Multivariate Cox regression analysis demonstrated that depressive symptoms and elevation of sST2 were both independent predictors of all-cause mortality and HF-related hospitalization.

Conclusions: The serum levels of sST2 and depressive symptoms were independent and additive predictors of all-cause mortality and heart failure-related hospitalization in patients with ischemic HF.

Disclosure: No significant relationships.
Keywords: Heart Failure; Nurobiological Factors; Depression; comorbidity

O0128

Remote Assessment of Disease and Relapse in Major Depressive Disorder (RADAR-MDD): Recruitment, retention, and data availability in a longitudinal remote measurement study.

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Introduction: Major Depressive Disorder (MDD) is prevalent, often chronic, and requires ongoing monitoring of symptoms to track response to treatment and identify early indicators of relapse. Remote Measurement Technologies (RMT) provide an exciting opportunity to transform the measurement and management of MDD, via data collected from inbuilt smartphone sensors and wearable devices alongside app-based questionnaires and tasks.
Objectives: To describe the amount of data collected during a multimodal longitudinal RMT study, in an MDD population.
Methods: RADAR-MDD is a multi-centre, prospective observational cohort study. People with a history of MDD were provided with a wrist-worn wearable, and several apps designed to: a) collect data from smartphone sensors; and b) deliver questionnaires,

speech tasks and cognitive assessments and followed-up for a maximum of 2 years.
Results: A total of 623 individuals with a history of MDD were enrolled in the study with 80% completion rates for primary outcome assessments across all timepoints. 79.8% of people participated for the maximum amount of time available and 20.2% withdrew prematurely. Data availability across all RMT data types varied depending on the source of data and the participant-burden for each data type. We found no evidence of an association between the severity of depression symptoms at baseline and the availability of data. 110 participants had > 50% data available across all data types, and thus able to contribute to multiparametric analyses.
Conclusions: RADAR-MDD is the largest multimodal RMT study in the field of mental health. Here, we have shown that collecting RMT data from a clinical population is feasible.

Disclosure: No significant relationships.
Keywords: remote measurement technologies; longitudinal; major depressive disorder; observational

O0130

Effect of medical education on European psychiatrists' knowledge in management of major depressive disorder and psychiatric emergencies

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Introduction: The challenge for psychiatrists is keeping up to date with the latest clinical trial data in managing major depressive disorder (MDD) and psychiatric emergencies.
Objectives: We evaluated whether an online educational video lecture directed at psychiatrists, could improve knowledge and confidence regarding management of psychiatric emergencies associated with MDD.
Methods: Educational effect was assessed using a 3-question repeated pairs, pre/post assessment survey. A paired-samples t-test was conducted to assess overall number correct and confidence change. A McNemar's test was conducted to assess question-level significance. P values < 0.05 are statistically significant. Cohen's d test was used to estimate the magnitude of effect of education. The activity launched on 8 April 2021, and preliminary data analysed as of 24 June 2021.
Results: 807 psychiatrists participated in the programme, of which 150 completed the pre- and post-assessment test. An average overall correct response rate of 44% pre- increased to 74% post- (67% relative increase, P<0.001; Cohen's d = 0.91). Knowledge on the burden of suicide and MDD improved from 38% pre- to 85% post- (124% relative increase,P<0.001). Knowledge regarding clinical data for novel therapies for use in psychiatric emergencies improved from 47% pre- to 68% post- (45% relative increase, P< 0.01). Knowledge regarding signs of suicidal intent in patients with MDD improved from 49% pre- to 71% (45% relative increase, P< 0.001) following education.
Conclusions: This study demonstrates the positive effect of online medical education on psychiatrists' knowledge in contemporary management of psychiatric emergencies associated with MDD in Europe.