2.3 DEPRESSION AND VIOLENCE

Chair: Prof. Peter Donnelly, UK

O2-3.1 PREVALENCE OF VIOLENCE AGAINST OLDER PERSONS IN THE EUROPEAN REGION

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Introduction Abuse and neglect of persons aged 60 years and over has become an increasingly prominent public health issue. From January 2009 to July 2009, we conducted the cross-sectional European study "Abuse of the elderly in the European region" (ABUEL) among community-dwelling elderly populations aged 60—84 years in Germany, Greece, Italy, Lithuania, Portugal, Spain and Sweden.
Objective (1) To describe the prevalence rate of violence against people aged 60—84 in Europe; (2) To analyse differences in prevalence rates between countries; and (3) To investigate whether there is a relation between violence and health.
Methods Description of variables, bivariate tests and regression analyses.
Results N=4467 participants were interviewed in the seven participating countries. The response rates ranged from 18.9% in Germany to 87.4% in Portugal. The lowest prevalence rates of overall violence against the elderly were found in the southern countries (Italy, Greece, and Spain); the highest prevalence rates were found in Germany, Lithuania and Sweden (about 30%). Country of origin was significantly associated with level of reported violence. Psychological violence was associated with increased rates of depression and anxiety.
Conclusion Violence against the elderly is significantly associated with health of the elderly and an important risk factor. Further studies are needed to gain further knowledge and design tailored intervention and prevention programmes.

O2-3.2 DOMESTIC VIOLENCE AGAINST WOMEN IN ALEXANDRIA, EGYPT: A DEVELOPING COUNTRY PERSPECTIVE

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Domestic violence is the most common form of gender-based violence, considered a major contributor to physical and mental ill health of women. This study aimed at assessing prevalence and risk factors of domestic violence against married working women in Alexandria, Egypt.
Methods A cross sectional study was conducted among 400 married working women attending Health Insurance Clinics in Alexandria, using a modified FVPF questionnaire.
Results Overall prevalence of domestic violence was 67%, where psychological abuse was most common (48%) followed by physical violence (40%), sexual abuse (38%), financial abuse (30%). Out of the following studied significant factors (wife education, husband education, number of childern in the family, number of daughters in the family, positive history of cirumcision, wife's exposure to physical violence during childhood, mother's wife exposure to domestic violence, alcoholic husband, drug misuser husband, husband's exposure to physical violence during childhood, easily tempered, depressed/frustrated, jealous husband, husband's corrupt freinds, psychologically ill and introvert husband), only 4 were found to be positively and significantly related to domestic violence in stepwise logestic regression namely:husband's exposure to physical violence during childhood (OR 6.1); depressed/frustrated (OR 3.5); positive history of cirumcision (OR 3.2); number of daughters in the family (OR 2.1).
Conclusion Domestic violence against women is an important neglected public health problem in the Egyptian community that needs multidisciplinary approach to understand its causes and plan effective preventive measures. Healthcare providers can play a crucial role in addressing and treating victims of domestic violence.

O2-3.3 ALCOHOL AND HARM TO OTHERS IN RUSSIA: THE LONGITUDINAL RELATIONSHIP BETWEEN HEAVY DRINKING AND FAMILY DISRUPTION

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Introduction In Russia hazardous alcohol consumption among men has a major impact on life expectancy. However, the harms associated with heavy drinking are likely to include adverse impacts on drinkers' partners and children. Relatively little is known about the potentially major impact of drinking on family conflict, separation and divorce. Attempting to resolve this issue is complex because drinking may both cause and reflect family problems, therefore longitudinal data are required.
Methods We investigated the association between problem drinking and subsequent family conflict and disruption in a population-based study in Izhevsk, Russia. Subjects were 1307 men aged 25—54 years who were married/cohabiting in 2003—2005. Follow-up data on their family situation was obtained in a resurvey in 2007—2009. Men and proxy respondents (generally partners) completed interviews asking about alcohol consumption, socio-demographic variables, and family relations. Logistic regression was used to see if baseline drinking predicted family conflict and partnership disruption at follow-up.
Results Baseline problem drinkers had a significantly higher risk of subsequent family conflict (OR 3.57, 95% CI 1.84 to 6.91) and partnership disruption (OR 3.17, 95% CI 1.67 to 6.02), after adjustment for age and socio-economic factors. Using proxy accounts, rather than index, produced stronger associations. Other significant predictors of family disruption were past financial problems and man's age.
Conclusions Using conventional and unconventional measures of drinking, the significantly increased risk of family disruption suggests that in Russia alcohol has a considerable effect on family relations. Collecting information from partners, as well as index respondents, may enhance identification of problem drinkers in surveys.

O2-3.4 HETEROGENEITY IN DISABILITY ASSOCIATED WITH MAJOR DEPRESSIVE DISORDER: EFFECTS OF ILLNESS, PERSONAL, AND ENVIRONMENTAL CHARACTERISTICS ON THE SYNCHRONY OF CHANGE BETWEEN DEPRESSION SEVERITY AND DISABILITY

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Introduction Major depressive disorder (MDD) is the leading cause of disability worldwide and its impact on patients' functioning exceeds that of chronic medical conditions. Previous studies reported that severity of depression and disability show synchrony of change.

However, there are patients with severe depressive symptoms who function rather well, suggesting that certain characteristics influence the association between depression severity and disability. Advancing previous research which focused mostly on the effect of illness characteristics, this current study aimed to identify additional personal and environmental characteristics that affect the synchrony of change among depressed patients. We assessed (1) whether the course of disability is dependent on the course of depressive symptom severity and (2) whether this synchrony of change is moderated by illness, personal, and environmental characteristics.

Methods Depression severity and disability of 507 participants with a diagnosis of MDD at baseline were measured three times in 2 years. Illness, personal, and environmental characteristics were measured at baseline. For the statistical analysis, Linear Mixed Models were used.

Results Preliminary results indicated that change in disability was synchronous to change in depressive symptoms. Furthermore, high agreeableness and high work stress led to impaired functioning despite mild depressive symptoms whereas higher age and conscientiousness led to better functioning despite severe depressive symptoms.

Conclusions This study indicates synchrony of change between depression severity and disability. However, some personal and environmental characteristics cause an exemption to this and may thus be useful to consider during treatment of depression in order to decrease disability among MDD patients.

| 02-3.5 | THE SHORT FORM HEALTH SURVEY AS AN INSTRUMENT FOR THE SCREENING OF DEPRESSIVE SYMPTOMS IN THE ELDERLY POPULATION |

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Introduction There is a large volume of scientific works concerning the utility of the 12-item Short-Form Health Survey (SF-12) and its mental health component (MCS-12) for diagnosing depression and anxiety disorders in samples of a general population. Because of the existence of a great number of studies using SF-12 data, it is convenient to estimate depressive symptoms from measurements of MCS-12 in more susceptible populations *such as the elderly*. In this paper we studied the validity of this scale as a screening measure of severe depressive symptoms in epidemiological research.

Objectives To elect a cut-off point in the MCS-12 scale leading to proper discrimination of severe cases of depressive symptoms as measured by the GDS scale, with good sensibility and specificity.

Methods Data come from part of the SABE study—a longitudinal research in the city of São Paulo, 2000/2006/2010. N=1155 people aged 65 and plus were interviewed in the 2006 round. ROC analysis was used to select a cut-off point in the MCS-12.

Results 905 persons reported answers to both scales. General prevalence of severe depression was 2.6% (1.6 males, 3.2 females). A cut-off point of 43 in MCS-12 leaded to 88% area under ROC curve. Accuracy was 89.3 (86.5 females, 93.5 males), sensibility 0.73 (0.72 females, 0.75 males) and specificity 0.90 (0.87 females, 0.94 males).

Conclusions The validation parameters found in this research indicate that the MCS-12 is a valid measure of depressive symptoms in epidemiologic studies of elders, and a screening tool for depression in clinical practice.

| 02-3.6 | LOW BIRTH WEIGHT IN OFFSPRING OF WOMEN WITH DEPRESSIVE AND ANXIETY SYMPTOMS DURING PREGNANCY: RESULTS FROM A POPULATION BASED STUDY IN BANGLADESH |

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Background There is a high prevalence of antepartum depression and low birth weight (LBW) in Bangladesh. In high- and low-income countries, prior evidence linking maternal depressive and anxiety symptoms with infant LBW is conflicting. There is no research on the association between maternal mental disorders and LBW in Bangladesh. This study investigates the independent effect of maternal antepartum depressive and anxiety symptoms on infant LBW among women in rural Bangladesh.

Methods A population-based sample of 720 pregnant women from two rural subdistricts was assessed for symptoms of antepartum depression, using the Edinburgh Postpartum Depression Scale, and antepartum anxiety, using the State Trait Anxiety Inventory, and followed for 6—8 months postpartum. Infant birth weight of 583 (81%) singleton live babies born at term ($\geq$37 weeks of pregnancy) was measured within 48 h of delivery. Baseline data provided socioeconomic, anthropometric, reproductive, obstetric, and social support information.

Results After adjusting for potential confounders, depressive (OR 2.24; 95% CI 1.37 to 3.68) and anxiety (OR 2.08; 95% CI 1.30 to 3.25) symptoms were significantly associated with LBW ($\leq$2.5 kg). Poverty, maternal malnutrition, and support during pregnancy were also associated with LBW.

Conclusions This study provides evidence that maternal depressive and anxiety symptoms during pregnancy predict the LBW of newborns and replicates results found in other South Asian countries. Policies aimed at the detection and effective management of depressive and anxiety symptoms during pregnancy may reduce the burden on mothers and act as an important measure in the prevention of LBW among offspring in Bangladesh.