

categorical variables and simple linear regression was used to assess for binary and numerical outcomes in terms of resilience, PHQ, DSCQ, satisfaction with leisure time and perceived social support, with significance set as  $p < 0.05$ .

**Results.** A total of 129 doctors responded to the survey. Over half were male, and nearly 70% were married. Nearly half were below age 40 and only about 5% had no immediate family living in Singapore.

Burnout was associated with young age ( $p < 0.004$ ) and those with anxiety 2.39 (2.13 to 2.64)  $p = 0.038$ , and depressive symptoms 2.71 (2.44 to 2.97)  $p < 0.001$ . Psychological demand was positively associated with burnout (1.52 (1.32 to 1.71)  $p < 0.001$ ; whereas decision latitude  $-0.69$  ( $-0.85$  to  $-0.52$ ), social support at work  $-1.35$  ( $-1.49$  to  $-1.21$ ), and high resilience  $-0.56$  ( $-0.63$  to  $-0.48$ ), were negatively associated (all  $p < 0.001$ ).

Satisfaction with leisure time was negatively correlated with burnout ( $p < 0.001$ ). Contrary to hypothesis, singlehood, gender, overseas staff recently joined with no accompanying family were not associated with burnout ( $p > 0.05$ ). In addition, perceived social support from outside work did not mitigate against burnout ( $p > 0.05$ ).

**Conclusion.** Young age, anxiety and depression, and psychological demands were risk factors, whereas resilience, decision latitude, satisfaction with leisure, and social support at work were protective factors against burnout. Reducing workload, improving work schedules, promoting self-management, teaching physical, mental, and emotional self-care, and other stress management activities are among the effective techniques shown to reduce burnout. Interventions should be made available for all staff, but specifically focusing on those at greatest risk.

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## Examining Social Touch in Early-Life Stress

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**Aims.** Social contact is crucial for both immediate and later development of adaptive social and emotional behaviour. Tactile experiences during childhood influence the development of the social brain and frequent affectionate touch is associated with secure attachment style. Social touch is an important form of social interaction and plays a significant role in the formation and maintenance of relationships in humans across development, where the hedonic properties of touch are involved in improving the quality of life. However, relatively less research attention has focused on social touch experiences in individuals with a history of early-life interpersonal stress, particularly childhood maltreatment.

**Methods.** Social touch pleasantness ratings using a newly developed Social Touch task and attitudes about a variety of social touch behaviours using the Social Touch Questionnaire (STQ) were examined in 40 age- and gender-matched young adults (23 childhood maltreatment, 17 controls).

**Results.** The childhood maltreatment group had significantly lower STQ score than the control group, where lower STQ score was furthermore correlated with higher severity of maltreatment, particularly physical neglect. For the social touch task, females who experienced childhood maltreatment had

significantly lower mean pleasantness ratings for positive social touch than their male counterparts, and these differences were mainly in response to touch given by stranger and friend of opposite gender.

**Conclusion.** These preliminary results show that early-life interpersonal stress from caregivers may potentially influence touch processing and pleasantness, particularly for females, and there is a need to further explore the effects of different touch giver role (e.g. friend, stranger, partner).

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## Associations Between Adiposity Measures and Depression and Well-Being Scores: A Cross-Sectional Analysis of Middle- to Older-Aged Adults

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**Aims.** Obesity and mental health are significant global health concerns. Evidence has linked increased adiposity with depression and well-being; however, there is limited documented evidence in Ireland. Research also suggests that lifestyle factors and disease conditions are related to mental health. These may modulate relationships between adiposity and depression and well-being. The aim of this study was to examine associations between mental health scores and adiposity defined using body mass index (BMI) and waist-height ratio, and subsequently determine whether significant relationships persist following adjustment for lifestyle factors and common disease conditions.

**Methods.** This was a cross-sectional study of 1,821 men and women aged 46–73 years, randomly selected from a large primary care centre. Depression and well-being were assessed using the 20-item Centre for Epidemiologic Studies Depression Scale (CES-D) and the World Health Organization-Five (WHO-5) Well-Being Index. Linear regression analyses were performed to examine relationships between mental health scores (dependent variable) and adiposity defined using BMI and waist-height ratio (independent variable), while adjusting for demographic characteristics, lifestyle factors and disease conditions. These demographic, lifestyle and disease factors included gender, age, education, smoking status, alcohol intake, physical activity levels, dietary quality, type 2 diabetes, cardiovascular disease and cancer.

**Results.** BMI and waist-height ratio had a significant positive association with depression scores and a significant inverse association with well-being scores in males and females. These associations were maintained following adjustment for demographic variables and lifestyle factors. In final models where disease conditions were adjusted for, BMI ( $\beta = 0.743$ ,  $p < 0.001$ ) and waist-height ratio ( $\beta = 0.719$ ,  $p < 0.001$ ) associations with the CES-D score remained significant. In stratified analyses, relationships between measures of adiposity and depression were found to be stronger in females (BMI:  $\beta = 0.806$ ,  $p = 0.007$ ; waist-height ratio:  $\beta = 0.768$ ,  $p = 0.01$ ) than males (BMI:  $\beta = 0.573$ ,  $p = 0.049$ ; waist-height ratio:  $\beta = 0.593$ ,  $p = 0.044$ ) but no effect modification was identified.

**Conclusion.** This study demonstrates a significant association between increased adiposity and poorer mental health in a middle- to older-aged population, which is in agreement with