the association between public stigma and the symptomatology and gender of individuals with mood disorders and characteristics of respondents. The symptomatology investigated included major depressive disorder and bipolar disorder presenting with mania or depression. The public stigma factors measured for mood disorders were recovery, relationship disruption, hygiene, anxiety, and treatment/professional efficacy.
Objectives: Do symptomatology and gender predict stigma for mood disorders? For Jewish adults, do gender, age, religious characteristics, mental health history, and perceived stigma for mental illness predict their stigma toward individuals with mood disorders?
Methods: A convenience sample of 243 Jewish adults were randomly administered vignettes using a factorial design. MANCOVA was used for analysis. The Mental Illness Stigma Scale (Day et al., 2007) and the Devaluation of Consumer scale (Struening et al., 2001) were used to measure public and perceived stigma respectively.
Results: showed that recovery, relationship disruption, and hygiene stigmas were associated with vignette subject symptomatology, an interaction was found between respondent gender and age for treatability/professional efficacy stigma, and perceived stigma was correlated with public stigma factors. Consistent with previous research, the highest levels of stigma were found for individuals with bipolar disorder presenting with mania (Wolkenstein & Meyer, 2008).
Conclusions: These findings increase our knowledge of mood disorder stigma existing in the Jewish community and supports research showing that bipolar disorder presenting with mania is the most stigmatized type of mood disorder symptomatology (Wolkenstein & Meyer, 2008).

Disclosure: No significant relationships.
Keywords: BIPOLAR; Public Stigma; Mood disorders; Jewish

O0126

Association with severe and treatment-resistant depression among patients with inflammatory joint disease. Nationwide nested case-control study in Swedish registers.

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Introduction: Treatment resistant depression (TRD) and severe depression (SD) are common among patients with depression. Patients with inflammatory joint disease (IJD) are at higher risk for developing depression compared to the general population; however, the risk for SD or TRD is not known.
Objectives: To examine the odds of patients with IJD for developing SD and TRD compared to non-severe and non-TRD depression.
Methods: This case-control study was nested within a cohort of patients with incident depression (n=443,384) identified in nationwide Swedish registers 2006-2018. Patients with SD (n=42,975) were identified through the ICD-10 code specifier, through psychiatric hospitalization and/or through suicide attempts. Patients who started a third consecutive treatment for depression were identified with TRD (n=33,830). Each patient was matched with five non-SD - or non-TRD - patients by sociodemographics and year of cohort entry. Crude and adjusted odds ratios (aOR) were calculated by conditional logistic regression with regard to a history of any IJD and specific IJDs prior to depression onset.
Results: Among patients with depression, those with a history of IJD did not have higher odds for developing SD (aOR 1.09 (95%CI 1.00-1.20)) or TRD (aOR 1.03 (0.93 - 1.14)) compared to patients without IJD. A history of rheumatoid arthritis was associated with a significantly higher odds for SD among patients aged 18-29 (aOR 1.55 (1.01-2.36)) and for TRD among patients aged 30-49 (aOR 1.33 (1.05-1.67).
Conclusions: Overall, no association was observed between history of IJD and developing SD/TRD; with the exception of younger age strata in rheumatoid arthritis.

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Keywords: Rheumatology; Inflammatory joint disease; Epidemiology; Depression

O0127

The soluble ST2 levels in patients with depression and comorbid heart failure

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Introduction: Depression in HF has become a major issue as the burden of HF has continued to increase, and many studies have suggested poorer outcomes in HF patients reporting depression. The prevalence of major depression in HF is about 20–40 %, which is 4–5 % higher than in the normal population. Soluble ST2 is involved in multiple pathogenetic pathways including cardiac strain, inflammation, and myocardial necrosis with remodeling.
Objectives: The purpose of study was to assess the predictive effect of soluble ST2 (sST2) and depressive symptoms in patients with ischemic HF
Methods: It this observational cross-sectional trial 129 patients with ischemic HF FC II-IV by New York Heart Association and depression were investigated. The diagnosis was verified by laboratory and instrumental methods according to European Society of Cardiology recommendations (2016). Depressive symptoms were evaluated by the Hospital Anxiety and Depression Scale. The ST2 level in blood serum was detected by ELISA method. Statistical analyses were performed using the Statistica 12 (StatSoft, Tulsa, OK, USA).
Results: The prevalence of depression increases with NYHA functional class. With decreasing ejection fraction of left ventricle, levels of sST2 were gradually increased (P for trend < 0.001), as well as the prevalence of depressive symptoms (P for trend < 0.01).