

## EW0393

### Differences in perceived reasons for and barriers to, seeking help for depression between people with and without heightened depressive symptomatology

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**Introduction** Depression is treatable, but many people with depression do not seek help. When studies are conducted assessing barriers to and reasons for help seeking, it is common to combine responses from people with and without depressive symptomatology.

**Objectives/aims** The goal of the current study was to assess if people with and without heightened levels of depressive symptomatology perceive reasons/barriers similarly.

**Methods** Prior to the main study, two pilot studies were conducted which resulted in sets of 10 reasons and barriers rated as those participants were most aware of as influencing their decision to seek help for depression. Participants ( $n=520$ ) rated the importance of these reasons/barriers to their decision regarding help seeking. Two groups were created based on their Beck depression inventory-II score: no to minimal and mild to severe depressive symptomatology.

**Results** Although, the order across the reasons/barriers varied between the groups, the most important reason for both groups was seeking help to enjoy life again, while the most important barrier for both groups was negative side effects of depression medication. The no to minimal group rated reasons to seek help as significantly more important to their help seeking decision process than the mild to severe group, while the mild to severe group rated barriers to seeking help significantly more important to their help seeking decision process than the no to minimal group.

**Conclusions** Greater importance of barriers to seeking help could partially explain why help seeking decreases as depressive symptomatology increases. Interventions should increase the importance of reasons to seek help.

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

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## EW0394

### Correlation between chronic somatic co-morbidities and prognosis of major depressive disorder

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**Introduction** Depression and somatic disorders are closely inter-related. Depressed mood is recognized to contribute to the development and progression of wide range of somatic diseases, while at the same time somatic diseases may increase the risk of depression. Co-morbidity research still represents huge research and clinical challenge to contemporary psychiatry and medicine.

**Objectives** To check whether the correlation of NSC and poor prognosis of MDD treatment is merely the consequence of age and duration of illness.

**Methods** We investigated a cross-sectional sample consisting of 290 psychiatric diagnosed with MDD. Outcome was the number of psychiatric rehospitalizations (NPR) since the first diagnosis of MDD treatment success. Predictor was NSC. Covariates controlled were sex, age, BMI, marital status, number of household members, education, work status, duration of MDD, CGI-severity of MDD at diagnosis, treatment with antidepressants and anti-psychotics.

**Results** After adjustment for all confounders, mediation analysis revealed insignificant indirect effects of NSC on NPR through patient's age ( $P=0.296$ ) and duration of MDD ( $P=0.180$ ). Direct effect of NSC was significant and clinically relevant ( $P<0.001$ ). Effect of NSC was significantly moderated by duration of MDD ( $P=0.019$ ). NSC and NPR were not significantly associated if MDD lasted for less than a year. The more MDD lasted the stronger was correlation of NSC and NPR.

**Conclusion** Correlation of NSC and poor prognosis of MDD is not a mere consequence of patient's age and duration of illness. To treat MDD effectively we have to treat simultaneously somatic co-morbidities.

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

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## EW0395

### From pilot project to RCT – Music intervention to improve sleep quality in depressed patients: A mixed methods study

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**Introduction** Insomnia is a common sleep disorder for patients with depression. This has a major impact on the quality of life for the individual. A randomized controlled trial (RCT) will address the use of music as a non-pharmacological treatment to reduce insomnia in depression.

**Objectives and method** The aim is to investigate, whether music listening is effective to:

- improve sleep quality;
- reduce symptoms of depression;
- improve quality of life;
- limit or replace medication.

A RCT will address the use of music as a treatment modality in depression using an explanatory mixed methods design. In the first phase of the study, patient data is collected from 3D accelerometer, log files from a new app for iPad called 'the music star' and questionnaires (MDI, HAM, PSQI and WHO-QOL). 'The music star' is an app for iPad used to select music from special designed playlists developed by Danish music therapists in psychiatry. An exploratory follow-up (semi-structured interviews) aims to explain quantitative results from accelerometer and 'the music star' log files. Participants enrolled are registered at the clinic for unipolar and bipolar affective disorders at Aalborg University Hospital – Psychiatry. The participants test whether a sound pillow and special designed playlists is effective to reduce insomnia in depression in a 4 week period.

**Results and conclusions** A feasibility study has been conducted on 11 participants showing positive results in terms of participation and sleep quality.

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