EPP0048

Prevalence and Associated Factors of Depressive Disorder after Exposed Prolonged Traumatic Event

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Introduction: Depressive disorder is one of the most typical psychiatric disorder that occurs after a traumatic event. However, there has been minimal research regarding the prevalence and associated factors of depression after a traumatic event.
Objectives: Therefore, this study aims to investigate the prevalence of depressive symptoms and associated factors in the residents of the Gangjeong village, who have been exposed to a traumatic event recently for a prolonged period.
Methods: The subjects of this study were the residents of the Gangjeong village, who have been exposed to a traumatic event related to the construction of the Jeju Civilian-Military Complex Port. The questionnaires were used to assess the participants` general characteristics (sex, age, marital status, occupation, self-perceived health, etc.); in addition, for the clinical evaluation, overall stress was assessed through the Global Assessment of Recent Stress Scale (GARS), social support through Functional Social Support Questionnaire (FSSQ) and suicide risk through Mini-International Neuropsychiatric Interview-Plus (M.I.N.I-Plus). In order to evaluate the depressive symtpoms, CES-D (Center for Epidemiologic Studies Depression Scale) was used.
Results: In 713 subjects, the prevalence of depressive symptoms was 18.5% (95% CI=15.66-21.36) (Table 1). Multivariate logistic regression analysis identified the length of residence and marital status as factors associated with depressive symptoms (Table 2). Furthermore, the depression group has a significantly higher score of overall stress (GARS), suicide risk and the lack of social support (FSSQ), in comparison with the non-depression group (Figure 1) group (depression gr. vs non-depression gr. : 28.8±15.0 vs 12.8±10.1, 4.9±8.0 vs 1.1±3.6, 44.8±13.2 vs 34.0±13.9, respectively).
Conclusions: The prevalence of depressive symptoms was higher among the study population compared to the general population. People exposed to the traumatic event, especially after prolonged exposure, should be assessed environment factors, the status of overall stress, social support and the suicidal risk.

Disclosure of Interest: None Declared

EPP0049

Medication adherence in the treatment of depression

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Introduction: Depression is predicted to become one of the major sources of disease burden worldwide, leading to numerous adverse consequences that complicate the daily rhythm of life. Non-adherence is a serious issue in patients suffering from depression. Premature discontinuation of treatment is repeatedly encountered in depression, bringing on to increased disease severity, greater number of relapses, more hospitalizations and decreased remission rates. Given the impact of medication non-adherence among patients with depressive disorders, it is important to recognize factors associated with non-adherence and find ways to influence them.
Objectives: Our objective was to find out the frequency, as well as potential differences in self-reported psychological distress of medical adherence in patients diagnosed with major depressive disorder.
Methods: Sample consisted 83 patients (M_{age} = 45.4, SD = 14.8, 76% were female, 24% were male) with major depressive disorder (MDD) hospitalized at the Clinical Department of Crisis and Affective Disorders. After the informed consent of patients, the following assessment tools were administered: A socio-demographic questionnaire, Mini International Neuropsychiatric Interview (M.I.N.I.-6), Depression Anxiety Stress Scales (DASS-21), and The Morisky Medication Adherence Scale (MMAS-8).
Results: Thirty-three (39.8%) patients were considered non-adherent (MMAS-8 adherence score < 6) while 45 (54.2%) had moderate adherence (MMAS-8 adherence score < 8) and 5 (6%) high adherence (MMAS-8 adherence score = 8) to their medication respectively. Negative associations were found between medication adherence and self-reported levels of depression (r = -0.30, p < 0.01), anxiety (r = -0.29. p < 0.01) and stress (r = -0.31, p < 0.01). One-way ANOVA yielded significant variation on the self-reported anxiety subscale of the DASS-21 questionnaire among adherence groups of patients with MMD (F (2,80) = 3.73, p < 0.05, η^2 = 0.26). A post hoc Tuckey test showed that the non-adherent and moderate adherent groups of patients significantly differ on the level of experienced anxiety; the high adherence group was not significantly different from other two groups. Results indicate that the non-adherent group generally experiences more symptoms of anxiety than the moderate adherent group.
Conclusions: Patients with major depressive disorder show significant non-adherence to medical treatment. More research is needed in this direction, as well as the development of recommendations and strategies to improve the level of adherence in this group of patients.

Disclosure of Interest: None Declared

E-mental Health 01

EPP0051

Empower: Design of a digital intervention for workplace stress and mental health. A European study

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Introduction: Work stress, anxiety and depression have an enormous impact on the well-being of employees, their employers, and society. Due to the loss of productivity, common mental disorders have a substantial economic impact. Major depression alone has been attributed to 50% of long-term absences from work, and depressive symptoms are related to lowered productivity while at work. Anxiety also contributes to loss of productivity and sickness absence. Treatment of common mental disorders in a work setting may improve symptoms, however, that does not automatically lead to improved work productivity. Addressing mental well-being at the workplace might improve work functioning, and digital interventions have been introduced with that objective. However, their evaluation in research has been limited.
The European Intervention to Promote Wellbeing and Health in the Workplace (EMPOWER) digital intervention is designed to provide and evaluate an integrative user programme that meets the needs of employees and employers in addressing work stress.
This work was supported by the European Union Horizon 2020 Research and Innovation Programme Health (grant number APP1195937, 848180). The EMPOWER project started 1.1.2020 and is currently ongoing.
Objectives: We aim to
1) describe the design and development of the digital intervention.
2) culturally validate the intervention in three countries
3) test the prototype and beta version for its usability in the RCT to evaluate its effect in four countries that is currently ongoing.
Methods: A user-centred design process was followed from January 2020 until November 2021 to create a beta version for usability testing. A tailored algorithm was developed to provide support at the individual employee level and the company level. Each element of the digital intervention was translated and culturally validated in four languages in Spain, the United Kingdom, Poland, and Finland. Usability testing was conducted in each country (n=31) to explore validity, usability, and user experience.
Results: The digital intervention consists of a website and a mobile application (app). The website has a public section and an employer portal that provides recommendations to reduce psychosocial risks in their company based upon clustered input from employees. The app provides algorithm-based personalised content after assessing a user's physical and psychological symptoms, work functioning, and psychosocial risk factors for work stress. The usability testing improved the flow through the app and high ease of use and completion of tasks by participants.
Conclusions: The EMPOWER digital intervention is a tailored multimodal intervention addressing wellbeing, work stress, mental and physical health problems, and work productivity. Usability testing provided validation of the app as version to be evaluated in the EMPOWER RCT.

Disclosure of Interest: None Declared

EPP0052

Internet-based cognitive behavioral therapy for prevention of depression during pregnancy and in the postpartum period

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Introduction: Prevention of perinatal depression beginning from the antenatal period is essential.
Objectives: This study aimed to investigate the effectiveness of recently developed internet-delivered cognitive behavioral therapy (iCBT) for preventing the onset of a major depressive episode (MDE) in the third trimester and at 3 months postpartum.
Methods: This is a two-arm, parallel-group, general-information controlled, randomized controlled trial. Participants were 5,017 pregnant women at 16–20 weeks' gestation without MDE at baseline. They were randomly assigned to an iCBT (intervention; n = 2,509) or general-information (control; n = 2,508) group, stratified by psychological distress at baseline. The primary outcomes were the numbers of new MDE onsets, measured using the World Health Organization Composite International Diagnostic Interview 3.0, at 32 weeks' gestation and at 3 months postpartum.
Results: New MDE onset was reported by 59 participants (2.35%) in the intervention group and 73 (2.91%) in the control group during follow-up. Compared with the control group, the hazard ratio (HR) of MDE in the intervention group was 0.85 (95% CI 0.61–1.20). Among participants who scored between 5 and 8 on K6 at baseline, 10 (1.37%) in the intervention group reported new onset of MDE, compared with 28 (3.81%) in the control group, and the HR of MDE was 0.38 (95%CI 0.19–0.79).
Conclusions: No intervention effect was found for iCBT in preventing new onset of perinatal MDE. iCBT might prevent perinatal depression only among pregnant women with subthreshold depressive symptoms.

Disclosure of Interest: None Declared

EPP0054

The effectiveness of a mobile therapeutic application in coping with stress and burnout

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Introduction: Excessive stress at work is a problem that leads to numerous complications, including the development of depression and burnout. A very important factor contributing to coping is a change in attitude to the situation at work. A helpful tool is Cognitive Behavioral Therapy. However, access to CBT is limited