

S01.02

Results of one-year follow-up after participation in a burn-out prevention program for medical doctors at Villa Sana, Norway

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Background and Aims: Studies document that doctors have more mental distress, as depression and suicidal ideation, than comparable groups, and are reluctant to seek professional help. Prevention is therefore important, but there is little documentation of long-term effects from actual intervention programs. This study investigates whether a self-referral, counselling program reaches doctors in need of help, and whether changes in help-seeking and in levels of distress can be found at one-year follow-up.

Methods: Of doctors coming to the counselling centre Villa Sana, 227 (94%) of 242, consented to participate in a prospective study. 184 doctors (81% of 227) responded at one-year follow-up. Self-reporting questionnaires covering mental distress, job distress and burn-out were used. Results are compared with those from a national survey of Norwegian doctors.

Results: Relatively more women and GPs were represented in the Villa Sana sample than among Norwegian doctors. The Villa Sana-doctors had significantly higher levels of distress as measured by Symptom Check List 5, the dimension of emotional exhaustion on Maslach's Burnout Index, job-stress on Cooper's Job Stress Questionnaire and having had serious suicidal thoughts with plans (Paykel) compared with Norwegian doctors. At one-year follow-up, the Sana doctors had significantly lower levels on the distress parameters than at base-line. Significantly more doctors had sought psycho-therapy after the counselling intervention than at base-line.

Conclusions: This program reaches doctors with high levels of distress, and at one-year follow-up they showed lower levels of distress and a higher proportion who had sought psycho-therapy than at base-line.

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Early recognition and help-seeking in burnout: Are psychiatrists any wiser?

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Objective: Work in psychiatry can be strenuous – both in terms of caseload and the kind of work. Health care reforms have increased the pressure even further, amplifying the risk of burnout. Burnout research has been criticized for neglecting the perspective of those potentially at risk. This qualitative study seeks to throw light on the burnout literacy of mental health professionals and its implication on their help-seeking behaviour. It further seeks to identify the relevant mechanisms in transforming health literacy into action.

Methods: Focus groups were carried out with mental health providers (n=215) from different settings (in-patient/community-based), as well as professional groups. They addressed participants' job strain and job-related resources, as well as their definition of what constitutes burnout, and what should be done about it. Group sessions were audiotaped, transcribed, and analysed by means of a qualitative procedure.

Results: Mental health professionals are well-informed about burnout. They perceive burnout as a multidimensional syndrome that

affects professionals' mental and physical health, job motivation, job performance as well as their relationship with their clients, and propose multiple intervention strategies. However, two major obstacles are described in translating their knowledge into practice: burnout (1) goes undetected for a long time and (2) has a stigma attached to it.

Conclusions: While mental health professionals' burnout literacy is high, the social perception of burnout poses a serious barrier to early detection and treatment. Burnout prevention strategies should become an integral part of continuous medical education to ensure that mental health professionals can work effectively.

S01.04

Burnout symptoms among impaired doctors treated in a Spanish physicians programme

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Introduction: Burnout syndrome (BS) is a cause of concern among doctors. Although some association between BS and psychopathology or addictive behaviour has been found, few studies evaluate its incidence in impaired physicians.

Aims: To evaluate the incidence of BS and the association with psychopathological/addictive disorders among doctors treated in a Physicians Programme of Barcelona.

Methods: 66 physicians were evaluated. Variables studied included demographic, clinical and psychometric data of BS (Maslach Inventory, MBI), depression (Beck Inventory), anxiety (Spielberg S/T Inventory), general psychopathology (SCL-90-R) and personality (MCMI-II).

Results: Forty doctors were male and 26 female. Mean age was 44.6 (8.4) years. 57.6% showed emotional exhaustion (EE), 28.8% depersonalization (D) and 10.6% lack of personal accomplishment (PA), 6.1% had complete BS. No gender differences were found. Associations between MBI and SCL-90-R subscales were ($r > 0.5$): EE with Somatisation, Hostility and Anxiety, D with Hostility and PA with the Global severity index. BDI and STAI-S/T were associated with both three MBI factors. Correlations with MCMI-II scales ($r > 0.5$) were: EE correlated with Avoidant and Self-Defeating, Schizotypal, Anxiety, Somatoform Disorder and Depression. D with Self-Defeating, Schizotypal, Anxiety, Somatoform Disorder, and Depression. PA with Schizoid, Schizotypal and Depression. No association was found for addictive scales.

Conclusions: EE is the most prevalent condition among sick doctors followed by D and PA, only 6% had complete Syndrome. As BS seems to be associated with depressive/anxiety symptoms, hostility and Schizotypal personality traits, such patients may be a target group for prevention and training in assertiveness and communication skills.

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S02.01

Gender differences in the symptoms of depression and anxiety. A comparison of interview and self-assessment data

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Background: The prevalence rates of depression and generalised anxiety disorders (GAD) have consistently been found to be higher in women than men. The question is whether this is a true difference or an artefact of definition.

Methods: In the Zurich study, a young adult sample representative of a geographic area was investigated by six interviews from age 20/21 to 40/41. Major depressive episodes (MDE) were diagnosed by DSM-III-R and GAD by DSM-III criteria. 27 symptoms of depression and 21 symptoms of anxiety were assessed; in addition eight self-assessments were carried out with the Symptom-Checklist 90-R including the depression sub-scale (13 items) and the anxiety scale (10 items).

Results: 192 subjects suffered from MDE (72 males, 120 females) and 105 from GAD (43 males, 62 females). Up to the age of 40/41 the cumulative incidence rates for MDE were 22.8% (16.9% males, 28.6% females) and for GAD 14% (12.2% males, 15.6% females).

In both diagnostic groups women suffered more often than men from work impairment, social impairment and distress; they also reported more symptoms than men in the interviews and self-assessments. The greatest gender differences were found in the following symptoms of depression: worse in the morning, fearful, fear of bad luck, lack of sexual desire, low self-esteem, guilt, hopelessness, crying easily, muscle tension, tiredness, increased appetite, weight gain and loss, and symptoms of anxiety: easily startled, dizziness and frequent urination.

Conclusion: Compared to men, women suffer more often and more severely from both major depression and generalised anxiety disorder.

S02.02

Familial aggregation of mood disorders: Is there a sex of proband effect?

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Background and Aims: The effect of the proband's gender on the familial aggregation of psychiatric disorders has rarely been investigated. Consequently, the goals of the study were to assess the effect of the proband's gender on the familial aggregation of Major Depressive Disorder (MDD) and Bipolar-I Disorder (BP-I).

Methods: The present paper was based on data from a family study of 130 bipolar-I probands, 158 unipolar depressive probands and 97 normal controls as well as their adult first-degree relatives (n=1651). Diagnoses were made according to a best-estimate procedure based on a semi-structured interview (DIGS), medical records and family history information. Analyses were performed using logistic regression models.

Results: The major findings were that the relatives of female probands with MDD had an almost doubled risk of suffering from recurrent MDD as compared to the those of male probands with MDD. Moreover, the relatives of female probands suffered from anxiety disorders and committed suicidal attempts more frequently than those of male probands. In contrast, the proband's gender was found to have no impact on the familial transmission of bipolar disorder. However, there was a two-times increased risk for alcohol dependence in the relatives of female as compared to male bipolar probands.

Conclusions: Our data provided support for the influence of the proband's gender on the familial aggregation of MDD, suggesting higher genetic loading in depressed females as compared to males. A similar effect of the proband's gender could not be observed for bipolar disorder.

S02.03

A community study on gender differences in mental health indicators and mediating effects of stalking victimization

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Background and Aims: Studies on the impact of stalking on victims suggest that stalking may have serious psychosocial consequences. Using data from the Mannheim stalking study (Dressing, Kuehner & Gass, 2005) the present report analyses gender differences with regard to various mental health indicators and potential mediator effects of stalking victimization. Furthermore, we were interested in whether the impact of stalking on mental health was comparable for men and women.

Methods: The study included a postal survey of 675 community residents on the experience of intruding harassment and on mental health indicators.

Results: In the Patient Health Questionnaire (PHQ-D) women scored higher on most of the subscales. Furthermore, more women fulfilled criteria for at least one threshold or sub-threshold mental disorder syndrome according to DSM-IV, and more women than men used psychotropic medication. However, identified associations were completely mediated by the higher prevalence of stalking victims in women. In contrast, the associations of stalking victimization with poor mental health, psychosocial functioning, and use of medication were largely comparable across gender.

Conclusions: Our study indicates clear associations between stalking victimization and impaired mental health, quantified at diagnostic levels in the general population. Furthermore, the experience of being a stalking victim seems to act as a substantial mediator of the associations between gender and mental health outcomes in the community.

Reference

- [1] Dressing H, Kuehner C, Gass P. Lifetime prevalence and impact of stalking in a European population: epidemiological data from a middle-sized German city. *Br J Psychiatry* 2005;178:168–72.

S02.04

Gender differences in caregiver burden and depression: A population-based study in Germany

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Background and Aims: To examine the influence of gender on burden experience and depression among informal caregivers of frail older people.

Methods: The study was part of a large survey in private households in Germany headed by TNS Infratest Social Research. Based on a probability sample of the German population (n = 52,916), we contacted all people who were 60 years of age and older and who screened positively for at least one deficit in a range of activities of daily living as well as for