routine care. Recent research demonstrated that computer based interventions could be an effective addition or alternative to interpersonal counselling delivered by the practitioner. The aim of this study is to test if the implementation of computer based smoking interventions can increase the intervention activities.

A random sample of 151 general practitioners from a defined German region was randomized into three groups receiving support for the implementation of the following interventions: (i) practitioner delivered motivational counselling (C), (ii) computer generated individually tailored counselling letters (L), (iii) a combination of C and L (C + L). Each practice received two on-site training sessions. The number of interventions registered over a period of 7 months was compared by negative binomial regression analysis. Patient outcome after 12 months was compared by logistic regression analyses, which was adjusted for cluster correlation among practices and baseline characteristics of patients.

The number of provided interventions per practice ranged from 0 to 776 with 15 practices exceeding 50 interventions within the study periode. In total 690, 2195 and 1632 interventions were provided in practices allocated to group C, L and C + L, respectively. Differences were significant for the comparison of L vs. C ($P = 0.001$), C + L vs. C ($P = 0.015$) and non-significant for L vs. C + L ($P = 0.36$). Self-reported 7-day point abstinence prevalence was 11.3% for C, 13.6% for L and 17.3% for C + L. Differences were significant for C vs. C + L (odds ratio 1.64, $P = 0.02$) and non-significant for all other contrasts. The total number of patients reporting abstinence was highest for L ($n = 156$) followed by C + L ($n = 132$) and C ($n = 48$).

Some practices demonstrated, that systematic implementation of smoking interventions is feasible. The use of computer-based interventions increased the degree of implementation. However, further strategies are needed to improve the prevention of tobacco attributable harm in primary medical care.

Success factors improving patient compliance behaviour—empirical results from Europe

Christian Schäfer

*CH Schäfer**
Johannes Gutenberg-University of Mainz, Department of Business & Economics, Mainz, Germany
*Contact details: chschae@uni-mainz.de

Background

The current discussion in health economics is focused on potential efficiency reserves in patient compliance behaviour. Yet, there is little empirical evidence regarding the impact of special control variables on patient behaviour in Europe. We analyse which factors positively influence patient compliance decision.

Method

We built a simple structural equation model reflecting the trade-off between perceived side effects and patient compliance behaviour. This behavioural model is applied to clinical trial data. Furthermore, our data allows the comparison of patient compliance behaviour between different subgroups.

Results

A total of 1035 patients with a primary diagnosis of hypertension were included in the study utilizing a clinical trial in Germany between 2007 and 2008. The strongest influence on a patient's intended compliance is the degree of perceived therapy control (path coefficient: 0.48; $P < 0.01$) followed by coping with therapy barriers (pc: 0.35; $P < 0.05$), and physician–patient communication (pc: 0.33; $P < 0.05$). Moreover, general patient compliance behaviour is highly dependent on health insurance status.

Conclusion

This study shows tangible starting points on how patients can be encouraged to take a more active role in their health care in order to optimize outcome and minimize risk. By reaching an exceptionally high explanatory power, our model identifies comprehensive strategies regarding the improvement of patient compliance. A combination of cognitive, behavioural, and affective components is significantly more effective than single-focused strategies both in the complete sample as well as in any of the here considered subgroups.

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1.5. Workshop: Epidemiology of mental health in the European Union

Chairs: Jutta Lindert, Germany and Sonia Diaz, Portugal
Organizer: EUPHA Section on Public Mental Health
Contact details: mail@jlindert.de

The workshop includes a short introduction and four presentations with discussion.Prevalence of mental health and mental disorders varies in the European Union. Still there are no coherent research findings explaining the differences of mental health and mental disorders between countries and between subgroups within the countries. This workshop starts a series of workshops of the session of Public Mental Health, which will follow in the next years to describe the situation of mental health in the European Union.

The aim of this workshop is to begin a systematic overview on the current knowledge base on mental health in Europe and to discuss the relationship between mental health and mental ill health and risk factors. Therefore, we start the series of workshops giving an overview about mental health in Sweden (Lena Andersson, Ellenor Mittendorf: Rutz, Jutta Lindert) and providing an overview on possible interventions for depression (Anke Bramesfeld).

The increase in mental illness among adolescents in Sweden—epidemiology and possible explanations

Lena Andersson

L Andersson
Unit of Social Medicine, Department of Public Health and Community Medicine, University of Gothenburg Sweden and Nordic School of Public Health, Gothenburg, Sweden

Background

According to a health survey by the World Health Organization on children 1–14 years old, Sweden was ranked among the highest in the European Union. However, at the same time mental illness has increased among adolescents and young adults in Sweden.

Methods

Systematic review.

Results

The proportion of individuals aged 16–24 years who suffered from worries and anxiety increased dramatically between 1980 and 2006, from 9 to 28% among females and from 4 to 14% among males. Also the proportion of high school students, who stated that they felt down, doubled between 1985 and

2001. And while inpatient visits due to psychiatric disorders decreased in the general population, it increased for certain diagnoses among younger individuals, for example the number of female adolescents treated for depression and anxiety which was eighth times higher in 2003 compared with 1980. Among males the same proportion was three times higher. Also regarding hospitalization for deliberate self-harm this trend has been observed. Lastly, sales of antidepressants have increases among young individuals.

Conclusion

Sweden is not the only country where this development among young individuals has been observed, many other high income countries have seen the same but may be it has been more pronounced in Sweden. Several suggestions have been put forward in the debate to explain this phenomenon, such as effects of the modern society, increased demands on individual decisions, a lack of historic continuity, labour market effects due to the globalization and in regard to Sweden; also effects of a secularized society.

Individual and parental risk factors for suicide in a life-course perspective

Ellenor Mittendorfer Rutz

E Mittendorfer Rutz
Karolinska Institutet, Department of Clinical Neuroscience, Stockholm, Sweden

Background

Even though a wide range of risk factors for suicide have been identified, a life-course approach is seldom applied in suicidological resarch. A better understanding of the importance of biological and social pathways that operate across an individual's life cycle, as well as across generations, contributes to the development of tailor-made suicide prevention strategies. This study aims to investigate to what extent suicide is affected by individual and parental factors measured around birth, during childhood, adolescence and early adulthood.

Methods

The study applies a nested case control design through linkage of eight Swedish registers with national coverage. Ten controls, who are still alive at the end of follow-up (31 December 2007) are matched for each case by age, county, and sex. The study base comprises all individuals born in Sweden between 1973 and 1983 ($N > 1.2$ million), to whom both parents could be identified. Cases are all individuals who have been registered for death due to suicide.

Results

Preliminary results suggest that in the multivariate analysis several risk factors related to the pre-, peri- and post-natal period, namely low birth weight, maternal teenage pregnancy, parental hospital admission due to mental disorder and suicide attempt and receipt of disability pension, increase the risk of offspring suicide. These parental risk factors also increase the risk of suicide in the offspring if the offspring has been exposed to these factors in childhood and adolescence. Maternal but not paternal death in childhood and receipt of own disability pension in young adulthood were further predictors of suicide.

Conclusion

A number of individual and parental risk factors measured at different life stages were found to increase the risk for suicide. A life course perspective can give new insights into the aetiology of suicidal behaviour and may contribute to make prevention strategies more effective.

Distress among women in different age groups

Jutta Lindert

J Lindert
Protestant University of Applied Sciences Ludwigsburg, Ludwigsburg, Germany

Background

Little research has been carried out on prevalence rates of distress [e.g. depression, post-traumatic stress symptoms (PTSS), hopelessness and burnout] of women in different age groups. The aims of this study were to measure the prevalence rate of depression, posttraumatic stress symptoms, hopelessness, burnout among women and to clarify the associations between age groups and distress.

Methods

Cross-sectional epidemiological study on women in Sweden ($n = 6000$, aged 18–64 years, response rate 64.1%). Measures were questionnaires on socio-economic and work-related characteristics and on depression, post-traumatic stress symptoms, hopelessness and burnout. Depression was measured with the 'General Health Questionnaire' (GHQ), PTSS with the 'Post-traumatic Symptom Scale', hopelessness with the 'Hopelessness Scale' and burnout with the 'Shiron-Melamed Burnout Questionnaire' (SMBQ).

Results

The prevalence rate of depression varied from 12.5 to 14.1%; of PTSS from 23.5 to 33.3%; of hopelessness from 11.5 to 16%; and of burnout from 9 to 17.1%. Depression was not associated with age group. Hopelessness was associated with age group in univariate analysis but not in multivariate analysis [odds ration (OR) 0.7, 95% confidence interval (CI) 0.5–1.0]. PTSS and burnout were associated with age group. Both symptoms were higher in the youngest age group, compared with the eldest age group (PTSS: OR 1.6, 95% CI 1.2–2.1; burnout: OR 1.5, 95% CI 1.1–2.1).

Conclusion

Younger women show higher prevalence rates of PTSS and burnout compared with elder women. The higher prevalence rates of PTSS and burnout among younger women may be associated with job strain and/or with violent life events.

Depression in Germany: epidemiology and service provision

Anke Bramesfeld

A Bramesfeld
University of Leipzig, Leipzig, Germany

Background

The Burden of Disease caused by depression (depression and depressive disorders) impacts especially high in industrial countries. Eighty-five percent of the economic burden related to depression is due to productivity loss. Depression is a frequent disorder in Germany: 10% of Germans aged 18–65 years suffer from major depression during a years' course. Almost half of them experience recurrent episodes.

Methods

Calculation of the burden of depression in Germany, comparison of treatment possibilities for depression.

Results

The societal costs for depression in Germany are steadily increasing. This shows in rising numbers for days of sick-leave, disability retirement, inpatient service use and prescriptions of antidepressants. Also in Germany depression is under-treated: different studies indicate that about half of those suffering from major depression in Germany do not receive care. In recent years, several initiatives have emerged that aim for improving depression care (e.g. integrated care, telephone case management, alliances against depression).

Conclusions

Depression in Germany is a highly relevant burden for the society but remains largely untreated.