

EV0395

Body appreciation: A buffer against the impact of shame on depression

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Shame is defined as a painful affect, associated with the perception that one's personal characteristics and/or behaviours are seen by others as unattractive. Since it signals the possibility of rejection, high levels of shame associate with high psychological suffering and several psychopathological conditions, namely depression. In contrast, body appreciation is considered a set of attitudes of acceptance and affection towards one's body image, even when one is displeased with certain body characteristics, being therefore a disposition to self-soothing and care. Taking into account the association of body appreciation with healthy mental functioning, this study aimed at exploring the buffering effect of body appreciation against shame's impact on the display of depression symptoms. This hypothesis was tested through path analysis in a community sample of adult men and women. Results revealed body appreciation as a significant moderator of the association between external shame and depressive symptomatology. The tested model explained 45% of the variance of depressive symptomatology. A graphical representation allowed understanding that this moderator effect is particularly expressive in those who experience medium to high levels of shame. In these cases, men and women who present higher body appreciation tend to display fewer depression symptoms. These results seem to emphasize the importance of establishing a positive relationship with one's own body image, which appears to be protective either for men's and women's mental health. Considering its buffering effect of shame's impact on depression, upcoming interventions in this area could benefit from the assessment and cultivation of positive body image.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.725>

EV0396

Type D personality and metabolic syndrome in patients with depression

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Introduction Pathogenesis of metabolic syndrome (MS) and depression (MDD) is complex and insufficiently explored. In addition to chronic stress, psychotrauma, hypercortisolemia and immunological factors, some personality features may have an impact. Type D personality, most influential personality type in psychosomatic medicine, consists of two dimensions: negative affect (NA) and social inhibition (SI). Individuals with type D personality are more anxious, irritable and depressed and they do not share these emotions with others because of their fear of rejection. Type D personality was proven to be a risk factor for some MS components, as well as for the occurrence of depressive symptoms in cardiac patients.

Aim To investigate the association of type D personality with MS and its components in MDD patients.

Methods Cross-sectional study was conducted on the sample of 80 patients with depression and 40 healthy subjects as the control group. Mini International Neuropsychiatric Interview (MINI ques-

tionnaire) and Hamilton Rating Scale for Depression (HDRS-17) were used for the diagnosis of depression. Type D personality was determined by DS14 questionnaire. The MS diagnosis was made according to ATP III criteria.

Results The presence of type D personality did not significantly contribute to the probability of developing MS in patients with depression. NA was associated with abdominal obesity, low HDL-cholesterol and hypertension.

Conclusion Negative affect was proven to be an independent risk factor in the pathogenesis of obesity, hypertension, and reduced level of HDL-cholesterol, while type D personality in general did not have predictive value for the MS development.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.726>

EV0397

Peculiarities of depressive disorders of “working” emigrants and re-emigrants

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Introduction The problem of emigration and re-emigration in Ukraine is among the most actual state and social problems.

Objectives To research clinical-psychopathological peculiarities of depressions in “working” emigrants and re-emigrants.

Methodology The investigation was carried out in Ternopil Region. Psychogenic depressive disorders (F43.21 and F43.22 according to ICD-10) were diagnosed in 69 non-emigrants, 68 emigrants, and 67 re-emigrants; endogenous ones (F31.3, F31.4, F32.1, F32.2, F33.1, and F33.2 according to ICD-10) were diagnosed in 65, 66, and 63 persons correspondingly; and organic ones (F06.3 according to ICD-10) were diagnosed in 64, 62, and 61 persons correspondingly.

Results It was found out an influence of emigration and re-emigration factors on psychoemotional sphere of the patients. The influence of the emigration factor was the most manifested in patients with psychogenic depressive disorders and was a less manifested in patients with endogenous and organic depression. Re-emigrants had the most severe depressive symptoms that might be explained by an impact of psychosocial factors. In the syndromological structure of depressive disorders it was determined that re-emigrants were more affected by typical affective syndromes – vital and apathic depression, whereas emigrants were more affected by atypical affective syndromes, including anxious-depressive and agitation ones. It might be explained by an influence of objective social-psychological factors as well as an intrapsychic transformation of actual stressors connected with emigration and re-emigration.

Conclusions Emigration should be considered as a factor promoting a pathologically characterological development towards anxious-depressive changes, whereas re-emigration should be considered as a factor of asthenic-depressive and apathic-depressive transformations.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.727>