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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