

It may also be beneficial to arrange a system whereby the nearest cardiology department reviews all psychiatric in-patient ECGs.

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PW0703

The Effect of parental mental health on a child's risk of poor mental health and death by suicide: A population-wide data-linkage study

A. Maguire*, D. O'Reilly

Queen's university Belfast, centre for public health, Belfast, United Kingdom

* Corresponding author.

Background.– Death by suicide is a major public health concern and identifying those most at risk is vital to ensure the implementation of effective interventions. Mental health is known to have a genetic component and parental mental health is associated with a child's mental health. However, little is known on the effect of parental mental on a child's risk of death by suicide.

Methods.– This population-wide data linkage study utilised data from the 2011 Northern Ireland Census linked to 5 years' death records (2011–2015) to construct regression models to determine if children living with parents with poor self-rated mental health are at an increased risk of poor mental health themselves or at an increased risk of death by suicide.

Results.– Of the 618,970 individuals who live with their parents, 13.7% live with parents with poor mental health, 11.6% have poor mental health themselves and 0.1% (225) died by suicide. Living with a parent with poor mental health was associated with likelihood of poor mental health in children. After adjustment for age, gender, physical illness, socio-economic status and own mental health status, children of parents with poor mental health were 73% more likely to die by suicide compared to children of parents with good mental health ($OR = 1.73$, 95%CI 1.25, 2.40). The effect size increases for children living with ≥ 2 parents with poor mental health.

Conclusions.– Parental mental health is associated with a child's suicide risk even after adjustment for their own mental health status. This is an at-risk group.

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PW0704

Is there a relationship between adherence to therapy and depressive symptoms in people facing type 1 and type 2 diabetes?

I. Massano-Cardoso^{1*}, A. Galhardo¹, F. Daniel¹, V. Rodrigues²

¹ Miguel Torga Institute, Portugal, Coimbra, Portugal; ² Faculdade de Medicina da Universidade de Coimbra, Coimbra, Coimbra, Portugal

* Corresponding author.

Introduction.– Diabetes mellitus (DM) integrates a heterogeneous group of metabolic disorders characterized by the body's inability to maintain glucose homeostasis. This public health problem affects 425 million people in world (8.8% of adults from 20–79 years old). The number increases to 451 million if age is expanded to 18–99 years. It is estimated that by 2045, 693 million people will have diabetes. The centrality of the patient's role in self-administered health care management is a crucial topic. Adherence to treatment does not imply simply the scrupulous following of the medical reg-

imen; it also entails engaging in several health-related behaviours, such as eating or physical activity.

Objectives.– The current study aims to explore whether depressive symptoms are associated with adherence in diabetes mellitus (DM).

Methods.– A descriptive correlational study with cross-sectional design was conducted. Patients attending diabetes consultations ($n = 347$) completed the Beck Depression Inventory (BDI). Adherence was established based on HbA1c criteria.

Results.– The BDI mean score, for either DM type 1 or type 2, was higher than in general population but not clinically significant. The association between depression and adherence was significant in both types of DM. Type 2 diabetes participants presenting more depressive symptoms were those with greater adherence. Type 1 and type 2 diabetes differences regarding depressive symptoms were in somatic symptoms.

Conclusion.– In type 2 DM depressive symptoms may be confused with DM physical consequences. There is the possibility that negative mood plays a mediating role in mobilizing survival strategies that activate adherence.

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PW0705

Gender differences in self-esteem and quality of life among patients with type 2 diabetes

I. Massano-Cardoso^{1*}, A. Galhardo¹, F. Daniel¹, V. Rodrigues²

¹ Miguel Torga Institute, Portugal, Coimbra, Portugal; ² Faculdade de Medicina da Universidade de Coimbra, Portugal, Coimbra, Portugal

* Corresponding author.

Introduction.– The prevalence as well as incidence of type 2 diabetes are increasing worldwide, mostly in developing countries. Previous research has shown that there are gender differences concerning social support, acceptance of the disease, quality of life, and adherence behaviors in people facing type 2 diabetes but other psychological variables such as self-esteem have deserved less attention.

Objectives.– The aim of this study was explore whether there were gender differences regarding self-esteem and quality of life in patients with type 2 diabetes.

Methods.– A descriptive correlational study with cross-sectional design was carried out. Patients with a type 2 diabetes diagnosis attending endocrinology consultations participated in the study ($n = 175$). Participants completed the Rosenberg Self-esteem Scale (RSE) and Quality of Life Scale Abbreviated Version (WHOQOL-BREF).

Results.– Mean score on RSE, for type 2 diabetes patients are different between males ($M = 32.50$; $SD = 4.42$) and females ($M = 30.46$; $SD = 4.08$). Women reported lower self-esteem when compared to male patients ($t = 3.09$; $P = 0.002$). Men reported higher quality of life (QoL) in all dimensions (physical, psychological and environment), except for the social dimension [$(t = 2.70$; $P = 0.008$); $(t = 4.34$; $P < 0.001$); $(t = 1.20$; $P = 0.231$); $(t = 3.35$; $P = 0.001$)].

Conclusion.– QoL and self-esteem might be considered as important targets for prevention in type 2 diabetes patients. Identifying strategies to improve self-esteem and QoL in diabetic patients, in a solid, organized public health organization, involving health professionals and patients can be effective.

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