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Introduction: Mood disorders are among the most prevalent and debilitating mental conditions in worldwide populations. Non-adherence to treatment recommendations may have serious consequences for patients with mood disorders. There are several methods to show whether the patient cooperates with the doctor and follows his recommendations, or whether he or she skips the prescribed doses of medications. These include objective methods, such as detecting the drug in the blood, urine or saliva by analysis or special markers, pill counting, electronic monitoring, and an electronic record of filled prescriptions. Subjective methods involve assessment of the patient, medical staff, and those in the patient's immediate environment. The most commonly used subjective methods are an interview, filling out a questionnaire, and assessment by health care professionals and the patient's relatives The problem arises when the patient inadvertently skips medications, which makes it difficult to assess adherence. This may be due to the severity of the disease and poorer cognitive function, and sometimes a change in daily routine.
Objectives: The aim of the study was to identify factors influencing life satisfaction, disease acceptance and therapeutic adherence among people with mood disorders.
Methods: This survey-based study included 103 people with mood disorders. It was performed using the author questionnaire, and standardized research tools, namely: the Adherence to Refills and Medication Scale (ARMS), the Acceptance of Illness Scale (AIS), the Beck Depression Inventory (BDI), and the Satisfaction with Life Scale (SWLS).
Results: The level of life satisfaction decreased with an increase in the severity of depressive symptoms (βstd. = -0.665, $p < 0.001$). Mood disorder patients with more severe depressive symptoms had significantly higher scores on the adherence scale (βstd. = 0.290, $p = 0.003$). Patients with higher levels of depressive symptoms showed a lower level of acceptance of the disease (βstd. = -0.215, $p < 0.001$).
Conclusions:

1. The dosage of medications taken, and the severity of depressive symptoms determine life satisfaction of people with mood disorders.
2. Respondents with greater severity of depressive symptoms scored higher on the adherence scale, which means that they were more likely to be non-adherent to treatment recommendations. The type of mood disorder may affect patient adherence. Subjects with bipolar disorder showed higher and those with anxiety-depressive disorder—lower adherence than patients with depression.
3. Subjects with more severe depressive symptoms showed a lower degree of acceptance of the disease.

Disclosure of Interest: None Declared

EPV0669

Selenium as a factor moderating depression and obesity in middle-aged women

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Introduction: Selenium seems to have the ability to alleviate inflammatory signaling path-ways. Obesity is associated with chronic low-grade inflammation. Depression is also defined as an inflammatory disorder. PPAR-γ has been shown to have antidepressant-like effects The levels of inflammatory cytokines that are parameters associated with obesity—are also related to the severity of depression. Studies confirm an increased risk of depressive symptoms in middle-aged women. Therefore, it seems reasonable to consider the influence of selenium, PPAR-γ, and selected proinflammatory cytokines in the context of obesity and depression among middle-aged women.
Objectives: The aim of this study was to evaluate the effect of serum selenium on PPAR-γ and selected proinflammatory cytokines (IL-1β, IL-6, TNF-α) in relation to depressive symptoms and obesity in middle-aged women.
Methods: The study sample included 443 middle-aged women living in north-western Poland.The research procedure: a survey performed using the authors' questionnaire and the BDI, anthropometric measurements, and analysis of blood for the levels of selenium, cytokines, and genetic analysis of the PPAR-γ polymorphism.
Results: It has been found that BMI increases along with the concentration of IL-6. No moderating effect of selenium was observed, although cut-off values for "p" were established for IL-β*Se (p=0.068) and IL-6*Se (p=0.068), so there is a potential association with these two markers. At high selenium levels, the effect of higher IL-β levels on a decrease in BMI was stronger. So was the effect of an increase in IL-6 levels on an increase in BMI.
Conclusions: No effect of selenium on PPAR-γ has been found in relation to depressive symptoms and obesity. 2. Higher selenium levels may have a beneficial effect on BMI even at high IL-β concentrations, however, at high IL-6 concentrations, this effect was not observed. 3. Selenium levels had no impact on depressive symptoms.

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Occupational exposure to anesthetic agents and mental health among anesthetic technicians

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Introduction: Exposure to anesthetic agents (AA) has long been a subject of concern, both for patients and healthcare workers. Recent studies highlighted potential associations between a prolonged exposure and healthcare concerns, including psychological effects such as depression.
Objectives: The aim of this study was to assess signs of depression among anesthetic technicians (AT) and evaluate its associated factors.
Methods: We conducted a cross-sectional study among AT in two University Hospitals in Sfax, Tunisia, between January and July