However, there are patients with severe depressive symptoms who function rather well, suggesting that certain characteristics influence the association between depression severity and disability. Advancing previous research which focused mostly on the effect of illness characteristics, this current study aimed to identify additional personal and environmental characteristics that affect the synchrony of change among depressed patients. We assessed (1) whether the course of disability is dependent on the course of depressive symptom severity and (2) whether this synchrony of change is moderated by illness, personal, and environmental characteristics.

Methods Depression severity and disability of 507 participants with a diagnosis of MDD at baseline were measured three times in 2 years. Illness, personal, and environmental characteristics were measured at baseline. For the statistical analysis, Linear Mixed Models were used.

Results Preliminary results indicated that change in disability was synchronous to change in depressive symptoms. Furthermore, high agreeableness and high work stress led to impaired functioning despite mild depressive symptoms whereas higher age and conscientiousness led to better functioning despite severe depressive symptoms.

Conclusions This study indicates synchrony of change between depression severity and disability. However, some personal and environmental characteristics cause an exemption to this and may thus be useful to consider during treatment of depression in order to decrease disability among MDD patients.

| 02-3.5 | THE SHORT FORM HEALTH SURVEY AS AN INSTRUMENT FOR THE SCREENING OF DEPRESSIVE SYMPTOMS IN THE ELDERLY POPULATION |

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Introduction There is a large volume of scientific works concerning the utility of the 12-item Short-Form Health Survey (SF-12) and its mental health component (MCS-12) for diagnosing depression and anxiety disorders in samples of a general population. Because of the existence of a great number of studies using SF-12 data, it is convenient to estimate depressive symptoms from measurements of MCS-12 in more susceptible populations *such as the elderly*. In this paper we studied the validity of this scale as a screening measure of severe depressive symptoms in epidemiological research.

Objectives To elect a cut-off point in the MCS-12 scale leading to proper discrimination of severe cases of depressive symptoms as measured by the GDS scale, with good sensibility and specificity.

Methods Data come from part of the SABE study—a longitudinal research in the city of São Paulo, 2000/2006/2010. N=1155 people aged 65 and plus were interviewed in the 2006 round. ROC analysis was used to select a cut-off point in the MCS-12.

Results 905 persons reported answers to both scales. General prevalence of severe depression was 2.6% (1.6 males, 3.2 females). A cut-off point of 43 in MCS-12 leaded to 88% area under ROC curve. Accuracy was 89.3 (86.5 females, 93.5 males), sensibility 0.73 (0.72 females, 0.75 males) and specificity 0.90 (0.87 females, 0.94 males).

Conclusions The validation parameters found in this research indicate that the MCS-12 is a valid measure of depressive symptoms in epidemiologic studies of elders, and a screening tool for depression in clinical practice.

| 02-3.6 | LOW BIRTH WEIGHT IN OFFSPRING OF WOMEN WITH DEPRESSIVE AND ANXIETY SYMPTOMS DURING PREGNANCY: RESULTS FROM A POPULATION BASED STUDY IN BANGLADESH |

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Background There is a high prevalence of antepartum depression and low birth weight (LBW) in Bangladesh. In high- and low-income countries, prior evidence linking maternal depressive and anxiety symptoms with infant LBW is conflicting. There is no research on the association between maternal mental disorders and LBW in Bangladesh. This study investigates the independent effect of maternal antepartum depressive and anxiety symptoms on infant LBW among women in rural Bangladesh.

Methods A population-based sample of 720 pregnant women from two rural subdistricts was assessed for symptoms of antepartum depression, using the Edinburgh Postpartum Depression Scale, and antepartum anxiety, using the State Trait Anxiety Inventory, and followed for 6—8 months postpartum. Infant birth weight of 583 (81%) singleton live babies born at term ($\geq$37 weeks of pregnancy) was measured within 48 h of delivery. Baseline data provided socioeconomic, anthropometric, reproductive, obstetric, and social support information.

Results After adjusting for potential confounders, depressive (OR 2.24; 95% CI 1.37 to 3.68) and anxiety (OR 2.08; 95% CI 1.30 to 3.25) symptoms were significantly associated with LBW ($\leq$2.5 kg). Poverty, maternal malnutrition, and support during pregnancy were also associated with LBW.

Conclusions This study provides evidence that maternal depressive and anxiety symptoms during pregnancy predict the LBW of newborns and replicates results found in other South Asian countries. Policies aimed at the detection and effective management of depressive and anxiety symptoms during pregnancy may reduce the burden on mothers and act as an important measure in the prevention of LBW among offspring in Bangladesh.