EPP149

Unraveling Burnout, Diabetes Distress, and Depression: Insights into Their Impact on Adults with Diabetes

S. Er[1]*, M. Murat Mehmed Ali[2], G. Anataca[3] and S. Çelik[4]

[1]Department of Mental Health and Psychiatric Nursing, Istanbul University – Cerrahpaşa, Florence Nightingale Faculty of Nursing; [2]Psychiatric Nursing Department, University of Health Sciences, Hamidiye Faculty of Nursing; [3]Kanuni Sultan Suleyman Education and Research Hospital, Istanbul Health Sciences University and [4]Department of Internal Medicine Nursing, University of Health Sciences, Hamidiye Faculty of Nursing, Istanbul, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.482

Introduction: Diabetes burnout refers to the physical and emotional fatigue resulting from the challenges of living with and managing diabetes. It is a prevalent issue that significantly affects diabetes care. Unfortunately, it often receives less attention and is frequently underestimated.
Objectives: This study examined the prevalence and predictors of burnout, diabetes distress and depression in adults with diabetes mellitus.
Methods: In this cross-sectional study, investigated the Turkish validity and reliability of the Diabetes Burnout Scale and determined prevalence and predictors burnout, diabetes stress, and depression among adults with DM. The study sample consisted of 315 adults and a Personal Information Form, the Diabetes Burnout Scale, the Diabetes Distress Scale, and the Patient Health Questionnaire-8 were administered. Data analysis involved descriptive tests, Pearson correlation analysis, and the use of SPSS (v.29).
Results: As a result of confirmatory factor analysis, it was determined that the Turkish version of the Diabetes Burnout Scale had 3 sub-dimensions and consisted of 12 items. The Cronbach alpha reliability coefficient of the total scale was found to be 0.814. Participants had a mean (±SD) age of 48.63 (±8.23) years, with a majority (54.6%) being male and (±93.7%) diagnosed with type 2 diabetes mellitus. The median duration of diabetes among them was 4.41 (±2.48) years, and their median HbA1c level was 8.99 (±0.68). The prevalence rates for burnout, diabetes distress, and depression were found as 2.69 (±0.28), 4.64 (±0.40), and 15.20 (±3.88), respectively. Additionally, the total burnout score showed a positive correlation with both the diabetes distress score ($r = 0.556$, $p = 0.033$) and depression ($r = 0.325$, $p = 0.027$).
Conclusions: The study revealed a high prevalence of burnout, distress, and depression, highlighting the need for a prevention strategy. Monitoring high-risk groups for pre-diabetes and diabetes is crucial for informing health programs and resource distribution to manage the condition effectively.

Disclosure of Interest: None Declared

EPP150

Prediction of dementia following traumatic injury with risk score (the DEMTIS): a multivariable prediction model development study based on Hong Kong electronic health records

C. S. Fung[1]*, H. F. Chung[2], S. H. Cheung[2], N. Dong[2], I. T. K. Hui[2], C. S. M. Wong[3], W. C. Chang[1] and P. W. Cheng[1]

[1]Department of Psychiatry; [2]Department of Psychology and [3]School of Public Health, The University of Hong Kong, Hong Kong, Hong Kong
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.483

Introduction: Patients following traumatic injury (TI) are at increased risk of developing dementias, yet an efficient, validated screening instrument is lacking.
Objectives: In the current study, we developed the Dementias following Traumatic Injury Screening (DEMTIS) score, a brief post-TI dementias screening tool.
Methods: We identified 270,843 electronic health records from Hong Kong patients admitted for TI between 2001 and 2021. The records were randomly split into training (80%; n=258,739) and testing cohort (20%; n=50,883). The DEMTIS was developed based on a backward stepwise multivariate Cox proportional hazard model predicting first-ever dementia diagnosis. Competing risk survival analyses were used to predict the risk of Alzheimer's disease (AD) and vascular dementia (VD), while taking the risk of other dementias into account. Model discrimination of the three scores was evaluated using concordance statistics (c-statistic) calculated as the area under the receiver operating characteristic curve. Statistical significance was set at $p<.01$.
Results: The 5-year, 10-year, and 20-year risk of all-cause dementias following TI was 2.1% (95% CI 0.020-0.021), 3.8% (95% CI 0.037-0.039), and 6.5% (95% CI 0.063-0.066), respectively. The final model included sex, TI characteristics, physical covariates, history of mood and anxiety disorders, and cerebral degenerative disease (See Table 1). The population mean of DEMTIS was 59.45 (SD=21.29). The optimal threshold of DEMTIS predicting dementia was determined at 75 using the closest top left rule. Individuals at high risk (DEMTIS≥75) were associated with a 6.0% (95% CI 0.059-0.061) risk of dementia in 5 years, whereas those at low risk were associated with a 0.5% (95%CI 0.004-0.005) risk (see Figure 1; Figure 2). The model predicting 5-year dementia has an overall c-statistic of 0.835 (95% CI 0.832-0.839) in the testing data (see Figure 3). We further developed risk scores for 5-year AD and VD based on the findings from competing risk models; the c-statistics of model for AD and VD are 0.857 (95% CI 0.844-0.871) and 0.837 (95% CI 0.821-0.853) respectively.

Table 1: Calculation of the DEMTIS

Variables	DEMTIS	DEMTIS-AD	DEMTIS-VD
Sex			
Male	0	0	0
Female	2	1	1
Age of TI	1	1	1
Position of TI			
Head injury	1	-1	2
Torso	1	2	1
Upper Limb	2	2	2
Lower Limb	0	0	0
Fracture types		NA	
Opened	-1		-1
Closed	0		0
Unspecified	-1		-1
Hypertension			
Yes	2	-1	3
No	0	0	0
Hyperlipidemia			
Yes	2	-1	2
No	0	0	0
CCI	-1	-1	2
Cerebral degenerative disease			
Yes	3	3	3
No	0	0	0
Mood and anxiety disorder			
Yes	2	2	NA
No	0	0	

Image 1:

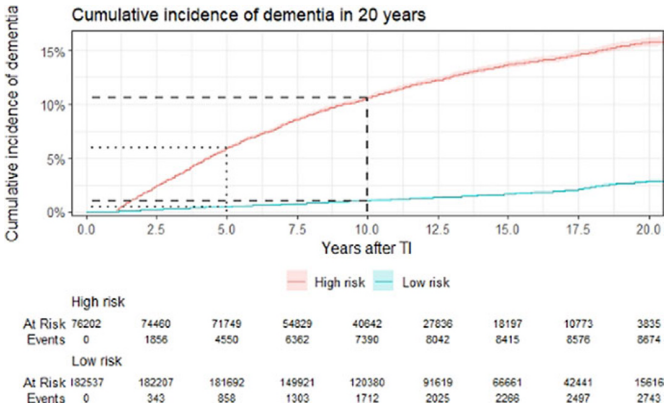


Image 2:

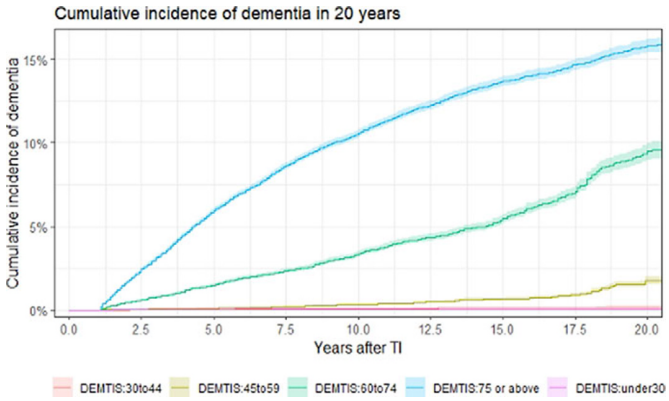
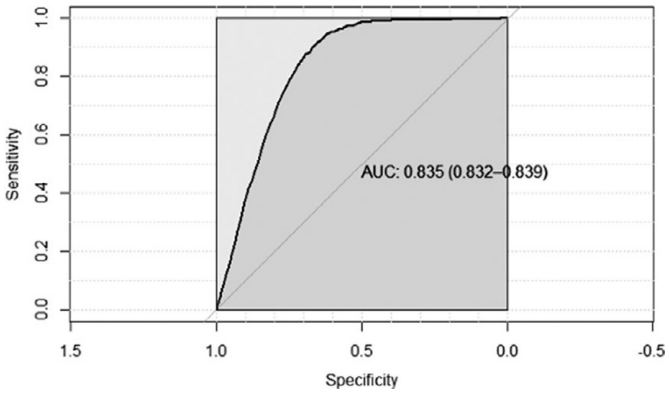


Image 3:



Conclusions: As a novel, easily accessible screening instrument, DEMTIS can identify patients at elevated risk of dementia following TI. It assists clinicians in evaluating patients' risk of dementia and providing personalized care.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2025.483 Published online by Cambridge University Press