

the association between public stigma and the symptomatology and gender of individuals with mood disorders and characteristics of respondents. The symptomatology investigated included major depressive disorder and bipolar disorder presenting with mania or depression. The public stigma factors measured for mood disorders were recovery, relationship disruption, hygiene, anxiety, and treatment/professional efficacy.

Objectives: Do symptomatology and gender predict stigma for mood disorders? For Jewish adults, do gender, age, religious characteristics, mental health history, and perceived stigma for mental illness predict their stigma toward individuals with mood disorders?

Methods: A convenience sample of 243 Jewish adults were randomly administered vignettes using a factorial design. MANCOVA was used for analysis. The Mental Illness Stigma Scale (Day et al., 2007) and the Devaluation of Consumer scale (Struening et al., 2001) were used to measure public and perceived stigma respectively.

Results: showed that recovery, relationship disruption, and hygiene stigmas were associated with vignette subject symptomatology, an interaction was found between respondent gender and age for treatability/professional efficacy stigma, and perceived stigma was correlated with public stigma factors. Consistent with previous research, the highest levels of stigma were found for individuals with bipolar disorder presenting with mania (Wolkenstein & Meyer, 2008).

Conclusions: These findings increase our knowledge of mood disorder stigma existing in the Jewish community and supports research showing that bipolar disorder presenting with mania is the most stigmatized type of mood disorder symptomatology (Wolkenstein & Meyer, 2008).

Disclosure: No significant relationships.

Keywords: BIPOLAR; Public Stigma; Mood disorders; Jewish

O0126

Association with severe and treatment-resistant depression among patients with inflammatory joint disease. Nationwide nested case-control study in Swedish registers.

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Introduction: Treatment resistant depression (TRD) and severe depression (SD) are common among patients with depression. Patients with inflammatory joint disease (IJD) are at higher risk for developing depression compared to the general population; however, the risk for SD or TRD is not known.

Objectives: To examine the odds of patients with IJD for developing SD and TRD compared to non-severe and non-TRD depression.

Methods: This case-control study was nested within a cohort of patients with incident depression (n=443,384) identified in nationwide Swedish registers 2006-2018. Patients with SD (n=42,975) were identified through the ICD-10 code specifier, through psychiatric hospitalization and/or through suicide attempts. Patients who started a third consecutive treatment for depression were identified

with TRD (n=33,830). Each patient was matched with five non-SD - or non-TRD - patients by sociodemographics and year of cohort entry. Crude and adjusted odds ratios (aOR) were calculated by conditional logistic regression with regard to a history of any IJD and specific IJDs prior to depression onset.

Results: Among patients with depression, those with a history of IJD did not have higher odds for developing SD (aOR 1.09 (95%CI 1.00-1.20)) or TRD (aOR 1.03 (0.93 - 1.14)) compared to patients without IJD. A history of rheumatoid arthritis was associated with a significantly higher odds for SD among patients aged 18-29 (aOR 1.55 (1.01-2.36)) and for TRD among patients aged 30-49 (aOR 1.33 (1.05-1.67)).

Conclusions: Overall, no association was observed between history of IJD and developing SD/TRD; with the exception of younger age strata in rheumatoid arthritis.

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Keywords: Rheumatology; Inflammatory joint disease; Epidemiology; Depression

O0127

The soluble ST2 levels in patients with depression and comorbid heart failure

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Introduction: Depression in HF has become a major issue as the burden of HF has continued to increase, and many studies have suggested poorer outcomes in HF patients reporting depression. The prevalence of major depression in HF is about 20–40 %, which is 4–5 % higher than in the normal population. Soluble ST2 is involved in multiple pathogenetic pathways including cardiac strain, inflammation, and myocardial necrosis with remodeling.

Objectives: The purpose of study was to assess the predictive effect of soluble ST2 (sST2) and depressive symptoms in patients with ischemic HF

Methods: In this observational cross-sectional trial 129 patients with ischemic HF FC II-IV by New York Heart Association and depression were investigated. The diagnosis was verified by laboratory and instrumental methods according to European Society of Cardiology recommendations (2016). Depressive symptoms were evaluated by the Hospital Anxiety and Depression Scale. The ST2 level in blood serum was detected by ELISA method. Statistical analyses were performed using the Statistica 12 (StatSoft, Tulsa, OK, USA).

Results: The prevalence of depression increases with NYHA functional class. With decreasing ejection fraction of left ventricle, levels of sST2 were gradually increased (P for trend < 0.001), as well as the prevalence of depressive symptoms (P for trend < 0.01).

Multivariate Cox regression analysis demonstrated that depressive symptoms and elevation of sST2 were both independent predictors of all-cause mortality and HF-related hospitalization.

Conclusions: The serum levels of sST2 and depressive symptoms were independent and additive predictors of all-cause mortality and heart failure-related hospitalization in patients with ischemic HF.

Disclosure: No significant relationships.

Keywords: Heart Failure; Neurobiological Factors; Depression; comorbidity

O0128

Remote Assessment of Disease and Relapse in Major Depressive Disorder (RADAR-MDD): Recruitment, retention, and data availability in a longitudinal remote measurement study.

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Introduction: Major Depressive Disorder (MDD) is prevalent, often chronic, and requires ongoing monitoring of symptoms to track response to treatment and identify early indicators of relapse. Remote Measurement Technologies (RMT) provide an exciting opportunity to transform the measurement and management of MDD, via data collected from inbuilt smartphone sensors and wearable devices alongside app-based questionnaires and tasks.

Objectives: To describe the amount of data collected during a multimodal longitudinal RMT study, in an MDD population.

Methods: RADAR-MDD is a multi-centre, prospective observational cohort study. People with a history of MDD were provided with a wrist-worn wearable, and several apps designed to: a) collect data from smartphone sensors; and b) deliver questionnaires,

speech tasks and cognitive assessments and followed-up for a maximum of 2 years.

Results: A total of 623 individuals with a history of MDD were enrolled in the study with 80% completion rates for primary outcome assessments across all timepoints. 79.8% of people participated for the maximum amount of time available and 20.2% withdrew prematurely. Data availability across all RMT data types varied depending on the source of data and the participant-burden for each data type. We found no evidence of an association between the severity of depression symptoms at baseline and the availability of data. 110 participants had > 50% data available across all data types, and thus able to contribute to multiparametric analyses.

Conclusions: RADAR-MDD is the largest multimodal RMT study in the field of mental health. Here, we have shown that collecting RMT data from a clinical population is feasible.

Disclosure: No significant relationships.

Keywords: remote measurement technologies; longitudinal; major depressive disorder; observational

O0130

Effect of medical education on European psychiatrists' knowledge in management of major depressive disorder and psychiatric emergencies

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Introduction: The challenge for psychiatrists is keeping up to date with the latest clinical trial data in managing major depressive disorder (MDD) and psychiatric emergencies.

Objectives: We evaluated whether an online educational video lecture directed at psychiatrists, could improve knowledge and confidence regarding management of psychiatric emergencies associated with MDD.

Methods: Educational effect was assessed using a 3-question repeated pairs, pre/post assessment survey. A paired-samples t-test was conducted to assess overall number correct and confidence change. A McNemar's test was conducted to assess question-level significance. P values < 0.05 are statistically significant. Cohen's d test was used to estimate the magnitude of effect of education. The activity launched on 8 April 2021, and preliminary data analysed as of 24 June 2021.

Results: 807 psychiatrists participated in the programme, of which 150 completed the pre- and post-assessment test. An average overall correct response rate of 44% pre- increased to 74% post- (67% relative increase, P<0.001; Cohen's d = 0.91). Knowledge on the burden of suicide and MDD improved from 38% pre- to 85% post- (124% relative increase, P<0.001). Knowledge regarding clinical data for novel therapies for use in psychiatric emergencies improved from 47% pre- to 68% post- (45% relative increase, P<0.01). Knowledge regarding signs of suicidal intent in patients with MDD improved from 49% pre- to 71% (45% relative increase, P<0.001) following education.

Conclusions: This study demonstrates the positive effect of online medical education on psychiatrists' knowledge in contemporary management of psychiatric emergencies associated with MDD in Europe.