Methods: The ongoing OASIS-D study consecutively examines hospitalized patients at 8 German psychiatric university hospitals treated as part of routine clinical care. A sub-group of patients with persistent suicidality after >48 hours post-hospitalization are assessed in detail and a sub-group of those are followed for 6 months to assess course and treatment of suicidality associated with MDD. The present analysis focuses on a preplanned interim analysis of the overall hospitalized population with MDD.
Results: Of 2,049 inpatients (age=42.5±15.9 years, females=53.2%), 68.0% had severe MDD without psychosis and 21.2% had moderately severe MDD, with 16.7% having treatment-resistant MDD. Most inpatients referred themselves (49.4%), followed by referrals by outpatient care providers (14.6%), inpatient care providers (9.0%), family/friends (8.5%), and ambulance (6.8%). Of these admissions, 43.1% represented a psychiatric emergency, with suicidality being the reason in 35.9%. Altogether, 72.4% had at least current passive suicidal ideation (SI, lifetime=87.2%), including passive SI (25.1%), active SI without plan (15.5%), active SI with plan (14.2%), and active SI with plan+intent (14.1%), while 11.5% had attempted suicide ≤2 weeks before admission (lifetime=28.7%). Drug-induced mental and behavioral disorders (19.6%) were the most frequent comorbid disorders, followed by personality disorders (8.2%). Upon admission, 64.5% were receiving psychiatric medications, including antidepressants (46.7%), second-generation antipsychotics (23.0%), anxiolytics (11.4%) antiepileptics (6.0%), and lithium (2.8%). Altogether, 9.8% reported nonadherence to medications within 6 months of admission.
Conclusions: In adults admitted for MDD, suicidality was common, representing a psychiatric emergency in 35.9% of patients. Usual-care treatments and outcomes of suicidality in hospitalized adults with MDD require further study.

Disclosure of Interest: None Declared

EPP0446

The impact of lifestyle on adherence to treatment in a sample of patients with Major Depression

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Introduction: Poor adherence to treatment is currently stated to be one of the causes of depression relapse and recurrence.
Objectives: Aim of the present study was to assess potential differences in terms of clinical and socio-demographic characteristics specifically related to adherence to treatment features, medical comorbidities, and substance abuse in a sample of patients diagnosed with Major Depression in an Italian psychiatric department.
Methods: Patients with a DSM-5 diagnosis of Unipolar or Bipolar Major Depressive Episode, of either gender or any age were recruited from the Psychiatry Department of Luigi Sacco University Hospital in Milan. Main clinical and socio-demographic variables were collected reviewing patients' medical records. Moreover, adherence to psychopharmacological treatment was assessed using the Clinician Rating Scale (CRS; Kemp et al, 1996; 1998). Adherence was defined as ratings of > or =5 on the CRS. Descriptive and association analyzes were performed, setting the significance level at p<.05.
Results: 80 patients with a diagnosis of Unipolar Major depressive episode (48.9%) and Bipolar Major Depressive Episode (51.1%) were included. For the purposes of the study, the total sample was divided into two subgroups based on adherence to pharmacological treatment (A+ vs A-). Significantly higher rates of inpatients from psychiatric ward were A- compared to A+ patients (84.6% vs 48.1%, p=.011). A- patients were significantly more unemployed (57.9% vs 23.8%, p=.015), were mostly living in their family of origin (50% vs 21.4%, p=.027), and had fewer years of education compared to A+ subgroup (10.52±3.28 vs 12.2±3.1 years, p=.053). Higher rates of Bipolar Depression diagnosis and a prevalent manic polarity lifetime emerged in A- compared to the A+ group (73.1% vs 42.3%, p=.010; 30.8% vs 3%, p=.011, respectively). Moreover, A+ reported significantly higher rates of depressive prevalent polarity lifetime (72.7% vs 30.8%, p=.011). A- reported significantly higher rates of comorbidity with alcohol or other substance use disorders lifetime (46.2% vs 5.7%, p=.006) and almost one involuntary commitment lifetime (23.1% vs 11.1%, p=.013).
Conclusions: In our sample adherence to treatments showed significant differences in terms of clinical and socio-demographic characteristics. Low levels of adherence have been associated with higher hospitalization rates, involuntary commitments, greater comorbidity with alcohol or drugs. Our data therefore seem to suggest that less adherence leads to a worse disease course and a worse quality of life. It therefore appears useful to include an assessment of adherence in the clinical practice and implement interventions to improve therapeutic adherence and ensure a better quality of life.

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EPP0448

Depression and quality of sleep in patients with type 1 diabetes being under regular diabetes care

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Introduction: Research indicates that co-morbid diabetes and depression is common; however, the implications for clinical practice remain unclear
Objectives: The aim of the study was to check the prevalence of depression in patients with T1DM who are provided with optimal conditions of diabetes care and to identify possible risk factors connected with affective traits
Methods: Out of the 107 patients, 78 (54 females, 24 males) were included for the analysis (HbA1c [%] 7.11±1.0, BMI [kg/m2] 25.3,