

EW0636

Is there a relationship between morbid obesity and depression?

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Introduction A considerable proportion of patients with morbid obesity require treatment with antidepressants.

Objectives The aim of this study is to determine the incidence of patients who are in antidepressant treatment and identify risk factors for the need of this treatment in patients with morbid obesity.

Materials and methods Retrospective cohort study of 292 patients with morbid obesity who underwent bariatric surgery at Hospital del Mar from January 2010 to November 2015. The incidence of antidepressant treatment was analyzed, and also its possible relationship with the following variables: age, sex, BMI, tobacco smoking, alcohol consumption and age of onset of obesity. Chi² test for categorical variables and Student *t*-test for quantitative variables were applied. Afterwards, a multivariate analysis was performed using logistic regression.

Results The mean age is 43.1 years. Most of the patients (76.4%) are women. Seventy-seven patients (26.4%) are receiving treatment with antidepressants. There is a statistically significant relationship between age and the need of treatment with antidepressants ($P < 0.001$). This relationship is still present when the variables are analyzed using logistic regression ($P < 0.005$, OR 1.049). We have not found any significant relationship with the rest of the variables.

Conclusions Despite the large number of patients in the study, there are limitations, such as being a retrospective study and not being adjusted for confounding factors. From all the variables that have been analyzed we have found that as the age of the patients increase, there is a higher number of patients that receive treatment with antidepressants.

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EW0637

Depressive disorder: Particularities of theory of mind

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Introduction "Theory of mind" represents the cognitive ability to attribute mental states as belonging to others and it's essential in any social interaction.

Objectives Our objective was to evaluate the capacity of emotion recognition in patients with recurrent depressive disorder.

Aims This study aimed to determine if theory of mind is influenced by psychotic features and the type of emotions distinguished.

Methods We analyzed a sample of 45 patients with a diagnosis of recurrent depressive disorder (WHO ICD10) that was divided to include 23 patients with at least one episode with psychotic symptoms, while the rest had no history of psychotic symptoms. The "Reading the mind in the eyes" test was applied in an outpatient setting, in remission. The data has been processed in SPSS.

Results The study found that 72.72% of patients without psychotic symptoms have a low capacity of emotion attribution, while 27.72% demonstrated a normal capacity ($P = 0.00252$). The majority with a history of psychotic depression (82.60%) showed a low capacity of emotion recognition, while 17.39% had normal abilities ($P = 0$). None of the patients showed a high capacity of emotion recognition. There was a significant difference in the frequency of negative emotions recognition by all patients (77.77%), while only a few managed to detect positive emotions (22.22%), regardless of psychotic symptom history.

Conclusions In itself, a history of recurrent depressive disorder is directly related to a reduced ability to correctly attribute emotions. Moreover, these patients are more likely to detect negative emotions rather than positive ones.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0638

Male depression – actual a male specific disorder or potentially a new subtype of depression?

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Introduction Although depression is one of the most prevalent disorders around the world we know only little about the effect of factors like gender-related norms or personality-related aspects in the expression of depressive symptoms. Current findings of studies are heterogeneous and lead to the conclusion that depression is more prevalent in women as well as that they have a higher risk for depression. Women express more typical depressive symptoms while men offer more atypical symptoms like aggressiveness, irritability, alcohol misuse which is constituted as male depression (MD).

Objective Male and female patients with a diagnosis of depressive episode or recurrent depressive disorder (ICD-10) who are treated in in-patient or day clinic setting of two psychiatric institutions in Lower Saxony and one psychiatric university hospital in Austria. Study period: November 2016 to November 2017. No limitations to further diagnosis, age or other factors.

Methods To analyze the expression of (a) typical depressive symptoms as well as causes of and factors of influence in diverse types of depression different questionnaires and quantitative methods will be used.

Aims Investigate gender-specific differences in the expression of symptoms in male and female patients with a depressive disorder. Focus: whether symptoms of MD are more prevalent for depressive men than women. Furthermore, causes and factors of (a) typical depressive symptoms should be analyzed.

Results First results will be presented.

Conclusion The results of the study should lead to the conclusion whether there exist any gender-specific differences in the expression of depressive symptoms and what they might be caused by.

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EW0639

Burnout and occupational accident

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Introduction Burn out mainly occurs among healthcare employees. This professional category is exposed to a large load of emotional disturbance.

Objectives The aim of this work was to study the levels of burnout syndrome in caregivers who were victims to occupational accident.

Methods This cross-sectional study was conducted during 2014–2015 in the occupational medicine department. The target population consisted of the healthcare employees who reported their exposure to occupational accident. A semi-structured self-reported questionnaire including the Maslach questionnaire was used to collect information. Data were analyzed using SPSS-20.

Results One hundred and sixty health professionals returned the questionnaire (58% women, mean age 31.9 years old). Occupational accidents occurred mostly in the morning (62.5%). Among the healthcare providers, 112 health professionals (70%) had had sharp injuries. Burn out was found among 23.1% of the studied population. It was defined by its three domains: a high emotional exhaustion (46.9%), high depersonalization with low personal accomplishment (36.3%) and high depersonalization without low personal accomplishment (34.4%). Professionals with less years in the function ($P=0.031$) and technicians ($P=0.028$) were more affected by Burnout. A significant relationship was found between traumatic accidents ($P=0.012$), needle stick injuries ($P=0.009$) and burnout.

Conclusion The prevalence of burnout is high among health professionals which can increase the risk of occupational accidents and its subsequent risks. It seems that holding workshops and increasing healthcare givers' awareness and skills to face these risks can be effective in mitigating them.

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EW0640

Cognitive dysfunction in depression. Is it well detected?

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Introduction Major depression cognitive impairments lasts in remission periods, have an impact on treatment outcome and hamper psychosocial functioning. Thus, its accurate detection and specific treatment has become a crucial step.

Objectives In order to assess objective cognitive functioning (OCF), a neuropsychological battery was administered. For subjective cognitive functioning (SCF), cognitive perception was evaluated by clinicians and patients.

Aims To determine the concordance between OCF and SCF.

Methods One hundred and two patients were grouped according to Hamilton Depressive Rating Scale (HDRS–17): 18 remitters ($RE < 7$), 40 partly remitters (PR, 7–18) and 44 acutely depressed ($AD > 18$). OCF was computed combining T-scores of digit symbol substitution test (WAIS-IV) with two RAVLT subtests (learning and memory). SCF was assessed with a CGI adaptation for cognitive disturbances severity.

Results The OFC was 41.21(8.49) for all patients and 45.54(6.8), 41.93(6.8) and 38.7 (9.7) for RE, PR, and AD, respectively. Psychiatrist and patients' SCF had a poor agreement ($\alpha=0.518$), with Cronbach's alpha for RE, PR and AD of -0.607 , 0.518 and 0.404 . Concordance between OCF and SCF was calculated for all patients (psychiatrist, $r = -0.317$, $P=0.002$; patient, $r = -0.310$, $P=0.002$,

for RE ($r = -0.535$, $P=0.022$; $r = 0.395$, $P=0.105$) for PR ($r = -0.013$, $P=0.94$; $r = -0.328$, $P=0.045$) and for AD ($r = -0.252$, $P=0.122$; $r = -0.333$, $P=0.033$). Patients rated their SCF as more impaired than did clinicians.

Conclusions Concordance between clinicians and patients regarding SCF is very poor, worsening in AD group and being null in remission. This study also points out that CF is best detected by patients in acute episodes and by psychiatrists when patients are in clinical remission.

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EW0641

Predictors of functioning in major depression

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Introduction Life functioning difficulties are a relevant but undervalued consequence of major depression. Mood symptoms and cognitive deficits have a significant, and somehow independent, impact on them. Therefore, cognitive difficulties should be considered a potential target to improve patients' functioning.

Aims To examine the degree in which objective and subjective cognition explain functional outcome.

Objectives To assess objective cognitive function (CF) with a neuropsychological battery and to measure subjective CF using measures of cognitive perception.

Methods Ninety-nine patients with depression were assessed by age, sex and level of schooling. Depressive symptoms severity was measured by Hamilton Depression Rating Scale (HDRS–17). Objective CF consisted in the following cognitive domains: memory, attention, executive functioning and processing speed. Subjective CF was assessed with Perceived Deficit Questionnaire–Depression (PDQ–D). Functioning Assessment Short Test (FAST) was used to evaluate life functioning, excluding the cognitive domain. All the listed measures were included in a multiple regression analysis with FAST scores as dependent variable.

Results The regression model was significant ($F_{1,98}=67.484$, $P < 0.001$) with an R of 0.825. The variables showing statistical power included (from higher to lower β -coefficient) HDRS–17 ($\beta = 0.545$, $t = 8.453$, $P < 0.001$), PDQ–D ($\beta = 0.383$, $t = 6.047$, $P < 0.001$) and DSST ($\beta = -0.123$, $t = -1.998$, $P = 0.049$).

Conclusions The severity of depressive symptoms is the variable that best explains life functioning. Surprisingly, the second factor hindering it is the patients' perception of their cognition. Current findings highlight the importance of correcting cognitive bias in order to improve functionality. However, results have to be taken cautiously as mood symptoms could partly explain the bias.

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Phenomenology of religious obsessive – compulsive disorder

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