The death of a loved one reminds the elderly individual of his/her own mortality, complicating the process of mourning. Separation, however is much more difficult to overcome because there is a loss among the living, with the possibility to lose the meaning of life with the other one.

Conclusions   Understanding loss and grief among elderly people is fundamental for nursing care, in order to help them with the process of coping and to prevent institutionalization to become an unpleasant experience. This will also offer health care facilities suggested ways to reduce or combat loneliness and depression among the elderly people.

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

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EV515

Prevalence and risk factors of peripartum depressive symptoms among South Korean women – Preliminary data of a large prospective study

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Objective   The aim of this study was to assess period prevalence and risk factors of peripartum depression in South Korean women.

Methods   Two thousand four hundred and forty-nine women in their first trimester of pregnancy were recruited, 1355 women were followed to the end of the study (1 month after delivery), 423 women are before the 1 month after delivery, 671 were dropped out. There were four time points of assessment – 12, 24, 36 weeks of gestation and 1 month after delivery. Depressive symptoms were assessed using the validated Korean version of the Edinburgh Postnatal Depression Scale. Risk factors were assessed across the demographic features, past histories, obstetric histories, and psychological status.

Results   The prevalence of peripartum depressive symptoms (above 10 points of K-EPDS) was found to be 18.8% at 1st trimester, 12.9% at 2nd trimester, 12.6% at 3rd trimester, and 15.7% at 1 month after delivery. Identified risk factors of depression at 1st trimester were unmarried status, employed status, low family income, familial history and past history of depression, multigravida, unplanned pregnancy, hyperemesis, and threatened abortion. In psychological aspects, higher distress, lower marriage satisfaction, and lower quality of life increased the risk of depression. The analyses to identify risk factors of postpartum depression will be performed after the deliveries of recruited mothers are complete.

Conclusion   A substantial proportion of mothers suffered from peripartum depression from their early pregnancy in Seoul, Korea. Intervention based on identified risk factors would be recommended to help depressive pregnant mothers.

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

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EV516

Mindfulness, self-compassion and spiritual well-being in chronic depression

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Introduction   Depression is one of the main causes of incapacity worldwide. Research has shown that mindfulness practice, self-compassion promotion, and spiritual well-being are beneficial for depressed individuals.

Objective   Analyze the associations between compassion, mindfulness, and spiritual well-being, during and after a therapeutic intervention (concluded less than a year ago).

Aims   To determine if mindfulness, self-compassion, and spiritual well-being are predictors of depression.

Method   Patients diagnosed with chronic depression were treated in a residential therapeutic community for a period of six to eight months. The 63 participants (M = 32.84, SD = 10.24, range = 15–50 years old; 32 during treatment; 31 after treatment) were assessed with the Beck Depression Inventory, the Questionnaire of the Five Facets of Mindfulness, the Self-Compassion Scale, and the Spiritual Well-Being Questionnaire.

Results   There were differences in mindfulness, self-compassion, spiritual well-being and depression by sex, existence of previous psychiatric treatment, moment of the study (during versus after intervention), and depression levels. After intervention the group had higher levels of mindfulness and self-compassion (common humanity) and lower levels of over-identification, compared with group during treatment. The predictors of depression were the self-judgment dimension of the self-compassion scale and, negatively, the mindfulness dimensions of non-reactivity and non-judging, and the spiritual well-being dimension of personal well-being.

Conclusion   Results confirm the relationship between the study variables and depression. This reinforces the importance of intervention based on positive psychology enhancing positive areas of human experience, rather than focusing on psychological pain, weaknesses, and disabilities.

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

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EV517

Characteristic distributions of CBF changes in remitted geriatric depression

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Background   The cerebral blood flow (CBF) is an absolute measure that superior to the relative measure of neural activity, blood oxygenation-level-dependent (BOLD). The previous studies have reported CBF abnormalities in the adult depressive patients. However, it is not clear whether the abnormal CBF could be improved in the remitted geriatric depression (RGD).

Methods   We enrolled 82 RGD patients and 90 age and education matched healthy controls. All the subjects underwent 3-T MRI with pseudo arterial spin labeling (pASL), and the pASL data were analysis voxel-by-voxel with control the gray matter volume.

Results   Compared with the healthy controls, the RGD patients demonstrated higher relative CBF value in left inferior temporal gyrus and left precuneus; while lower relative CBF value in right medial temporal and occipital cortex, right insula operculum (including parts of frontal, temporal and parietal cortex) and insula, right medial frontal cortex. When compared with the remitted early onset depression (EOD), the remitted late onset depression (LOD) showed lowed relative CBF value in right angular gyrus. While there was no significantly different relative CBF value between the RGD patients accompany with MCI and RGD patients with cognitive normal.