

08 - Functional I - Interventions in functional, somatic and somatoform disorders

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A COGNITIVE-BEHAVIOURAL GROUP TREATMENT IMPROVED WORK ABILITY IN PATIENTS WITH SEVERE FUNCTIONAL SOMATIC SYNDROMES

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Objective: Functional somatic syndromes (FSS) such as fibromyalgia, irritable bowel and chronic fatigue syndrome often disrupt employment and may lead to long-term dependence on social benefits and permanently reduced work ability. Cognitive-behavioural treatments (CBT) relief symptoms and improve functioning in FSS, but their effect on work ability is unclear. The aim of this study was to estimate the long-term effect of group CBT on work ability in patients with severe FSS.

Methods: 120 Patients from a recently published randomised controlled trial comparing group CBT with enhanced usual care (EUC) were matched with 518 individuals from the general population. Complete data covering all public transfer payments were obtained from the Danish administrative DREAM database. We analysed the number of weeks per year without any transfer payments (i.e. weeks with complete self-support) from 10 years before to 3 years after treatment by means of random effects modelling allowing individual levels and slopes.

Results: Compared with the general population, FSS patients showed a continuous decline in self-support, leading to markedly reduced work ability at trial entry. In the following years, EUC patients showed further decline, while the CBT group showed a trend for improvement (difference in mean change 4 (95 % CI 2-6) weeks per year), leading to an ultimate difference of 10 (95 % CI 3-18) weeks in the third year after treatment.

Conclusion: A group CBT programme prevented further deterioration of work ability in severely impaired FSS patients. This may be associated with large savings in health-related and labour-market-related benefits.

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INTERNET-BASED SELF-HELP FOR TINNITUS - MORE PROMISING WITH OR WITHOUT THERAPEUTIC SUPPORT?

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Introduction: Internet-based cognitive-behavioural therapy (iCBT) has been shown to be effective in reducing distress in tinnitus sufferers. Most iCBT-approaches were designed as guided self-help, that is, patients receive therapeutic support while working on self-help material. To date, the role of support has rarely been studied, however, it is assumed to positively influence treatment outcome. Thus, the aim of our study was to investigate the impact of therapeutic support on treatment efficacy.

Methods: We randomized 112 tinnitus sufferers to one of two groups which both received the same iCBT-programme. Participants assigned to the non-support group worked on the programme without additional support, whereas participants of the support group could request therapeutic support whenever needed. We assessed tinnitus distress, associated symptoms, treatment credibility, and satisfaction pre and/or post treatment.

Results: Before the treatment, patients rated the support condition as more credible than the one without support. Post-treatment, both groups showed significant improvements in tinnitus distress (time effect:

$F(1,110)=117.99; p<.001$) and depressive symptoms ($F(1,110)=15.42; p<.001$). However, there was no significant group difference. Also in regard to treatment satisfaction both groups did not differ.

Conclusion: The internet-based self-help was effective in reducing tinnitus distress. Interestingly, despite higher initial credibility ratings for the supported iCBT, tinnitus distress improved equally in the support and the non-support condition. Future research should thus further investigate the impact of therapeutic support on treatment efficacy, but also on treatment satisfaction, compliance, or dropout rates. In addition, possible mediators and moderators of the efficacy of internet-based treatments should be identified.

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ASSESSING CHANGES IN THE ADOPTION OF OBESITY PREVENTION PRACTICES IN AUSTRALIAN CHILDCARE SERVICES

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Background

Despite substantial government investment to improve healthy eating and physical activity environments of childcare services, it is unknown whether services have changed their practices across time. The study aims to describe changes in proportion of Australian childcare services that have adopted recommended healthy eating and physical activity promoting practices between 2006 and 2013, and assess whether adoption varied by socioeconomic (SES) and locality of services in 2013.

Methods

A randomly selected sample of authorised supervisors from childcare services located in New South Wales, Australia completed a telephone survey in 2006, 2009, 2010 and 2013. Supervisors reported on service adoption of six healthy eating and physical activity practices related to policy, staff training, scheduled time for activity, restricting screen time opportunities and serving non-sweetened beverages. To determine the change between 2006 and 2013 as well overall trend, repeated measures logistic regression in a GEE framework was undertaken.

Results

There was a significant increase in the prevalence of services adopting all but one practice between 2006 and 2013. 27% of services reported adopting all six practices in 2013, a significant increase from 3.7% (2006). There were no differences in the proportion that had adopted each practice by locality and SES in 2013.

Conclusions

These findings suggest that government investment in obesity prevention programs can equitably improve childcare service's healthy eating and physical activity environments. Further investment to support adoption and monitoring of a more comprehensive set of practices is required to improve obesity prevention efforts in this setting

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DUAL PROCESS MODEL OF PHYSICIANS' AND NURSE'S TYPE 2 DIABETES-RELATED PRESCRIBING, ADVISING AND EXAMINING BEHAVIOURS

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