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EV0506

Prevalence of depression in psychiatry trainees in 22 countries: Findings from the international burnout syndrome study (BoSS)

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Aims The Burnout Syndrome Study screened for burnout in psychiatric trainees in 22 countries, along with associated factors. This paper reports the results of the PHQ-9 depression screen that formed part of the study.

Background It is well documented that physicians have higher rates of mental illness compared to the general population. Post-graduate medical trainees may work long hours and be exposed to stressful or saddening situations regularly. Their environment and workload means they may not exhibit appropriate help-seeking behaviours and be at significant risk of depression.

Methods The study used a cross sectional, multi-country online survey. Participants were asked to participate via an email invitation. The participants were asked to complete the PHQ-9 questionnaire, which is validated as a primary care self-administered screen for depression. Mixed methodology was used when recruiting trainees to obtain the most representative sample possible from each country. Statistical analysis was performed using SPSS.

Results Complete data was obtained from 1980 trainees with an average age of 31.9 years and with 2.8 years of training. The prevalence of depression in psychiatric trainees varied by country from 50% in Latvia to 7.1% in Belarus. The average rate of depression was 20.8%.

Conclusions Prevalence of depression in the US general population is estimated at 6.7%, making the prevalence of depression in trainees of 20.8% a sign that action needs to be taken to reduce depression rates in trainees.

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EV0507

Paranoidism and memory deficits: An epidemiological study

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Background The Green et al. Paranoid Thought Scales (GPTS) was developed to fulfill a need for a tool that was adapted to the current dimensional definition of paranoia, capable to assess dimensions of preoccupation, conviction, and distress, valid and

reliable for the assessment of both clinical and healthy populations, and precise enough to detect subtle clinical change. It has recently been validated for the Spanish population (S-GPTS) with very good psychometric properties. Numerous studies suggest that patients with severe psychiatric disorders have impaired sustained attention and memory. A wide spectrum of executive deficits have also been described (goal-oriented tasks, recognizing priority patterns, planning, etc.) Very few studies have attempted to identify whether these same relationships between neuropsychological deficits and psychotic symptoms also occur in general population.

Methods This is a cross-sectional study. We undertook a multi-stage sampling using different standard stratification levels and out of the 5496 eligible participants finally approached, 4507 (83.7%) agreed to take part in the study, completed the interview and were finally included in the study ($n = 4507$).

Results Individuals with high cut off S-GPTS scores showed lower scores in working memory subtest verbal statistically significant ($P > .05$). While no significant difference was found among for immediate verbal learning subtest and high S-GPTS scores ($P > .05654$).

Discussion This information can improve the clinician's understanding of patient's cognitive strength and weaknesses, put patients' cognitive abilities into perspective for their diagnosis, and facilitate multidisciplinary treatment decisions as we improve our ability to distinguish clinical cases from non-clinical population.

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Risk factors of self-injury behavior among psychiatric inpatients

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Background Self-injury behavior among mental patients has been recognized for several years, yet our understanding of its mechanisms and its risk factors remains limited.

Objectives This study aimed to assess the prevalence of deliberate self-harm (DSH) among psychiatric inpatients and to identify its association with personal and clinical factors.

Methods It was a descriptive and analytic study. It included 87 psychiatric inpatients followed in the psychiatry department "C" at the Hedi Chaker University Hospital of Sfax in Tunisia. Barratt Impulsivity Scale (Bis11) and the 28-items Childhood Trauma Questionnaire (CTQ) were used to assess respectively impulsivity and child maltreatment.

Results The average age of patients was 29.32 ± 8 years. Most of them were male (75%) and single. Fifty-nine percent of patients had previously attempted suicide. A history of DSH was found in 60.9% of cases. The most frequent trauma types were emotional abuse and physical neglect with respectively 58.7% and 69.8%. Factors positively correlated with DSH were: male gender ($P = 0.026$), father alcoholism ($P = 0.024$), history of suicide attempts ($P = 0.017$), borderline personality ($P = 0.00$) and history of emotional abuse ($P = 0.008$) or physical abuse ($P = 0.04$) or neglect ($P = 0.004$). Score "Bis11" was significantly correlated with suicide attempts ($P = 0.00$) and presence of childhood abuse ($P = 0.00$) or neglect ($P = 0.01$).

Conclusion DSH seems to be a prevalent problem among psychiatric inpatients. It concerns mainly patients with a history of child abuse and impulsive behavior such as suicidal attempts underlying borderline personality disorder. Patients with these risk factors warrant specific attention in mental health services.