68 - The use of the INTERMED in the evaluation of organ transplant patients
W. Sölter, E. Lobo, G. Ludwig, F. Stiefel
Department of Psychosomatic Medicine and Psychotherapy, General Hospital Nuremberg, and Tumor-centre Erlangen-Nuremberg, Germany.
Background: Integral evaluation of health risks has long been considered essential for the optimal care of transplant candidates and a European Group was created to conduct a series of multicenter studies based on the INTERMED method. The general objective was to identify, in the pre-operative phase, patients at risk of complex care needs and unfavorable post-operative developments in terms of QoL, psychological state, and compliance to implement preventive psychosocial interventions in a second project. In this paper we present the results of the pre-transplant assessment in two subsamples of patients. In study I, the aim was to describe the frequency of case complexity and bio-psychosocial profiles according to INTERMED criteria in liver transplant candidates in three European hospitals. In study II we compared two assessment methods in a subsample of kidney, liver, and heart pre-transplant patients.
Methods: Consecutive patients fulfilling inclusion criteria, recruited in three European hospitals, were assessed with INTERMED, a reliable and valid method for the early assessment of bio-psychosocial health risks and needs. Blinded to the results, they were also assessed with the Hospital Anxiety and Depression Scale (HADS). HRQoL was documented with the EuroQol and the SF36. Statistical analysis included multivariate and multilevel techniques. In study II, the Transplant Evaluation Rating Scale (TERS) was administered additionally to the subsample of patients recruited in Nuremberg/Erlangen.
Results: Among patients fulfilling inclusion criteria, 60 liver transplant patients completed the protocol and 38.3% of them were identified as complex by INTERMED, but significant between-center differences were found. In support of the working hypothesis, INTERMED scores were significantly associated with all measures of both the SF36 and the EuroQol, and also with the HADS. A one point increase in the INTERMED score results in a reduction in 0.93 points in EuroQol and a 20% increase in HADS score.
Conclusions: The results demonstrate the validity and usefulness of the INTERMED instrument for pretransplant evaluation. The use of this method captures in one instrument multiple domains of patient status, including mood disturbances, social support and reduced HRQoL.

70 - Psychosocial maintenance factors of anorexia nervosa: Results from an electronic diary study
E. Stroe-Kunold, D. Wesche, H.C. Friederich, W. Herzog, B. Wild
Department of General Internal Medicine and Psychosomatics, University Hospital Heidelberg, Germany
Purpose: To examine the maintenance model of anorexia nervosa (AN) proposed by Schmidt & Treasure (2006) in a longitudinal design.
Methods: Throughout the course of their psychosomatic inpatient treatment, patients suffering from AN answered questions daily. Based on Schmidt and Treasure's maintenance model of AN, several items on emotional avoidance, pro-anorectic beliefs, perfectionism, and further variables were implemented in the electronic diaries. The patients' daily self-assessments of these factors were then modeled as processes and their temporal relationships were analyzed using a multivariate time series approach.
Results: The findings from a first single case over 96 days reflect that for this 25-year-old AN patient emotional avoidance is a temporal predictor of almost all the other factors assessed. An increased capacity to deal with negative emotions on any one day (t − 1) was associated with changes in the other variables on the following day (t); the patient would be less socially avoidant, less cognitively constricted to food and eating as well as less depressive. Additionally, her pro-anorectic beliefs appeared to be weaker on the next day. On the other hand, the patient's perfectionism was not affected.

69 - Work related stress and subjective somatic symptoms
A. Stauder, G. Salavecz
Institute of Behavioural Sciences, Semmelweis University Budapest, Hungary
Aims: We studied subjective somatic symptoms in connection with work related stress in a representative population sample.

Methods: In the Hungarian study 2003 survey 2000 individuals completed structured interviews. This sample was representative of the Hungarian adult population according to gender, age groups, education and type of settlement. Subjective somatic symptoms were assessed with the Patients Health Questionnaire (PHQ15).

Results: In the sample 931 persons (511 men and 420 women) were actively working. ERI and OC were similarly and significantly correlated to PHQ15, BDI and PSS10 (partial r = 0.24–0.34, controlled for age and gender). Subjective economic situation was related to ERI, but not to OC. 27.5% of the respondents had high ERI (>1). People with high ERI had 3.1 times higher risk to have elevated PHQ15 score (≥5); and 5.6 times higher risk of elevated depression score (BDI ≥ 10). In multivariate analysis independent predictors of PHQ15 were fear of losing job, overcommitment, subjective economic situation, working hours, level of education and effort, explaining 17.8% of the variance; but age, control at work, reward, and ERI were not significant in this model. When BDI and PSS10 were included, PSS10 revealed as the most significant of all predictors, and the variance explained increased to 24.6%.

Conclusion: Work stress increased in Hungary from 2006 to 2013. Our results confirm the importance of individual stress appraisal and coping as well the necessity of management of work related stressors at organizational level to decrease health risk. Work stress, subjective somatic complaints, perceived stress.

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