

EW0405

Self-stigma, hope, dissociation, and personality features in treatment of depressive inpatients resistant to pharmacotherapy

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Objective The goal of this study was to examine the influence of dissociation, hope, personality trait and selected demographic factors in treatment response of this group of patients.

Methods Pharmacoresistant depressive inpatients completed clinical global impression – both objective and subjective form, Beck depression inventory, and Beck anxiety inventory at baseline and after six weeks of combined pharmacotherapy and psychotherapy (group cognitive behavioral or group psychodynamic). The Internalized Stigma Of Mental Illness Scale, Dissociative Experience Scale Adult Dispositional Hope Scale, and temperament and character inventory were completed at the start of the treatment with the intention to find predictors of treatment efficacy.

Results The study included 72 patients hospitalized for the pharmacoresistant major depression, 63 of them finished the study. The mean scores of BDI-II, BAI, subjCGI, and objCGI significantly decreased during the treatment. BDI-II relative change statistically significantly correlated with the total ISMI score, discrimination experience (ISMI subscale), and harm avoidance (TCI-R personality trait). According to stepwise regression, the strongest factors connected to BDI-II relative change were the duration of the disorder and discrimination experience (ISMI). ObjCGI relative change significantly correlated with the level of dissociation, the total ISMI score, and hope in ADHS total score, and self-directedness. According to stepwise regression, the strongest factor connected to objCGI relative change was discrimination experience (ISMI).

Conclusions According to our results, the patients with pharmacoresistant depressive disorders, who have had more experience with discrimination because of their mental struggles, showed a poorer response to treatment.

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EW0406

The major depressive disorder hierarchy: Rasch analysis of 6 items of the Hamilton depression scale covering the continuum of depressive syndrome

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Objectives Melancholic features of depression (MFD) seem to be a unidimensional group of signs and symptoms. However, little

importance has been given to the evaluation of what features are related to a more severe disorder. That is, what are the MFD that appear only in the most depressed patients. We aim to demonstrate how each MFD is related to the severity of the major depressive disorder.

Methods We evaluated both the Hamilton depression rating scale (HDRS-17) and its 6-item melancholic subscale (HAM-D6) in 291 depressed inpatients using Rasch analysis, which computes the severity of each MFD. Overall measures of model fit were mean (\pm SD) of items and persons residual = 0 (\pm 1); low χ^2 value; $P > 0.01$.

Results For the HDRS-17 model fit, mean (\pm SD) of item residuals = 0.35 (\pm 1.4); mean (\pm SD) of person residuals = -0.15 (\pm 1.09); $\chi^2 = 309.74$; $P < 0.00001$. For the HAM-D6 model fit, mean (\pm SD) of item residuals = 0.5 (\pm 0.86); mean (\pm SD) of person residuals = 0.15 (\pm 0.91); $\chi^2 = 56.13$; $P = 0.196$. MFD ordered by crescent severity were depressed mood, work and activities, somatic symptoms, psychic anxiety, guilt feelings, and psychomotor retardation.

Conclusions Depressed mood is less severe, while guilt feelings and psychomotor retardation are more severe MFD in a psychiatric hospitalization. Understanding depression, as a continuum of symptoms can improve the understanding of the disorder and may improve its perspective of treatment.

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EW0407

Depression among Tunisian young mothers

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Introduction In the Tunisian cultural context, the mother is in charge of childcare, housekeeping and the well-being of the whole family, which can lead to exhaustion and depression.

Objective To estimate the frequency of depression among mothers aged between 20 and 40 years, its consequences and the possible solutions.

Method Transversal study using an anonymous questionnaire of 26 questions published through social media sites to mother with young aged children.

Results Three hundred and twenty-seven mothers participated in the study: 20% of them aged between 20 and 30 years and 80% between 30 and 40. Ninety-seven percent of the participants were married; 96% of them had university education. Seventy-nine percent of them were working mothers and 50% of them did not get any help in childcare. Forty-two percent of the participants had only 1 child, 49% had 2 children, 8% 3 children and only 1 mother had 4 children. Depressive symptoms were present in 73% of the participants and were significantly higher among mothers aged between 30 and 40. However, depression was certain in only 36% of them and there was no significant difference between the two age groups. Eighteen percent of the participants noticed an increase in consumption of cigarettes, 31% resorted to tranquilizers, 25% needed sick leaves, and 2% resorted to alcohol use. Less working hours was suggested as a solution in 36% cases, sharing house chores in 30% cases.

Conclusion Depression among young mother is a public health problem in Tunisia. It is underestimated and not always treated, which can have a serious impact on the whole family well-being.

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