Sherbrooke, Canada studying the effects of pregnant women's mental health.

Objectives: We examine which mental health tools will better gauge depression and anxiety during pregnancy based on predicting postpartum outcomes. Our hypothesis is that an approach combining a clinical interview with self-report questionnaires may predict mental health in postpartum women.

Methods: Participants' mental health is evaluated by the SCID-5-RV, a lifetime interview administered at 30 weeks and monthly questionnaires including PHQ-9 and GAD-7. Participants are in the depression/anxiety group if they either pass all the criteria in the SCID during pregnancy or have an average PHQ-9 or GAD-7 score greater than 7. The Edinburgh Postnatal Depression Scale (EPDS) and the Perceived Stress Scale (PSS) are the outcome variables.

Results: PHQ-9 was correlated with EPDS, $r(220)= .38, p< .01$, and GAD-7 was correlated with PSS, $r(213)= .56, p< .01$. SCID results only had a significant effect on PSS, $F(3,220)= 3.77, p= .01$ and not with EPDS, $F(3,219)= 1.08, p= .36$. When the self-report measures and interview were combined significant effects were seen for both the EPDS, $F(1,222)= 18.71, p< .01$ and the PSS, $F(1,223)= 34.94, p<.01$.

Conclusions: Preliminary results show significant associations between measures administered during pregnancy and postpartum measures. Prediction models based on classification will be analyzed once more data is collected.

Disclosure: No significant relationships.
Keywords: Depression; Psychometric measures; Anxiety; Postpartum

EPP0433

Educational Attainment Inequalities in Depressive Symptoms in More Than 100 000 Individuals in Europe

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Introduction: Increasing educational attainment (EA) could decrease the occurrence of depression. We investigated the relationship between EA and depressive symptoms in older individuals across four European regions.

Objectives: 1) examine association between EA and depressive symptoms 2) determine, if there is an upper limit to this association 3) explore regional and demographic differences within this relationship across Europe

Methods: We studied 108 315 Europeans (54 % women, median age 63 years old) in Europe assessing EA and depressive symptoms. Logistic regression estimated the association between EA and depressive symptoms, adjusting for sociodemographic and health-related factors; testing for sex/age/region and education interactions.

Results: Higher EA was associated with lower odds of depressive symptoms, independent of sociodemographic and health-related

factors. A threshold of the lowest odds of depressive symptoms was detected at the first stage of tertiary education (OR 0.60; 95% CI 0.55-0.65; p<0.001; relative to no education). Central and Eastern Europe showed the strongest association (OR for high vs. low education 0.37; 95% CI 0.33-0.40; p<0.001) and Scandinavia the weakest (OR for high vs. low education 0.69; 95% CI 0.60-0.80; p<0.001). The association was strongest amongst younger individuals. There was a sex and education interaction only within Central and Eastern Europe.

Conclusions: Level of EA is reflected in later-life depressive symptoms, suggesting that supporting individuals in achieving EA, and considering those with lower EA at increased risk for depression, could lead to decreased burden of depression across the life-course. Further educational support in Central and Eastern Europe may decrease the higher burden of depressive symptoms in women.

Disclosure: No significant relationships.
Keywords: education; Depression; Epidemiology; Europe

EPP0434

Clinical validation of the self-rated 6-item Hamilton Depression Rating Scale among inpatients

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Introduction: Measurement-based care (i.e., the systematic use of rating scales to guide clinical decision-making) has shown great promise in the treatment of major depression in clinical trials. Unfortunately, measurement-based care has not yet gained ground in clinical practice, possibly because clinician-rated scales are time-consuming and limited by the availability of trained raters. Hence, brief and valid self-rated scales (questionnaires) may serve as an alternative or supplement to clinician-rated scales. The self-rated 6-item Hamilton Depression Rating Scale (HAM-D6-SR) has shown some promise in this regard, but its validity among inpatients remains unclear.

Objectives: The objective of this study is to evaluate the criterion validity and responsiveness (sensitivity to change) of the HAM-D6-SR among inpatients using the clinician-rated 17-item Hamilton Rating Scale for Depression (HAM-D17) as gold standard reference.

Methods: Inpatients with depression will complete the HAM-D6-SR twice during admission (at least one week between the two self-ratings). At both occasions, the patients will subsequently be rated on the HAM-D17 by trained raters, who are blind to the HAM-D6-SR ratings. The agreement between the HAM-D6-SR and the HAM-D6 extracted from the HAM-D17 will be evaluated using intra-class correlation.

Results: A total of 100 inpatients will be recruited for the study. Data collection is ongoing, and the results of the study will be presented at the 2022 EPA meeting.

Conclusions: If the agreement between the HAM-D6-SR and the HAM-D6 extracted from the HAM-D17 is satisfactory, the HAM-D6-SR could inform decision-making in the treatment of depression.

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