Depression prevention in adolescence

Tu-S-367
Fifty studies later, have we finally arrived? Results from an updated meta-analysis
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Prevalence of depression rises rapidly in mid-adolescence and is associated with high levels of disability. Our aim was to determine whether psychological and/or educational interventions are effective in preventing its onset. We carried out a systematic review and meta-analysis of randomised controlled trials of psychological or educational interventions for depressed adolescents 10 years old. Fifty-three studies with over 14,000 participants were included in analysis which showed that the risk of having a depressive disorder post-intervention was reduced compared with no intervention (15 studies; 3115 participants risk difference (RD) −0.09; 95% CI −0.14 to −0.05; *P<0.0003), at 3 to 9 months (14 studies; 1842 participants; RD −0.11; 95% CI −0.16 to −0.06) and at 12 months (10 studies; 1750 participants; RD −0.06; 95% CI −0.11 to −0.01). Thus, there was evidence that targeted and universal depression prevention programmes may prevent the onset of depressive disorders compared with no intervention, although there were some limitations to the studies. The persistence of findings suggests that this finding is real and not a placebo effect.

Tu-S-368
Depression prevention (RAP) in UK Schools
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This presentation will provide an overview of an implementation trial of a depression prevention programme delivered in UK schools. 5030 young adolescents aged 12–16 from eight schools were randomised to receive a cognitive behaviour therapy programme (Resourceful Adolescent Programme), attention control or usual school curriculum. The interventions were delivered to whole classes of young adolescents (i.e. universal delivery) as part of the school curriculum. The challenges of delivering school based depression programmes will be highlighted and the widespread use of such programmes discussed.

Tu-S-369
MEMO: A multimedia mobile phone programme to prevent depression
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MEMO is a CRT-based multimedia messaging intervention that is delivered solely over the mobile phone. Key CRT messages are wrapped up in usual teen contexts and told in video diary messages from six adolescents, short cartoon “mobisodes” about four fictitious teens, video messages from celebrities and text messages. This universal prevention intervention was trialled in 15 high schools in Auckland in comparison with a full attention control programme of similar types of messages on different topics. 855 students (aged 13–17 years) were randomised and remained blind to allocation. At the end of the 9-week intervention, participants said it helped them to be more positive (67%, *P<0.001), get rid of negative thoughts (50%, *P<0.001) and 91% would recommend it to a friend.