

EW256

Association between mental health problems of stunted children and common mental disorders of their mothers in Brazil: A case control study

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Introduction In deprived environments, mental health problems for both the mother and her stunted child may be related.

Objective To verify possible association between a child's nutritional and mental health status with common maternal mental disorders (and associated impairment).

Aims To contribute to management of malnutrition and mental health in low-income populations.

Methods Case-control study in which 48 malnourished children (aged 48 to 72 months) were compared with 50 eutrophic children. The child's nutritional status, the children's mental health, the maternal mental health, and the associated disability were evaluated by using the WHO criteria, the "Strengths and Difficulties Questionnaire" (SDQ), the "Self-Report Questionnaire"-20 (SRQ-20), and the "Sheehan Disability Scale" (SDS), respectively. In addition, selected socio-economic aspects were considered.

Results Variables with significant odds ratio (OR) in the univariate analysis were: maternal education (OR: 2.96, 95% CI: 1.30–6.75), number of residents in the household (OR: 0.32, 95% CI: 0.14–0.74), number of children in the household (OR: 0.25, 95% CI: 0.10–0.61), and social class (OR: 2.30, 95% CI: 1.02–5.18). The only SDQ dimension that tended to be associated with malnutrition was conduct problems ($P=0.08$). The disability associated with probable common maternal mental disorders (CMD) also showed statistically significant association ($P=0.02$). In the logistic regression, child malnutrition remained associated with child conduct problems and disability associated with probable CMD.

Conclusions Conduct problems in stunted children are positively associated with CMD and related disability. Longitudinal studies are necessary to confirm these hypotheses.

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

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EW257

Should I stay or should I go? Mobility and migration among psychiatric trainees in Europe – EFPT Brain Drain Survey

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Introduction Workforce migration of mental health professionals seems to have a significant impact on mental health services, both in the donor and host countries. Nevertheless, information on migration in junior doctors within Europe is very limited. Therefore, the European Federation of Psychiatric Trainees (EFPT) has conducted the Brain Drain Survey.

Objectives To identify, in junior doctors training in psychiatry, the impact of international short-term mobility experiences, towards a future workforce migration across countries, exploring its patterns and reasons.

Methods In this cross-sectional international study, data were collected from 2281 psychiatric trainees in 33 countries. All participants answered to the EFPT Brain Drain Survey reporting their attitudes and experiences on mobility and migration.

Results Only one-third of the trainees had a short-mobility experience in their lifetime, being education the main purpose for these experiences. Interestingly, the main predictors for future migratory tendency were not only the having a income and being dissatisfied with this income, but having a short-mobility experience. In fact, people that had short-mobility experiences were two times more likely to express a migratory tendency. Trainees that went abroad were predominantly satisfied with their experiences, reporting that these influenced their attitudes towards migration, positively.

Conclusions These findings show that short-term mobility has a positive impact into future long-term migration, increasing its probability.

Keywords Doctors; Training; Mobility; Migration

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EW258

Depression course, functional disability, and NEET status in young adults with mental health problems

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Introduction Role functioning is key to optimal health and inoculates against life-long inequality. Depression is a leading cause of functional disability. In most cases, improved symptomatology corresponds with improved functioning; however, functioning does not always return to "normal", despite symptom remission. Furthermore, the relationship between symptom remission and the likelihood of being Not in Employment, Education or Training (NEET) is unknown.

Objectives and aim To examine the temporal associations between depression course, functioning, and NEET status in young adults with mental health problems.

Methods A prospective and multisite clinical cohort study of young people aged 15–25 years seeking help from a primary mental health service ($n=448$). Participants completed a clinical interview (incl. QIDS-C16) and self-report battery (incl. WHODAS 2.0, employment, education) at baseline which was repeated at 12-month follow-up whilst continuing treatment as usual.

Results Remitted depression was significantly associated with improved functioning; however, 12 month functioning was still lower than the normative ranges for age-matched peers. Remittance of depression did not change the likelihood of being NEET. Only 10% of those who were NEET had received vocational support during the study.

Conclusion Remittance of depression was associated with improved functioning but it did not reduce the likelihood of being NEET. This may be explained by economic influences or alternatively, a time lag may exist where improvements in functioning do not immediately correspond with reduced NEET rates. Lastly, there may be a scarring effect of depression such that change in NEET status requires an additional intervention to depression treatment.

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EW259

Association of family stress with other psychosocial factors in female population 25–64 years in Russia: WHO program MONICA-psychosocial

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Aim To explore association of family stress with other psychosocial factors in female population aged of 25–64 years in Russia.

Methods Under the third screening of the WHO “MONICA-psychosocial” program random representative sample of women aged 25–64 years ($n=870$) were surveyed in Novosibirsk. Questionnaire “Awareness and attitude towards the health” was used to estimate levels of family stress. Chi-square (χ^2) was used for assessment of statistical significance.

Results The prevalence of high family stress level in women aged 25–64 years was 20.9%.

High family stress was higher in age groups 25–34 years and 45–54 years: 27.6% and 30.5%, respectively. Among women with family stress, 58.7% had high level of trait’s anxiety. Women with stress at family had high rate of major depression (11%). There were tendencies of higher prevalence of hostility and vital exhaustion in those with stress (41.1% and 27.4%, respectively). Among those in female population with stress at family, 60.6% had sleep disturbances. Social support like close contacts and social network tended to be lower in women with family stress: 59.1% and 80.3%, respectively. Rates of serious conflicts in family were more often in younger age groups and reached 48.6%. In women aged 25–34 years, 54.9% have no possibilities to have a rest at home after usual working day ($P<0.001$).

Conclusions The prevalence of high stress in family in female population aged 25–64 years is more than 20% in Russia. High family stress closely associated with anxiety, major depression, high hostility and vital exhaustion, poor sleep and low social support.

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

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EW260

Prenatal depression in women hospitalized for threatened preterm labour: A prospective study in Greece

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Introduction Pregnancy complications may require admission in a high-risk pregnancy unit (HRPU). A complicated pregnancy and hospital admission might negatively affect the pregnant woman’s mental health.

Objectives To screen for depressive symptoms in pregnant women admitted in a high-risk pregnancy unit due to threatened preterm labour and also to investigate for associated risk factors.

Aims Early identification of prenatal depression will decrease the risk of pregnancy complications and postnatal depression.

Methods A prospective study enrolled pregnant women admitted at ³24 gestational weeks due to threatened preterm labour in a university hospital HRPU, between 9/2014 and 11/2015. The Edinburgh Postnatal Depression Scale (EPDS) was used to assess depressive symptoms and a cut-off score ³13 was considered as indicative of depression. Test results were then correlated with the indication for admission, demographic and socio-economic parameters.

Results Overall, 80 of the women admitted in the HRPU were eligible for the study and agreed to complete the questionnaire. The mean age was 29.4 ± 6.23 years and the mean gestational week at the admission was 31.6 ± 3.33 weeks. The prevalence of prenatal depression (score ³13) was 25% (20/80). In the multivariable model, depression was significantly correlated with the existence of thoughts for pregnancy termination [$P=.03$ OR=4.560 95% CI: (1.162–17.892)].

Conclusions One quarter of pregnant women admitted in the HRPU with the indication of threatened preterm labour may suffer from clinically significant depression. An unwanted pregnancy was found to be independently associated with prenatal depression whereas no association was found with any obstetric parameters.

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EW261

Descriptive epidemiology of depressive and anxiety disorders, cognitive impairment and dementia in a sample of elderly patients in the geriatric unity of a general hospital

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Introduction Studies have demonstrated the high prevalence of depressive disorders amongst elderly people and their underestimation and mistreatment.

Objective The aim of this study is to describe epidemiological issues in a sample of elderly hospitalized patients, giving special attention on the prevalence of depressive and anxiety disorders and the detection of potential risk factors.