

Introduction Burn out mainly occurs among healthcare employees. This professional category is exposed to a large load of emotional disturbance.

Objectives The aim of this work was to study the levels of burnout syndrome in caregivers who were victims to occupational accident.

Methods This cross-sectional study was conducted during 2014–2015 in the occupational medicine department. The target population consisted of the healthcare employees who reported their exposure to occupational accident. A semi-structured self-reported questionnaire including the Maslach questionnaire was used to collect information. Data were analyzed using SPSS-20.

Results One hundred and sixty health professionals returned the questionnaire (58% women, mean age 31.9 years old). Occupational accidents occurred mostly in the morning (62.5%). Among the healthcare providers, 112 health professionals (70%) had had sharp injuries. Burn out was found among 23.1% of the studied population. It was defined by its three domains: a high emotional exhaustion (46.9%), high depersonalization with low personal accomplishment (36.3%) and high depersonalization without low personal accomplishment (34.4%). Professionals with less years in the function ($P=0.031$) and technicians ($P=0.028$) were more affected by Burnout. A significant relationship was found between traumatic accidents ($P=0.012$), needle stick injuries ($P=0.009$) and burnout.

Conclusion The prevalence of burnout is high among health professionals which can increase the risk of occupational accidents and its subsequent risks. It seems that holding workshops and increasing healthcare givers' awareness and skills to face these risks can be effective in mitigating them.

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Cognitive dysfunction in depression. Is it well detected?

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Introduction Major depression cognitive impairments lasts in remission periods, have an impact on treatment outcome and hamper psychosocial functioning. Thus, its accurate detection and specific treatment has become a crucial step.

Objectives In order to assess objective cognitive functioning (OCF), a neuropsychological battery was administered. For subjective cognitive functioning (SCF), cognitive perception was evaluated by clinicians and patients.

Aims To determine the concordance between OCF and SCF.

Methods One hundred and two patients were grouped according to Hamilton Depressive Rating Scale (HDRS–17): 18 remitters ($RE < 7$), 40 partly remitters (PR, 7–18) and 44 acutely depressed ($AD > 18$). OCF was computed combining T-scores of digit symbol substitution test (WAIS-IV) with two RAVLT subtests (learning and memory). SCF was assessed with a CGI adaptation for cognitive disturbances severity.

Results The OFC was 41.21(8.49) for all patients and 45.54(6.8), 41.93(6.8) and 38.7 (9.7) for RE, PR, and AD, respectively. Psychiatrist and patients' SCF had a poor agreement ($\alpha=0.518$), with Cronbach's alpha for RE, PR and AD of -0.607 , 0.518 and 0.404 . Concordance between OCF and SCF was calculated for all patients (psychiatrist, $r = -0.317$, $P=0.002$; patient, $r = -0.310$, $P=0.002$,

for RE ($r = -0.535$, $P=0.022$; $r = 0.395$, $P=0.105$) for PR ($r = -0.013$, $P=0.94$; $r = -0.328$, $P=0.045$) and for AD ($r = -0.252$, $P=0.122$; $r = -0.333$, $P=0.033$). Patients rated their SCF as more impaired than did clinicians.

Conclusions Concordance between clinicians and patients regarding SCF is very poor, worsening in AD group and being null in remission. This study also points out that CF is best detected by patients in acute episodes and by psychiatrists when patients are in clinical remission.

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Predictors of functioning in major depression

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Introduction Life functioning difficulties are a relevant but undervalued consequence of major depression. Mood symptoms and cognitive deficits have a significant, and somehow independent, impact on them. Therefore, cognitive difficulties should be considered a potential target to improve patients' functioning.

Aims To examine the degree in which objective and subjective cognition explain functional outcome.

Objectives To assess objective cognitive function (CF) with a neuropsychological battery and to measure subjective CF using measures of cognitive perception.

Methods Ninety-nine patients with depression were assessed by age, sex and level of schooling. Depressive symptoms severity was measured by Hamilton Depression Rating Scale (HDRS-17). Objective CF consisted in the following cognitive domains: memory, attention, executive functioning and processing speed. Subjective CF was assessed with Perceived Deficit Questionnaire-Depression (PDQ-D). Functioning Assessment Short Test (FAST) was used to evaluate life functioning, excluding the cognitive domain. All the listed measures were included in a multiple regression analysis with FAST scores as dependent variable.

Results The regression model was significant ($F_{1,98}=67.484$, $P < 0.001$) with an R of 0.825. The variables showing statistical power included (from higher to lower β -coefficient) HDRS-17 ($\beta = 0.545$, $t = 8.453$, $P < 0.001$), PDQ-D ($\beta = 0.383$, $t = 6.047$, $P < 0.001$) and DSST ($\beta = -0.123$, $t = -1.998$, $P = 0.049$).

Conclusions The severity of depressive symptoms is the variable that best explains life functioning. Surprisingly, the second factor hindering it is the patients' perception of their cognition. Current findings highlight the importance of correcting cognitive bias in order to improve functionality. However, results have to be taken cautiously as mood symptoms could partly explain the bias.

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EW0642

Phenomenology of religious obsessive – compulsive disorder

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Introduction The occurrence of religious symptoms in obsessive compulsive disorder OCD patients ranges from 0% up to 93%. Although, frequent and influential nature of these symptoms, the explanations of its complexity and phenomenology are deficient in the literature.

Objectives Determine the most frequent OC religious symptoms among OCD patients. Assess relation between the frequent symptoms of religious OCD and depression.

Methods Cross-sectional study was conducted among 115 consented patients diagnosed as OCD according to DSM-IV. Patients were recruited in one year from Psychiatric clinics, Zagazig University, Egypt. Psychiatric interview and psychometric assessment using Beck Depression Inventory (BDI) and OC religious symptom scale [1] were done.

Results The majority of patients (57.4%) had various religious OC symptoms. About 44% had doubts in religion in general (e.g. existence of God) and 11.3% had Blasphemous ideas. More than one third reported doubts about performing prayers and ablution perfectly; 34.8% repeatedly claimed they forgot to declare intention to pray, 36.5% had doubts about violating their ablution and 29.6% were skeptical about doing all ablution duties. Moreover, 23.5% reported slow or repeated readings in prayers, 25.2% had suspicions of breaking their fasting. A strong correlation between religious OC symptoms and total score of OC symptoms scale was confirmed. Most of our patients showed positive correlation between degree of depression and total score OC symptoms scale.

Conclusions Muslim patient present with specific phenomenology of religious OC symptoms. These symptoms are very frequent and negatively influencing their mood.

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

Reference

[1] Abohendy W, Moemen D. Obsessive compulsive religious symptom scale: Egyptian association of psychologists. 2006;16(3):469–518.

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EW0643

Human neuropeptide gene – new target in depression?

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Introduction Neuropeptide (NP, kallikrein 8, KLK8)–a kallikrein gene-related (KLK) endopeptidase–plays a key role in neuroplasticity processes. Neuropeptide expression takes places both extracellularly and inside neurons within the area of the hippocampus. Various forms of electrophysiological stimulation (kindling, LTP, stress) increase neuropeptide expression within the hippocampus and in many other regions of the brain (e.g. neocortex, amygdala). Neuropeptide is mainly engaged in the early stage of LTP and in the process of synaptogenesis. Social cognition deficits (difficulties with identification, naming and analysing experienced emotional states) in the group of people suffering from depression have been described in scientific papers published in recent years. They are considered the core features of major depressive disorders.

Aims The aim of this study is to link the human neuropeptide gene (hNP) expression with the ability of the examined subjects to use nonverbal communication in social interactions.

Methods 120 individuals meeting the diagnostic criteria for a recurrent depressive disorders (rDE) were qualified to participate in the study. The Emotional Intelligence Scale–Faces task and two subtests from The Right Hemisphere Language Battery (RHLB) were used in the study.

Results Significant interrelations between expression on the mRNA level for the hNP gene and the variables used to assess social competences were confirmed. Results of the statistical analysis make it possible to confirm an inversely proportional correlation between the analysed variables.

Conclusions Increased hNP expression is associated with a reduction of interpersonal abilities in the people affected by depression.

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The impact of residual symptoms on relapse and quality of life among Thai depressive patients

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Introduction Residual symptoms of depressive disorder are major predictors of relapse of depression and lower quality of life. This study aims to investigate the prevalence of residual symptoms, relapse rates and quality of life among Thai patients with depressive disorders.

Methods Hamilton Rating Scale for Depression (HAM-D) and EQ-5D were used to measure the symptoms of depression and quality of life, respectively. Prevalence of residual symptoms of depression was collected. Regression analysis was administered to predict relapse and patients' quality of life at the 6 months post-baseline.

Results Two hundred and twenty-four depressive disorder patients were recruited. Most of patients (93.3%) had at least one residual symptom, and the most common residual symptom was anxiety symptoms (76.3%; 95% CI, 0.71 to 0.82). After 3 months post-baseline, 114 patients (50.9%) were in remission and within 6 months, 44 of them (38.6%) relapsed. Regression analysis showed