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Healthy living and smart choices - A project for developing a web-based Turkish obesity treatment program

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Introduction Obesity is a major public health problem in the world and getting obesity under control is one of the most important goals of the World Health Organization. Cognitive behavioral therapy techniques are helpful for adjusting lifestyle to stay at a healthy weight range. Success of web-based programs which designed with evidence-based behavioral strategies has been proven with different studies. However, a web-based program suitable for Turkish culture and eating habits is still missing.
Objectives Primary objective of this project is to develop and test a web-based obesity behavioral treatment program in collaboration with experienced academicians from different disciplines.
Aims The aim of this project is to develop a program which will help Turkish primary care physicians in treating and tracking obesity patients.
Method The web-based program will include a 12-week-long core behavioral program. Participants will be asked to record their daily dietary intakes and automatic feedback will be given by the system. Weekly behavioral training videos will be available during the core program. As participants watch the videos and record their daily intakes, they will get instant awards such as virtual diet-coin which they will be able to spend for gifts such as low calorie recipes. One hundred obese patients (with body mass index greater than 30 kg/m^2) will be recruited to evaluate the effectiveness of the program. The changes in their blood pressures, body weights and waist circumferences will be recorded.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Depression and quality of life in hospitalised patients with congestive heart failure (CHF): A cross-sectional study from Karachi, Pakistan

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Introduction There is strong association between depression and mortality rates among patients with CHF. Despite the massive burden of cardiac disease as well as that of depression in Pakistan, there is limited data regarding the prevalence of depression in patients suffering from CHF. The aim of this study was to assess prevalence of depression in patients with CHF and to compare the health related quality of life of depressed and non-depressed patients with CHF.
Methods A total of 1009 patients diagnosed with CHF were recruited from different public hospitals in Karachi, Pakistan. Depression was assessed at baseline using the Beck Depression Inventory (BDI) and health related quality of life was assessed using Euro Qol (EQ-5D).
Results Of the 1009 participants recruited to the study, 66.4% ($n = 670$) met the threshold for depression using the BDI measure. Of the depressed patients, 66.7% ($n = 447$) were male. Preliminary results indicate that participants who were depressed at baseline had poorer health related quality of life on EQ-5D measures as compared to those who were non-depressed (mean EQ-5D descriptive score 10.45 in depressed patients vs 7.37 in non-depressed patients and mean EQ-5D visual scale score 35.09 in depressed patients vs 52.19 in non-depressed patients).
Conclusion Considering the high prevalence of depression and its serious negative impact on quality of life of patients suffering from chronic physical illness, it is important to design and test culturally adapted psychosocial interventions to reduce depression and improve quality of life for these patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Anxiety, depression, poor life-style choices, coronary event - Which causes which?

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Introduction Various risk factors for development of acute coronary syndrome (ACS) have been discovered. ACS has numerous consequences, including physical and mental health disturbances.
Aim To distinguish mental health consequences and risk factors for ACS.
Objectives To explore the interdependence between poor life-style choices (physical inactivity, cigarette smoking, unhealthy diet, alcohol consumption) and development of anxiety or depressive disorders 1 month and 6 months after ACS.
Methods Follow-up study on 120 subjects with ACS, retested after 1 and 6 months. Existence of previous or actual mental disorders were excluded in the first phase.
Instruments Mini International Neuropsychiatric Interview, questionnaire of general sociodemographic data and life-style factors, Acute Stress Disorder Interview and Clinician-administered PTSD Scale. Lipid levels and BMI were tracked.
Results After 1 month 27.5% of the subjects had acute stress disorder (ASD) and 13,8% had major depressive disorder (MDD). After 6 months, 37.5% subjects had PTSD and 27.3% had MDD. Alcohol consumption showed to be predictive for development of MDD in the second phase ($P = 0.002$; OR = 2.48), and physical inactivity showed to be predictive for development of comorbidity of MDD and ASD in the second phase ($P = 0.036$; OR = 100.00).
Conclusion Cardiovascular disorders can cause anxious & depressive disorders in frequent alcohol consumers and physically inactive subjects. Since depression, anxiety, physical inactivity, and alcohol consumption cannot only be considered as risk factors for cardiovascular disorders, but also be seen as a consequence of cardiovascular disorders, strategies for primary and secondary pre-