non-communication into communication.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1510

EV526

Toward evidence-based medical statistics: Re-evaluate the efficacy of antidepressants by using Bayes factors

R. Monden [1,*], D.V. Stijn [1], W. Klaas [1], R. Annelieke [1], M. Richard [2], W. Eric-Jan [3]
[1] *University Medical Center Groningen, Psychiatry, Groningen, Netherlands*
[2] *Cardiff University, School of Psychology, Cardiff, United Kingdom*
[3] *University of Amsterdam, Psychology, Amsterdam, Netherlands*
* *Corresponding author.*

Introduction Studies have been reported the similar efficacy of antidepressants (effect size around 0.3), and it is difficult for clinicians to select an antidepressant. This may partly due to the use of a p<.05 null-hypothesis significance testing (NHST) framework to evaluate "substantial evidence". This framework only allows dichotomous conclusions and does not quantify the strength of evidence supporting efficacy. In addition, meta-analyses based on publications may offer positively biased results due to selective publications.

Objectives Demonstrate that the Bayesian framework can provide valuable information on the strength of the evidence for drug efficacy.

Aims Re-evaluate the efficacy of FDA-approved antidepressants applied to anxiety disorders and depression by means of Bayes factors.

Methods To avoid selective publication, data of double-blind placebo-controlled trials for FDA-approved antidepressants for the treatment of anxiety disorders and depression were extracted from the FDA. Bayes factors (BFs) were calculated and compared with the results obtained under NHST framework.

Results A large variance of evidence for the efficacy of antidepressants was found for both depression and anxiety disorders. Among trials providing "substantial evidence" according to the FDA for anxiety disorders, only 27 out of 59 dose groups obtained strong support for efficacy according to the typically used cut-off of BF$\geq$20. For depression, all FDA-approved antidepressants had BF$\geq$20, except for bupriopion. Moreover, it was shown that the tested antidepressants can be differentiated based on the strength of evidence and effect size.

Conclusions The BFs quantified the comparative evidence base for the efficacy of antidepressants.