that work satisfaction among physicians is rapidly deteriorating owing to high rates of burnout and poor mental health. Although the relationship between work burnout (WB) and negative affectivity has been well documented, the association with positive affect, such as trait forgiveness (TF) has been overlooked. On that note, research shows that lifetime stress severity and lower levels of forgiveness predict worse mental and physical health. Since TF has been linked strongly with healthy workplace relationships, positive occupational outcomes and general well-being, its association with WB remains to be investigated. Therefore, the aim of the present study was to explore the link between TF and WB among physicians. We hypothesized that TF would be associated with reduced levels of burnout.

METHOD: A total of 62 (F=23) medical residents at a Teaching Hospital consented for the study. Residents were administered surveys on WB (Maslach Burnout Inventory), workplace bullying, personal bullying (PB), interpersonal rejection sensitivity (IRS), perceived stress scale (PSS), TF, anxiety, and depression, all of which were anonymously submitted via electronically. Hierarchical multiple regression (HMR) models were used to determine the associations between WB, work environment social factors and TF. A p-value of <0.05 was considered significant.

RESULTS: The mean age 33.1 ± SD 4.2 years. HMR analysis using WB as main outcome contained 6 predictors: Model 1 contained depression and anxiety, Model 2 added PB, Model 3 added IRS and PSS, Model 4 added TF. Anxiety and TF were the only significant predictors ($p= >0.05$) accounting for 10.4% and 17.5% of the variance in WB scores, respectively.

CONCLUSIONS: The novel finding of the present study is that TF was associated with low levels of burnout. Additionally, WB was found to be linked to anxiety and depression which is in line with previous research. These data suggest that TF could be a potential resolution to the deleterious influence of burnout. Further exploration is needed in order to understand the psychology of forgiveness as a potential adjuvant and/or therapeutic intervention for physicians' burnout. These results suggest that strategies including forgiveness training aimed at decreasing WB while increasing job satisfaction among physicians warrant further exploration.

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Sustainability of a Benzodiazepine Deprescribing Intervention with Primary Care Providers in a University-Based Community Clinic

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ABSTRACT: Study Objectives: In light of the opioid crisis, less attention has been focused on the long-term misuse of benzodiazepines (BZD) for anxiety and sleep disorders. The purpose of this study was to determine the sustainability of positive results (an 80% decrease in BZD prescribing) following a deprescribing intervention with primary care providers working with a low-income population at a Midwestern university-based community clinic.

METHOD: All de-identified BZD prescriptions written by providers at the community clinic were captured using the electronic medical record. A BZD equivalency chart was used to compare the relative potencies of BZD commonly prescribed by the clinic. Each prescription was converted to a single number: the diazepam equivalent (DE). This number takes into account the potency of the drug (using diazepam as the standard), the dose of the drug, number of tablets dispensed and number of refills. The number of DE prescribed was tallied every 30 days for 6 months following the completion of a quality improvement BZD deprescribing intervention. The original intervention was implemented in 2018, with the goal of decreasing the prescription of BZD by clinic primary care providers to outpatients for insomnia or anxiety. The brief intervention combined academic detailing and pharmaceutical company detailing with a deprescribing message. Providers were given current evidence about alternatives to BZD, deprescribing schedules, and brain-storming opportunities about the management of patient concerns and resistance to change. Posters with alternatives to BZD were hung in the main provider office at the clinic. Food and "No Benzo" logo merchandise (mugs, pens) were provided to attendees of the intervention and clinic nurses. Thirty days after the intervention, the number of DE prescribed decreased by 80%.

RESULTS: Benzodiazepine prescribing (measured in DE) continued to decrease every 30 days for six months to 92-93% of pre-intervention numbers.

CONCLUSIONS: Follow up of a 2018 intervention revealed sustainability of the effect of a significant decrease in benzodiazepine (BZD) prescribing in a community clinic. A brief BZD deprescribing intervention using a combination of academic detailing and pharmaceutical company detailing designed to persuade prescribers to change their behavior was effective in influencing providers to decrease the amount of BZD they prescribe. The desired result (an 80% decrease in BZD prescribing) was achieved

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following the original 30-day intervention. Prescription numbers continued to decrease over the next six months (to 92-93% of pre-intervention numbers), which indicates that the deprescribing intervention may have had a sustainable positive effect on provider prescribing behavior. This intervention is easy to implement and may decrease BZD prescribing, which addresses the overuse/misuse of BZD, a significant public health concern in the United States.

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Evaluation of Individual Items on the PHQ-9 and SDS in Patients with Treatment-Resistant Depression Treated with Esketamine Nasal Spray

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ABSTRACT: Introduction: Major depressive disorder (MDD) is a global long-term condition and is the leading cause for disability in most countries. The objective of this study was to evaluate individual items of the PHQ-9 and SDS to show differences by treatment arm over the course of treatment.

METHODS: The TRANSFORM-2 study (NCT02418585) was a Phase 3 short-term trial that evaluated efficacy and safety of flexible esketamine nasal spray (56 mg or 84 mg) doses in combination with newly initiated oral antidepressant (ESK+AD) vs oral AD + placebo nasal spray (AD+PBO) in patients with treatment resistant depression (TRD). The study population, men and women aged 18-64 years, who met the Diagnostic and Statistical Manual of Mental Disorders, Edition 5 diagnostic criteria for single-episode or recurrent MDD, but excluded subjects with suicidal ideation/intent to act within 6 months prior to study. Patient reported outcomes (PROs) were integrated to evaluate the patient perspective of treatment using instruments capturing concepts of importance. The 9-item Patient Health Questionnaire (PHQ-9) is a PRO instrument to assess self-reported depression symptoms, and the SDS a PRO instrument to assess function and disability. Individual items on each of these instruments represent a symptom or aspect of functioning. Respective items for PHQ-9 and SDS, are summed together to generate a total score: 0-27 for the PHQ-9 and 0-30 for SDS. Each total score reflects a single construct of depression severity for the PHQ-9 and functional disability for SDS. Change from baseline in SDS and PHQ-9 total scores at Day 28 were analyzed using a mixed-effects model using repeated measures based on observed case data. Generalized estimation equations of logistic regression models were used to estimate the likelihood of improvement by ≥ 1 point on the individual items of the PHQ-9 and SDS.

RESULTS: Full analysis set included 223 patients (ESK +AD: 114; AD+PBO: 109). Change in SDS total score from baseline to Day 28 numerically favored ESK+AD. The LS mean treatment difference (95% CI) was -4.0 (-6.28; -1.64). Change in PHQ-9 total score from baseline to Day 28 numerically favored treatment with ESK+AD. The LS mean difference (95%CI) was -2.4 (-4.18; -0.69). Most patients experienced improvement on all PHQ-9 items and more patients experienced greater improvement in the ESK+AD treatment arm compared to the AD+PBO arm (odds ratio range 1.367-2.767; favoring ESK+AD). Improvements were seen across all items of the Sheehan Disability Scale (odds ratio range from 1.994 – 3.378; favoring ESK+AD).

CONCLUSIONS: This study shows that while the magnitude of improvement varied on individual items, ESK+AD treatment leads to greater symptom improvement across the multiple symptoms included in the PHQ-9 and SDS compared to the AD+PBO. This assists interpretation of the total scores generated by these PRO measures since total scores on the two measures was not driven by a single item.

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HAM-D6 Outcomes in a Randomized, Controlled Trial Evaluating the Utility of Combinatorial Pharmacogenomics in Depression

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