

Introduction: Depressive disorder (DD) is a common psychiatric disease with severe consequences such as loss of life quality and suicide. Previous studies have found associations between DD and socio-demographic, psychosocial, economical, and religious factors. The purpose of this study was to study the relationship between these factors and DD in Thai settings.

Methods: A total of 257 high school students aged 15–19 years were randomly selected from two high schools in Surin Province. A self-administered questionnaire was used for data collection. CES-D (Center for Epidemiologic Studies Depression Scale) was used to assess DD, which was defined by a CES-D score of 22 or more. The associations between socio-demographic factors, relationship with family and friends, psychosocial traumas in the past, income, Internet use, religious practice and DD were tested by Chi-square and Pearson's correlation.

Results: The factors significantly associated with DD were: Alcohol consumption, good relationship with parents, negatively related, good relationship with friends, negatively related, ending of romantic relationship, monthly income >1800 THB, insufficient income, regular pain, headache, BMI ≤23, low degree of religious practice, negatively related, uncertainty about being obese, and not seeing the world as a good place to live.

Conclusion: The study showed a high prevalence of DD and several factors significantly associated with it. Further larger studies are needed to explore in more detail about Internet use, religious practice, and economical factors and their associations with DD.

OT19-7

The Clinical Features, Symptom Presentation and Familial Aggregation in the Major Depressive and Bipolar Disorders in the Southern Taiwan

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Background: Affective disorders, mainly depressive (MDD) and bipolar disorders (BPD, including BP I and BP II) are common in the general population. However, little is known about their clinical characteristics and familial aggregation. **Objects:** To investigate the demographic and clinical features for MDD and BPD in Taiwan, and to evaluate the familial aggregation on social relation.

Methods: There were 689 participants ascertained from three hospitals in the Southern Taiwan. Participants were interviewed by well-trained interviewers using the Composite International Diagnostic Interview to collect data on demographic and clinical features. Information on proband's symptoms endorsement were also obtained from family members. Familial aggregation on social relation was evaluated by mixed models.

Results: The males to females ratio in MDD was twice as many females as males, and was equally prevalent in BPD. MDD patients had higher proportion as married than BPD. About ninety percent of mood disorder patients had low socioeconomic status. BPD had early onset age and more depressive/manic episode frequency than MDD. Probands with severer impairments tended to have fewer contact with friends. There exhibited familial aggregation in social dependence ($p < 0.0001$, ICC=0.14). Similar numbers of depressive symptoms were reported by MDD proband and their family members. However, BPD's family members provided more manic symptoms than those noticed by proband.

Conclusions: MDD and BPD are serious mental disorders with familial aggregation on social relation in Taiwan. Family members provided extra information in symptoms presentation in depressive and manic episodes.

Oral Track 20- Primary Healthcare and Public Health

OT20-1

Integration of Lifelong Learning for Health through School Network for School Children in the Northeast of Thailand

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A quasi-experimental research aimed to conduct a project for health promotion for school children in the Northeast of Thailand. The application of a school network provided social support and methods to enhance knowledge and create a lifelong interest in health issues. School network participants included 54 of school administrators, teachers, parents, and community members to implement the network activities. Fifth and sixth grade students co-operated in the attempt while 206 students joined the experimental group and 186 students the control group. The study was conducted for 16 weeks of interventions and 16 weeks of follow-up. A self-administered questionnaire, in-depth interviews and focus group discussions were used. Statistical analysis percentage, mean, standard deviation, independent t-test, paired t-test, and one way ANOVA was applied. The school network succeeded in establishing, and improving close social contacts and ties, as well as social support ($p < 0.001$). The results of integrating process of lifelong learning for health for school children composed of AIC process, various programs, new health clubs and sport competition, leading school policy to practice. The results indicated that a school network improve school children's knowledge and attitude towards health. After intervention, the experimental group significantly had better knowledge, attitude towards maintaining health and improved their healthy behavior than that before the experiment and above that of the control group ($p < 0.001$). It is concluded that a school network