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EV0387

The Association between self-stigma and coping strategies in depressive disorder–a cross-sectional study

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Background Self-stigma is a maladaptive psychosocial phenomenon that may disturb many areas of patient's life. In connection with maladaptive coping strategies should make mental health recovery more difficult. Specific coping strategies may be connected with the self-stigma and also with the severity of the disorder. The objective of the study was to explore the relationship between coping strategies, the severity of the disorder and self-stigma in outpatients with depressive disorder.
Method Eighty-one outpatients, who met ICD-10 criteria for depressive disorders, were enrolled in the cross-sectional study. Data on sociodemographic and clinical variables were recorded. All probands completed standardized measurements: The Stress Coping Style Questionnaire (SVF-78), the Internalized Stigma of Mental Illness Scale (ISMI), and the Clinical Global Impression (CGI).
Results The patients with depression overuse negative coping strategies, especially escape tendency and resignation. Using of positive coping is in average level. Coping strategies are significantly associated with the self-stigma. Negative coping (especially resignation and self-accusation) increase the self-stigma, using of positive coping (primarily underestimation, reaction control, and positive self-instruction) have a positive impact to decreased self-stigma. The level of self-stigma correlated positively with total symptom severity score.
Conclusions The present study revealed the important association between coping strategies and self-stigma in outpatients with depressive disorders. Decreasing the use of negative strategies, and strengthening the use of positive coping may have a positive impact to self-stigma reduction.
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Korean medication algorithm for depressive disorder (KMAP-DD) 2017: Maintenance treatment

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Introduction The international guideline for treating depression has been widely used.
Objectives The current study focused on the maintenance treatment section of the third revision of Korean Medication Algorithm for Depressive Disorder (KMAP-DD)
Methods A 44-item questionnaire was used to obtain the consensus of experts regarding pharmacological treatment strategies for depressive disorder. Of the 144 committee members, 79 psychiatrists responded to the survey. Each treatment strategy or treatment option was evaluated with the nine-point scale.
Results Most clinicians answered to maintain both antidepressants (AD) and atypical antipsychotics (AAP) for psychotic depression in remission state. The duration of AD maintenance: from 19.8 weeks to 46.8 weeks for patients in remission of the first episode, from 34.8 weeks to 78.4 weeks for the second depressive episode, and long-term continuation for three or more depressive episodes. Aripiprazole was the most preferred AAP. The preferred doses of AD and AAP in maintenance treatment were about 75% and 50% of those in acute treatment The maintenance of AAP in the psychotic depression in remission was similar to the AD, although shorter and less.
Conclusions The maintenance strategies of KMAP-DD 2017 were similar to those of KMAP-DD 2012. Most clinicians preferred to maintain AD for substantial duration after achieving remission. The maintenance of AAP was also preferred, but the duration was shorter than AD.
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Is increased screen time associated with the development of anxiety or depression in young people?

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Introduction Emerging evidence suggests that sedentary behaviour, specifically time spent taking part in screen-based activities, such as watching television, may be associated with mental health outcomes in young people [1]. However, recent reviews have found limited and conflicting evidence for both anxiety and depression [2].
Objectives The purpose of the study was to explore associations between screen time at age 16 years and anxiety and depression at 18.
Methods Subjects ($n = 1958$) were from the Avon Longitudinal Study of Parents and Children (ALSPAC), a UK-based prospective cohort study. We assessed associations between screen time (measured via questionnaire at 16 years) and anxiety and depression (measured in a clinic at 18 years using the Revised Clinical Interview Schedule) using ordinal logistic regression, before and after

adjustment for covariates (including sex, maternal education, family social class, parental conflict, bullying and maternal depression).
Results After adjusting for potential confounders, we found no evidence for an association between screen time and anxiety (OR = 1.02; 95% CI 0.95–1.09). There was weak evidence that greater screen time was associated with a small increased risk of depression (OR = 1.05, 95% CI 0.98–1.13).
Conclusions Our results suggest that young people who spend more time on screen-based activities may have a small increased risk of developing depression but not anxiety. Reducing youth screen time may lower the prevalence of depression. The study was limited by screen time being self-reported, a small sample size due to attrition and non-response, and the possibility of residual confounding. Reverse causation cannot be ruled out.
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[1] PMID: 26303369.
[2] PMID: 21807669.

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EV0390

Cross-cultural adaptation, reliability, and validity of the revised Korean version of Ruminative Response Scale

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Objective Rumination is a negative coping strategy defined as repetitive and passive focusing on negative feelings such as depression. The Ruminative Response Scale (RRS) is a widely used instrument to measure rumination, but there is continuing argument about the construct validity of the RRS, because of probable overlap between the measurement of depression and that of rumination. The RRS-Revised, which removed 12 items of the RRS, is suggested as a more valid instrument for measuring rumination. Therefore, we translated RRS-R into Korean and explored the reliability, validity and factor structure in patients with major depressive disorders.
Methods Seventy-nine patients with major depressive disorder took the Korean version of RRS, RRS-R, State Trait Anxiety Inventory, Beck Depression Inventory and Penn State Worry Questionnaire. We performed exploratory factor analysis of RRS-R, and tested construct validity, internal reliability and test-retest reliability.
Results The internal and test-retest reliability of RRS-R was high. Factor analysis revealed that RRS-R is composed of two factors. "Brooding" factor explained 56.6% and "Reflection" factor explained 12.5%. RRS-R, especially "Brooding" factor, was highly correlated with other clinical symptoms such as depression, anxiety and worry.
Conclusions In this study, we find out the RRS-R is more reliable and valid than the original RRS in Korean patients with depression because the RRS-R is free from the debate about the overlap of item with BDI. We also revealed that "Brooding" is highly correlated with depressive symptoms. RRS-R may be a useful instrument to explore the implication of "Brooding" in depression.
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EV0391

The role of disturbed circadian clocks in the development of depression-like behavior and metabolic comorbidity in mice

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Major depressive disorder (MDD) is often associated with disturbed circadian rhythms. However, a definitive causal role for functioning circadian clocks in mood regulation has not been established. We stereotactically injected viral vectors encoding short hairpin RNA to knock down expression of the essential clock gene *Bmal1* into the brain's master circadian pacemaker, the suprachiasmatic nucleus (SCN). In these SCN-specific *Bmal1*-knockdown (SCN-*Bmal1*-KD) mice, circadian rhythms were greatly attenuated in the SCN. In the learned helplessness paradigm, the SCN-*Bmal1*-KD mice were slower to escape, even before exposure to inescapable stress. They also spent more time immobile in the tail suspension test and less time in the lighted section of a light/dark box. The SCN-*Bmal1*-KD mice also showed an abnormal circadian pattern of corticosterone, and an attenuated increase of corticosterone in response to stress. Furthermore, they displayed greater weight gain, which is frequently observed in MDD patients. Since the circadian system controls important brain systems that regulate affective, cognitive, and metabolic functions, and neuropsychiatric and metabolic diseases are often correlated with disturbances of circadian rhythms, we hypothesize that dysregulation of circadian clocks plays a central role in metabolic comorbidity in psychiatric disorders. In fact, circadian rhythm disturbances have been linked to individual psychiatric and metabolic disorders, but circadian aspects of such disorders have not been considered previously in an integrated manner. Treating and preventing disturbances of circadian clocks in patients suffering psychiatric and metabolic symptoms may be a central element for therapies targeting both disorders concurrently.
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EV0392

Cerebral correlates of emotional interference processing in the elderly with subthreshold depression: A functional fMRI study

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Introduction Compared to healthy controls, adults with major depressive disorder (MDD) showed stronger activation in dorsolateral prefrontal cortex (DLPFC) and anterior cingulate cortex (ACC) in resolving emotional conflict. Whether subthreshold depression (StD) at an advanced age is also accompanied by similar changes in brain activation in coping with emotional conflict remained unknown.
Objectives By using face-word Stroop task, the current study explored the neural correlates of emotional interference processing in old adults with StD.