Article: 0398

Topic: EPO07 - e-Poster Oral 07: Consultation Liaison Psychiatry and Psychosomatics, Personality and Personality Disorders, Sexual Medicine and Mental Health, Sexual Disorders, Rehabilitation and Psychoeducation

Family Psychoeducation to Reduce the Risk of New Depressive Episodes: a Randomized Controlled Trial

N. Timmerby¹, S. Austin¹, A. Wang², P. Bech¹, C. Csillag¹

¹Research Unit, Mental Health Services - Capital Region of Denmark Mental Health Centre North Zealand, Hillerød, Denmark; ²Research Unit, Mental Health Services - Capital Region of Denmark Mental Health Centre Amager, København, Denmark

Introduction

More than 80 % of patients experiencing their first depressive episode will have at least one new episode. Effective interventions to reduce the risk of relapse and recurrence are needed. Psychoeducation is a form of interactive education enhancing knowledge about patients' illness, including its course, symptoms and treatment. Psychoeducational methods can also act as family intervention – already an evidence-based practice in schizophrenia and bipolar disorder. Only few studies have focused on the effect of psychoeducation, including family psychoeducation, in the prevention of new depressive episodes. Purpose

Purpose is to evaluate whether an intervention of psychoeducation for family members, compared to a control intervention, is effective in reducing the risk of new depressive episodes among patients that have achieved remission or partial remission of depressive symptoms after the acute phase of antidepressive treatment.

Method

The project is based on a double-centre, randomized controlled trial where investigator and raters conducting psychometric assessments, will be blinded to treatment allocation. A total of 130 patients with unipolar depression in remission or partial remission will be included together with their closest relative. After baseline assessments, relatives will be randomized to either 4 sessions of a family psychoeducation program or 4 sessions in a social support group without any psychoeducational intervention. Patients will not participate in group sessions and they will continue their outpatient-treatment as usual. Outcome

Primary outcome is evaluated after 9 months and include rates of relapse as measured by HAM-D17 and rates of recurrence according to DMS-VI-R and HAM-D17.