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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