

patient samples. The identification of relevant predictors related to course and outcome is of particular importance for tertiary prevention. In this study, we aim to assess factors influencing the prospective three-year course and outcome of illness in depressed patients. In parallel, predictors of the course of quality of life in these patients will be determined.

**Methods:** A cohort of 85 patients suffering from major depression or dysthymia was comprehensively assessed one, six, and 36 months after discharge from inpatient treatment. Measures included demographic and clinical variables, quality of life as well as cognitive vulnerability and psychosocial measures.

**Results:** Data collection of this study is still ongoing. The main results will be presented at the conference.

**Conclusions:** Conclusions, clinical and research implications will be discussed.

## S18.04

Recurrent depression: An overview

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Major depression is a highly recurrent and disabling disorder. At least 60% of first depressed individuals will have another episode. Knowledge of the predictors of recurrence is crucial in advising continuation and/or maintenance treatment.

Over the last 20-30 years a number of studies identified several sociodemographic-, psychosocial-, personality-, and clinical factors associated with the recurrence of major depression.

This presentation will give an overview of the most important predictors associated with recurrence of depression. Relevant articles were obtained through a search in Medline, Embase, and PsycINFO with the keywords recurrence, relapse, and major depression. This search covered the period from 1980 to 2007. Criteria to select the best studies will be presented.

The studies were further divided in general population studies, primary care and specialised mental health care studies.

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# YP Symposium: Job satisfaction and job profiles of young psychiatrists in Europe

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## YP03.01

Train the trainee to be a trainer: How to survive the transition from residency to responsibility

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Trainees are during their residency under a lot of pressure. In their first years of training they are busy to adapt to the sometimes extreme circumstances: dealing with complicated patients, who struggle with depressions, psychoses, drugs and suicidal ideas; the trainee will be overwhelmed. How to deal with all these problems in the difficult field of psychiatry?

In the years of training the trainees have to learn to deal with these new responsibilities. If not, they might not survive the training

program. Therefore they have to learn not to deal with all these problems by themselves, but to share their experiences with their nearest colleagues in a safe environment: the peer group. Such a peer group can be used as a tool to survive but also gives the resident the possibility to keep the joy in the daily work.

This presentation will show the attendees how to build a 'strong' peer group, that will help them to keep up during residency and to learn to deal with the responsibility of their daily work. The peer group will also learn the trainee how to help to train the trainee to be a trainer during these sometimes difficult times.

## YP03.02

Burn-out in young psychiatrists: A specific risk?

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Most medical professionals are at risk to experience stress and negative emotions in the workplace (1), but the risk of high levels of burn-out seems to be particularly high among psychiatrists (2). Early career psychiatrists are probably at higher risk of burnout due to several factors such as lack of experience, work isolation, role conflicts, etc. (3). At present, however, no data are available on workplace conditions and burnout risk among young psychiatrists. The aim of this study is to evaluate burn-out and work-place associated conditions among young psychiatrists. Fifty young psychiatrists were enrolled among different sites in Italy and standardized self-reported questionnaires to evaluate burnout and workplace violence syndromes were administered. The results showed moderate to high levels of burn-out among young psychiatrists. This may imply that young psychiatrists working conditions may represent a major cause for concern and thus further studies are strongly needed in this area. Causative and protective factors for workplace stress among young psychiatrists need to be identified and specific intervention strategies, aimed at improving psychological well-being among young medical professionals, have to be developed.

1) Daly M.G., et al. (2006) *MJA*, 177: S14-S15. 2) Fischer J. et al. (2007) *Australas Psychiatry*, 15: 417-21. 3) Ratanawongsa N., et al. (2007) *Med Educ*, 41: 273-280.

## YP03.03

Doing research in the USA: Chances and challenges for young European psychiatrists

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Even before "globalization" has entered our everyday's vocabulary, science and research have always been global. Great scientists of the European Renaissance, such as Nicolaus Copernicus or Andreas Vesalius did not only cross intellectual boundaries set by tradition and dogmas but would perform their work irrespectively of national territories or languages. Science has always benefited from a globalized world and its progress critically hinges on the possibility of the exchange of ideas and people. In no time, modern technology has propelled the possibilities of communication and exchange between researchers across the globe in a way that Copernicus or Vesalius would never have dared to dream of.

This presentation wants to discuss the various ways European researchers in psychiatry can actively participate in such global