

ČESKÁ A SLOVENSKÁ PSYCHIATRIE

JOURNAL OF CZECH AND SLOVAK PSYCHIATRY

XIV WORLD CONGRESS OF PSYCHIATRY

20-25 SEPTEMBER 2008 PRAGUE, CZECH REPUBLIC





ABSTRACTS

SUPPLEMENTUM 2

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SUPPLEMENTUM 2

Dear Colleagues and Friends,

I am delighted to extend to you a warm welcome to the XIV World Congress of the World Psychiatric Association (WPA). Our organization is now flourishing with 135 National Psychiatric Societies and 65 Scientific Sections representing over 200,0000 psychiatrists across the globe. We organize World, International and Regional Congresses of high appeal and broad geographic distribution. We publish *World Psychiatry* as our flagship journal along with several volume series and a number of sections' journals. We develop broad educational curricula and focused training programs. *WPA Online* is a richly informative and highly visited website. We are conducting several Institutional Programs including a growing one on *Psychiatry for the Person*, articulating science and humanism.



During the present triennium, WPA has made considerable advances in terms of governance, including the publication of our first set of Governance Plans and the 4th edition of the Manual of Procedures, implementation of the Permanent Secretariat, and the achievement of a fully balanced budget with a reserve of over USD 700,000. The growing promotion of our Member Societies has encompassed leadership meetings with a wide range of large and grouped societies (including presidential visits to the majority of them) and increasingly active Zonal Representatives. Prominent sectoral activities have taken place on Education (e.g., new programs on depression and personality disorders and a global array of CME credits), Publications (e.g. indexing of *World Psychiatry*, continuation and addition of several volume series, and expanding publication capabilities), Sections (e.g. funding of competitive Section projects, systematic survey of Sections performance, and specialized collaboration with member societies as exemplified by the Global Network of National Classification and Diagnostic Groups), and Scientific Meetings (high number and widely distributed WPA conferences and an evaluation program to enhance the quality of our congresses).

High success has been obtained with Institutional Programs approved by the Cairo General Assembly, i.e., Psychiatry for the Person, Disasters & Mental Health, Young Psychiatrists, Perinatal Psychiatry & Infant Mental Health, and Asia Mental Health, as well as with Task Forces on Brain Drain, Physicians Health, Mass Violence, and Specific Disasters. Recently established, in addition to the Jean Delay Prize, are the Philippe Pinel Prize on Psychiatry for the Person, Articulating Medicine's Science and Humanism, and the Ulysses Vianna Prize for Young Psychiatrists in Developing Countries. Collaboration with international organizations has been a highlight of the triennium, particularly with the World Health Organization, World Federation for Mental Health, World Medical Association, World Organization of Family Doctors, World Federation of Neurology, World Federation for Medical Education, Council of International Organizations of Medical Sciences, International Council of Nurses, and International Alliance of Patients' Organizations, many of them formally involved in a landmark Geneva Conference on Person-centered Medicine on May 29-30, 2008.

The XIV World Congress of Psychiatry that congregate us in fascinating Prague this September 20-25, 2008, reflects the achievements outlined above under the overall theme of *Science and Humanism: For a Person-centered Psychiatry*. It affirms a psychiatry that systematically cultivates our biological, psychological and social sciences placing them at the service of the person and his/her values and aspirations. We will enjoy in the Congress a scientific program constructed with a record number of submissions and which covers and articulates the various areas of our field with the participation of psychiatrists from across the world as well as unprecedented levels of health professionals, families and patients.

In fact, we have scheduled four Plenary Lectures given by the WPA President and President-Elect, the Jean Delay Prize recipient, and the Lord Major of Prague; and 50 Special Lectures presented by eminent scientists, health leaders, and the recipients of the Pinel and Vianna Prizes. We will have the opportunity to attend over 230 Symposia and 70 Workshops and Courses. Also attractive are eight Forums and six Video & Film Sessions. Additionally scheduled are substantial numbers of New Research Reports, Oral Communications and Posters. Among the highlights of the scientific program and closely connected to the Congress overall theme are a set of Special Symposia on Person-centered Psychiatry and Medicine and on International Classification and Diagnosis, a cross-Congress track (trialogs, symposia and lectures) on interactions among service users, families, and professionals, and a Special Track for Young Psychiatrists encompassing four Fellows Symposia, 16 Workshops led by world experts, and complementary encounters built on experience gained over several previous congresses.

In line with Prague's impressive cultural resources, our Congress will offer dedicated performances of Mozart's *Don Giovanni* (presented by the composer to Prague citizens as the only ones who understood him), special visits to the Pragues of Franz Kafka, Sigmund Freud, Charles the IV, Antonin Dvorak and Bedrich Smetana. Additionally, there are few more enjoyable pleasures in the world than getting lost on the walks and alleys of Prague's old city.

Welcome again to this celebration of our field in interaction with colleagues and friends in a splendid city and to the opportunity to forge new relationships to advance our noble profession and our personal lives.

Professor Juan E. Mezzich, Professor Juan E. Mezzich, M.D., Ph.D.

President of the World Psychiatric Association and of the XIV World Congress of Psychiatry

. Sellarzil

Dear Colleagues, Partners and Friends,

I am delighted to welcome you to this World Congress of Psychiatry, which, for the wide range of the topics it covers and of the countries that are represented, provides a truly comprehensive picture of the current status of our discipline and our profession, a modern medical specialty which has a significant role in clinical medicine and public health. We are proud to be psychiatrists; we are aware that the treatments we use are among the most effective available today in medicine; and we are ready to defend and enhance the image of our profession. This World Congress of Psychiatry will represent an important opportunity in this respect.



Sincerely,

mu -

Professor Mario Maj, M.D., Ph.D. Chair of the Scientific Committee

Dear colleagues, dear partners, dear friends,

On the behalf of the Czech Psychiatric Association and its 1, 100 members as well as on the behalf of the Organizing Committee, it gives me great pleasure to invite you to join us at the XIV. World Congress of Psychiatry in Prague, the capital of the Czech Republic.

Since the Middle Ages, "Golden Prague" has enjoyed the reputation of being one of the most beautiful cities in Europe. It flourished and expanded during the epoch of Charles IV, the most celebrated of all Czech Kings and Emperor of Rome. During his tenure, Prague became the Emperor's residential city and one of the political hubs of Europe. In 1348, he founded Charles University, the oldest university in



central and eastern Europe. Many nations and cultures, especially Czechs, Jews and Germans, co-existed peacefully in the magnificent city that developed over the centuries along the Vltava River. Jan Hus (1371-1415), Rector of Charles University and renowned theologian, preached here about the necessity of church reform. Wolfgang Amadeus Mozart (1756-1791) composed his opera Don Giovanni for "...the Prague people who understand me". Franz Kafka (1883-1924) wrote his famous works The Trial and The Castle here.

It is often said that modern Czech psychiatry has developed under the influence of German psychiatry. One of the oldest German psychiatric departments was set up in Prague at Charles University in 1886. Arnold Pick (1851–1924) served as the first head of this Department for an incredibly long 35 years. It was here in Prague that he described front temporal dementia (Pick's disease) in 1892. What is not common knowledge though is that Sigmund Freud was born in one of the regions of what is today the Czech Republic (Pribor, in 1856), or that Czech psychiatrist Jan Jansky, while studying blood samples of patients with psychoses, discovered the fourth blood group in 1907.

Nowadays, you can admire not only the historical monuments of Prague, but also enjoy the great variety of cultural and social events taking place in the city every day, including the opera Don Giovanni at the Theatre of the Estates, the very place where it was first performed on October 29, 1787 under the baton of Wolfgang Amadeus himself.

Czech psychiatry, too, has experienced remarkable development in recent years and Czech psychiatrists are ready and privileged to be able to welcome you in Prague and to extend their warmest hospitality.

I believe you will enjoy your stay in Prague.

Professor Jiří Raboch, M.D.

President of the Organizing Committee President of the Czech Psychiatric Association



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PLENARY LECTURES

PL-01

SCIENCE AND HUMANISM: TOWARDS A PERSON-CENTERED PSYCHIATRY

INSTITUTIONS

1. International Center for Mental Health, Mount Sinai School of Medicine, New York, United States

AUTHORS

1. Juan E. Mezzich¹, JuanMezzich@aol.com

A reflection on the fundamentals of psychiatry in particular and medicine in general identifies two critical factors. One is *science* as a crucial method to enhance the effectiveness of our professional efforts. It encompasses a biopsychosocial framework to appraise and deal adequately with the complexity of our field. The other is *humanism*, which speaks of the essence of our vocation as members of a helping profession committed with high ethical aspirations to promote the person's dignity and assist in reaching health and life fulfillment.

It is proposed that the engagement of science and humanism can be optimized by placing the person in context at the center of our professional efforts. This would involve promoting a psychiatry of the person (of the totality of his/her health, illness and positive aspects included), for the person (striving to assist in the fulfillment

of the person's life project), *by* the person (with clinicians extending themselves as full human beings with high ethical aspirations), and *with* the person (in respectful collaboration with the person who presents for care).

The current WPA initiative on psychiatry for the person has made substantial progress in delineating its conceptual bases, in designing a person-centered integrative diagnostic model that complements the classification of disorders, in preparing guidelines for personcentered clinical care and pertinent training curricula, and in outlining efforts to enhance public health through the promotion of the person in context. These efforts are reaching a new dimension through steps to collaborate with global medical and health organizations towards the development of person-centered medicine and health care.

PL-03

CONFLICTS OF INTERESTS IN PSYCHIATRIC PRACTICE AND RESEARCH

INSTITUTIONS

1. University of Naples, Department of Psychiatry, Italy

AUTHORS

1. Mario Maj¹

A conflict of interests occurs when a physician is unduly influenced by a secondary interest (i.e., a personal incentive) in his acts concerning one of the primary interests to which he is professionally committed (the welfare of patients, the progress of science, or the education of students or residents). One specific variety of conflicts of interests has almost completely monopolized the attention of scientific and lay press: the financial conflicts of interests arising from the relationships between physicians and drug companies. Some empirical evidence is now available in this area. On the other hand, it has been pointed out that the current debate on this issue is sometimes "affectively charged", or fails to take into account that the interests of patients, families and mental health professionals and those of

the industry may be often regarded as convergent. Other types of conflicts of interests are beginning now to be discussed. There is an emerging evidence about how the allegiance of a researcher to a given school of thought may influence the results of studies comparing different psychotherapeutic techniques, thus colliding with the primary interest represented by the progress of science. There is also a small body of literature concerning political commitment as a source of conflict of interests. Financial and non–financial conflicts of interests are widespread in psychiatric practice and research. They cannot be eradicated, but must be managed more effectively than is currently the case.

PL-04

ANTIDEPRESSANTS – CONTROVERSIES ABOUT THEIR EFFICACY IN DEPRESSION, THEIR EFFECT ON SUICIDALITY AND THEIR PLACE IN A COMPLEX PSYCHIATRIC TREATMENT APPROACH

INSTITUTIONS

1. University Hospital Munich, Department of Psychiatry, Munich, Germany

AUTHORS

1. Hans-Jürgen Möller¹, Dr., MD, hans-juergen.moeller@med.uni-muenchen.de

The lecture will highlight and discuss some of the important issues and controversies of current depression treatment like the efficacy of antidepressants, their effect on suicidality, their place in a complex psychiatric treatment strategy including psychotherapy and other psychosocial activities. The efficacy of antidepressants is clinically significant, but often monotherapy with one drug has to be followed by others or by comedication/augmentation therapy approaches. Psychosocial therapy, predominantly focused on psychotherapeutic strategies, can also contribute in a relevant way to the therapeutic success. Generally antidepressants reduce suicidality, but under special conditions like young age or personality disorder, they can also be harmful in this respect. However, under the conditions of good clinical practice, the risk-benefit relationship of treatment with antidepressants can be judged as favourable.

In addition, the paper tries to analyse the question about how to

reach individualised, evidence and value oriented decision making in the complex treatment of depressive patients.

The capacity of psychiatrists to individualise treatment decisions in terms of 'the right drug/treatment for the right patient' is still restricted since there are currently not enough powerful clinical or biological predictors, which help to achieve this goal. There is hope that in future pharmacogenetic will contribute significantly to a personalised treatment.

The ideal that all steps of classical decision making can be based on the strict rule of evidence based medicine is far away from reality. Individualised decision making is so complex that the rigorous expectations of evidence based medicine can hardly be fulfilled. Finally, it should be considered that clinical decision making is not only evidence but also value oriented.

COLLABORATION BETWEEN NEUROLOGISTS AND PSYCHIATRISTS: HOW CAN THEY COMMUNICATE BETTER WITH EACH OTHER?

INSTITUTIONS

- 1. Haukeland University Hospital, Neurology, Bergen, Norway
- 2. World Federation of Neurology, United Kingdom

AUTHORS

1. Johan A. Aarli^{1,2}, Dr., PhD, johan.aarli@nevro.uib.no

Although neurology and psychiatry are different specialties, interface problems, such as Parkinson's disease (PD), epilepsy and nonepileptic seizures, represent challenges to both. Many physicians may regard PD as a pure motor disorder. However, more than 80 % of the patients have at least one non-motor symptom. Dementia, depression and psychosis are not uncommon among patients with PD. The neurological and psychiatric symptoms are interwoven and should not be regarded as two different diseases. It has therefore been claimed that such patients should be screened for depression and/or dementia associated with the brain disorder. Psychiatrists are usually not involved in the choice of pharmacological treatment for depression in these patients. Most patients with epilepsy do not have any psychiatric stigmata, and behavioural disorders in epi-

lepsy, when they occur, have multiple risk factors and multifactorial aetiology. Psychogenic nonepileptic seizures are seen in 20-30 % of patients referred for refractory seizures. Comprehensive care of epileptic patients requires attention to the psychological and social consequences of epilepsy as well as to the control of the seizures. Quite often, this is by a nurse, a teacher, social worker, but it is a common experience that neurologists and psychiatrists do not always collaborate as needed. Neurology and psychiatry have a common origin, but will never merge. They are big, comprehensive and are still in lack of man power. But, at least in neurology, subspecialties are developing with a need for comprehensive teamwork. New training programs are needed, where psychiatrists and neurologists receive the same basic training.

SL-02

TOWARDS MORE HUMANISTIC PSYCHIATRY: DEVELOPMENT OF NEED-ADAPTED TREATMENT OF SCHIZOPHRENIA GROUP PSYCHOSES

INSTITUTIONS

1. University of Turku, Finland

AUTHORS

1. Yrjö O. Alanen1

The group of schizophrenic psychoses is clinically and prognostically very heterogeneous - we may ask whether it is justifiable at all to speak about an illness called "Schizophrenia". The contradictory and antagonistic views with regard to etiological questions have had a major negative effect of the development of treatment, especially psychotherapeutic methods. There is an obvious need for more integrated approaches.

According to the author the causes of these psychoses are multi-factorial, both multi-faceted and multi-layered, differently weighted in different cases. We should study the development and precipitating factors of every person's psychosis individually and plan his/her treatment on this knowledge.

This has been done in the need-adapted treatment of schizophrenia group psychoses, developed gradually by the author and his coworkers in Finland beginning already during the 1970s. Our aim was a comprehensive and psychotherapeutically oriented treatment approach for schizophrenia group psychoses possible to be applied more generally in public psychiatric health care. Hospital wards were developed into psychotherapeutic communities, both indivi-

dual and family therapeutic relationships as well as group activities were developed in a multi-professional context, so as to best meet the real, changing needs of individual patients as well as the people making up their interactional environment. Pharmacotherapy was regarded as a mode of treatment supporting psychosocial therapies. A crucial step forward was the initiation of treatment with so-called therapy meetings, jointly participated by the treating team, the patient, and his/her family members (or sometimes other persons close to him).

During the last years, several projects applying the need-adapted model has been developed in Finland and other Scandinavian countries and this approach has met increasing interest also elsewhere in Europe. The author describes experiences and results of some projects and is also shortly dealing with impeding factors.

The author regards both the Psychiatry for the Person initiative and the establishment of the Pinel Prize as indications of a new development which will make psychiatry more humanistic and at the same time facilitate the integration of different approaches.

THE RISK AND THE BURDEN OF BIPOLAR DISORDER

INSTITUTIONS

1. Dalhousie University, Department of Psychiatry, Halifax, Canada

AUTHORS

1. Martin Alda¹, MD FRCPC, malda@dal.ca

Bipolar disorder (BD) presents with a multitude of symptoms that include not only mood dysregulation, but also affect other psychiatric and physical domains. Especially cognitive and possibly structural brain changes are among factors relevant for outcome of the illness. Whether these changes represent vulnerability to BD or whether they develop and advance purely as a consequence of the illness episodes has not been firmly established. Yet, this distinction is important for both clinical (prevention, minimization of their impact) and theoretical (better understanding of the inherent risk and pathophysiology) reasons. We have attempted to separate these in a series of investigations of adolescents and young adults at high risk of developing bipolar disorder due to their family histories. The fin-

dings indicate that neurocognitive functioning and structural brain findings are more or less intact in those who are yet unaffected or have just become ill. On the other hand, in patients with a history of repeated episodes we could detect changes indicative of an impairment. This is congruent with our findings of an increased risk of neurodegenerative conditions including Alzheimer's disease in BD subjects. The progressive brain changes in BD may be linked to the vulnerability to the illness as genetic studies highlight the possible role of BDNF, GSK-3beta and CREB in susceptibility to BD. Taken together these results paint a picture of genetically based risk of progressive brain changes that could be attenuated by suitable neuroprotective treatments.

SL-04

RECOVERY - RESHAPING OUR CLINICAL AND SCIENTIFIC RESPONSIBILITIES

INSTITUTIONS

1. Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

AUTHORS

1. Michaela Amering¹, Prof, MD, michaela.amering@meduniwien.ac.at

Context - Advocacy for Recovery has been joined by research offering new perspectives on mental health policy, treatment, rehabilitation and anti-discrimination efforts.

Objectives - Chances and challenges of a Recovery model for the mental health field will be presented and discussed.

Key messages - Recovery is currently widely endorsed as a guiding principle of mental health policy. New rules for services, e.g. user involvement and person-centred care, as well as new tools for clinical collaborations, e.g. shared decision making and psychiatric advance directives, are being complemented by new proposals regarding more ethically consistent anti-discrimination and involuntary treatment legislation as well as participatory approaches to evidence-based medicine and policy.

Recovery advocacy has been joined by research on recovery and

resilience resulting in new data on the long-term perspectives of people experiencing common as well as severe mental health problems. Definitions of remission and recovery as well as the concept of chronicity are under debate. Research questions regarding recovery as a process as well as an outcome warrant scientific efforts enabling the integration of different perspectives as well as different methodologies.

Conclusions - Consequences and challenges of the Recovery model need to be tackled from different perspectives by clinicians, researchers, policy makers and - essentially - users and carers and their representatives in order to be fully explored and brought to life.

Farkas M (2007) The vision of recovery today: what it is and what it means for services. World Psychiatry 6: 4-10 Amering M, Schmolke M (2007) Recovery. Bonn: Psychiatrie-Verlag

ETHICS AND PSYCHIATRY FOR THE PERSON: TWO CONVERGENT CONCEPTS

INSTITUTIONS

1. Hellenic Centre for Mental Health and Research, Athens, Greece

AUTHORS

1. George Christodoulou¹

In practically all existing Ethics codes from the time of the Hippocratic Oath to contemporary times, care for the patient represents the most important priority in the list of deontological obligations of the physician. In practice, however, a number of issues, like the "double agent" role of the physician, termination of life-sustaining treatment on the patient's request etc. remain controversial. This is particularly true in the case of Psychiatry, in the area of which important ethical issues like its potential abuse have at times tormented the psychiatric community.

Psychiatry for the Person represents an attempt to bring our discipline (and potentially all Medicine) back to its roots. Hyperbolic dependence on technology, shift of attention to "productivity", restrictions of time to communicate with the patient and wrong priorities have downgraded holistic care for the patient and the doctor-patient relationship. Yet, care for the patient represents the most important ethical obligation of the physician. In this sense, Psychiatry for the Person and Ethical virtues and obligations converge to serve the same purpose, namely the suffering person.

The theoretical foundations of psychiatric ethics (Virtue ethics, Casuistry, Deontology, Utilitarianism, Principlism and Ethics of Care) will be discussed under their relevance to Person-centered Psychiatry.

SL-06

THE SCIENCE OF WELL-BEING

INSTITUTIONS

1. Washington University, Psychiatry, St. Louis, United States

AUTHORS

1. C. Robert Cloninger¹, Dr., MD, crcloninger44@gmail.com

In Feeling Good: The Science of Well-Being (Oxford 2004) Cloninger has presented a holistic approach to understanding health and disease. Rather than relying on categorical diagnoses, every patient can be assessed systematically in terms of a moderate number of variables, each with a distinct psychology, biology, and sociology.

Key variables include three dimensions of character (Self-directedness, Cooperativeness, and Self-transcendence) and four dimensions of temperament (Harm Avoidance, Novelty Seeking, Reward Dependence, and Persistence. Each of these are measured by Cloninger's *Temperament and Character Inventory* (TCI) and has distinct psychobiology based on genetics, brain imaging, and psychology. These TCI variables also indicate a person's maturity of self-government. Well-being only arises when a person learns how to let go of strug-

gles, to work in the service of others, and to grow in self-awareness. As a result, it is important to consider the narrative of a person's life in helping people to develop well-being. This requires reflection on one's outlook on life, which can be viewed as a process of broadening and expanding the use of all of a person's intelligences. Human intelligences include learning of habits and skills, learning of facts and propositions, and also a creative intelligence that is intuitive and free. Therapy can be individualized for people based on their profile of meta-cognitive dysfunction in self-aware consciousness from which their model of the self (character) and emotionality (temperament) arises as an adaptive strategy. A psychoeducational program for well-being has been developed, called *Voyages to Well-Being* (see https://psychobiology.wustl.edu).

NEW STRATEGIES TO ADVANCE MENTAL HEALTH ACROSS THE WORLD: DO WE NEED MORE PSYCHIATRISTS OR BETTER TECHNOLOGY?

INSTITUTIONS

- 1. World Federation for Mental Health, President, Washington DC, United States
- 2. University of Liverpool, Department of Psychiatry, Liverpool, United Kingdom

AUTHORS

1. John R M Copeland^{1,2}, Professor, MD, ScD, jrmcop@btinternet.com

World mental health reports have had little political impact. Now the Lancet's Global Movement has updated economic and other arguments and made a powerful case. Some low income countries have made important strides, so low income is not itself a barrier to better services. Major donors have ignored mental health. Ignorance, stigma and lack of will are major barriers.

WFMH has traditionally identified problems and tried to tackle them. World Mental Health Day is widely celebrated and its Biennial Congress draws over a thousand delegates. It has promoted prevention, tackled the World Bank, persuaded the ILO and the WHO to work together and continues to press the cause at the United Nations.

There remain obstacles. Mental health workers are expensive and often emigrate. Primary care is overburdened; millions go untreated; abuses against consumers continue. The Lancet Series provides a firm basis for advocacy, so what strategies do we need?

For advocacy we must build a global consensus. A united voice is essential at the UN and with governments. Consumers should find areas of mutual agreement and join. Governments everywhere must be made accountable for human rights violations. Grassroots mental health associations in wealthy countries must help to nurture those in low income countries. Mental health workers can be skilled with computerised clinical diagnostic and care assessments to close the treatment gap. The aim is parity with physical health, nothing less, not hopeless, not unaffordable but a right.

SL-08

PHILOSOPHY AND PSYCHIATRY

INSTITUTIONS

1. Brazilian Brain Institute, Rio de Janeiro, Brazil

AUTHORS

1. <u>Jorge Alberto Costa e Silva</u>¹, Dr., MD, jacs@vetor.com.br

Mental Health practitioners - claim a special expertise in the mental. The philosophy of mind should be their philosophy. Conversely, mental health practice should be uniquely interesting to philosophers of mind. Yet for much of the twentieth century, the two sides, philosophers and practitioners, have studiously avoided each other. Historically, philosophy and general psychology were not sharply distinct. However, abnormal psychology, madness, has nearly always been very much at the fringes of philosophical interest. Historically, then, the overall pattern of the relationship between philosophy and abnormal psychology, has been inconstant. At the start of the twen-

ty-first century, philosophy, psychiatry and abnormal psychology, are coming together again. But, it is above all in the philosophy of mind that there are deep points of contact between philosophical theory and mental health practice and research. From the central metaphysical, deeps of the mind-body problem, through the diversity of philosophy, psychopathology, to the underpinnings of key topics in the philosophy of science, ethics, and conceptual analysis, the philosophy of mind is crucially important for mental health practice and research. But, in all these areas, too, mental health practice and research are also crucially important to philosophy.

PERINATAL MENTAL HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS: A GLOBAL PRIORITY.

INSTITUTIONS

1. World Psychiatric Association, Geneva, Switzerland

AUTHORS

1. John L Cox¹, Professor, Prof, john1.cox@virgin.net

Climate Change, Mass Violence and Poverty affect disproportionately women and children. Maternal and infant mortality is increased, and the pre-school child disadvantaged by insecure attachment and cognitive deficits.

The evidence for the seriousness of these threats to the survival of families is summarised with reference to the World Health Report (WHO 2005), the Lanacet (2007) series on Poverty and Child development, and the WPA Institutional Programme on Parent and Infant Mental Health.

Results of primary care research in Chile, Vietnam, South Africa,

Austrailia and Scandinavia suggest that these effects can be ameliorated by culture specific community interventions.

The lecture concludes with Global and personal action points that could be considered to reduce the effect of poverty and climate change on perinatal health, and how the Millennium Development Goals could yet be achieved.

References:

- 1. The World Health Report (2005) Make every Mother and Child count. WHO Geneva.
- 2. Lancet (2007)

SL-11

NEUROSCIENCE AND VALUES: PHILOSOPHY INTO PRACTICE IN 21ST CENTURY MENTAL HEALTH AND SOCIAL CARE

INSTITUTIONS

- 1. Oxford University, St Cross College, Oxford, United Kingdom
- 2. University of Warwick, Warwick Medical School, West Midlands, United Kingdom
- 3. UK Government, Department of Health, London, United Kingdom

AUTHORS

1. KWM (Bill) Fulford^{1,2,3}, Professor, DPhil FRCP FRCPsych, k.w.m.fulford@warwick.ac.uk

This lecture will outline advances in the new philosophy of psychiatry focusing particularly on their practical impact in the UK and internationally. Key academic developments in the field have included: the setting up of many new groups around the world, including sections in the WPA and AEP, and of an International Network for Philosophy and Psychiatry; the continued expansion of the quarterly peer-reviewed journal, Philosophy, Psychiatry, & Psychology, and of several book series; the establishment of a number of new Chairs for the field; and a recently announced DPhil scholarship in the Philosophy Faculty at Oxford. More important still, however, is the way in which these academic developments have been successfully translated through policy, training and service development,

into a number of exciting initiatives in service user centred practice in mental health and social care in the UK and internationally. These initiatives, as will be described further in the lecture, have been developed in close partnership with the WPA through the Institutional Programme on Psychiatry for the Person. In a brief concluding section, it will be shown how, set in its historical context, the new philosophy of psychiatry, in being research-led, practical in focus, and international in scope, is at the forefront of developing a new model of mental health and social care for the 21st century, that is both firmly science-based and also fully responsive to the very diverse needs of those who use services, whether as patients or carers, in our increasingly multicultural society.

ADVANCES IN UNDERSTANDING AND TREATMENT OF CONDUCT DISORDER IN CHILDHOOD AND ADOLESCENCE

INSTITUTIONS

1. Institute of Child Health, London, United Kingdom

AUTHORS

1. Philip Graham¹

There are three good reasons for focusing on conduct disorder at this meeting. First, there is evidence of a large increase in western countries in prevalence. Second, apart from developmental disorders such as autism, conduct disorder is the diagnosis with the greatest continuity from childhood to adulthood. Third, there have been significant recent advances both in our understanding and treatment of this condition. In particular, whereas even ten years ago it would have been hard to point to any psychological interventions whose effectiveness was soundly based on scientific evidence, this is now far from the case.

Follow-up studies have made clear that there are two characteristic life patterns that can be identified in conduct disorder. One is life-

course persistent, beginning in early childhood but persisting into adolescence and adulthood. In this type social disadvantage often interacts with neuro-developmental deficits. Then there is adolescence-limited conduct disorder, which has neither the same neuro-developmental associations, nor the poor prognosis. Psychological studies in their turn have enabled us to distinguish two sub-types of aggression, one largely reactive to perceived threat and the other more predatory and controlled.

Finally recent studies evaluating effectiveness of interventions point to the particular value of parent training in early and mid-childhood. In adolescence family-based and multi-level interventions have been shown to improve prognosis.

SL-13

COMMUNITY CARE FOR PEOPLE WITH PSYCHOSIS: INCLUSION AS A VALUED OUTCOME AND A HUMAN RIGHT

INSTITUTIONS

1. University of Melbourne, Psychiatry, Melbourne, Australia

AUTHORS

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- 3. Prem Chopra¹, Dr, Prem.CHOPRA@svhm.org.au

Advances in understanding recovery and effective community-based and balanced care leave a dilemma. A significant subgroup of people treated for psychosis in affluent countries remain severely disabled, take little part in community life and are socially isolated, as illustrated by recent work in Australia and UK¹. Most of those with psychosis in poorly resourced countries receive no formal care despite successful demonstration of community rehabilitation approaches. What can be done to make better use of community resources and the hospital and other components of balanced care, and to avoid reinstitutionalisation in any form?

Clinical services can support recovery for people with psychotic disorders, including complex problems, and assist families. This is the exception, however. The social environment also has a strong influence on the symptoms and functioning of a person with schizophrenia. Interventions in supported housing, welfare, and voca-

tional and social support, are the responsibility of sectors outside health, creating barriers to holistic recovery-oriented care. Stigma, unwarranted pessimism about outcomes, and inadequate resources further impede program development and evaluation.

The inadequate implementation of psychosocial interventions in clinical services, and disability inclusion approaches to greater community participation require action; and follow-up studies to assess a range of outcomes over several years in local settings. Subjective measures of functioning and quality of life are now recognized as important, distinct and measurable outcomes for individuals recovering from psychosis, and future work will benefit from this perspective.

1. Herrman H, Harvey C. Community care for people with psychosis. International Review of Psychiatry 2005; 17:89-95

THE HISTORICAL PERSPECTIVE: A NECESSARY SCIENTIFIC TOOL FOR 21ST CENTURY PSYCHIATRY

INSTITUTIONS

1. University of Zurich, Dept. of Social and General Psychiatry, Zurich, Switzerland

AUTHORS

1. Paul Hoff¹, Prof., MD PhD, paul.hoff@puk.zh.ch

History of science in general and history of psychiatry in particular are often regarded as interesting fields, which, however, are not of practical relevance for the actual situation of research or, in the case of medicine, of diagnosis and therapy. This may be one reason for the fact that many stimulating debates on the history of psychiatric ideas are generated outside psychiatry, i.e. in the history, philosophy or sociology departments. This paper will characterize major psychiatric, especially nosological theories from the 19th and ear-

ly 20th centuries in order to demonstrate the stunning parallels in the fundamental questions that steered the historical theories as well as they strongly influence the present day debate on the identity of psychiatry. These questions include, for example, the notions of "nature", "person", and "subjectivity". This complex and relevant matter cannot be understood without a thorough knowledge of the history of ideas.

SL-16

PHENOTYPE-GENOTYPE RELATIONSHIP IN PSYCHIATRIC DISORDERS: THE CASE OF SCHIZOPHRENIA

INSTITUTIONS

1. The University of Western Australia, School of Psychiatry and Clinical Neurosciences, Perth, Australia

AUTHORS

1. Assen Jablensky¹, Prof., MD

Phenotypic variability and extensive genetic heterogeneity have been confounding the search for the causes of schizophrenia since the inception of the diagnostic category. The inconsistent results of genetic linkage and association studies using the diagnostic category as the sole schizophrenia phenotype suggest that the current broad concept of schizophrenia does not demarcate a homogeneous disease entity. Approaches involving subtyping and stratification by covariates to reduce heterogeneity have been successful in the genetic study of other complex disorders, but rarely applied in schizophrenia research. This Special Lecture will provide a critical overview of past and present attempts at delineating schizophrenia subtypes using clinical features, statistically derived measures, and putative genetic indicators, and highlighting the potential utility of intermediate (endo-) phenotypes based on measures of cognition.

INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTH CARE

INSTITUTIONS

1. Institute of Psychiatry, Health Services and Population Research Department, London, United Kingdom

AUTHORS

1. Rachel Jenkins¹, Professor, MD FRCPsych FFOHM Di, r.jenkins@iop.kcl.ac.uk

While mental health is an intersectoral issue, with interventions required in the education, social welfare, criminal justice and NGO sectors, nonetheless significant inputs are needed from the health sector to address mental health needs. However, in low- and middle-income countries, the specialist health infrastructure to address these needs is highly limited, and in many places numbers are falling rapidly with retirement, mortality and emigration. Recruitment is not keeping pace, partly due to the introduction of course fees for specialist medical and nurse training. Thus the specialist service can only deal with a very tiny proportion of all those in need.

Most people with mental disorders will need to be seen and treated in primary care, but the general primary care health infrastructure has been weakened by HIV/AIDS, conflict, lack of continuing professional development, lack of support and supervision from the district level, lack of transport and lack of access to medicines. Regular health sector reform strategies rarely include integration of mental health concerns, despite the known linkages between mental and physical disorders. In addition to a shortage of human resources and infrastructure, there is very poor access to a sustained supply of psychotropic medicines which, if effectively used, could substantially reduce the disease burden from mental illness.

This talk will address the rationale for action, challenges, entry points and solutions to integration of mental health into primary health care in low and middle income countries.

SL-18

IS REALLY DEPRESSION SO FREQUENT? THE CONCEPT OF DEPRESSION

INSTITUTIONS

1. Federal University of Sao Paulo/UNIFESP, Psychiatry, Sao Paulo, Brazil

AUTHORS

1. Miguel R Jorge¹, Prof., MD, PhD, migueljorge@terra.com.br

Objectives: To put in an historical perspective different concepts of depression and their implication in current epidemiological surveys and clinical practice.

Methods: Literature review.

Results: Since Hippocrates recorded for the first time in the western world a case compatible with the current notion of melancholia and Aristotle link this word with diseases caused by black bile, the concept of depression in under regular scrutiny and constant revision. In the last decades, different ways of naming depressive disorders (unipolar/bipolar, endogenous/reactive, major/minor, somatic,

masked) and differentiating them from sadness, pathological grief, and natural unhappiness in diverse cultural contexts have been represented in their identification (diagnostic criteria) and classification (including subtypes and specifiers). An overrepresentation in community studies and an overdiagnosis and treatment of depressive states in clinical settings could be attributed to a low threshold for their recognition and also to the medicalization of normal feelings.

References:

- 1. Jorge MR. Seishin Shinkeigaku Zasshi, 2003; 105: 9-16.
- 2. Parker G. Psychological Medicine, 2005; 35: 467-474.

EMERGING OPPORTUNITIES IN PSYCHOPHARMACOLOGY

INSTITUTIONS

1. Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

AUTHORS

1. Siegfried Kasper¹, Prof., MD, sci-biolpsy@meduniwien.ac.at

Based on both clinical experience and the emerging knowledge on biological mechanisms in mental disorders, a number of promising refinements have been introduced into psychopharmacology in the recent years. With the lead of the selective serotonin reuptake inhibitors (SSRIs), dual acting antidepressants like the serotonin-norepiphrenine reuptake inhibitors (SNRIs) as well as receptor specific antidepressants have been developed. Biological research indicated that there is a lower activity of the monoamine function in depressed patients as well as a dysfunction in anxiety disorders. The introduction of second-generation antipsychotics (SGAs), with the lead compound clozapine at the beginning of the seventies, took

quite a while until further compounds followed. This development paralleled the understanding of not only the dopaminergic system but also the serotonergic mechanisms of action in schizophrenia as well as bipolar disorders. Future approaches in psychopharmacology will include predictors not only on a phenomenological level but also on a functional and genetic level. Pharmacogenetic approaches, which take the polymorphisms of the different pharmacodynamic properties and the P450 system into account, will lead to a more patient-tailored approach as opposed to having a medication available for whole diagnostic criteria.

SL-21

CULTURAL PSYCHIATRY IN A GLOBALIZING WORLD

INSTITUTIONS

- 1. McGill University, Division of Social & Transcultural Psychiatry, Montreal, Canada
- 2. Jewish General Hospital, Institute of Community & Family Psychiatry, Montreal, Canada

AUTHORS

1. Laurence J. Kirmayer^{1,2}, Professor, MD, laurence.kirmayer@mcgill.ca

In recent years, cultural psychiatry has undergone a transformation, shifting its focus from exoticized 'others' to the core issues of psychiatric theory and practice. This presentation will consider four broad questions central to the future of culture psychiatry: What does culture mean at the level of the individual, family, community, society, international arena, and the planetary system? Is cultural diversity disappearing in the face of globalization? What roles does culture play in the development of psychopathology and the process of healing? How can psychiatry best respond to cultural diversity in the context of different societies and health care systems? Evidence will be presented to suggest that: (i) Cultures are extended systems of shared knowledge and social practice; their boundaries and distinctiveness depend in part on processes of conflict and contestation;

(ii) Globalization is fostering a multiplicity of cultural influences on each individual and community, creating new hybrid cultural forms and, in some places, accentuating differences between groups. (iii) Culture involves ongoing processes of the discursive and interactional construction of brain, self, and society that influence illness experience, coping and healing. (iv) A variety of models of mental health service and modes of psychiatric practice can respond to the diversity found in most geographic regions and urban settings. Cultural consultation, in particular, is a model of service that can be adapted to many different health systems and settings. Beyond improving the effectiveness of health services, cultural psychiatry can contribute to building pluralistic societies.

TRENDS AND PERSPECTIVES IN INTERNATIONAL MEDICINE

INSTITUTIONS

1. World Medical Association, Ferney-Voltaire, France

AUTHORS

1. Otmar Kloiber1

Thirty Years after the Alma Ata Declaration of the World Health Organization calling for "Health for All in the Year 2000" the problems remain the same or even worse: The poorest on this planet still have nearly no access to health care and are threatened even more than 30 years ago by HIV/AIDS, Tuberculosis, Malaria and many other diseases. Like in the 70s of last century the crisis is aggravated by a severe brain drain from poorer countries. The approach to tackle the problem is called "Task Shifting": charging lay persons with functions and duties of health professionals.

While the lack of health professionals, especially physicians, leaves no choice other than to charge other groups with medical and nursing functions, the way how that will be done is critical for the

future of those health care systems. Not only that improperly delegated tasks especially in the treatment of infectious diseases can significantly increase the occurrence of resistant microorganisms, the further abolishment of work opportunities for the remaining health professionals may drive those out of their countries leaving all patients not being in the few vertical disease programs without any treatment.

If task shifting should not only be a measure for short term successes, but for sustainable care, it will have to be accompanied by activities to train new health personal and especially to retain the present health professional workforce. 30 years after Alma Ata people deserve more than just promises.

SL-23

HARASSMENT AND DISCRIMINATION FACED BY (EX-) USERS AND SURVIVORS OF PSYCHIATRY IN THE PSYCHIATRIC FIELD

INSTITUTIONS

1. ENUSP, European Network of (ex-) Users and Survivors of Psychiatry, Berlin, Germany

AUTHORS

1. Peter Lehmann¹, info@enusp.org

Context: It is well-known from many studies that (ex-) users and survivors of psychiatry are discriminated against in many fundamental ways. Studies show violations of human rights, human dignity, self-determination and physical inviolability; individuals with psychiatric diagnoses are detained without freedom of choice, and the demand for non-medical alternatives beyond psychiatry is not satisfied. Objectives: This lecture will raise awareness about numerous proposals from the WHO, the European Commission, organisations of professionals, relatives, (ex-) users and survivors of psychiatry, NGOs including the WPA, and provide proposals to combat harassment and discrimination.

Key Message: A broad range of measures are available that would improve the situation of (ex-) users and survivors of psychiatry,

lower the despair of supporting relatives and prevent the burn-out of well-intentioned psychosocial professionals. A key feature of all measures that provide hope for change of this situation is the inclusion of organisations of independent (ex-) users and survivors of psychiatry like ENUSP on all levels of decision making, especially those (ex-) users and survivors of psychiatry who overcame problems like so-called schizophrenia and psychosis and have shown that recovery is possible - without and with psychosocial treatments, but sometimes also in opposition to psychiatric treatments.

Conclusion: Stopping the exclusion of (ex-) users and survivors of psychiatry would be a good starting point in a discussion about how the psychosocial field could start to deliver appropriate help, respectful of human rights, to overcome unresolved emotional problems of a social nature.

BUILDING TOWERS OF STRENGTH

INSTITUTIONS

1. University of Hong Kong, Departments of Psychiatry, Hong Kong, Hong Kong Special Administrative Region of China

AUTHORS

1. Felice Lieh-Mak¹, flmak@hkucc.hku.hk

Doctors are regarded as towers of strength by patients and their families. This talk will focus on the challenges faced by doctors in their practice and how to prepare medical students to face these challenges. This is an area that is often neglected in the medical curriculum despite the fact that it is an important aspect of a doctor's

life. Some medical schools have incorporated various elements of cultivating psychological well-being in medical students and others include seminars in stress management. This is an attempt to review these curricula and to look at what works.

SL-25

THE NATURAL HISTORY OF ANXIETY DISORDERS

INSTITUTIONS

1. Complutense University of Madrid, Instituto de Psiquiatria y Salud Mental, Madrid, Spain

AUTHORS

1. Juan J. López-Ibor¹, Prof., MD,PhD, jli@lopez-ibor.com

There is insufficient knowledge of the long-term course of anxiety disorders. We studied the course of this disorder in patients who were followed up for 40 years. Patients admitted with the diagnosis of anxiety states to the López Ibor Neuropsychiatric Research Institute between 1950 and 1961 were re-examined using a semistructured interview in 1984-1988 and latter in 1997-2001. Mean length of follow-up from onset was 47. Patients were diagnosed as suffering either from Panic Disorder of from Generalised Anxiety Disoder according to DSM-III-R criteria

In PD improvement was observed in 68%. Among those who recovered, 93% had done so already by the 1980s. Progression to PD with agoraphobia was related to family history of anxiety disorders and onset of panic disorder before age 25. Lack of regular treatment compliance, progression to agoraphobia and number of episodes of

panic disorder were associated with worse outcome. Agoraphobia without panic attacks and somatization symptoms were the most prevalent clinical status at follow-up.

In GAD improvement was observed in 83%. Among those who recovered, 95% had done so already by the 1980s. When GAD disappeared it was replaced by somatization disorders. Lack of regular compliance, female and onset of GAD before age 25, were variables associated with worse outcome. Undifferentiated somatization disorder was the most prevalent clinical status at follow-up.

After several decades, PD patients improve with regard to number of panic attacks, though most continue to have residual symptoms (phobic avoidance and somatizations), while GAD patients although improved most continue to have somatizations.

CHILD AND ADOLESCENT PSYCHIATRY IN DEVELOPING COUNTRIES

INSTITUTIONS

1. Bangabandhu Sheikh Mujib Medical University (BSMMU), Department of Psychiatry, Dhaka, Bangladesh

AUTHORS

1. Mohammad Sayadul Islam Mullick¹, Professor, PhD, MRCPsych, FCPS, mullick@bdonline.com

In developing world, roughly 40-45% of the population is under the age of 18 years. Few representative studies in the developing countries suggest that 10-20% of children have psychiatric disorders. Some studies have found children in Asia and Africa relatively rarely have conduct problem. Though more methodologically sound epidemiological studies in large scale can refine the estimates, a conservative extrapolation is that around 15% of children and adolescents in developing countries have psychiatric disorders that are severe enough to result in substantial distress and social impairment, thereby warranting treatment. Overall, there is a vast gap between need and provision of child and adolescent psychiatric services in these countries.

The child and adolescent psychiatry in the Developing countries are not prioritized rather ignored and neglected. The opportunity of training and education in this field are limited that caused scarcity of child and adolescent services in terms of manpower, logistic support and multidisciplinary approach. Further, the child psychiatry in Developing countries differs from the Developed countries in many aspects including pattern and presentation of disorders mainly due to socio-cultural and economic status. The children in these countries are subject to large diversity of conditions. Developing countries have limitations along with unique strength. Therefore, child and adolescent psychiatry for the developing countries will likely to be different from Western model.

Developing feasible child and adolescent mental health services in Developing countries is urgent need. It is necessary to identify strengths, resources, challenges and opportunities to restructure child and adolescent psychiatry in Developing countries.

SL-27

PHENOMENOLOGICAL PSYCHOPATHOLOGY OF SCHIZOPHRENIA: SHARPENING OR BLURRING THE FOCUS?

INSTITUTIONS

1. University of Heidelberg, Psychiatry, Heidelberg, Germany

AUTHORS

 $1.\ \underline{Christoph\ Mundt}^{1},\ Dr.,\ MD,\ christoph_mundt@med.uni-heidelberg.de$

Objectives: Differential definition of "phenomenology", elucidation of its methodology, research foci of phenomenology and some characteristic results with regard to schizophrenia.

Methods: Description of concepts, methods and some results based on literature review.

Results: There are four distinct methodologies of phenomenology to be elucidated, the descriptive one (Jaspers), the eidetic one with ideal types (Max Weber), the constitutional one concerning intentionality (Husserl and analytic philosophy) and the ontological one, i. e. deviant forms of existence (most literature related to Heidegger).

The clinical application of these methodologies focuses on the subjective experience. The access to it is sought by empathy and forms of intersubjectivity which generates some proximity to the hermeneutic process. Although focused on subjectivity experience and intersubjectivity there is a claim of objectivity by phenomenologists when phenomena are considered as manifestations of the mental state as, for example, in psychosis or in the art of psychotic patients.

Conclusion: Looking at the phenomenology of schizophrenia the main statements emerging from phenomenology will be reported focussing on the psychotic experience of subjectivity, identity, historicity of the person and intentionality.

AN URGENT NEED FOR DIALOGUE ABOUT A "GLOBAL EMERGENCY" OF HUMAN RIGHTS VIOLATIONS IN MENTAL HEALTH CARE

INSTITUTIONS

1. MindFreedom International, Eugene, United States

AUTHORS

1. David W. Oaks1, oaks@mindfreedom.org

The point of view of individuals who have experienced human rights violations in mental health care, and the organizations that represent us, need to be heard by psychiatric professional organizations. Mediated dialogue must be encouraged between groups representing psychiatric survivors and groups representing mental health professionals.

We are not alone. Dr. Benedetto Saraceno, Director of the Department of Mental Health and Substance Dependence at the World Health Organization (WHO), has stated, "The violation of human rights of ... psychiatric services users and the recognition of their role and rights as citizens are a main concern for WHO. WHO thinks that no treatment can be credibly provided in a context which systematically violates human rights. There is a global emergency for the human rights of people suffering from mental health problems.

I insist on the word 'global' as people tend to believe that these kinds of violations always occur somewhere else when, in fact, they occur everywhere."

Certain human rights controversies are especially pressing, such as involuntary electroconvulsive therapy (ECT) against the expressed wishes of the subject, and long-term, high-dosage coerced administration of neuroleptic psychiatric drugs.

In a broader sense, though, if a family with a member in severe crisis is primarily offered psychiatric drugs, when non-drug approaches can work, this too is a kind of coercion. I respect an individual's right to take prescribed psychiatric drugs. However, being offered only one choice is not really a choice at all. Creating more non-drug voluntary alternatives has become a human rights concern.

SL-29

ETHICS CULTURE AND PSYCHIATRY

INSTITUTIONS

1. Institute of Psychiatry, Ain Shams University, Cairo, Egypt

AUTHORS

1. Ahmed Okasha¹, Dr., MD, PhD, FRCP, FRC, aokasha@internetegypt.com

Objective: The presentation will discuss that diversity of cultural differences should not affect a universal pattern of implementing ethics taking cultural context into consideration. The belief of the universality of implementing similar ethical codes in all cultures and societies is a mirage. Informed consent, involuntary admission and confidentiality are not so empowering in some traditional and Eastern societies. Autonomy versus family centered decision is one of the main differences between Western and Eastern societies. The influence of managed care and the third party in mental health services have changed not only Doctor-patient relationship, but also confidentiality. Informed consent in therapeutic alliances and research became a basic human right and has been emphasized in

the WPA Declaration of Madrid and its specific guidelines. Encounters between psychiatry and law keep bringing us back to our conflicting conceptions of the value of health on the one hand and the value of liberty, integrity and autonomy on the other. In traditional cultures, social integration is emphasized more than autonomy; that is, the family, not the individual, is the unit of society. Dependence is more natural and infirmity is less alien in these cultures. When affiliation is more important than achievement, how one appears to others becomes vital. How can we practice without showing disrespect or disregard for local values? On the other hand, how can we ensure that respect for the local culture does not become a pretext for bypassing ethical guidelines, to the detriment of patients' rights?

FAMILY CONCERNS AND EXPECTATIONS IN MENTAL HEALTH CARE

INSTITUTIONS

1. Coalition for Health, CFH, Prague, Czech Republic

AUTHORS

1. Jana Petrenko¹

How much progress did we really make?
Professional perspective
Patients perspective
Social taboo
How much can we admit?
Family dealing with the problem: denial fear, shame, resentment.
What we still have to hide?
Fear of stigmatization - looking for quick fix

Program for improvement in care, including budget increase per. patient. Dialogue about the new laws for mental health Equal access to services and care Crisis intervention and emergency services for mental patients

Role of patients organizations:

Information
Understanding
Sympathy
Compassion
Moral support
Compliance
Living with diagnosis
Solidarity among equals

Pacients organizations are not competing with doctors. They can be the best ally in achieving effective and successful treatment

SL-31

PSYCHIATRY IN CZECH REPUBLIC

INSTITUTIONS

1. Charles University, Department of Psychiatry, Prague, Czech Republic

AUTHORS

1. Jiří Raboch¹, Mr., MD, raboch@cesnet.cz

Profound political, social and economic changes after the fall of iron curtain in Central Europe influenced also substantially Czech psychiatry. In the socialist Czechoslovakia the health care system was fully state owned, state paid and organised in so called regional institutes of health care with obligatory catchment areas comprising inpatient as well as out-patient care facilities including psychiatry. The main trends after the 1989 changes were decentralisation of the health care system, rapid privatisation especially of outpatient services and financing through the newly set up health insurance corporations. In recent years the number of physicians working in psychiatry has been increasing and in January 2007 there were 1 313 of them mostly working in outpatient's clinics. There was no period of rapid

deinstitutionalization in the Czech Republic, but the number of psychiatric beds was substantially reduced in the last decade. There are no official statistics regarding community psychiatry. Protection of human rights and dignity of people suffering from mental disorders is a very important issue in our country. In the Czech law there is not a specific act on mental health. However, all detentions are controlled by independent courts and every psychiatric institution has transparent and strict rules how to use coercive measures. The problem is, that the number of auxiliary nurses and other health care personal is rather low in Czech psychiatric facilities and frequently no other technical support is available. Less than 4 % of the health care budget goes to psychiatric care.

IS SUICIDE PREVENTABLE IN THE FRAME OF HEALTHCARE?

INSTITUTIONS

1. Semmelweis University, Budapest, Hungary

AUTHORS

1. Zoltan Rihmer¹, Prof, MD, PhD, DSc

Suicidal behaviour is relatively rare event in the community, but quite common among psychiatric patients who contact different levels of healthcare some weeks or months before the suicidal event. The most common current psychiatric illness among consecutive suicide victims is major depressive episode (56-87%), which, in the majority of cases, is unrecognized or untreated. Since successful acute and long-term pharmacotherapy of depression significantly reduces the risk of both attempted and completed suicides, and 34-66% of suicide victims (two-thirds of them have current depression) contact their GPs 4 weeks before their death, GPs play a priority role in suicide prevention. Followed the pioneering Swedish Gotland Study, several large-scale community studies demonstrated that education of the GPs on the diagnosis and treatment of depression, particularly in combination with public education, improved the correct identification and appropriate treatment of depressive disorders and redu-

ced the frequency of suicide attempts and committed suicides in the areas served by trained GPs. Clinical follow-up studies on severelly ill formerly hospitalized patients with unipolar and bipolar major mood disorders, performed in the frame of outpatient psychiatry, have shown that long-term pharmacotherapy with antidepressants and/or mood stabilizers markedly reduced the risk of attempted and completed suicide even in this hig-risk population. Although appropriate pharmacotherapy of mood disorders is essential for suicide prevention, the importance of alcoholism and other psychiatric and psycho-social suicide risk and protective factors should be also considered.

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SL-33

THE ROLE OF MIGRATION ON MENTAL HEALTH AND MENTAL ILLNESS

INSTITUTIONS

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AUTHORS

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AIMS/OBIECTIVES

- 1. To understand the role of acculturative stress in migration.
- 2. To learn how to manage acculturative stress.
- 3. To learn and identify the psychiatric disorders most commonly produced by acculturative stress.

Since World War I, a steady and increasing migratory process towards industrialized nations, especially the United States has been observed. More recently, the globalization process that is taking place all over the world has accelerated this migratory process, especially in the European Union. As a result of these two processes, migrants have been exposed to increased levels of acculturative stress. The results of acculturative stress have led to an increase in the presence of mental disorders and conditions among these migrant groups. Additionally, the ethnic, racial and cultural characteristics of these migrant groups have led to complex and difficult to diagnose and treat psychiatric disorders; many of them characterized as cul-

ture-bound syndromes.

In this lecture, the definition, manifestation and management of acculturative stress will be addressed and discussed. Additionally, focus will be given to the most common psychopathological disorders resulting from acculturative stress, as well as the best methods or approaches to understand and treat them. Hopefully, this lecture will lead to a better quality of psychiatric care being offered to these migrant groups, any of whom belong to low socioeconomic levels.

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PSYCHIATRY, SOCIETY AND PUBLIC MENTAL HEALTH - TIME FOR RETHINKING AND RESPONSIBILITY TAKING

INSTITUTIONS

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AUTHORS

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Context: Recently perspectives on mental health and mental disorder have moved - from a focus on individual aetiology. phenomenology and consequences of mental disorder to a perspective including the societal causes and manifestations of mental ill health as "community syndromes" of disorder, death, dysfunction and suffering.

Key messages: Transitional stress load in individual life and the society as a whole leads to distortion, disorder and break down of adaptation mechanisms, coping ability and impulse regulation, against the background of structural vulnerability in individuals and society. Hitherto, professional and political strategies to prevent mental disorder and to promote resilience often focus on "healthy choices", to be made by the individual in individual responsibility,

whereas a focus on the responsible obligation of societies and their political decision makers to make political "healthy choices" lacks in the political discussion.

A new type of public mental health promotional thinking is demanded, allocating resources as well as intellectual, professional and political capacity to realize human ecological principles of a mental health promoting environment in society.

Conclusions: Mental ill health not only understood as an individual condition but addressed as a societal phenomenon demands a political focus on human ecology and well-known pre-conditions necessary for human functioning. It must be supported in societal public mental health promotion. Psychiatry is challenged.

SL-35

EPIDEMIOLOGICAL EVALUATION OF COMPREHENSIVE HEALTH

INSTITUTIONS

- 1. Instituto Nacional de Salud Mental Peru, Specialized Research and Teaching Bureau, Lima, Peru
- 2. Universidad Peruana Cayetano Heredia, Departamento de Psiquiatria y Salud Mental, Lima, Peru

AUTHORS

1. <u>Javier E Saavedra</u>^{1,2}, Dr., MD, DrMdSc, saavedra@terra.com.pe

Some authors have sustained that the current classificatory systems serve the biomedically oriented investigator and not the clinician who approaches the patient as individual, from a peculiar perspective of his life and his personality. Recently the World Psychiatric Association (WPA), followed by the Latin American Psychiatric Association, has proposed a more comprehensive approach to diagnosis, the IGDA project. This approach considers two diagnostic levels; the first one is a standardized multiaxial diagnosis that describes the patient's illness and the patient's clinical condition through typologies and standardized scales; and the second one is an idiographic diagnostic formulation that supplements the standardized formulation with personalised and flexible statements. This presentation will center around to the results of a population base epidemiological study which integrated the WPA diagnostic proposals and other positive aspects of health as part of an assessment which includes an idiographic formulation.

The study consisted of a face-to-face household survey of 6555 community aged 18 years and older residents in five cities of the coast of Peru from August-December 2006, selected trough a probabilistic three-stage sample procedure. Comprehensive assessment included an adaptation and complementation of the IGDA diagnostic suggestions through the following instruments: the MINI International Neuropsychiatric Interview ICD-10 version, the Quality of Life Index, the Mental Health Questionnaire elaborated in Colombia, and a validated Idiographic Formulation Questionnaire. Relational statistical analyses between the different components of the diagnostic formulation and other positive aspects of health will be presented, discussed and contrasted to previous studies in different cities of this multicultural country.

TREATMENT OF MAJOR DEPRESSION WITH COMORBID SUBSTANCE ABUSE: REVIEW OF THE EVIDENCE

INSTITUTIONS

1. University of Miami Miller School of Medicine, Psychiatry, Miami, FL, United States

AUTHORS

1. Ihsan M. Salloum¹, MD, MPH, isalloum@med.miami.edu

Goals: Major depression complicated by an addictive disorder is among the most frequent comorbidity encountered in clinical settings. Although, this form of comorbidity has been the most studied to date, optimal treatment guidelines are still lacking. This presentation will review current evidence for effective treatments as reported by pharmacological trials specifically conducted to address this comorbidity and it will also discuss results emerging from most recent trials evaluating combined pharmacotherapy for major depression with alcoholism.

Methods: Studies were identified through computerized literature searches and refereed articles published from January 1966 through January of 2007. Randomized, placebo-controlled trials and openlabel studies with large samples or those reporting novel approaches were selected for the review.

Results: The search identified twenty-seven studies, 23 of which were

randomized, double-blind, placebo-controlled trials. Overall, treatment response was inconsistent among the different trials. More trials reported improvement for depression than improvement for substance use and rarely reported improvement in both outcomes. Trials with non-serotonergic reuptake inhibitor antidepressants reported more positive findings than those with SSRI's. Response varied by type of medication and study design. Combined pharmacotherapy trials may be an innovative option but requires further methodological refinement.

Conclusions: Antidepressants may provide improvement for depression when comorbid with substance use. There is less evidence of improvement for the substance use outcome, and there was rarely improvement on both outcomes. Addressing methodological challenges in future clinical trials is crucial for providing more consistent results that allow the construction of evidence-based algorithm for optimized interventions in this population.

SL-37

PSYCHIATRIC CARE NEEDS IN INTELLECTUAL DISABILITIES: FILLING THE GAP

INSTITUTIONS

1. University of Cadiz, Neurosciences, Cadiz, Spain

AUTHORS

1. Luis Salvador-Carulla¹, Dr, MD, luis.salvador@telefonica.net

In medicine, it is difficult to find a case similar to intellectual disability (ID) or Mental retardation. It is a frequent condition which is associated to multiple disabilities and other medical problems and it has consequences all along the life-span, imposing a considerable burden on families and caregivers. Over 30% of persons with ID experience a comorbid psychiatric disorder, they require high service provision and produce high health and societal costs. However, most of their care needs remain unmet, and ID has been largely disregarded as a mental health issue. In the last years information produced by a series of international projects has contributed to improve the knowledge base of this condition within the mental health sector: 1) Progress in classification and diagnostic assessment of ID within psychiatry; 2) Improvement of health and mental health indicators (POMONA project); 3) A better information on

critical issues related to ID such as the terminology, funding, care patterns, legislation and training (WHO Atlas for Intellectual Disabilities); 4) A better knowledge of service provision and balance of care compared to other mental health problems and to other disability groups (DECLOC Project). This information facilitates planning and implementation of new specialised mental health services in several countries. The evidence-base national strategy for MH-ID services in Spain is a model on how to develop an evidence-base MH care system for ID.

Salvador-Carulla L, Bertelli M. Mental Retardation or Intellectual disability?: Time for a conceptual change. Psychopathology 2008; 41:10-16

WHO'S MENTAL HEALTH PROGRAMME FOR LOW AND MIDDLE INCOME COUNTRIES

INSTITUTIONS

1. WHO, mental health, Geneva, Switzerland

AUTHORS

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WHO has recognized the need for action to reduce the burden of MNS disorders worldwide, and to enhance the capacity of Member States to respond to this growing challenge. In 2001, national and international institutions and organizations, the public health community, and other stakeholders were reminded of the issue of mental health (World Health Day, World Health Assembly, and World Health Report). The WHO *Mental Health Global Action Programme* (*mhGAP*) followed from these events to provide a coherent strategy for closing the gap between what is urgently needed and what is available to reduce the burden of mental disorders worldwide. *mhGAP* was endorsed in 2002 by the 55th World Health Assembly which

urged Member States to increase investments in mental health. The mhGAP is now in the implementation phase and its objectives are: To reinforce the commitment of governments, international organizations, and other stakeholders to increase the allocation of financial and human resources for care of mental disorders. To achieve much higher coverage with key interventions in the countries with low and lower middle incomes that have a large proportion of the global burden of mental disorders. To promote the human rights of people suffering from mental disorders through innovative policies and service organizations.

SL-39

STIGMA, MENTAL ILLNESS AND MENTAL HEALTH

INSTITUTIONS

1. Association for the Improvement of Mental Health Programmes, Geneva, Switzerland

AUTHORS

1. Norman H. Sartorius¹, Professor, MD, MS, PhD, sartorius@normansartorius.com

Stigma is gradually becoming recognized as the chief obstacle to the development of mental health programmes and the provision of care to people with mental illness. The World Psychiatric Association as well as other organizations have carried out international projects on stigma related to mental illness demonstrating that such programmes can be successful even in situations of great financial scarcity. This lecture will describe some of these projects and present possible directions for future work in this field.

PHILOSOPHY OF SCIENCE IN BIOLOGY, MEDICINE AND PSYCHIATRY

INSTITUTIONS

1. University of Pittsburgh, HPS, Pittsburgh, United States

AUTHORS

1. Kenneth F Schaffner¹, Dr, MD, PhD, kfs12@comcast.net

This Special Lecture examines the roles that philosophy of science plays in biology and medicine, with special application to psychiatry. Interestingly, though the philosophy of biology as a subfield of philosophy of science has flourished in the past 30 years, the philosophy of medicine has remained fairly constant during this period. However, the philosophy of psychiatry has undergone significant growth, particularly in the past fifteen years. Themes in philosophy of psychiatry borrow from both philosophy of biology and philoso-

phy of medicine, and include the definition of disease and disorder, problems of classification, issues of causation, the nature of validity, and the relation of mind to brain. The last problem has stimulated extensive discussions about reductionism and emergence. This Lecture reviews these philosophical issues, and points the way toward places where philosophy may be of assistance in psychiatry, including in the DSM-V and the ICD-11 revision processes.

SL-41

PERSONHOOD AND SUFFERING

INSTITUTIONS

1. Imperial College, Department of Psychological Medicine, London, United Kingdom

AUTHORS

1. Tom Sensky¹, Professor, FRCPsych, t.sensky@imperial.ac.uk

The concept of Personhood will be introduced as a key element in Psychiatry for the Person. While 'Self' is often used as a synonym for Personhood, it will be demonstrated that these terms in fact refer to different concepts. An understanding of Personhood is particularly important in assessing and managing suffering. Although the alleviation of suffering is widely regarded as an integral part of medicine for the Person, there are problems in managing suffering

because suffering as a term has been widened to the extent that it is commonly used to describe any experience of any illness. However, suffering can be appropriately conceptualised as arising from a significant threat to an individual's Personhood. With emphasis on psychosomatic medicine, some clinically useful concepts will be reviewed that contribute to Personhood and Suffering, and a framework proposed to assist in assessing and managing suffering.

THE ECONOMICS OF MENTAL HEALTH CARE IN THE 21ST CENTURY

INSTITUTIONS

- 1. Sheppard Pratt Health System, Baltimore, Maryland, United States
- 2. University of Maryland, Department of Psychiatry, Baltimore, Maryland, United States

AUTHORS

1. Steven S. Sharfstein 1,2, Dr., M.D., ssharfstein@sheppardpratt.org

The field of mental health economics has matured and grown over the past ten years to the point that the field is able to ascertain the costs of mental illness as both direct and indirect, the cost effectiveness of various interventions, and the impact of financial policies on access, quality, and costs of care. It is possible today to do crossnational comparisons and to use the benefits of research in mental health economics in designing policy for the financing of cost-effective treatments and for the income support to sustain individuals and families who are coping with the ravages of severe and persistent mental illness. This paper will review the progress that has been made in mental health economics and project future work into the new millennium.

SL-43

BIOLOGY OF PERSONALITY DISORDERS

INSTITUTIONS

1. Mount Sinai School of Medicine, Psychiatry, New York, United States

AUTHORS

1. Larry J. Siever¹, Dr., MD, Larry.Siever@va.gov

Studies of the biology of personality disorders has attracted increasing interest in the last two decades. Advances in molecular genetics, imaging, and neuropharmacology have made it possible to identify critical pathways altered in the key dimensions of personality disorders and how these are modulated by neurotransmitters. Prefrontal cortical inhibition of amygdala and other limbic structures may be important for impulse and affective regulation with serotonin facilitating or modulating the topdown control of these domains through structures like anterior cingulate and orbital frontal cortex. Serotonergic probes demonstrate alterations in the serotonergic modulations of these areas and components of the serotonergic system like the serotonin transporter are associated with impulsivity (reduced transporter with impulsive aggression and increased 5HT 2A recep-

tor with impulsive aggression). Candidate genes in the serotonin system including the serotonin transporter and the 5HT $_{\rm 2A}$ receptor have been associated with dimensions of impulsivity and/or specific diagnosis such as borderline personality disorders, although reports in this area are not consistent. Dopaminergic neurotransmission modulates efficiency of more lateral prefrontal cortical structures implicated in the organization of cognition. Agents which enhance dopamine release may be associated with improved cognitive performance in schizotypal personality disorder (SPD) and new studies identify potential abnormalities in D $_{\rm 1}$ receptor binding and amphetamine displacement of raclopride. Implications of these neurotransmitter/neuroncircuit studies for pharmacologic treatment interventions will be discussed.

PSYCHIATRIC TRAINING - PATIENT FOCUSED TRAINING (EVOLUTION OR REVOLUTION)

INSTITUTIONS

1. European Federation of Associations of Families of People with Mental Illness (EUFAMI), Executive Committee, Leuven, Belgium

AUTHORS

1. Sigrid Steffen¹, Ms, secr.general.office@eufami.org

Context: The focus to date on training in the profession has been on the illness, symptoms and treatment. Which is acceptable up to a point. But there is a cost involved to be paid. EUFAMI would contend that it is at the cost of the patient, who sometimes can be the forgotten party in the whole affair.

Objective: Shift the focus of Psychiatric Training to more patient focused training

Key Messages: EUFAMI will make the case for the need for training to shift from a medical centred focus to a patient centred focus. EUFAMI would contend that a seed change in training and training methods for psychiatry is required. Firstly shift the emphasis from the illness to the patient (user). In other words, training should be patient focused.

This shift could be achieved by updating the current standards for the curriculum. New modules need to be introduced to cover human aspects related to the user and family, which will result in a seed change, and thereby allow all interested parties to fully participate in the care team on the road to recovery. Also the most important parties, namely the users and their families, will feel valued and not feel mere onlookers.

Conclusion: A better and easier life for all concerned - service user will feel more involved and take ownership; the medical profession will feel more relaxed and life will be easier as there will be more dialogue; the family member will feel valued and a reduction in isolation

SL-46

ANXIETY DISORDERS: NEURONAL CIRCUITRY, MOLECULAR UNDERPINNINGS, AND PSYCHOSOCIAL TRAJECTORIES

INSTITUTIONS

1. University of Cape Town, Psychiatry & Mental Health, Cape Town, South Africa

AUTHORS

1. Dan J. Stein¹, Prof, MD, PhD, dan.stein@uct.ac.za

There are important clinical reasons for focusing on the anxiety disorders - they are the most prevalent of the psychiatric disorders, and amongst the most disabling. The introduction of effective and cost-efficient interventions for generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder, and social anxiety disorder has gone some way to improving diagnosis and prognosis. Much of the excitement about recent work on anxiety disorders derives, however, from our increasing ability to move from bench to bedside, translating laboratory findings into clinical approaches. Translational research is increasingly allowing us

to address and to integrate multiple levels of data on anxiety disorders, and a synthesis of work on neuronal circuitry, molecular underpinnings, and psychosocial trajectories is emerging. The anxiety disorders provide an important "tool-with-which-to-think" about recent advances in modern psychiatry, as well as about the limitations of our current knowledge base. Where relevant, data from the South African context, which has a number of remarkable and unique features, will be used to exemplify the arguments put forward.

MENTAL HEALTH ADVOCACY - THE WAY FORWARD

INSTITUTIONS

1. University of Cape Town, Social Development, Cape Town, South Africa

AUTHORS

1. Shona Sturgeon¹

Worldwide, promotion of mental health and the prevention and treatment of mental disorders have been neglected and under-resourced and mental illness is still stigmatised. This is despite current knowledge and evidence regarding the burden of mental disorders; risk and protective factors; the connection between mental disorders and other health and social conditions, and the positive outcomes of promotive, preventive and treatment interventions. In low and middle-income countries, this neglect is experienced even more acutely, often constituting human rights violations.

It appears that international organizations, governments and funders lack the political will to adequately address mental health issues. This paper suggests there is increasing recognition that strong, targeted advocacy by a variety of players is required to create the public pressure needed to persuade these bodies to place mental health higher on their list of priorities and to address issues of stigma and discrimination.

The Lancet Series on Global Mental Health provides a strong evidence base to inform such advocacy and makes a call for scale up services for mental disorders (Lancet September 2007). The World Federation for Mental Health, an organization with a long history of advocacy, has chosen to highlight the Lancet information and messages in the 2008 World Mental Health Day campaign, "Making Mental Health a Global Priority - Scaling up Services through Citizen Advocacy and Action".

SL-48

THE IDENTITY OF THE PSYCHIATRIST IN THE 21ST CENTURY

INSTITUTIONS

1. University of Louisville, School of Medicine, Louisville, United States

AUTHORS

1. Allan Tasman¹

Scientific advances in psychiatry over the last century have been dramatic, but there has been a concomitant de-emphasis on a biopsychosocial approach to understanding and intervention for psychiatric disorders. For example, the DSM diagnostic changes emphasize symptom checklist approaches to psychiatric diagnosis; neuroscience and psychopharmacology gains emphasize somatic interventions; delivery system changes, and inadequate availability of psychiatrists, diminish attention to the psychological aspects of the patient's presentation and treatment. This lecture will argue for the benefits of a re-emphasis on a comprehensive biopsychosocial model of understanding in the clinical setting, which will encompass a number of positive patient care results. Clearly, compliance with treatment is enhanced when the treatment occurs within the context

of a trusting therapeutic alliance with a skilled, psychologically minded, and empathic clinician. Attention to psychological factors and developmental stresses allows for a more thorough understanding of psychopathology. In addition, research studies have demonstrated the superiority of combined psychotherapeutic and psychopharmacologic treatment over one-dimensional interventions, especially for seriously ill patients. Recent neuroscience advances in support of a biopsychosocial frame of reference will be reviewed. Implications for psychiatric training will also be discussed. A key task for psychiatry will be the integration of the best of our humanistic traditions with the latest scientific advances as we continually refine our professional identity.

SL-49

PATHWAYS OF PSYCHOPATHOLOGY: FROM INFANCY TO ADULTHOOD

INSTITUTIONS

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AUTHORS

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One of the major issues in Child and Adult Psychiatry today, is the understanding of the pathways of development and change of psychopathology along the course of life. The major difference between the developmental psychopathology viewpoint and the traditional perspective of psychiatry is its conceptualization of mental disorder not as an inherent trait that resides in an individual but as something that emerges from the dynamic interplay between intra-individual and extra-individual contexts.

In addition, issues of time and timing are essential in understanding the confluence of an individual's past experiences with present circumstances in predicting future adaptation. Patterns of continuity and discontinuity over development are especially interesting;

change is always thought possible with the caveat that the likelihood and degree of change is constrained by prior history and the current context. This concept is reflected in the prevalence of psychiatric disorders from age 2 years to adulthood, where almost any psychiatric disorder can start at a very young age, though prevalence of specific disorders change over time. Core concepts of transactional model, vulnerability and risk factors, sensitivity, resilience and protective factors, gene-environment interplay, will be used to try and explain some major evidence-based differences in the course of childhoodonset versus adolescence-onset disorders. Patterns of homotypic continuity, heterotypic continuity and discontinuity will thus been illustrated

SL-50

REVISION OF INTERNATIONAL CLASSIFICATION OF DISEASES

INSTITUTIONS

1. World Health Organization, Classifications and Terminology, Geneva, Switzerland

AUTHORS

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The ICD-11 revision will proceed in three stages: (1) systematic review of scientific, clinical and public health evidence relevant to classification, (2) creation of a draft ICD-11 and field-testing it (3) development of meaningful linkages to standardized health care terminologies to facilitate communication, standardized data processing and research. The traditional form and uses of the ICD for mortality and morbidity reporting will be maintained. To assist additional needs of different users the revised classification will have three interoperable formats for primary care, clinical specialty and research. To represent knowledge adequately the classification will be built using ontological tools that include various domains such as constellations of signs and symptoms, severity and course, as well as genetic and other information. This approach will also enable standardized information processing by computers in e-health applica-

tions. The International Classification Functioning Disability and Health (ICF) and national modifications of ICD will be included to improve the ICD content. The revision process will make use of distributed web-based tools to collate suggestions, discussions and evidence. Secondly, a structured Wiki-like tool will be used to generate the successive drafts of ICD-11. Users will engage in field trials through the global web based platform.

Currently a Revision Steering Group has been established as an oversight mechanism. Each main area of revision will be worked through a topic advisory group and multiple workgroups. Following this roadmap we expect to arrive at a desired product that not only serves as a classification system but also as a building block for heal-th information systems.

SL-51

THE FACE OF MENTAL HEALTH PROBLEMS IN PRIMARY CARE

INSTITUTIONS

1. WONCA, President

AUTHORS

1. Chris van Weel¹

Mental health problems form a substantial part of illness and disease encountered in primary care, and family physicians carry the lions' share of their diagnosis, treatment and management. Depression, anxiety disorders and sleep problems are the most common mental health problems in this context, but an issue of concern in primary care are medically unexplained (physical) symptoms. In particular when this takes a chronic course, the negative impact on patients' health and wellbeing is high.

For diagnosis and treatment, the integration of physical/somatic and personal/psychological competences is essential to cope with the 'body-mind anomaly'. This makes it mandatory to provide care of mental health problems in the main stream of medicine. Another reason for this integration is co-morbidity or multi-morbidity: patients suffering simultaneously from two or more chronic health problems. Combined presence of diabetes, or COPD, and depressi-

on has implications for the prognosis and the treatment options, and should shift the focus from 'disease management' to person-centred care.

These are strong reasons to promote, for mental health problems, a central role of primary care: provided from a generalist perspective; in an on-going professional working relation over time; in the direct vicinity of where patients live; taking into account the family, cultural and social circumstances. Effective treatment and management in primary care requires insight in the severity and prognosis, and the primary care population is characterized by a wide range of disease severity. The recurrence rate of depression of patients in primary care is relatively low, and this points to a generally favorable prognosis. But at the same time, the impact on the patient's quality of life is substantial. This requires the further study and testing of treatment in the primary care population.

SL-52

SERVICE-USERS RECONCEPTUALISING THE ROLE OF PSYCHIATRY IN THE 21st CENTURY

INSTITUTIONS

1. South Bank University, School of Nursing, London, United Kingdom

AUTHORS

1. Jan L. Wallcraft¹, Dr., PhD, loujan03@yahoo.co.uk

Aims/objectives

Foucault wrote about how the discourse of psychopathology was created in the 19th Century. I have explored challenges to that discourse in 20th Century from psychosocial perspectives.

I observed the emergence of a new social movement of mental heal-th service patients and users.

I aim to explore the extent to which this movement creates a new discourse and new role for psychiatry.

Methods

Literature review including grey literature of individual experiences Action research, working with service users to create alternatives to hospital

Narrative enquiry

Focus groups and one to one interviews

Results

I have found that in the UK the service user movement exists as a potential new social movement, though it needs investment in capacity building.

Worldwide the service user movement is creating a discourse which

is fundamentally different from the traditional discourse of psychopathology and challenges its basic epistemology.

Conclusions

The new discourse is based on self determination, empowerment, choice, self-management of problems and service-user defined outcomes.

Service users cannot be empowered without fundamental changes in how mental illness is conceptualised and categorised, e.g. diagnostic systems

Existing structures of power and knowledge in mental health/mental illness also need to be challenged to allow the service user discourse to emerge and develop.

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- 2. Wallcraft JL. Turning Towards Recovery: A study of personal narratives of mental health crisis and breakdown (PhD thesis). London: South Bank University, 2002.

FAMILY AND PSYCHIATRY: AN ASIAN SCENARIO

INSTITUTIONS

- 1. C.S.M.Medical University (Formerly K.G.Medical University), Psychiatry, Lucknow-Uttar Pradesh, India
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Around 450 million people in the world suffer from psychological problems and mental disorder. Five of the ten leading causes of disability and premature death worldwide are psychiatric conditions. The South Asian region is the most populous with 23 percent of the world's population and amongst the poorest regions in the world. There is growing epidemiological evidence of a high burden of mental disorders.

There are various researches which validate the role of family and other informal supports in the care of chronically ill psychiatric patients. It has led to understand and focus our attention in knowing the dynamics of the situation and making an attempt to discover ways for improving the outcome of the illness. Family studies have explored the burden that caregiver experience that their loved ones

are suffering from psychiatric disorders in the form of perception of strain, reduced morale, anxiety and depression. The major concerns include disruptions during acute episodes, fear of violence, worsening of marital relationship, financial and legal problems.

During the past two decades, the trend has changed in treating psychiatric patients. The policy of treating patients in their family settings reduces the cost and may help early recovery and prevent chronic relapses. Family interventions have been found to improve patients' compliance to antipsychotic drug treatments, and to reduce the overall economic costs of care. The family has to face new challenges with this changing trend. During this symposium we will discuss few of these challenges associated with mental disorders especially in South Asia.

MENTAL DISORDERS AND BURDEN OF CARE ON FAMILY MEMBERS: AN ASIAN PERSPECTIVE

INSTITUTIONS

1. C.S.M.Medical University (Earlier K.G.Medical University), Psychiatry, Lucknow, India

AUTHORS

1. Jitendra Kumar Trivedi¹

About 25% people are affected by behavioral disorders during their lives. Five of the ten leading causes of disability and premature death worldwide are psychiatric conditions. The South Asian region is the most populous with 23 percent of the world's population and amongst the poorest regions in the world. There is growing epidemiological evidence of a high burden of mental disorders. Rates of disorders such as depression and anxiety reported from the region are amongst the highest in the world.

There are various researches which validate the role of family and other informal supports in the care of chronically ill psychiatric patients. It has led to understand and focus our attention in knowing the dynamics of the situation and making an attempt to discover ways for improving the outcome of the illness. The major concerns

include disruptions during acute episodes, fear of violence, worsening of marital relationship, financial and legal problems. The recent studies have shown that the relatives or family members of the chronic mentally ill patients want more information and involvement in treatment decisions, good relationship with the care providers, good co-ordination among the services and more intensive and supportive interventions.

During the past two decades, the trend has changed in treating psychiatric patients. The policy of treating patients in their family settings reduces the cost and may help early recovery and prevent chronic relapses. The family has to face new challenges with this changing trend. The presentation highlights these challenges associated with mental disorders in South Asia.

STRESS OF CARING FOR AN ELDERLY WITH MENTAL DISORDER IN AN ASIAN FAMILY

INSTITUTIONS

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AUTHORS

1. Ee Heok Kua¹

There is a growing concern about caring for an increasing number of the frail elderly in Asia. Kua and Tan (1997) studied 50 family caregivers of elderly Chinese patients with dementia in Singapore, 28 (56%) scored five points or more on the 28-item General Health Questionnaire (GHQ). The GHQ scores correlated significantly with duration of care; presence of delusion, hallucination, depression, insomnia, incontinence and agitation; and the total score of the Behavioural Pathology in Alzheimer's Disease Rating Scale. On multiple regression analysis the only variables to achieve a significant relationship with the GHQ scores were duration of care, depression and the total behavioural score.

In a recent study, we found that the stress of care-givers of elderly with depression was much higher (75%) compared to those with dementia (56%). More care-givers in the former group expressed irritability and guilt, but in the latter group, the common symptoms were low mood and anxiety. Caring for the frail elderly in Asia will continue to rest on the family in the future. Carers need to seek help outside the home. Community and governmental supports are necessary to alleviate the burden of the family. Although there are only a few old people's homes or day centers in Singapore, families may not be eager to use these services because to send an elderly relative to these centers imply a failure of responsibility (Kua, Ng & Goh, 2004).

INCORPORATING FAMILY MEMBERS IN MENTAL: HEALTH CARE IN CHINA

INSTITUTIONS

1. Chinese Society of Psychiatry, Psychiatry, China

AUTHORS

1. Zhou Dongfeng¹

In China, family members of mentally ill persons are incorporated by a special association, China Association of People with Mental Illness and their Families and Relatives (CAPMI), which is attached to China Disabled Persons' Federation. Besides CAPMI, there are many local associations of people with mental illness and their families and relatives in every major city of country which develop the

work concerning mentally ill persons and their family members under the guidance of the CAPMI. The common purpose of such associations is to propagate humanism, and ensure the legitimate rights and interests of mentally ill persons and their family members, make them participate in social life and share material and cultural achievements of society equally.

THE ASIAN FORUM AND ITS IMPACT ON PARTICIPATING COUNTRIES

INSTITUTIONS

1. Chairman Asia Region WFSAD, New Zealand

AUTHORS

1. Jim Crowe¹

This will be the first presentation of the work that is being done in Asia through The Asian Forum. This Forum has now been meeting for six years. Some 10 Asian countries attend. The aim of the forum is to improve access to effective treatments, service and support throughout the Asia-pacific region for people with mental illness and their families, through the promotion of advocacy skills.

The objectives are to support the development and sustainability of community organisations in the Asia-Pacific region for the mentally ill; to increase participant's knowledge of, and skills in, effective advocacy activities; to identify a range of strategies which effectively address the stigma associated with mental illness; to develop a sup-

port network of interested people to maintain activity in this area. Each year the countries come together to share their year's achievements and to plan activities for the coming year. This is done in the spirit of collaboration and genuine goodwill. From time to time the participants arrange exchange visits between the participating countries.

This presentation will outline the many changes that have taken place over the past six years within the participating countries. The countries are China, Hong Kong, India, Korea, Malaysia, New Zealand, Philippines, Singapore, Taiwan and Thailand.

SpS-02

DEPRESSION AND COMORBID MEDICAL CONDITIONS

INSTITUTIONS

- 1. University of Michigan, Psychiatry, Ann Arbor, United States
- 2. University of Ferrara, Section of Psychiatry, Ferrara, Italy
- 3. FLENI, Department of Psychiatry, Buenos Aires, Argentina
- 4. Temple University, Psychiatry, Philadelphia, United States
- 5. University of Michigan, Psychiatry, Ann Arbor, United States

AUTHORS

- 1. Michelle B. Riba¹, Dr., MD, mriba@med.umich.edu
- 2. Luigi Grassi², Dr., MD, luigi.grassi@unife.it
- 3. David Baron⁴, Dr., MSEd, DO, dbaron@temple.edu
- 4. Rodolfo Fahrer³, Dr., MD, fahrer@ciudad.com.ar
- 5. John F. Greden⁵, Dr., MD, gredenj@med.umich.edu

Objectives:

- 1. Identify major topics in psychosomatic medicine addressing depression
- 2. Understand opportunities and issues on screening and detecting depression in co-morbid medical illness
- 3. Identify steps the University of Michigan has taken to build a Depression Center and develop a National/Global Network of such centers

Depressive disorders are common in primary care settings and are more prevalent in patients with chronic medical illnesses. We will present some of the work being done to screen and detect depression in co-morbid medical illness and the efforts to develop a national/global network of depression centers.

THE DIMENSIONS OF PSYCHOSOCIAL MORBIDITY IN CANCER: BEYOND DSM-V

INSTITUTIONS

1. University of Ferrara, Section of Psychiatry, Ferrara, Italy

AUTHORS

1. Luigi Grassi¹, Dr., MD, luigi.grassi@unife.it

Objectives:

Literature relative to psychiatry in oncology has debated remarkable issues as far as the diagnosis of psychiatric morbidity in cancer care is concerned (e.g. Major Depression, Adjustment Disorders with Depressed Mood, the vast and vague area of "Other situations deserving clinical attention"). The usefulness of the Diagnostic Criteria for Psychosomatic Research (DCPR) in oncology has been examined as a further tool to identify psychosocial dimensions in cancer care.

Methods:

Data of some studies involving cancer patients (n=112) and patients with medical disorders (n=800) to whom the DSM-IV and the DCPR were applied during their admission in the hospital.

Results:

Demoralization and health anxiety appeared to be the most common dimensions, not necessarily related to major depression or other DSM-IV diagnoses both in cancer patients and medically ill patients. A high percentage (35-47%) of patients not meeting the criteria for any DSM diagnosis presented symptoms related to one or more DCPR dimensions.

Conclusions:

Dimensions related to abnormal illness behaviour (e.g. health anxiety, hopelessness, demoralization) and to alexithymia and Type A behaviour should be part of the assessment of medically ill patients, especially cancer patients, in psychosomatic medicine.

References:

- 1. Grassi L., Biancosino B., Marmai L., Rossi E., Sabato S.: Psychological factors affecting oncology conditions. In Porcelli P, Sonino N (Eds) Psychological factors affecting medical conditions. A new classification for DSM-V, Karger, Basel, 2007
- 2. Grassi L., Riba M. Depressive Disorders in Oncology. In WPA/PTD Educational Program on Depressive Disorders- Module 2: Depressive Disorders in Physical Illness, World Psychiatric Association, 2007 CHAPTER 8

THE ROLE OF PSYCHIATRY IN TREATING PATIENTS WITH CHRONIC KIDNEY DISEASE

INSTITUTIONS

1. Temple University School of Medicine, Psychiatry, Philadelphia, Pennsylvania, United States

AUTHORS

1. <u>David Baron</u>¹, Dr., MSEd, DO, dbaron@temple.edu

Objectives:

The goals and objectives of this presentation are to review the role of psychiatrists in providing care for patients in chronic kidney failure and discuss the challenges often encountered in the patient population.

Method:

The presentation is based on a review of the extant literature and personal experiences of the author. Virtually all transplant teams include a psychiatrist/psychologist to screen potential recipients and donors for psychiatric clearance prior to surgery. This presentation will review the salient issues and unique psychiatric issues which present in this clinical setting.

Results:

Psychopathology is an important issue to address in chronic renal failure patients. All patients awaiting transplant should be screened psychiatrically pre-transplant and followed post op. The need to comply with post surgical medications, diet and lifestyle are critical

to survival. The emotional health of the patient is an independent factor in determining the long term outcome and must be addressed in all patients. The mental health workers must be an integral component of the treatment team.

Conclusions:

The role of depression, reactive dysphoria, and adjustment disorder with depressed mood will be discussed, along with treatment recommendations for each. The importance of establishing a team approach to care will be highlighted along with clinical case examples.

References:

- 1. Baron D, Case histories for understanding depression in primary care. J Am Osteopath Assoc. 2003 Aug; 103 (8 Suppl 4): S16-8
- 2. Sterner K, Zelikovsky N, Green C, Kaplan BS. Psychosocial evaluation of candidates for living related kidney donation. Pediatr Nephrol. 2006 Oct; 21(10):1357-63.

DEPRESSION IN NEUROLOGICAL ILLNESS

INSTITUTIONS

1. FLENI, Psychiatry, Buenos Aires, Argentina

AUTHORS

1. Rodolfo Fahrer¹, Dr., MD, fahrer@ciudad.com.ar

Objectives:

Psychiatric and cognitive abnormalities are part of neurological diseases, and overall they are similar to those we find in primary psychiatric illness. To improve our understanding of common psychiatric conditions, it is important to study these psychiatric manifestations and their neural substrates.

Neurological diseases associated with depression can be categorized into three main groups: 1) focal lesions; 2) degenerative diseases with diffuse or random pathology, and 3) degenerative disorders with regionally confined pathology.

Stroke is the most common neurological disorder; symptoms of post-stroke depression are similar to those of primary depression. Overall prevalence of depression is around 30% in the first few weeks after stroke, and during the first 2 years after stroke 2/3s of patients are likely to experience symptoms of depression.

In Parkinson's disease, the overall prevalence of depression is approximately 40%. Depressive symptoms are more common early in the disease (50%) and in those with an onset before the age of 55.

Conclusions

In this presentation, I will submit my experience with stroke patients, patients with Parkinson's disease and Conversion Disorders (Abnormal movements - Epilepsy - Paraplegias).

References:

1. Yudofsky SC & Hales R: Textbook of Neuropsychiatry and Clinical Neurosciences, $4^{\hbox{th}}$ ed. 2002.

2. Gelder MG, López-Ibor Juan J. & Andreasen, NC (eds.) New Oxford Textbook of Psychiatry, Vol. 2. 2000.

GLOBAL NETWORKS OF DEPRESSION CENTERS AND CANCER CENTERS: A NEW MODEL FOR TRANSFORMING CLINICAL CARE

INSTITUTIONS

1. University of Michigan, Depression Center, Ann Arbor, MI, United States

AUTHORS

1. John F Greden¹, Dr., MD, gredenj@med.umich.edu

Objectives

Depression and bipolar illnesses are leading causes of disability in the world. We propose to establish a Global Network of Depression Centers (GNDC) to address underlying causes.

Methods

The GNDC will be adapted from the successful Cancer and Cardio-vascular Center Networks in America, will function as an independent alliance, distribute expert information, maintain a library of clinical practice guidelines, foster evidence-based care, coordinate clinical research trials, serve as a global "voice" on public health prevention and early detection, publish a GNDC Journal, work with professional societies, media, corporate and academic arenas, establish a biomedical and telemedicine informatics network for global information transfer. Initial steps: link academic institutions with community clinicians to generate large data samples needed for translational research breakthroughs; develop effective, low-cost screening for earlier detection; export evidence-based treatments to underserved populations; build alliances with primary care and

high-risk medical specialties; develop genomic and pharmacogenetic biomarkers and new treatments.

Results

This presentation will describe the evolution of the National Network of Depression Center and address next steps for establishment of the Global Network of Depression Centers.

Conclusion

This proposal describes steps to establish a Global Network of Depression Centers to address the disabling and costly consequences of depression and bipolar in the world.

References

Murray CJL, Lopez AD: The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Disease, Injuries and Risk Factors in 1990 and Projected to 2020, Vol 1. Cambridge, MA, Harvard University Press, 1992.

PERSON-CENTRED EDUCATION IN PSYCHIATRY

INSTITUTIONS

- 1. University of Buenos Aires, Institute of Postgraduate Education in Psychiatry & CME APSA, Buenos Aires, Argentina
- 2. Consultant to the WPA Committee on Education, Buenos Aires, Argentina
- 3. WPA Southern South America Zone Representative, Buenos Aires, Argentina
- 4. WPA Council Member, Buenos Aires, Argentina

AUTHORS

1. Roger M. Montenegro^{1,2,3,4}, Prof. Dr., rogermontenegro@wpanet.org

Objective - To stress the importance of a person-centered integrative approach in the training process.

References

1. Mezzich JE, Salloum IM, Acta Psychiatrica Scandinavica 2007: Towards innovative international classification and diagnostic systems: ICD-11 and person-centered integrative diagnosis, 116: 1-5 2. Mezzich JE, World Psychiatry Vol 6, Num 3, 2007: The dialogal basis of our profession: Psychiatry with the Person

This special symposium will draw our attention onto the importance of going back to the fundamental concepts that arose from the origins of western medicine, such as the principles of Greek philoso-

phers and physicians, who recommended an integrative conception of medicine, focused on the person, with his / her own values, etc.

Once this position has been regained, it will become the leading path towards the education and training of specialists and their CME, so that this humanistic and ethical value perspective may reduce the risk of excessive dehumanizing medical practice, brought about by the revolutionary, necessary and unavoidable scientific - technological developments, which are surely positive if the previously mentioned person centred integrative approach is not neglected.

In this symposium, different local and global perspectives of psychiatric training will be presented and discussed.

PERSON - CENTRED EDUCATION IN PSYCHIATRY: PERSPECTIVE FROM DEVELOPING COUNTRIES

INSTITUTIONS

1. King George Medical University, Dept. of Psychiatry, Lucknow, India

AUTHORS

- 1. <u>Jitendra Trivedi</u>¹, Professor, MD (Psych.), M.R.C.P, jitendra.trivedi@gmail.com
- 2. Mohan Dhyani¹, Dr, jitendra.trivedi@gmail.com

The concept of "Psychiatry for Person" envisages a vision for a holistic care for the patients with mental illness. Patients with mental illness should not be discriminated and stigmatized. The patients should not be treated just as cases of mental illness but as individuals with special needs. The appropriate training of physicians for catering to the philosophy of "Psychiatry for person" is required.

The building block for any mental health care is the medical graduate and for accomplishing the goal of psychiatry for the person appropriate training in the medical colleges is required. Most of the patients with mental illness seek help first from the general practi-

tioner. It is important therefore to train the GPs and primary health care workers in psychiatry so that they are able to identify and treat common psychiatric disorders. The medical students should be trained so that they are not only able to identify and treat the common mental illness but also to empathize with patients having psychiatric illness.

Most South Asian countries do not have psychiatry as a separate subject in the curriculum and inclusion of psychiatry as a separate subject and compulsory posting in the psychiatry unit may be helpful.

LESSONS IN PERSON CENTERED CARE FROM AFRICAN TRADITIONAL PRACTICES

INSTITUTIONS

1. Kenya Psychiatric Association, Nairobi, Kenya

AUTHORS

1. Frank Njenga¹, Dr, fnjenga@africaonline.co.ke

Traditional practices among many African tribes, prescribed different and specific roles for the ancestors, grandparents, parents, children and other relatives including uncles and aunties, each of who had a role to play in the achievement of the wholeness of the human person. The healthy individual was one who enjoyed a balanced relationship with all those with whom he came into contact both vertically as in the case of the ancestors and horizontally as was the case with his siblings. In the event of problems in the life of the individual, mechanisms existed for the resolution of the challenges

irrespective of their origins. Spiritual, sexual, economic, health and marital problems all had well known and established mechanisms of resolution. This paper will examine the lessons we could learn from African tradition in the promotion of person centered care for our patients. In particular, it examines the roles of these practices in the management of the major psychoses in particular Schizophrenia, post-natal depression, dementia as well as adjustment disorders as seen in adolescents.

PSYCHIATRIC TRAINING IN THE WORLD: CURRENT SITUATION AND FUTURE HOPES

INSTITUTIONS

- 1. Istanbul Bilgi University, Istanbul, Turkey
- 2. WPA Southern Europe Zone Representative, Istanbul, Turkey
- 3. UEMS-EACCME Evaluation Committee member, Istanbul, Turkey

AUTHORS

1. <u>Levent Kuey</u>^{1,2,3}, Associate Professor, kueyl@superonline.com

There is a marked variability in the content and quality of psychiatric training across the world. Even before aiming to reach to a consensus on a set of minimum standards for psychiatric education, the review of the current data shows our limited evidence. The training programs, which theoretically should be constructed according to the desired competencies of a psychiatrist, need to consider the universal and unique challenges that psychiatry and the identity of

the psychiatrist face. Based on the data provided by the Atlas Project of WHO-WPA on Psychiatric Education and Training Across the World (2005), this presentation will analyze the features of the current training programs in an effort to figure out some common trends. Discussion will further be focused on the identity and the roles of psychiatrist.

GENERAL AND SPECIFIC AIMS IN PSYCHIATRIC TRAINING

INSTITUTIONS

1. Facultad de Medicina, Universidad de Valencia, Psychiatry, Valencia, Spain

AUTHORS

- 1. Carmen Leal Cercos¹, Prof. Dr., carmen.leal@uv.es
- 2. Eduardo Aguilar Garcia Iturrospe¹, Dr., MD

Psychiatry training must include the acquisition of the following skills:

- Clinical abilities required for attending patients with mental diseases (prevention, diagnosis and therapeutical procedures which include rehabilitation programs).
- Adequate attitudes and behaviours for team work.
- Knowledge and skills that are required for organizing mental health services.
- Integration of ethical aspects in clinical practice.
- Promotion of healthy habits and detection of risk factors for the development of mental diseases.
- Cooperation with other clinical services (Liaison Psychiatry).
- Evaluation of clinical practice.
- Research activities.
- Training of other mental health professionals.

The achievement of these objectives is based on the development of three crucial aspects: knowledge (evidence-based psychiatry), clinical skills and attitudes. We will present our clinical rotation program which includes a comprehensive approach to our discipline

IPPP: CLINICAL CARE CURRICULUM

INSTITUTIONS

- 1. University of Buenos Aires, Institute of Postgraduate Education in Psychiatry & CME APSA, Buenos Aires, Argentina
- 2. Consultant to the WPA Committee on Education, Buenos Aires, Argentina

AUTHORS

1. Roger M. Montenegro^{1,2}, Prof. Dr., rogermontenegro@wpanet.org

The Clinical Care Component of the IPPP has developed a clinical care curriculum -aimed at the training of psychiatrists and other mental health professionals, medical students and general health professionals- of competencies necessary for the implantation of a person centred approach to patients' care. Emphasis is laid on how these competencies can be applied in routine clinical practice.

The curriculum contains a 'gold standard' for the person-centered approach, developed while taking into account good examples of human rights based practice from around the world.

The curriculum includes, among others, these key principles: the Patient must be approached as a whole person, in terms of his / her Personhood (e.g., exploring his / her life history, family environ-

ment, culture of reference, and personal values and goals); positive mental health and resilience must be taken into account; training should be both values-based and evidence-based; negative barriers must be removed in order to build strengths; families should be involved in the assessment and treatment processes; psychological and psychosomatic approaches are especially recommended; the rights of patients and ethical standards must be closely observed; interdisciplinary work is crucial; prevention must be fostered, according to the analysis of risk factors; consideration for the therapist as a person must be taken; effective communication among all those involved in the care of the patient must be encouraged.

This curriculum is expected to become a landmark towards the improvement of psychiatric care.

A COMMON LANGUAGE FOR THE DESCRIPTION OF SYMPTOMS OR DISORDERS OF FUNCTIONING IN MENTAL DISORDERS

INSTITUTIONS

1. Charité University Medicine Berlin and Rehab Center Seehof, Research Group Psychosomatic Rehabilitation, Teltow/Berlin, Germany 2. Mt. Sinai School of Med NY Univ, Div. Psychiat. Epidemiology, New York, United States

AUTHORS

- 1. Juan E. Mezzich², Prof., MD, juan.mezzich@mssm.deu
- 2. Michael Linden¹, Prof. Dr., MD, michael.linden@charite.de

The scientific developments in the description and classification of mental disorders over the last 30 years have focussed on diagnostic algorithms. There has been almost no research on the definition and delineation of symptoms. The result is that there is a lack of validity to the diagnostic criteria if there is no discrimination e.g. between

depressed, dysphoric, or fed up mood and all constitute a depressive episode. The symposium will discuss the need of reliable and valid criteria as basis for diagnostic algorithms and the many differences in the understanding of technical terms in the description of psychopathology.

CLINICAL DISCOURSE AND TERMINOLOGY IN PSYCHOPATHOLOGY: CULTURAL PERSPECTIVES

INSTITUTIONS

1. Istanbul Bilgi University, Istanbul, Turkey

AUTHORS

1. Levent Küey¹, Prof., kueyl@superonline.com

Culture is shaped and transmitted by language and language reciprocally re-builds the culture. This process also covers the discourse and terminology used for psychopathology. The current universal and basic terminology of psychiatry differentiates between different states of psychopathology while cultural realities and unique conceptualizations of terminology re-shape this discourse. Clinical practice in psychiatry takes place in the context of language. Language is a mean of expression and verbalization at one hand and reciprocally, a mean for re-constructing the clinical practice, i.e., psyche of the patient. Language shapes the clinical practice and is shaped by it. Furthermore, clinical practice begs the psychiatrist and the patient to work through in a joint effort where they need a common language. In many documents and statements of organi-

zations of psychiatry, it is a common focus of scientific interest that the psychiatrists need to be culturally competent. This also means to be sensitive to the different meaning loadings of common universal terminology in different cultural settings.

This presentation will open a discussion for a comparative review of the meaning loadings of common terminology in the field of mental health in different cultural settings, taking the terms "Health", "Mental health", "Mental illness", "Insanity", "Disorder", "Emotions", "Fear", "Anxiety", "Depression", and "Psychosis" as examples. It is believed that, such a discussion will help the clinicians to seek reliable answers to a basic question: "Do we mean what we say and say what we mean?"

THE AMDP-SYSTEM: A BASIS FOR GLOSSARIES OF TECHNICAL TERMS IN DSM, ICD, AND ICF?

INSTITUTIONS

1. University of Zurich, Dept. of Social and General Psychiatry, Zürich, Switzerland

AUTHORS

1. Paul Hoff¹, Prof. Dr., MD PhD

AMDP (Arbeitsgemeinschaft fuer Methodik und Dokumentation in der Psychiatrie; Working group for methodical issues and documentation in psychiatry) was founded in 1965. Its central idea was to improve the description and documentation of psychopathological (and several somatic) findings as the necessary basis for valid and reliable diagnosis in clinical psychiatry as well as in research. The process started empirically with the data of more than 2500 patients, predominantly suffering from what was then called endogenous psychoses. The resulting system now consists of 140 items. It has been continuously evaluated and adapted during the last deca-

des according to new empirical and conceptual evidence. In 2007, the 8th edition was published. AMDP is mainly used in German speaking countries, but a number of translations already exist (e.g. english, french, italian, japanese). AMDP provides a combination of a differentiated terminology that is clearly oriented at the classical descriptive psychopathology of, for example, Karl Jaspers and Kurt Schneider, with modern procedures of measurement and statistical calculation (e.g. syndromes), including a glossary of terms. Therefore it should qualify as a promising tool in developing a common glossary for the DSM/ICD/ICF-family of instruments.

A COMMON LANGUAGE FOR ALL, AND ALL SYSTEMS: PROPOSAL FOR A NEW GLOSSARY OF TECHNICAL TERMS

INSTITUTIONS

1. Charité University Medicine Berlin and Rehab Center Seehof, Research Group Psychosomatic Medicine, Teltow/Berlin, Germany

AUTHORS

1. Michael Linden¹, Prof. Dr.

Objectives: There are several glossaries of technical terms for signs and symptoms of mental disorders. There has been alsmost no research on their similarities and differences. This means that different diagnostic systems like DSM or ICD can not be compared because the definition, reliability and validity of the underlying criteria is unknow.it is unknown. A further problem is that traditional glossaries of psychopathological terms are bised towards psychotic illnesses, while the phenomenology of neurotic or reactive disorders is not represented.

Method: Descriptions and definitions of existing classification sys-

tems for mental disorders are compared and similarities and differentiations are described. The present definitions are heterogeneous, insufficient and lead to misunderstandings and misjudgements.

Results: A common glossary of technical terms for signs and symptoms of mental disorders is needed. Characteristics and an example for such a comprehensive glossary are discussed.

Conclusion: Science and professional bodies should work to improve the definitions and descriptions of signs and symptoms in ICD-11 and DSM-V.

ISSUES OF CONCERN IN THE REHABILITATION OF SEVERELY TRAUMATIZED

Chairperson: Marianne Kastrup (Denmark)

There is an increasing body of research related to the treatment and rehabilitation of severely traumatized persons including those who have been subjected to torture and organized violence.

Knowledge about the mental health consequences of manmade disaster represents a major public health problem and is thus of clear clinical relevance for all psychiatrists worldwide. We know that a significant proportion of e.g. refugees and migrants seen in the Western countries have experiences of war, strife, persecution and

torture and that a large proportion of the worlds population live in countries that condone torture. Management of the mental health consequences poses a major challenge to mental health services.

The symposium will comprise latest findings in the rehabilitation of such populations and will further outline prevailing therapeutic models, preventive considerations as well as educational needs for the psychiatric profession.

OUTCOME STUDIES IN TREATED TORTURE SURVIVORS

INSTITUTIONS

1. IRCT, Denmark

AUTHORS

1. Jim Jaranson¹, Dr, Ph D, jaran001@umn.edu

Evaluating treatment outcome of torture survivors cared for by rehabilitation centers has made slow progress (1) despite the rapid expansion of such programs worldwide. Currently, the International Rehabilitation Council for Torture Victims (IRCT) has more than 134 members in its network, and it has been reported that as many as 235 treatment programs exist (2). Not only do funders require increasing documentation that services work, but centers also want to provide the best, most effective, and most efficient servi-

ces. However, conflicting priorities, concerns about confidentiality, inadequate time and financial resources, lack of research expertise, and the complexity of the rehabilitation process hinder completion of outcome studies. The few completed outcome studies have severe limitations (2), and selected studies will be reviewed in this presentation. General principles for measuring outcome as well as clinical and design issues, including possible outcomes to evaluate, indicators, and instrument selection, will be presented.

ISSUES OF CONCERN IN THE MANAGEMENT OF POSTTRAUMATIC STRESS IN REFUGEES

INSTITUTIONS

1. Centre Transcultural Psychiatry, Denmark

AUTHORS

1. Marianne Kastrup¹, Dr, Ph.D, marianne.kastrup@rh.regionh.dk

Refugees seeking asylum have a high frequency of traumatic experiences. Such events include pre-flight experiences, such as persecution, internment or torture, as well as post-flight experiences, such as language barriers, discrimination, alienation, or social problems.

Clinicians confronted with persons of different ethnic background encounter a number of difficulties due to language barriers, different concepts of illness, and divergences in beliefs about that mental disorder, all of which have consequences for behavior and need for treatment. Furthermore, there may be barriers to treatment, as available mental health services may not fulfill the expectations of these patient populations.

In many Western countries we are presently experiencing restrictive changes in the legislation involving immigrants. Such alterations may relate to family reunions among refugees, social benefits in the host country, conditions for granting asylum, and length of permission to stay in the country.

These changes and the implied uncertainties for the refugee population may result in an exacerbation of an already fragile mental health situation.

These issues will be addressed from different perspectives, regionally as well as diagnostically.

THERAPEUTIC MODELS OF CORDELIA FOUNDATION - HUNGARY AND THE PREVENTION OF TORTURE

INSTITUTIONS

1. Cordelia, Budapest, Hungary

AUTHORS

1. Lilla Hardi¹, Dr, lilhardi@t-online.hu

The author presents the therapeutic work and the activity of COR-DELIA Foundation for the Rehabilitation of Torture Victims.

The presentation focuses on the adaptation of "stable theoretical models" on multicultural groups of patients - survivors of torture - among changing external frames (refugee laws, political situation related to EU enlargement etc).

Individual psychotherapies are based on "insight therapies". A cognitive therapeutic model, REBT (Rational Emotional Behavior Therapy - by Albert Ellis) is also used by the psychologist of the Foundation as well as "mother-child one-space therapy". Family therapies are not only for families having a torture survivor father but for "mutilated" families, as well.

The therapeutic group work is always paralelled with the culture of the clients using several elements from the classical "communicative moving therapy" through the "station group therapy" to the "symbol group therapy". New therapeutic group methods have been elaborated with patients suffering of uprooting and torture experiences: "Dynamic Drawing Examination" - it follows the progress of the patient in the therapeutic process with a serial of drawings - and "Somato-therapy" with its direct contact excercises.

"Group" and "Peer supervision" are used with the members of Cordelia Foundation and with the governmental staff in charge of the refugees - eligibility officers and nurses, social workers of the refugee shelters giving a "secondary" protection to our clients, as well.

THE FIGHT AGAINST IMPUNITY TODAY

INSTITUTIONS

1. IRCT, Copenhagen, Denmark

AUTHORS

1. Inge Genefke1, Dr. Dr. Medsc, ig@irct.org

Impunity, or freedom from prosecution for perpetrators of torture, remains commonplace worldwide. Most clinicians assert that impunity for torturers contributes to social and psychological problems, impeding the healing process for survivors (1).

From more than 30 years of research and experience in torture rehabilitation centers, we now have answers to What? Why? When? How? Where? And Who? What torture is, why torture is perpetrated, in what environments torture occurs, the purpose and methods of torture, the specific countries and places in which torture is perpetrated, and the characteristics of the perpetrators and survivors.

Even though the United Nations Convention against Torture provides the legal basis for never allowing torture under any circumstances, challenges have been made to the judgment of what constitutes severe pain or suffering, whether the aim of the act or its result constitutes torture, and whether "mild torture" can be allowed. The Istanbul Protocol has provided a method to investigate and documents torture from the legal, medical, and psychological perspectives. A medical perspective using judicial and reconciliation/mediation provides additional tools in the fight against impunity.

Clinicians now have the tools to reliably define and document torture, providing information which can assist in the punishment of the perpetrators and prevention of torture.

(1) Quiroga, J. & Jaranson, J. M. (2005). Politically-motivated torture and its survivors: A desk study review of the literature. *Torture (Thematic issue)*, 15(2-39, 1-111.

SpS-06

PREVENTION AND MENTAL HEALTH AT TIMES OF SOCIAL INSTABILITY AND CHANGE

INSTITUTIONS

- 1. Institute of Mental Health, Serbia and Montenegro
- 2. School of Medicine, University of Belgrade, Serbia and Montenegro
- 3. WPA Standing Committee on Ethics, Greece
- 4. Hellenic Centre for Mental Health and Research, Greece
- 5. European Division, Royal College of Psychiatrists, Greece

AUTHORS

- 1. Dusica Lecic Tosevski^{1,2}
- 2. George Christodoulou^{3,4,5}

Organized by the WPA Section on Preventive Psychiatry and Psychiatric Association of Eastern Europe and the Balkans

Prevention and mental health promotion are most important, but complex tasks. Despite the growing body of evidence-based preven-

tive programs that have shown their efficacy, preventive psychiatry is still neglected and marginalized, especially in low-income countries. This symposium will deal with mental health promotion programs in few countries as well as with prevention of chronification of mental disorders.

STRENGTHENING MENTAL HEALTH AS POWERFUL AGENT AGAINST CHRONIFICATION OF DISEASES

INSTITUTIONS

1. German Academy for Psychoanalysis, Germany

AUTHORS

1. Margit Schmolke1

In recent years, professionals in the mental health promotion field claim that "there is no health without mental health". Governments and health ministries realize more and more that the population's health is an important cost factor and that mental health is fundamental to general health. Mental health promotion has a wide range of health and social benefits, such as improved physical health, increased emotional resilience, greater social inclusion and participation, and higher productivity, as stated by the UK Department of Health. The author will present some research results which show the clear interdepence of physical and mental health and how positive health factors (e.g., relationships, support, meaningfulness) may counteract

against the chronification of physical and mental diseases.

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Bauer J (2004): Das Gedächtnis des Körpers. Wie Beziehungen und Lebensstile unsere Gene steuern. (The memory of the body. How relationships and life-styles change our genes) Piper, Munich.

A MODEL FOR MENTAL HEALTH PROMOTION IN TURKEY: MENTAL HEALTH PLATFORM - TURKEY

INSTITUTIONS

- 1. Turkish Neuropsychiatric Society, Turkey
- 2. Psychiatric Association of Turkey, Turkey

AUTHORS

- 1. Peykan Gökalp1
- 2. S. Yüksel²
- 3. M Sercan²
- 4. F. Karadag¹
- 5. S. Ozer²

Mental health promotion is defined as any set of activities conducted for the purpose of fostering, protecting and improving mental health. These can range from community-level interventions, to individual-level interventions which cultivate skills and behaviors relevant to mental health. Mental health promotion initiatives should be implemented on networks of social support and create new ones that enhance the quality of mental health of individuals and community (1). Activities in alliance with different sectors in the society and media campaign for mental health promotion and lobbying for mental health with policy makers are other major methods to increase the effectiveness of related activities (2). Mental Health Platform-Turkey was founded in August 2006 with the initiative of the Turkish Neuropsychiatric Society and the Psychiatric Association of Turkey that issued an invitation to societies working on the

area of mental health, including those of professionals (psychiatrists, psychologists and nurses), patients and caregivers, associations of physicians, public health societies. A declaration to the public was issued which emphasized the needs and priorities on mental health. The first media campaign occurred with a main theme on Mental Health Act and the implementation of community mental health services countrywide.

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- 2. http://www.scmh.org.uk/

MENTAL HEALTH PROMOTION: THEORETICAL, ETHICAL AND PRACTICAL CONSIDERATIONS

INSTITUTIONS

- 1. WPA Section of Preventive Psychiatry, Greece
- 2. WPA Standing Committee on Ethics, Greece
- 3. Psychiatric Association for Eastern Europe and the Balkans, Greece

AUTHORS

- 1. George Christodoulou^{1,2,3}
- 2. Vassilis Kontaxakis^{1,2,3}

Mental Health Promotion should be an integral part of psychiatric work. Psychiatrists should not deprive themselves and their patients of their social role and should not limit their mission to just diagnosis and treatment of mental disorders. It must be realized that psychiatric prevention and mental health promotion are as important as diagnosis and treatment. It is gradually becoming clear that, since promotion of mental health has been shown to have beneficial effects on psychopathology and on the quality of life of the patient, omission or refusal to implement mental health promotion programs raises an issue of ethics. In fact the Hippocratic principle "ophelein" (beneficence) is violated by practices like the above. It should be pointed out that, if mental health promotion aims at the promotion of the status and mental health of the psychiatrist rather than that

of the patient or if it is carried out by irresponsible persons, it runs the risk of violating another Hippocratic principle, the "mi vlaptein" (non nocere) principle. It is therefore important to entrust responsible professional services or organizations with this important task. A paradigm of a successful mental health promotion activity is the Athens Mental Health Promotion Program that was for the first time implemented at Athens University Department of Psychiatry with the collaboration of the Hellenic Psychiatric Association and other organizations in 2003-2004. This program involved collaboration with educators, judges, clergymen, army and police officers, journalists, general practitioners and other important community representatives and was enthusiastically received by all parties.

ANTISTIGMA PROGRAM IN SCHOOLS - IMPORTANT TOOL FOR MENTAL HEALTH PROMOTION

INSTITUTIONS

- 1. Institute of Mental Health, Serbia and Montenegro
- 2. School of Medicine, University of Belgrade, Serbia and Montenegro

AUTHORS

- 1. Dusica Lecic Tosevski^{1,2}
- 2. Milica Pejovic Milovancevic^{1,2}
- 3. Smiljka Popovic Deusic^{1,2}
- 4. Saveta Draganic Gajic^{1,2}

Mental illnesses generate misunderstanding, prejudice, confusion, and fear. Adolescents frequently report that stigma of mental illness can at times be worse then the illness itself. Unmet mental health need is a significant problem for adolescents and stigma of mental illness is one of the reasons for it, as well as a major barrier to the use of mental health services. We conducted an antistigma program among high school students with the objectives to reduce discrimination against peers with mental health problems. The program included 60 high school students. All participants filled in the Opinion about Mental Illness (OMI) scale at the beginning and at the end of the program. The program lasted for seven consecutive weeks and included lectures which covered relevant topics in mental health, workshops on personal attitudes towards mental illness, group activities and discussion. Results have shown impro-

vement in understanding the problems of mental health as well as students' attitudes towards them which is helpful in reducing stigma that prevents young people to seek help. It also contributes to better understanding of those with mental illness, as well as to their social integration and mental health promotion.

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Pinfold V, Thornicroft G, Huxley P, Farmer P. (2005) Active ingredients in anti-stigma programmes in menta health. Int Rev Psychiatry 17, 2, 123-131.

PROMOTING MENTAL HEALTH CARE IN CHINA TO RELIES ONE WORLD ONE DREAM

INSTITUTIONS

- 1. Beijing Huilongguang Hospital, Beijing, China
- 2. Mount Sinai School of Medicine of the City University of New York, Psychiatry, New York, New York 10029-6574, United States

AUTHORS

- 1. Yanfang Chen1
- 2. Juan E Mezzich²

One of the WPA work plans between 2005 and 2008 is improvement of mental health care towards a person-centered psychiatry. This will include the improvement of mental health care system in the world, particularly in developing countries. It aims at ensuring that WPA fulfills its mission of advancing psychiatry and mental health across the world by engaging all governmental and non-governmental health stakeholders (patients, families, health professionals, public health policy makers, industry, journalists), through a variety of interactive means, to be responsive to mental health problems (e.g., illnesses, disasters and violence), to attend to disparities within and across countries, and to contribute to mental health promotion worldwide. This includes a movement towards a psychiatry for the

person promotes a contextualized and integrative perspective, seeking to articulate science and humanism in the service of the wholeness of the person who consults, within the community, consistent with what is the fundamental soul of medicine and psychiatry. In line with this, integration of mental health, general health and social services should be promoted. This holistic and Hippocratic perspective also serves as foundation for the promotion of ethics in psychiatry. The program includes the conduction of the WPA Institutional Program on "Psychiatry for the Person: From Clinical Practice to Public Health", therefore, including this symposium on "Improvement of mental health care towards a person-centered psychiatry in XIV World Congress of Psychiatry, Prague 2008.

CHINESE MENTAL HEALTH CARE SYSTEM: PRESENT AND FUTURE

INSTITUTIONS

1. Beijing Huilongguang Hospital, Beijing, China

AUTHORS

1. Yanfang Chen¹

The integration of community based and hospital based mental health care system has assumed increasing important role. This symposium will present a electro diagnostic instrument to help the integration of community based and hospital based mental health care system and introduce two major regional programs, the Qindao, and NingBo Model of hospital based mental health care combined with community based mental health care in China. it could be established within the constraints of the limited economic resources available.

RELIABILITY AND VALIDITY OF RTHD RATING PATIENTS WITH ORGANIC MENTAL

INSTITUTIONS

1. Shandong Mental Health Center, Jinan, China

AUTHORS

1. Zhong Chen¹, Chenzhong680511@163.com

Background:

We compile Rating Test for Health and Diseases (RTHD) in order to meet the current needs of both hospital and community based mental health care systems. RTHD serves as a diagnostic instrument for psychiatric and medical examination of the mentally ill patients. The diagnosis of RTHD is based on ICD-10, and DSM-IV, as well as CCMD-3.

Objective:

To test the Reliability and Validity of RTHD rating patients with organic mental disorders.

Methods:

Using RTHD-LVS (RTHD-Logical Verdict System) makes diagnoses of 60 patients with organic mental disorders, and compares the diagnoses not only made by two Chinese psychiatrists according to DSM-IV, but also made by psychiatrists in Chief at the ward the patients lived in. Then the two psychiatrists rate all the patients again in 6 month after their discharged from the hospital. The results will be published in details on this occasion.

PROVIDING THE HIGH QUALITY MENTAL HEALTH CARE TO REALIZE HARMONY OLYMPIC GAME

INSTITUTIONS

1. Qindao mental health center, Qindao, China

AUTHORS

1. Pang Shu Tao1, frcpst@public.qd.sd.cn

Qindao city is on the eastern coast of the Shandong peninsula in China. It administers 6 districts with a total population of 8 million. In2006, a three tier (city, district, street) rehabilitation network based on home beds was re-established. The network was incorporated into the overall plan for community health services. Particularly, based on the network of treatment and rehabilitation for

mentally ill patients in the city, a evaluation of psychological education for 800 schizophrenic patients with low doses antipsychotic drug maintenance in the community mental health service system has been conducted. It provided the considerable social benefits for patients with mentally disorders and the society which holds the Olympic Sailing Game.

THE THREE TIER NETWORK OF MENTAL HEALTH CARE SYSTEM FOLLOWING THE SURVEY OF MENTAL DISORDERS IN NINGBO

INSTITUTIONS

1. Ningbo mental health center, Ningbo, China

AUTHORS

1. Hu Zhenyu¹, Hzhy-1960@tom.com

Ningbo city is on the eastern coast of the Zhejing Province in China. It administers 8 districts with a total population of 7 million. In 2007, a three tier (city, district, street) rehabilitation network based on home beds was established following the survey of mental disorders in the city. The network was incorporated into the overall plan for community health services so that it could be established within

the constraints of the limited economic resources available. This network of care has provided considerable social benefits not only for mentally ill patients but also for society. The aim of the study is mainly at the feasibility of low dose of antipsychotic drug maintenance combined with psychological education in the community mental health service system in China.

SpS-08

QUALITY OF LIFE AND MENTAL HEALTH-COMMON QUALITIES BEYOND DIFFERENCES IN CULTURE AND RELIGION

INSTITUTIONS

- 1. Seinan Gakuin University, Japan
- 2. University of Warwick, United Kingdom
- 3. University of Geneva (Formerly), Switzerland
- 4. National University of Singapore, Singapore

AUTHORS

- 1. Naotaka Shinfuku¹
- 2. Muhammad Afzal Javed²
- 3. Norman Sartorius³
- 4. Heok Kua⁴

Objectives: to review the origin and scope of WHO QOL as global standard measurement of QOL and seek common qualities and good mental health beyond the differences in culture, religion and race.

Method: to invite four internationally known researchers to express

their view on quality of life and good mental health which encompass different cultures, religions and races.

Expected result: to find ways and means to reduce conflicts resulting from differences in culture, religion and race and to promote better quality of life and positive mental health of the global population.

QUALITY OF LIFE AND MENTAL HEALTH: A GLOBAL VIEW

INSTITUTIONS

1. University of Geneva, Department of Psychiatry, Geneve, Switzerland

AUTHORS

1. Norman Sartorius¹, Dr, MD, PhD, mail@normansartorius.com

The introduction of Quality of life (QOL) as an indicator of effects of health care in the 1980's has been a confirmation of the (belated) realization that it is important to pay attention to psychosocial aspects of health and health care. The acceptance of the need to measure quality of life did not result in an agreement about the method to do so: while some considered that quality of life can be assessed by noting what a person has and can do others promoted the idea that it is important how persons feel about themselves and their position. The World Health Organization (WHO) resolved that it would be best to measure both and its instrument (WHOQOL) allows the assessment of health conditions and people's satisfaction with their functioning.

While easy to use in general health care WHOQOL - and other instruments relying on an assessment of QOL - encounter difficulties in adequately reflecting the quality of life of people with a mental disease. The symptoms of mental illness often overlap with statements about quality of life and in the instance of some mental disorders (e.g. dementia) the communication with patients (and thus the assessment of QOL) presents major difficulties. These and other issues will be discussed in the presentation as well as the broader implications of measuring quality of life in medicine in general and in psychiatry in particular.

QUALITY OF LIFE AND MENTAL HEALTH: ISLAMIC PERSPECTIVES

INSTITUTIONS

1. University of Warwick, Warwick Medical School, Nuneaton, United Kingdom

AUTHORS

1. Muhammad Afzal Javed¹, Dr, MD, afzal.javed@ntwworld.com

Despite the secularising influence of modern society, the presence of religiosity remains substantial and reports suggest the positive impact of religious beliefs and practices on our day-to-day functioning. Religion and spirituality are emerging important topics in the field of mental health as well & recent psychiatric literature suggests well documented evidence that the religious dimensions are amongst the most important factors that structure human values, psychological experiences, behaviours and illness patterns. This paper will discuss the role of Islam in this regard and will review different practices improving quality of life and the process of psychological healing within the Islamic perspective. Different conceptual issues about this topic will also be discussed addressing the needs to review the role of religion in mental health with reference to future research directions. It will be argued that there is a great need to acknowledge the role of religion and spirituality in improving quality of life and understanding mental health problems. Similarly religion and psychiatry will have to say a lot to each other and need to continue the dialogue to understand each other's weaknesses and strengths for the betterment of the individuals who are suffering from mental health difficulties.

Key Words: Religion, Islam, Quality of life, Mental Health.

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QUALITY OF LIFE AND MENTAL HEALTH IN A MULTI-ETHNIC COMMUNITY

INSTITUTIONS

1. National University of Singapore, Department of Psychological Medicine, Singapore, Singapore

AUTHORS

1. Heok Kua1, Dr, MD, PhD, Pcmkeh@nus.sg

Ethnicity, mental health and quality of life (QOL) are multi-faceted concepts. Perception of QOL is influenced by mental health and varies not only with ethnicity but also gender, age groups and social class. Singapore as a cosmopolitan city with a myriad of cultures and religions is a propitious setting to study the interactive impact of these factors on QOL and mental health. This paper will discuss 2 research projects on QOL and mental health in Singapore.

The first study was a community sample comparing patients with schizophrenia and general practice outpatients using the Dartmouth COOP - World Organisation of Family Doctors Functional Health Assessment or COOP/WONCA. Stepwise linear regression analysis showed that poorer QOL in schizophrenia patients was predicted by dissatisfaction with family relationship and emotional well-being (Tan HY et al, 2004).

The second project is a longitudinal study of a cohort of elderly people (65 years and more) living in the community and the SF12 is used to compare QOL in 3 ethnic groups, namely Chinese, Indians and Malays. Among the elderly it appears that there is commonality of factors associated with QOL and mental health (Ng TP et al 2007).

Key Words: Ethnicity, Quality of life, Mental Health.

References:

Tan HY, Lim LEC, Kua EH et al (2004) A community study of heal-th-related quality of life of schizophrenia and general practice outpatients in Singapore. Soc Psychiatry Psychiatr Epidemiol. 39:106-112 Ng TP, Lei F & Kua EH (2007) Singapore Longitudinal Ageing Study National University of Singapore

GLOBALIZATION AND ITS IMPACTS ON QUALITY OF LIFE AND MENTAL HEALTH IN ASIA

INSTITUTIONS

1. Seinan-Gakuin University, Department of Human Science, Fukuoka, Japan

AUTHORS

1. Naotaka Shinfuku¹, Dr, MD, PhD, shinfuku@seinan-gu.ac.jp

Globalization has both positive and negative impact on quality of life. Globalization has contributed to increase living standard of many Asians thus resulting in longer life span and convenient life style. However, globalization of economy has made working places competitive and money oriented. Globalization has eroded the basic social fabric of communal oriented Asian society supported by warm human network. Our study showed the quality of life measured by WHO QOL Scale had reverse relationship with the income level in multi-ethnic society ***. It is hard to define QOL in public health. However, the rate of depression and suicide in the community will be a possible marker for the QOL. My presentation will cover, among others, the following aspects.

- -Overview of factors related to QOL in Asia
- -Globalization in East Asia in 1990's.
- -New mental health problems after 1990' in East Asia.
- -Increase of depression and suicide in Japan in 1990's
- -Analysis of Suicide Prevention Law enacted in Japan
- -Asian cultural heritages to promote QOL

Reference

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NEW DEVELOPMENTS IN EUROPEAN PSYCHIATRY: GLOBALIZATION AND MENTAL HEALTH

INSTITUTIONS

1. WPA Southern Europe Zone Representative, Istanbul, Turkey

AUTHORS

1. Levent Küev1

A "European Region Symposium" organized by the WPA European Region Zonal Representatives

Purpose of the symposium: To discuss the contemporary issues of psychiatry and mental health in the European Region in the context of globalization and its effects.

NEW CHALLENGES IN THE NORTHERN EUROPEAN REGION

INSTITUTIONS

1. Centre Transcultural Psychiatry, Copenhagen, Denmark

AUTHORS

1. Marianne Kastrup¹, marianne.kastrup@rh.regionh.dk

In all WPA European Zones we support and feel concerned raising public awareness about mental health problems and fighting stigma and discrimination due to mental illness. Repeatedly, values as equality, and fairness have been mentioned as values the Northern European region adheres to. The Northern European zone however faces new challenges related to the migrant population and there is a need to develop strategies to empower marginalized, vulnerable groups and work for their reintegration into society. In e.g. Denmark, persons of a non-Danish background comprise about 8-10% of patients in psychiatric care. This proportion varies greatly, as community mental health services in certain city districts have about 25% immi-

grant patients, and in forensic services the proportion may amount to 40%. No explicit health policy has been formulated with respect to immigrants. They have access to the same health services as the rest of the population once granted a residency permit implying that psychiatrists are likely to meet patients from other ethnic background in daily clinical practice. With increased globalization there is however a need to pay more attention to cultural aspects at all levels and develop strategies to increase the cultural competence of mental health professionals both at undergraduate and postgraduate level. The paper will discuss the content of a culture sensitive curriculum and strategies to implement it.

WILL THE NEW FRENCH MENTAL HEALTH PLAN BRIDGE THE GAP BETWEEN TRADITION AND GLOBALIZATION?

INSTITUTIONS

1. French Justice Ministry for the Juvenile Judicial System, France

AUTHORS

1. Michel Botbol¹, michel.botbol@wanadoo.fr

French Psychiatry is currently facing crucial changes calling into question much of what was considered its most specific characteristics and traditions. These changes induce a radical splitting between 1) what is still the common profile of most French psychiatrists still referred to this specific tradition, 2) the new model imposed by stakeholder and policy maker who want French psychiatry to merge

a more global profile referred to Anglo-Saxon classic evidence-based literature on epidemiology, treatments, public health organisation, and education. This paper will draw the current profile of French psychiatry (on manpower issues, education issues, legal and scientific issues), and present the recent steps taken by the new mental health program to deal with this splitting.

INDICATION OF PERSON CENTERED APPROACHES IN HELSINKI DECLARATION'S ACTION PLAN

INSTITUTIONS

1. Armenian Association of Psychiatrists, Armenia

AUTHORS

1. Armen Soghoyan¹

Helsinki Declaration emphasized on the action plan in 12 priority areas, each one of which directly or indirectly linked to the concept of Psychiatry for the Person. For the promotion of the Mental wellbeing one of the key elements is an individual which from another hand is a main focus of Person-centered approach. There is no concept of human rights and dignity which could overcome the issue of personality even more destigmatisation is impossible without person, as a community unit. Targeted support reflects on individual intervention plan /mainly treatment/ for every single patient which will be possible to realize with considering personal attributes. Fun-

damental approaches are respectful attitude towards the personal preferences, multidisciplinary workforce and consideration of national and international differences in assessment of Mental Health status. Last three areas are mainly based on humanistic viewpoint which was created by well known "Client-centered" approach, basic value of which is again the Person. Are all the governing bodies, who signed the declarations, putting enough efforts to implement the ideas of declaration? Experience indicates that especially in Eastern European countries from ratification to implementation there is a long way to go.

PARTNERSHIP FOR MENTAL HEALTH - INSTRUMENT FOR CONFLICT RESOLUTION AND RECONCILIATION

INSTITUTIONS

1. Institute of Mental Health, Belgrade, Serbia and Montenegro

AUTHORS

1. <u>Dusica Lecic Tosevski</u>1, dusica.lecictosevski@eunet.yu

The Central Europe region represents a mosaic of developed and developing regions, modern and traditional parts with similarities and differences in the development of psychiatry which depends on many factors involving economic development, professional resource availability, national priorities, history of conflict and the particular culture. Most of the countries are post communist and there is a rapid social, economic and political change in them since the late 1980s, at a pace that is unparalleled in history. Due to prolonged stress in some countries, the health system has deteriorated and the reform of mental health care is a difficult task. There are many problems which are a challenge for the role of psychiatrists. The reform of mental health care is under way with an accent on

community care, prevention of mental disorders, mental health promotion, antistigma campaigns and continuous education. The joint program for mental health care reform which is involving many countries in the region is a good instrument for conflict resolution and reconciliation

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SpS-10

APPLICATION OF MENTAL HEALTH POLICES IN WPA'S ZONE 3:LIMITATIONS AND SCOPE

INSTITUTIONS

1. Hospital de Psiquiatria Hector Tovar Acosta, IMSS, Clinical Services, Mexico City, Mexico

AUTHORS

1. Enrique Camarena¹, Mr., MD, drfercorgo@gmail.com

OBJECTIVE: To describe polices application in WPA'S zone 3 METHODS: The WPA'S Zone 3 is a heterogeneous zone due to its sundry development levels, its social/cultural profile and its economical status. Differences could be abysmal if we talk about existence of resources, number of mental health professionals, places for education and development of the professionals in this area, territorial extension, etc. Just a few years ago we started to develop some interchange programs and its human resources as well as its infrastructure, are practically null. There are amazing contrasts within the country as we find deeply poor and marginal zones which do not have access to the resources previously described. Only recently we

have started to held interchange programs within our country where we have "polished" the academic programs, as we do not hold, for all cases, the necessary and qualified staff of professors so we can offer respectable and worthy courses. laces for the psychiatric field, which is the U.S.A. We are still lacking trustful statistical methods in the zone which could give us a clearer idea of the dominant pathology and its regional variations.

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POLICY APPLICATION OF PSYCHIATRIC CARE IN A PSYCHIATRIC HOSPITAL IN MEXICO CITY

INSTITUTIONS

1. Hosp. Psiquiatrico Fray Bernardino Alvarez, Clinical Services, Mexico City, Mexico

AUTHORS

1. Fernando Corona¹, Mr., MD, drfercorgo@gmail.com

OBJECTIVES: To present the way in which mental health polices are working in a high populated, urban, public, psychiatric hospital in Mexico City

METHODS: Description of activities: Fray Bernardino Alvarez Psychiatric Hospital is a 300 beds hospital, is 41 years old and depends upon the Ministry Of Health. It has three central priorities in its duties. First, provide clinical services to open population, second, formation of clinical personnel in the area of mental health, and third, to generate investigation protocols.

RESULTS: In the way to do its first aim there are two main clinical areas, the first one is hospitalization and the second is ambulatory services, including day and weekend partial hospitals and emergen-

cy room. In hospitalization service we have 85% occupation rate along a year and 3574 discharges in the same period, a 13.2% rotation index for bed, and an average stay of 30 days. The ambulatory service provides 30,000 scheduled consultations and 18,500 emergency room consultations. For the second objective we have a Medical Formation Service that controls a total of 100 medical residents in Clinical Psychiatry and many groups of undergraduate and postgraduate nurses, psychologists and social workers linked with clinical programs of mental health. Finally we have an Investigation service yielding 25 clinical and epidemiological protocols per year.

REFERENCES. 1.-National Program of Mental Health, Mexico 2.- Annual Program of Work, Fray Bernardino Alvarez Psychiatric Hospital, Ministry of Health, Mexico

SOCIAL SECURITY AND MENTAL HEALTH IN MEXICO

INSTITUTIONS

1. Hospital de Psiquiatria Hector Tovar Acosta,IMSS, Medical Director, Mexico City, Mexico

AUTHORS

1. Leopoldo Zarate¹, Mr., MD, drfercorgogmail.com

OBJECTIVES: To describe the form in wicho mental health is provided in Social Security System in Mexico

METHODS: Since approximately 50 years ago, a Social Security System for all employees earning a salary, was created in Mexico. Its registered expansion during the first 35 years was enormous. Practically, since 1990 up to our present days, the number of positions for psychiatrists and other professionals of mental health has been null (less than .05 %) and it is logical to assume that we are way below the recommended indicators of OMS which call for one psychiatrist per 20,000 inhabitants and a psychologist for each 40,000. These facts have made necessary to develop several alternate strategies such as

the specific psychiatric training addressed to the large body of family doctors that the institution has, where we do not always find the expected results.

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CHILD AND ADOLESCENT PSYCHIATRY IN LATIN AMERICAN COUNTRIES

INSTITUTIONS

- 1. Latin American Psychiatric Association, Caracas, Venezuela
- 2. Latin American Psychiatric Association, Mexico
- 3. Latin American Psychiatry Association, Ecuador
- 4. Latin American Psychiatric Association, Colombia

AUTHORS

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- 2. Enrique Camarena², Dr., MD, camarena@avantel.net
- 3. Emma Saad³, Dr., MD, emmasaad@hotmail.com
- 4. Roberto Chaskel⁴, Dr., MD, chaskel@cable.net.co

The team of professors will present a general view of difficulties and opportunities in the approach of diagnosis and treatment of Child

and Adolescent population in Latin America, according to their knowledge, experience and professional practice.

CHILD AND ADOLESCENT PSYCHIATRY TRAINING AND EDUCATIONAL PROGRAMS IN LATIN AMERICAN

INSTITUTIONS

- 1. Venezuela Central University, Child and Adolescent Psychiatry Post Degree, Caracas, Venezuela
- 2. Caracas'Psychiatric Hospital, Child and Adolescent Psychiatry, Caracas, Venezuela
- 3. Latin American Psychiatric Association, Vice Chairman, Caracas, Venezuela
- $4.\ World\ Psychiatry\ \acute{A}ssociation,\ Zonal\ Representative\ Northern\ South\ America,\ Caracas,\ Venezuela$

AUTHORS

1. Edgard J. Belfort^{1,2,3,4}, Dr., MD, belfort.ed@cantv.net

Objectives:

To improve opportunities and strategies for educational programs for mental health professionals.

To promote effective working of psychiatrists within multidisciplinary teams and with other medical specialties around the world. To propose curricular programs more adjusted to people and region' needs.

Child and adolescent psychiatry in Latin American countries has become in a novel discipline considering its early appearance in the contemporary world and even more in developing countries, what it cause some difficulties in it practice, among others, by the medical psychiatric non-culture which is compared with pediatric culture resulting on many doubts and reserves regarding to the understan-

ding of infantile psychiatry as a medical discipline.

The inherent difficulties to the stigmatization of the discipline, patients and psychiatrists make difficult it approach, it diagnosis and the treatment of those problems what the child and adolescent population have to deal with; without avoiding those not easy issues related to the social, cultural and ethnic context of the Latin American reality and vicissitudes.

Taking into account the issues above mentioned it will be presented a brief review of some Latin training programs for mental health professionals, which is its curricular program, structure, guideline, requirements and their impact, all of it as a result of a field research applied to six Latin-American countries.

THE MOST RELEVANT DIAGNOSIS IN LATIN AMERICA

INSTITUTIONS

1. Latin America Psychiatric Association, Ecuador

AUTHORS

1. Emma Saad¹, Dr., MD

Conceptual theoretical work in which the main pathologies of the population infanto youthful in Latin America are analyzed. All the factors that can influence in the appearance of these pathologies are determined, taking as it bases the Ecologic Model. We will occur special emphasis to the psychopathologic effects of the intrafamiliar violence, the migratory movements and the mass media on the Mental Health of the children and adolescents.

Objectives

- 1. To determine more frequent the pathologies than appear in the adolescent population that consults the services of Mental Health in Guayaquil
- 2. To analyze biological, psychological, familiar and social stress factors including in the ecosystem of this population
- 3. To determine the more effective intervention and prevention strategies in the different pathologies

Material and Methodology

Clinical Histories from the adolescents who consulted the Service

of Mental Health in the Psychiatric Hospital in the period between the 01.11.07 to the 31.01.08. Uni- and multivaried statistical analysis using program SPSS 10,0

Recults

- 1. The most frequent pathologies in the studied adolescents were the affective dissorders, the behavior problems and the Psychosis
- 2. The stress factors of greater incidence in this population were: familiar history of mental dissorders, intrafamiliar violence and emigration of one or both parents.
- 3. The ecologic approaching strategies to deal with this problem was effective in the short term in these adolescents.

Conclusions

All the elements of the eco-systemic context in the youthful population of Latin America can influence in the appearance of the psychiatric syndromes, which implies in addition multidisciplinary strategies to therapeutic boarding.

USES OF THERAPEUTIC MEANS IN LATIN AMERICA

INSTITUTIONS

1. Universidad del Bosque, Psychiatry, Bogota, Colombia

AUTHORS

1. Roberto E. Chaskel¹, Dr., MD, chaskel@cable.net.co

Therapeutic means in Latin America have different modalities. Many are rooted in indigineous tradition. The bridge between modern

tharapies and ancient ones will be presented at this conference.

UNITY AND DIVERSITY: ADAPTING INTERNATIONAL CLASSIFICATIONS TO LOCAL REALITIES AND NEEDS

INSTITUTIONS

1. Havana University, Havana, Cuba

AUTHORS

1. Ángel A. Otero1

There are, two kinds of phenomena relevant to psychiatric diagnosis and nosology: Those of universal nature that take place anywhere (although, their forms of expression, intensity, and other non essential characteristics may vary in different settings), and those of local nature, which only take place in certain environments. A dialectical relationship exists between both types of phenomena, such that one can not be understood without taking into account the other. A single diagnostic and statistical manual (based only in the clinical practice and research of highly developed countries, can not be considered either universal or the most appropriate tool for any local reality around the world and, the mere substitution of ICD by a group

of regional or national classifications would be even worse. Since the harmonization of local and general factors is mandatory for an effective two-way communication across different realities, and regional adaptations of ICD to the local characteristics of people seems to be the best way to do it. Regional glossaries of psychiatry should not be conceived as a mere listing of local adjustments to the international classification, or the addition of the so-called "culture-bound syndromes" and local forms of expressing distress. They must also be the basis for a Comprehensive bottom up construction of ICD. The way in which this task has being assumed by several nations is discuss in this symposium.

GENERAL ISSUES AND CHALLENGES ON ADAPTATION TO INTERNATIONAL DIAGNOSTIC SYSTEMS

INSTITUTIONS

- 1. Instituto Nacional de Salud Mental Peru, Specialized Research and Teaching Bureau, Lima, Peru
- 2. Universidad Peruana Cayetano Heredia, Departamento de Psiquiatria y Salud Mental, Lima, Peru

AUTHORS

1. Javier Saavedra^{1,2}

In 1959 Stengel put in evidence the lack of international agreement between psychiatrists with respect to diagnostic criteria of mental disorders. Several initiatives suggesting possible solutions appeared, such as more comprehensive diagnosis, the use of specific diagnostic criteria and the inclusion of these in international classification systems. Ongoing criticism regarding these systems included being politically and socioeconomically influenced, being restricted to local realities and reductionist, to sacrifice validity for reliability, to forgo local entities, to be over-inclusive. New nosological streams are aimed at harmonizing unity with diversity through local adaptations of international classifications. Some authors argue this to be a step backward, alleging the risk of political and sociocultural meddling. Nevertheless, this new proposal is based on the following: a) symptoms and disease experience are highly dependent on nar-

ratives of social context; b) the necessity to preserve, protect and develop research on local entities; c) the opinion of professional users about the requirements of these systems; d) the possibility of integrating local innovative proposals into other regions or into the general nosology; e) the complexities of the psychopathological phenomena framed on changing values, norms and attitudes; f) the destigmatization of concepts that have local derogatory connotations; and g) the existence of multiple actors related to the classification systems with differentiated roles on each region or country. The challenges of these adaptations are to keep full compatibility with current international systems, reduce the possibilities of sociopolitical interference, and the inclusion of local values that consider the users' point of view.

THE LATIN AMERICAN ADAPTATIONS OF ICD HISTORICAL DEVELOPMENT, CURRENT STATE AND PERSPECTIVES

INSTITUTIONS

1. Havana University, Havana, Cuba

AUTHORS

1. Ángel A. Otero1

The Latin American Guide of Psychiatric Diagnosis (GLADP) is the logic consequence of the contributions of many outstanding professionals of this region, and of Cuban Glossaries of Psychiatry. It was conceived from the very beginning not as a simple diagnostic manual, but as a much more ambitious project bringing together the efforts of Latin American mental health professionals in an enterprise having as a more general objective to protect and reinforce the

cultural and scientific treasure of our peoples and humanity, under the premise that "wealth is not abundance; wealth is diversity". Since its beginning in late 1990s, a wide work in implementation, dissemination and research, have being developed. In this paper, the author will review GLADP historical development as well as current and future state of the project with special emphasis in its relationship with WPA and OMS.

CHINESE CLASSIFICATION OF MENTAL DISORDERS AND RELATION TO CLINICAL CARE

INSTITUTIONS

1. Beijing Huilongguang Hospital, Beijing, China

AUTHORS

1. Yanfang Chen1

The CCDM-3 published in 2001 is based on several National multicenter field trials and it was developed based with the aim of improving services to patients while meeting the need of the Chinese society. While compatible with the ICD-10, based on the field trials, particular additions (e.g., hysterical psychosis, mental disorders related to culture, traveling psychosis, etc) or omissions (e.g., mixed anxiety and depressive disorder, acute polymorphic psychotic disorder without symptoms of schizophrenia, etc.) were adopted for the CCDM-3. Furthermore, based on extensive empirical work including 4341 ratings of 1538 patients with 17 different mental disorders, a diagnostic instrument called Rating Test for Health and Diseases

"RTHD" was developed. The RTHD provides a CCMD-3 multi-axial diagnosis. It can also provide diagnoses based on ICD-10, and DSM-IV. The RTHD employs a clinical language that is familiar to clinicians from different theoretical backgrounds and, thus, is suitable for clinical work, research projects, and epidemiological studies. RTHD contains a glossary of differential diagnoses and a computerized logical decision tree that provides diagnoses on seven axes (RTHD-Logical Verdict System; LVS). Results from a trial using the RTHD in the three tier network of community based mental health care system in Ningbo City China will be discussed.

FRENCH CLASSIFICATION FOR CHILD AND ADOLESCENTS PSYCHIATRIC DISORDERS

INSTITUTIONS

1. Advisor of the French Juvenile Justice Systems Direction, Paris, France

AUTHORS

1. Michel Botbol¹

Operational since 1983, the French Classification of Child and Adolescent Mental Disorders (CFTMEA) is the classification of reference for all French Child psychiatrists who are very attached to it because they find there the clinical and therapeutic way in which they recognize themselves and in which they were (and continue to be) trained. Validated through multicentric studies, it currently remains used in the whole of the medico-administrative documents in circulation in France and takes part in the existing evaluations aiming at knowing the activity of the public services of Child Psychiatry and to plan their evolution. The CFTMEA is glossarised; it is articulated with the classification of the handicaps such as it was elaborate starting from the Wood's principles, and comprises

a table of conversion with the ICD10. A data-processing expert system was built on this classification, testifying to the rigour and the reproducibility of its step. The CFTMEA is deliberately built according to a hierarchical architecture built on two quite distinct axes. It thus favours an overall catching of the disorders which it classifies, seeking in priority to establish a structural diagnosis; this structural diagnosis includes personality characteristics and is referred to psychodynamic psychopathology. CFTMEA is thus not pretending to be atheoretical; on the contrary it clearly affirms the theory on which it is based, allowing it to remain closer to the clinical steps which are never atheoretical when they do not limit themselves to simple symptomatic descriptions.

SpS-13

CONCEPTUAL ISSUES ON PSYCHIATRY FOR THE PERSON

INSTITUTIONS

- 1. Hellenic Centre for Mental Health and Research, Greece
- 2. Standing Committee on Ethics, WPA, Switzerland
- 3. Psychiatric Association for Eastern Europe and the Balkans, Athens, Greece

AUTHORS

1. George Christodoulou^{1,2,3}

"Psychiatry for the Person" is a WPA Presidential Institutional Program that aims at re-focusing the attention of the psychiatric community to the importance of the Person as an ally, as a contributor and partner to treatment and as an independent, equal participant in decisions concerning individual but also social provision of mental health care

Conceptually, Psychiatry for the Person is based on philosophical principles dating back to Ancient Greek philosophy and medicine as well as to oriental wisdom and teaching. It incorporates medical ethics, positive mental health, holistic medicine, professes integration of mental health services in general health facilities, underlines the importance of prevention and mental health promotion and highlights the importance not only of the patient (user of services) as a person but also of the psychiatrist (provider of services).

The aim of this Symposium is to emphasize the Historical perspective, the Ethics perspective, the Biological perspective, the Psychological perspective and the Psychiatrist's perspective in connection with Psychiatry for the Person.

PSYCHIATRY FOR THE PERSON: HISTORICAL PERSPECTIVE

INSTITUTIONS

1. University of Zurich, Department of General and Social Psychiatry, Zurich, Switzerland

AUTHORS

1. Paul Hoff¹, paul.hoff@puk.zh.ch

The relationship between the notions of disease (afflicting a person) and of the person (being afflicted by the disease) has always and for all psychiatric concepts been a major issue. This paper demonstrates by historical and recent examples that any model of mental disorder - be it biogenetic, psychogenetic or sociogenetic in nature - carries a risk to underestimate or even ignore the fields of subjectivity and personal autonomy. This underestimation may happen by

declaring personal autonomy as a philosophical hypothesis outside the scientific area or by its reductionistic "explaining", e.g. in terms of neurobiological dysfunction. To understand personal autonomy as the basic framework of both practical psychiatry and empirical research, will not only have a positive impact on the patients, but also on the future development (not to say survival) of psychiatry as a medical and scientific discipline.

PSYCHIATRY FOR THE PERSON: ETHICS PERSPECTIVE

INSTITUTIONS

- 1. Hellenic Centre for Mental Health and Research, Greece
- 2. Athens University Department of Psychiatry, Athens, Greece
- 3. Standing Committee on Ethics, WPA, Switzerland
- 4. Psychiatric Association for Eastern Europe and the Balkans, Athens, Greece
- 5. Edgware Community Hospital, London, United Kingdom

AUTHORS

- 1. George Christodoulou^{1,3,4}, gchristodoulou@ath.forthnet.gr
- 2. Vassilis Kontaxakis^{2,4}
- 3. Nikolas Christodoulou^{4,5}

The essence of "Psychiatry for the Person" (re-focusing the attention of the psychiatrist to the patient as a person as distinct from the patient as a recipient of services) clearly signifies the ethical character of this approach.

The purpose of this presentation is to examine one by one the existing theories of Ethics in Medicine and Psychiatry (virtue ethics, casuistry, deontological theory, utilitarianism, principlism and ethics of care) and to note to what extend the principles of Psychiatry for the Person are consistent with these theories. Psychiatry by the person (referring to the role of the psychiatrist as a person) will also be examined in this context.

The conclusion is that Ethical issues are very important determinants

of the relevant WPA Presidential Program and justify the re-emergence of our attention to the patient and the physician as persons.

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BIOLOGY OF PSYCHIATRY FOR THE PERSON

INSTITUTIONS

1. Washington University, Psychiatry, St. Louis, United States

AUTHORS

1. Robert Cloninger¹, clon@tci.wustl.edu

The biology of human beings as a person is considered from a developmental and evolutionary perspective. The goal is to consider the basic conceptual issues about the biology of psychiatry of the person. Contemporary biological psychiatry is based on a highly reductionistic model in which the mind is reduced to brain processes that are determined by gene-environment interactions coded by molecular processes. However, consciousness remains an unsolved mystery. In fact, psychobiological evolution has a clear direction toward increasing information processing capacity and self-aware consciousness. Human beings have three major systems of learning and memory, including procedural learning (habits and skills), semantic learning (facts and propositions), and episodic learning (intuitions and life narratives that are self-aware). The properties of each of these aspects of learning are reviewed, learning to a more adequate set of basic biological assumptions of a psychiatry for the person. Specifically, (1) Self-aware consciousness cannot be reduced to material mechanisms. (2) Each person has three distinct aspects - body, thoughts, and psyche - each with rich, irreducible, innate properties. (3) Personality is the self with its rich innate endowments operating in a psychosocial context in which s/he is pulled between internal forces (e.g., aspirations for awareness, love, and coherence, and memories, fears, drives) and external forces (e.g., powerful situations, culture, and conditioning). (4) Evolution and development has a direction in time toward increasing self-aware consciousness, just as language acquisition involves the modular activation of insight and understanding from its rich innate endowment, not an algorithmic response to external stimulation. Otherwise people would be incapable of self-awareness and inter-subjective understanding in relationships. The human person has evolved beyond the consciousness of the sea slug to become more self-aware, altruistic, and sublimating like Mahatma Gandhi.

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Cloninger CR: A New Conceptual Paradigm From Genetics and Psychobiology for the Science of Mental Health. Australian and New Zealand Journal of Psychiatry 33:174-186, 1999.

PSYCHIATRY FOR THE PERSON: PSYCHOLOGICAL PERSPECTIVE

INSTITUTIONS

1. University of Belgrade, Institute of Mental Health, School of Medicine, Belgrade, Serbia and Montenegro

AUTHORS

1. <u>Dusica Lecic-Tosevski</u>¹, dusica.lecictosevski@eunet.yu

The importance of psychological mechanisms operating in health and disease is well-known to experienced clinicians and the miraculous way in which the most effective drug in the world (the placebo), works is equally well-known. Psychological factors are, therefore, very important determinants of health and disease although, in view of the fact that they are translated in the body into biological mechanisms, they should perhaps not be referred to as such.

Personified Psychiatry is conceptually linked to respect for the personality, the autonomy and the integrity of our companions in life, healthy or not healthy. The psychological effect of this approach has serious implications not only for health and disease but also for the well-being and the quality of life of a person.

PERSON-CENTERED PSYCHIATRISTS IDENTITY

INSTITUTIONS

1. Heinrich-Heine-University, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

AUTHORS

1. Wolfgang Gaebel¹, wolfgang.gaebel@uni-duesseldorf.de

Conceptual issues on Psychiatry for the Person need also to take into consideration the Psychiatrist as a person, i.e. the role of the psychiatrist and his/her attitudes towards mental illness and persons affected by mental illnesses. The basic variables to be considered here are empathy, self-congruence, positive appraisal and a generally client-centered approach. Also, several issues of the "person"-perspective need to be discussed: There is the first person of the patient experiencing a mental disorder, then there is the second person, i.e. the psychiatrist observing and analysing the patient, and there is the third person, i.e. the distant view onto oneself. A common theme here, viewed from a more general biopsychosocial background, is that the "person" represents the level of experiences and actions. Also, the question how the psychiatrist integrates this approach into

the diagnostic process, therapy, care, research and education arises. Psychiatry by the Person may require specialist medical knowledge and an excellent command of communication techniques. Furthermore, the psychiatrist needs to engage with the patient's concept of mental disorders, which includes cultural and other social factors. But where are the limits, when, e.g., issues of coercive treatment arise, or when empathy and spirituality are "overdone"? How may such questions be addressed in medical student education, residency training programmes and continuing medical education? The "Profile of a Psychiatrist" issued by the Psychiatry Section of the Union of European Medical Specialists may be a good starting point for structuring such novel curricula.

SpS-14

BROADENING THE BASES FOR INTERNATIONAL DIAGNOSIS: THE GLOBAL NETWORK OF CLASSIFICATION AND DIAGNOSTIC GROUPS

INSTITUTIONS

- 1. World Psychiatric Association, Miami, United States
- 2. World Psychiatric Association, New York, United States
- 3. The German Society of Psychiatry, Psychotherapy and Nervous Disorders (DGPPN), Düsseldorf, Germany

AUTHORS

- 1. Ihsan M Salloum¹, isalloum@med.miami.edu
- 2. Juan E Mezzich²
- 3. Wolfgang Gaebel³

The goal of this Special Symposium of the WPA Global Network of Classification and Diagnostic Groups is to provide a forum to broadening the bases for international diagnosis. Specifically, this symposium will address unique contributions to psychiatric diagnosis and classification and considerations on the evolving development of ICD-11 and the Person-centered Integrative Diagnosis from five world perspectives. These include three contributions from the

Americas covering the Caribbean, South American, and the Brazilian perspectives, three European perspectives covering German, French, and Nordic perspectives, three African and Middle Eastern contributions from Kenya, South Africa, and Syria and five contributions form Asia / Australasia including Chinese, Japanese, Korean, Taiwanese and Indian perspectives.

WPA GLOBAL NETWORK OF CLASSIFICATION AND DIAGNOSTIC GROUPS CONCEPTUAL AND OPERATIONAL OVERVIEW

INSTITUTIONS

1. WPA, United States

AUTHORS

1. Ihsan M. Salloum¹

The WPA Global Network of Classification and Diagnostic Groups is a network of diagnostic groups and classification sections of major Regional and National Societies and other key professional groups from across the world coordinated by the WPA Section on Classification, Diagnostic Assessment, and Nomenclature. The primary goal of the Global Network is to contribute to the emerging development of key international classification and diagnostic systems, such as the development of a Person-centered Integrative Diagnosis (PID)

within the framework of the WPA Institutional Program on Psychiatry for the Person and the emerging revision of the International Classification of Diseases (ICD) Chapter on Mental Disorders led by the WHO Department of Mental Health, under the general guidance of the WHO Classification Office. To achieve the best possible classification and diagnostic systems to best serve the need of our profession across the world, it is crucial that various psychiatric traditions around the world be fully engaged in these processes.

AMERICAS CONTRIBUTIONS

INSTITUTIONS

- 1. Latin American Psychiatric Association (APAL), Cuba
- 2. The Peruvian Psychiatric Association, Peru
- 3. The Brazilian Psychiatric Association, Brazil

AUTHORS

- 1. Ángel Otero¹
- 2. Javier E Saaverdra²
- 3. Claudio Banzato³

This presentation will review the rich historical contributions of the Americas to psychiatric classification and diagnosis and their current perspective on developing international classification and diagnostic systems and models. This will be represented by the Caribbean perspectives, such as the Cuban Glossary of Mental Disorders. The South American perspectives represented by Latin American

Guidelines of Psychiatric Diagnosis and most recent epidemiological studies, and by the Brazilian perspectives and its ongoing contributions to psychiatric diagnosis. Comments on the evolving development of ICD-11 and the Person-centered Integrative Diagnosis will also be presented.

SPECIAL SYMPOSIA

EUROPEAN CONTRIBUTIONS

INSTITUTIONS

- 1. The German Society of Psychiatry, Psychotherapy and Nervous Disorders (DGPPN), Germany
- 2. WPA French Member Societies Association Classification Group, France
- 3. Nordic Network for Cultural Psychology and Psychiatry (CPPN), Sweden

AUTHORS

- 1. Wolfgang Gaebel1
- 2. Michel Botbol²
- 3. Henrik Wahlberg³

European contributions to past and future international classification and diagnostic systems and models will be discussed by three seminal continental perspectives. These include the German tradition and its fundamental influence on modern conception of psychopathology and the classification of mental disorders, the French perspective and its unique contribution to the classification and diagnosis of child and adolescent psychopathology, and the Nordic perspective with special focus on the role of culture. Comments on the evolving development of ICD-11 and the Person-centered Integrative Diagnosis will also be presented

AFRICAN AND MIDDLE EASTERN CONTRIBUTIONS

INSTITUTIONS

- 1. The Kenya Psychiatric Association, Kenya
- 2. The South African Association of Psychiatrists, South Africa
- 3. The Syrian Arab Association of Psychiatry, Syrian Arab Republic

AUTHORS

- 1. Lukoye Atwoli¹
- 2. Werdie Van Standen²
- 3. Adib Essali³

International classification and diagnostic systems and models to be relevant on the global scale need the broadest bases of contributions from around the world. This presentation will address the unique contextual and historical contributions from three perspectives in

Africa and Middle East. Comments on the evolving development of ICD-11 and the Person-centered Integrative Diagnosis will also be presented

ASIA / AUSTRALASIA CONTRIBUTIONS

INSTITUTIONS

- 1. The Chinese Society of Psychiatry Classification Group, China
- 2. The Japanese Society of Psychiatry and Neurology, Japan
- 3. Korean Psychiatric Association, Soul, Kuwait
- 4. Taiwanese Society of Psychiatry, Taiwan Republic of China
- 5. The Indian Psychiatric Society, India

AUTHORS

- 1. Yan Fang Chen1
- 2. Toshimasa Maruta²
- 3. Young-Cho Chung³
- 4. Chiao-Chicy Chen4
- 5. Asit Baran Ghosh⁵

This presentation will bring in the rich perspective and contributions from the most populated continent of our planet, representing rich heritage and wide geographical distributions. Five perspectives will be presented. These include formal classification systems such as the Chinese Classification of Mental Disorders, 3rd Edition,

(CCMD-3) and related RTHD, along with academic contributions for other perspectives from Asia / Australasia. Comments on the evolving development of ICD-11 and the Person-centered Integrative Diagnosis will also be presented.

SpS-15

INTER-SECTIONAL SYMPOSIUM ON COLLABORATION FOR ICD-11 AND PERSON CENTERED INTEGRATIVE DIAGNOSIS

INSTITUTIONS

- 1. University of Miami Miller School of Medicine, Psychiatry and Behavioral Sciences, Miami, United States
- 2. Escuela Paolista De Medicina, Psychiatry, Brazil
- 3. Mt Sinai School of Medicine, Psychiatry, New York, United States

AUTHORS

- 1. Ihsan M Salloum¹, isalloum@med.miami.edu
- 2. Migeul Jorge²
- 3. Juan E Mezzich³

The goal of this Inter-Sectional Symposium is to engage the WPA Scientific Sections on collaboration for the emerging development of two major international projects on classification and diagnosis. These are the emerging revision of the International Classification of Diseases (ICD) Chapter on Mental Disorders led by the WHO Department of Mental Health, under the general guidance of the WHO Classification Office and, the development of a Person-centered Integrative Diagnosis (PID) within the framework of the WPA Institutional Program on Psychiatry for the Person. Perspectives from the following WPA Scientific Sections will be represented:

Section on Classification, Diagnostic Assessment and Nomenclature (Prof. Ihsan M. Salloum), Section on Epidemiology and Public Health (Prof. James C. Anthony)

Section on History of Psychiatry (Prof. Paul Hoff)

Section on Psychopathology (Prof. Michael Musalek)

Section on Measurement Instruments in Psychiatry (Prof. Aleksandar Janca)

Section on Biological Psychiatry (Prof. Muhammed Abou-Saleh) Section on Immunology and Psychiatry (Prof. Markus J. Schwarz) Section on Child and Adolescent Psychiatry (Prof. Dimitris Anagnostopoulos)

Section on Addiction Psychiatry (Prof. Nady El Guebaly)

Section on OCD and Anxiety (Prof. Joseph Zohar)

Section on Impulsivity and Impulse Control Disorders (Prof. F. Gerard Moeller)

Section on Human Sexuality (Prof. Said Abdel Azim)

Section on Family Research and Intervention (Prof. Gabor I Keitner)

Section on Forensic Psychiatry (Prof. Julio Arboleda-Florez) Section on Occupational Psychiatry (Prof. Satoru Shima)

Section on Mental Health Economics (Prof. Samuel H. Zuvekas)

Section on Interdisciplinary Collaboration (Prof. Uriel Halbreich)

Section on Art and Psychiatry (Prof. Hans-Otto Thomashoff)

SpS-16

PERSON-CENTERED INTEGRATIVE DIAGNOSIS

INSTITUTIONS

- 1. Mt Sinai School of Medicine, New York, United States
- 2. University of Miami Miller School of Medicine, Miami, United States

AUTHORS

- 1. Juan E Mezzich1
- 2. Ihsan M Salloum²

This Special Symposium will present an overview of the emerging Person-centered Integrative Diagnosis discussing its purpose and architecture, its domains including pathology, suffering and disability as well as domains of positive aspects of health. The use of the PID in clinical care will then be discussed followed by a discussion of the research for and validation of the PID.

PURPOSES AND ARCHITECTURE OF THE PERSON-CENTERED INTEGRATIVE DIAGNOSIS (PID)

INSTITUTIONS

1. Mt Sinai School of Medicine, New York, United States

AUTHORS

1. Juan E. Mezzich1

The primary purpose of the Person-centered Integrative Diagnosis (PID) is the description of the positive and negative aspects of health, interactively, within the person's life context. The PID would include the best possible classification of mental and general health disorders as well as the description of other health-related problems. Additionally, it will include a description of positive aspects

of health, such as adaptive functioning, quality of life, and protective factors. Its aim is to attend to the totality of the person, including his/her dignity, values, and aspirations. This approach would employ categorical, dimensional, and narrative descriptive approaches. It will be formulated and applied interactively by clinicians, patients, and families.

ILL HEALTH DOMAIN: DISORDERS, SUFFERING AND DISABILITY

INSTITUTIONS

- 1. Campinas, SP, Brazil
- 2. Section on Psychiatry of Mental Retardation/Intellectual Disability, WPA, Spain
- 3. Imperial College of Science, Technology and Medicine, United Kingdom

AUTHORS

- 1. Claudio Banzato¹
- 2. Luis Salvador-Carulla²
- 3. Tom Sensky³

The adoption of polythetic criteria sets for many psychiatric diagnostic categories, which first took place in DSM-III (1980), acknowledged somehow the existence of internal variability within diagnostic categories. Paradoxically, though such a move certainly brought psychiatric diagnosis closer to a fuzzy categorization model, the rule-based classifications with explicit diagnostic criteria were received by psychiatrists at large as neat and highly precise nosological maps. Besides, the emphasis on counting symptoms for sake of diagnostic algorithms contributed to obscure the fact that the assessment of psychiatric symptoms is a very complex task. One plausible option towards improving the clinical validity of psychiatric diagnosis is to replace current diagnostic criteria by multilevel psychopathological prototypes. Probably, the adoption of an actual and explicit prototy-

pical approach could also concur to some decrease in the number of diagnostic labels, which would represent a welcome simplification of the diagnostic systems. In general everyday practice, a prototypical approach could be used not only for diagnostic categories but also for psychiatric symptoms. Besides, in order to complement the characterization of the clinical picture (presenting signs and symptoms), dimensional variables that cut across psychopathology such as, for instance, degree of subjective suffering and disability, could be recorded and linked to the nosological prototypical categories. Finally, these hybrid models could possibly be employed not only to describe ill health, but also to fully account for the health status of individuals.

POSITIVE HEALTH DOMAIN IN PERSON-CENTERED INTEGRATIVE DIAGNOSIS

INSTITUTIONS

- 1. Washington University, St Luis, United States
- 2. University of Melbourne, Melbourne, Australia

AUTHORS

- 1. C. Robert Cloninger¹
- 2. Helen Herrman²

Person-centered integrative diagnosis is concerned with the assessment of the whole individual in a way that facilitates their recovery of mental health. The recovery of mental health involves more than just the reduction of symptoms and harm. Positive health involves the promotion of a satisfying quality of life, resilience despite stress, and recovery of positive emotionality. Essentially positive health refers to a state of well-being in which people are self-directed, able to cooperate and contribute to others, and have a sense of personal worth. Well-being can be reliably measured in several ways that all converge to identify the same individuals: the presence of positive emotions and the absence of negative emotions, mature character

traits (particularly being self-directed, cooperative, and self-transcendent), life satisfaction or quality of life, and virtues (like hope and kindness). The absence of positive health is more predictive of morbidity and mortality than is the presence of negative health features. As a result, a psychiatry of the person must focus on assessing and communicating hope, kindness, and respect for the dignity of the person, rather than treating a person like a depersonalized case without dignity or hope. Thus the positive health domain is an essential part of assessment, the therapeutic alliance, and outcome assessment in person-centered integrative diagnosis

USING PID INFORMATION FOR CLINICAL CARE

INSTITUTIONS

1. Istanbul Bilgi University, Istanbul, Turkey 2. University of Turku, Turku, Finland

AUTHORS

- 1. Levent Küey1
- 2. Yrjö O. Alanen²

Providing a diagnosis of both ill and positive aspects of health and serving as an informational bases for care are two main functions of the PID. This presentation will describe the applicability of the PID to clinical reality and needs, taking into account context and complexity of care. The PID emphasizes the totality of the person,

considering his/her values and aspirations and on involving patients, families, and clinicians in an interactive partnership. Relevant experiences from the Need-Adapted Treatment model for Psychiatry for the Person and the PID will also be discussed.

RESEARCH FOR AND VALIDATION OF THE PERSON-CENTERED INTEGRATIVE DIAGNOSIS (PID)

INSTITUTIONS

- 1. University of Miami Miller School of Medicine, Miami, United States
- 2. University of Pittsburgh, Pittsburgh, United States

AUTHORS

- 1. Ihsan M. Salloum¹
- 2. Kenneth F Schaffner²

The WPA Person-centered Integrative Diagnosis (PID) is a novel diagnostic model that proposes to expand the traditional diagnostic approach focusing on ill-health to a diagnosis focusing on health, encompassing both ill and positive aspects of health. The PID also conceptualizes diagnosis as a transformative process, involving all the protagonists of the diagnostic enterprise in a reified relationship. The two primary functions of the PID are to provide a diagnosis of health and to serve as the informational bases for care and public

health with the goals of enhancing care, recovery and health restoration, prevention, and health promotion. Research validation of the PID will aim at establishing its clinical and public health reliability and validity as a diagnostic tool leading to enhanced processes of care and improved outcome, as a transformative process leading to enhanced partnership between the protagonists of care, and as an effective informational instrument leading to improved public health and service planning.

SpS-17

SPECIAL SYMPOSIUM: MEDICAL SCIENTIFIC DEVELOPMENT IN AFRICA: PROSPECTS AND CHALLENGES

INSTITUTIONS

1. University of Ibadan, Psychiatry, Ibadan, Nigeria

AUTHORS

1. Oye Gureje¹, Professor, MD, PhD, DSc, ogureje@comui.edu.ng

There are important challenges for researchers working in Africa. In mental health, the hurdles can be sometimes daunting. These include: 1) poor funding; 2) professional isolation; 3) lack of policy directive and motivation; 4) poor training and research infrastructure. In spite of the difficulties, some researchers on the continent are ma-

king significant contributions to knowledge in the fields of mental health and neuroscience. This symposium will highlight some of the barriers for scientific development in the field of mental health on the continent and identify opportunities that nevertheless exist for research

RESEARCH OPPORTUNITIES AND CHALLENGES IN MOOD AND ANXIETY DISORDERS: A DEVELOPING WORLD PERSPECTIVE

INSTITUTIONS

1. University of Cape Town, Dept of Psychiatry & Mental Health, Cape Town, South Africa

AUTHORS

1. Dan J Stein¹, Prof, MD, PhD, dan.stein@uct.ac.za

Mood and anxiety disorders are amongst the most prevalent, burdensome, and costly of all medical disorders. Several factors make this an exciting time for research on these conditions; these include relevant advances in 1) nosology and epidemiology; 2) neuroscience; 3) psychopharmacological and psychotherapeutic interventions; 4) systems research in mental health, including evaluation of evidence and of costs; and 5) patient advocacy and mental health literacy. At the same time, there are important challenges facing mood and anxiety disorder researchers; these include 1) limitations of current

diagnostic systems; 2) problems in attracting talented researchers to neuroscience and in obtaining sufficient funding; 3) a relative lack of controlled pharmacotherapeutic and psychotherapeutic studies undertaken outside the context of tertiary centres in the developed world, 4) ongoing gaps in systems research, including a relative lack of research on the effects of mental health policy, and 5) stigmatisation of mental illness and anti-scientific beliefs in the community. These challenges exist in both the developed and the developing world, but their scope may differ qualitatively and quantitatively.

MENTAL HEALTH RESEARCH CAPACITY IN AFRICA: A PROFILE OF SCARCITY AND CONSTRAINTS

INSTITUTIONS

1. University of Ibadan, Psychiatry, Ibadan, Nigeria

AUTHORS

1. Oye Gureje1, Prof, DSc, ogureje@comui.edu.ng

In spite of their significant burden on the society, mental and neurological disorders receive inadequate research attention in most countries in Africa.

A survey was conducted on key researchers in 26 African countries in order to determine their strength, research goals and motivations as well as the general picture of the research environment in which they work. Researchers were identified through key international and local databases.

Results show a uniform pattern of low level of research activities in mental, neurological and behavioral disorders with the overall level of research personnel and research activities being grossly disproportionate to the populations of the countries. There was a general

paucity of research infrastructural support such as specific research training, library support and internet access. External funding support was infrequent and most research activities were self-funded by the researchers. Many were working in relative isolation and most have to determine research goals as no national goals have been formulated by the governments. Despite the constraints, many continue to focus research attention on genuine areas of national needs.

The project highlights the need for more policy attention to the development of research capability on the continent. Such policy must include national consensus on areas of research need, development of research manpower, and focused and sustained funding for identified research goals.

SERVICE DEVELOPMENT IN NORTH AFRICA

INSTITUTIONS

1. AIN Shams University, Cairo, Egypt, Institute of psychiatry, Cairo, Egypt

AUTHORS

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Africa is a large continent, prone to strive, especially south of the Sahara. Mental health issues often come last on the list of priorities for policy makers due to many constraints mainly political, economical and infectious diseases. Mental Health services in the North African countries are rather different than what is present in Sub-Saharan Africa. In spite of the fact that some north African countries are suffering tremendously from many social, political and econo-

mic problems, yet mental health services are on the upraise compared to other branches in medicine. This presentation will highlight the geopolitical and demographic aspects of mental health services mainly in member societies in the North African (Egypt, Morocco, Tunisia, Sudan and Ethiopia). It will also discuss the impact of including mental health in primary care programs in our region, as well as scientific developments in Arabic speaking countries in Africa.

CHALLENGES OF MEDICAL SCIENCE DEVELOPMENT IN AFRICA

INSTITUTIONS

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AUTHORS

1. Frank G. Ngenga¹, Dr, FRCPsych, fnjenga@africaonline.co.ke

Medical scientific development in Africa poses great challenges and opportunities. The main challenge for mental health workers is to remain relevant in a world dictated by needs and other challenges that are perceived to be of greater and more immediate threat to life. Poverty alleviation, HIV/AIDS, Malaria and human habitation all seem to pose greater threats to the African and hence attract more funding and attention.

The recent Lancet series on mental health graphically illustrate the folly of this traditional approach. The burden of mental and neurological disorders worldwide is now well recognized and it is probable that the burden is similar if not greater in Africa.

Against this background, this paper explores the nature of the challenge to the medical scientific community in Africa, defines the prospects and proposes some solutions to the challenges. It is proposed that the public health model in which one seeks to establish the cause, the vector and the host might be a useful one. In this respect, we look specifically at the antecedents of some mental disorders, in particular their relationship to poverty, political turmoil, displacement both internal and external as well as the resulting post traumatic disorders. The role of the mental health expert as messenger of peace and reconciliation is examined against the background of his training.

SpS-18

PSYCHIATRIC DEVELOPMENTS IN NORTH AFRICA

INSTITUTIONS

1. Ain Shams University, Institute of Psychiatry, Cairo, Egypt

AUTHORS

1. Tarek A. Okasha1

According to the ATLAS report released by the WHO in the year 2000, we will find that mental health resources are not as we believe. 43% of countries around the world have no mental health policy, 23% have no legislation on mental health, 38% have no community care facilities and 41% treatment for severe mental illness is unavailable in primary health care. In Europe, there are about 77,000 psychiatrists and 280,000 nurses for a population of about 840 million. While in Africa, there are about 1,200 to 1,500 psychiatrists and 12,000 nurses for a population of about 620 million. Africa is a large

continent, prone to strive. Most of its countries are characterized by low incomes, high prevalence of communicable diseases and malnutrition, low life expectancy and poorly staffed services. Mental health issues often come last on the list of priorities for policy makers. Where mortality is still mostly the result of infectious diseases and malnutrition, the morbidity and disablement due to mental illness receive very little attention from the governments. This symposium will discuss mental health services in 5 counties from Northern Africa (Egypt, Morocco, Tunisia, Sudan and Ethiopia).

UPDATING PSYCHIATRIC DEVELOPMENT IN EGYPT

INSTITUTIONS

1. Ain Shams University, Institute of Psychiatry, Cairo, Egypt

AUTHORS

1. Tarek A. Okasha1

Six hundred years ago, before Europe had mental health services in general hospitals, Egypt had such a service in Kalawoon hospital in Cairo, with 4 wards; surgery, medicine, ophthalmology and psychiatry. In 1942 Egypt started to implement the concept of psychiatric services in general hospitals. Egypt lies on the Mediterranean Sea; part of it lies in Africa and part of it (Sinai) lies in Asia. Egypt is considered African, Mediterranean, Arab and a Middle Eastern country at the same time. Egypt is one million square kilometers, with a population of 70 million. 97% of Egyptians live on 4% of the land mainly in the Delta region and the Nile valley. The population density in Egypt is 59/ sq. km, while the population in Cairo is about 15-16 million in the daytime, and approximately 12 million

during the night. The population density in Cairo is 31,697 / sq. km. Egypt is divided into 26 governorates and has around 130,000 doctors, 1000 psychiatrists, 250 clinical psychologists and 1355 psychiatric nurses. Psychiatric services are provided through general hospitals, state hospitals, university hospitals and private hospitals amounting to about 10000 beds. Egypt is moving towards primary care in psychiatry through general practitioners and this has been incorporated into the National Mental Health Program for the past 12 years, rather than community care, which is not feasible because of financial, cultural and religious beliefs. This presentation will review the mental health services in Egypt at the moment together with future plans.

UPDATING PSYCHIATRIC DEVELOPMENT IN MOROCCO

INSTITUTIONS

1. Ibn Rushd University Psychiatric Center, Casablanca, Morocco

AUTHORS

1. Nadia Kadri¹

There are about 300 psychiatrists in Morocco, 620 psychiatric nurses, 75 clinical psychologists. There are very few social workers and no occupational therapist. The 3 academic departments in Casablanca, Rabat, and Marrakech are in charge of training psychiatrists and psychiatric nurses, as well as undergraduates. Concerning psychiatric institutions, there are 1,900 psychiatric beds in the entire country (30 million inhabitants) divided between psychiatric hospitals and psychiatric wards integrated into general hospitals. This

low figure of psychiatric beds is even worse when one considers that there is no psychiatric institution for children and adolescents, and no private clinic in psychiatry. Most of the activities of mental health is done in the outpatient sector. For example, more than 60,000 patients are seen in the ambulatory mental health units of Casablanca every year. A recent national epidemiological survey will be finalized in the coming months and its results will allow planning for better mental health services.

UPDATING PSYCHIATRIC DEVELOPMENT IN SUDAN

INSTITUTIONS

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AUTHORS

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Sudan is the largest country in Africa with a million Square miles, 33 million people and nine neighboring countries. As many countries in Africa Sudan suffered much from poverty, illiteracy, drought and civil war. The effects of these problems on the mental health of people are considerable. The objectives of this presentation are to high light the situation of mental health services in the Sudan and share ideas with colleagues from other African countries in the region. Currently there is a great shortage of services, with one psychiatrist for a million populations. The majority of facilities are urban based with over 70% in the capital city Khartoum. Psychologists and psychiatric social workers are very few. Psychiatric medical assistants,

act as psychiatrists in many regions. National mental health program had been established recently with a recognizable effort to improve the situation. Major areas of interest in the program include training of general practitioners, paramedical staff and teachers. Training manuals and material are in preparation. Despite many endeavors, the mental health act has not been endorsed yet. There are many constrains and health planners still need to be convinced and encouraged to put more emphasis on this issue. Mental health services at the primary health care level are an important priority. Training is crucial. With expectation of peace in the country soon, the future looks better. Mental Health in expected to improve.

UPDATING PSYCHIATRIC DEVELOPMENT IN TUNISIA

INSTITUTIONS

4. University of Tunis, Psychiatry, Tunis, Tunisia

AUTHORS

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Until recently, mental health was afforded low priority in Tunisia as in other developing countries faced with major health concerns such as epidemic diseases or infant mortality. Psychiatry has kept on being the « Cinderella » of medicine. Nowadays, only 150 psychiatrists (representing 4% of the total specialists) and 800 beds (representing 5% of the total hospital capacity) are available to a population of 10 millions souls. Consequently, a significant proportion of the population does not have access to mental health facilities. The result is a practice of "psychiatry in emergency" affording an immediate solution to severe psychiatric breakdowns but failing to provide sustained care or to deal with the many mental health problems challenging today our societies. But, this shortage gives

us the great opportunity to build up a mental health care system more complying with the current knowledge and with our specific context. We have thus the unique chance to skip the deinstitutionalization stage with its significant casualties and to move directly to community care where a strong family support and a dense primary care network are major resources to rely on. This is the aim of the national mental health program adopted in 1992. It appears paradoxically that a lack of traditional services is probably the source of more opportunities than constraints in our countries, providing the possibility to implement the most cost-effective strategy to cope with the modern needs in matters of care.

UPDATING PSYCHIATRIC DEVELOPMENT IN ETHIOPIA

INSTITUTIONS

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AUTHORS

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Ethiopia is a country located in the Horn of Africa with a population of about seventy million. It is a federal government consisting of nine states representing over eighty nations and nationalities. The establishment of Modern Mental Health service in Ethiopia dates back to the time of the departure of Italian occupants in 1939 where the general hospital they used for the indigenous people was later turned into a mental asylum. For almost half a century, the Psychiatric hospital remained a place of confinement for the mentally ill and persons with behavior incompatible to the societal as well as political norms of the country. The department of Psychiatry was established in 1966 as a unit in the Department of Medicine by a Dutch Psychiatrist. Both the Psychiatric Hospital with 360 beds

and the outpatient department in a general hospital in Addis Ababa, the capital of Ethiopia serve as treatment, training and research centers for the whole country. The department is run by three full time psychiatrists while in the Psychiatric hospital work five psychiatrists. All the Psychiatrists are stationed in Addis Ababa; therefore, most of the psychiatric service throughout the country is given by psychiatric nurses. Besides treatment service, the main activities include; teaching Clinical Psychiatry to Medical students, Psychiatric nurses and residents in Psychiatry. Continuing Medical Education to general medical practitioners and other specialists is also given on regular basis. Community oriented mental health research is also an integral part of the general mental health service in the country.

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LINKING PHENOMENOLOGY AND NEUROSCIENCE: PSYCHOPATHOLOGY IN A NEW KEY

INSTITUTIONS

1. State University of Campinas, Psychiatry, Campinas, Brazil

AUTHORS

1. Claudio E. M. Banzato¹

Special Symposium Sponsored by WPA Classification Section and

WPA Clinical Psychopathology Section

SPECIAL SYMPOSIA

TRIPARTITE NATURE OF SELF-AWARE CONSCIOUSNESS

INSTITUTIONS

1. Washington University in St. Louis, Department of Psychiatry, School of Medicine, United States

AUTHORS

1. C. Robert Cloninger¹, clon@tci.wustl.edu

Human beings have three major systems for learning and memory: procedural learning of habits and skills, semantic learning of facts and propositions, and self-aware learning of pre-verbal intuitions and autobiographical narratives of episodes in one's life. These three systems have evolved and develop in a hierarchical manner but always operate in the processing of experience. In order to assess variability within each of these systems, Cloninger has developed measures of temperament, character, and self-aware experience in his book Feeling Good: The Science of Well-Being (OUP, 2004). Each of these domains has qualitative differences from the others and they interact in a non-linear dynamic manner. Clinicians lack an adequate phenomenological basis for understanding self-awa-

re thought and its possible dysfunctions unless they assess each of these domains. Often people focus on differences in procedural learning (emotions and behavioral skills, as in Axis 1 phenomena), sometimes differences in semantic learning (character deficits, as in Axis 2 phenomena), and only rarely attend to self-aware experience. It is the initial perception in each sensibility and understanding are united that leads to self-aware thought and which makes us vulnerable to psychopathology. All three domains need to be assessed to understand the development of psychopathology. Focus on symptoms and behavior as in DSM-IV and ICD-10 neglects the fundamental dysfunctions that need to be recognized and treated to reduce vulnerability and to promote well-being.

STRUCTURE OF SELF IN SCHIZOPHRENIA

INSTITUTIONS

1. University of Copenhagen, Center for Subjectivity Research, Denmark

AUTHORS

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Recent empirical studies of first admitted patients with schizophrenia and schizotypal disorders confirm original clinical observations that these patients suffer from an array of abnormal self-experiences ("Ich-Störungen"). These disorders affect primarily articulation of self-awareness, yet including also a weak sense of self (self-refe-

rence). These disorders are analysed with respect to the phenomenological infra-structure of the first person perspective. A heuristic proposal is presented, integrating the disorders of the self within a neurodevelopmental model of schizophrenia.

SCHIZOPHRENIA IN POSTMODERN PSYCHIATRY - NATURE AND NARRATIVES

INSTITUTIONS

1. Anton Proksch Institute, Vienna, Austria

AUTHORS

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Schizophrenia is a narrative which is meaningful in many ways, having for instance special meanings of the various psychopathological states for patients and their relations, or including stigmatising (=meaningful) allegories, metaphors and mythologies in our society. Not only patients suffering from schizophrenia live in a world of mythologies, but we all live in a world of allegories and metaphors. As cosmopoets we all create our world of symbols, images, and narratives. One of the major metaphors in psychiatry is diagnostic categories, definitions of mental disorders resulting in classification systems and complex scientific explanations with all their primary and secondary meanings (mythologies) for patients and therapies. Giving a natural phenomenon "professional meaning" with our diagnostic procedures (as definitions, descriptions of psychopathological phenomena, diagnostic attributions of pathological states, etc.)

diagnosis takes meanings which go far beyond the primary meaning of pure psychopathological definitions. Some of these meanings exist for such a long time and are so well accepted by psychiatry community that one might get the impression that they do not represent narratives created by psychiatrists but the truth of nature. The process leading to such a metamorphosis from "the creation of man" to "the given from nature" we may call "de-historization". The historical roots of narratives fall into oblivion and become facts of nature. It is the intention of this contribution to go into the matter of the meaning of schizophrenia's narratives by "re-historizing" the diagnostics of schizophrenia in order to provide more insight in and understanding of the mythologies we are confronted with in dealing with patients suffering from psychoses.

SpS-20

CLASSIFICATION AND DIAGNOSTIC SYSTEMS CONTRIBUTIONS FROM ACROSS THE WORLD

INSTITUTIONS

- 1. Havana University, Psychiatry, Havana, Cuba
- 2. International Center for Mental Health, Mount Sinai School of Medicine, New York, United States
- 3. University of Miami, Miller School of Medicine, Miami, United States

AUTHORS

- 1. Ángel Otero¹
- 2. Juan E. Mezzich²
- 3. Ihsan M. Salloum³

Chairs: Angel Otero & Juan E. Mezzich & Ihsan M. Salloum

- 1) American Psychiatric Association Experience Towards DSM-V (Michael First)
- 2) Latin American Guide of Psychiatric Diagnosis (A. Otero; tulli@infomed.sld.cu)
- 3) Chinese Classification of Mental Disorders and Relation to Clinical Care (Y-F. Chen; chenyf@jn-public.sd.cninfo.net)
- 4) French Classification for Child and Adolescents Psychiatric Disorders (M. Botbol; mbotbol@wanadoo.fr)
- 5) Person-centered Integrative Diagnosis in World Psychiatry (J.E. Mezzich; juanmezzich@aol.com and I.M. Salloum; isalloum@med. miami.edu)
- 6) Discussant: J. Saavedra (saavedra@terra.com.pe)

SpS-21

THE DEVELOPMENT OF ICD-11

INSTITUTIONS

1. World Health Organization, Classifications and Terminology, Geneva, Switzerland

AUTHORS

1. Tevfik Bedirhan Ustun¹

Chair: T.B. Ustun; Co-Chair: B. Saraceno

- 1) Plans for the whole ICD-11 (T.B. Ustun; ustunb@who.int)
- 2) Developing ICD-11 Chapter on Mental Disorders (S. Saxena; saxenas@who.int)
- 3) Prototypes for the classification of mental disorders in ICD-11 (G. Andrews; gavina@unsw.edu.au)
- 4) Stakeholders partnership towards ICD-11 Mental Disorders Classification (J.E. Mezzich; juanmezzich@aol.com & B. Saraceno; saracenob@who.int)

SpS-22

MEDICINE FOR THE PERSON

INSTITUTIONS

1. International Center for Mental Health, Mount Sinai School of Medicine, New York, United States

AUTHORS

1. Juan E. Mezzich¹, JuanMezzich@aol.com

Person-centered medicine is an initiative seeking to promote a medicine of the person (of the totality of the person, including ill- and positive-health), for the person (striving to assist the person in the fulfillment of his/her life project). by the person (with clinicians extending themselves as full human beings with high ethical aspirations), and with the person (in respectful collaboration with persons presenting for evaluation and care). This initiative has as immediate precedent that on Person-centered Psychiatry. Its extension to general medicine is being formulated in collaboration with several major international medical and health organizations which are holding a major Conference on Person-centered Medicine in Geneva on May 2008.

Chairs: Juan E. Mezzich and Otmar Kloiber

Person-centered Health Care: From Mental Health to General Health

The idea of Person-centered Health Care represents a full extension of the pioneering Person-centered Psychiatry and of the more recent Person-centered Medicine. It is hoped to inform the work of health professionals at large with a new sense of collaboration around the person of the patient and in search of integration of health and relevant social services.

World Medical Association Perspectives on Person-centered Medicine Otmar Kloiber

The World Medical Association has been working for many years on ethical guidelines to protect persons in medical research with the name of Declaration of Helsinki. Also of relevance, it launched few years ago an initiative on Caring Physicians of the World. Now it is exploring in collaboration with other international medical and health organizations the concept of Person-centered

Neurological Perspectives on Person-centered Medicine

Johan A. Aarli

The doctor-patient relationship has developed from unspecified good bedside manner to patient-centered medicine with an increased focus upon the recognition of patients' ethical and legal rights. The medical decisions in a given clinical situation are made in the balance between the physician's knowledge and experience, and the patient and his relatives' values and preferences. Each clinical specialty presents with specific problems. Comprehensive care of an epileptic patient requires attention to the psychological and social consequences of epilepsy as well as to the control of the seizures. Treatment options preferred by the patients do not necessarily be medically optimal. Communicating a diagnosis such as conversion disorder may release opposition in the patient and denial in relatives. Patients who have lost the capacity to participate in the decision-process as a result of reduced mental capacity due to dementia, encephalopathy or coma, present special problem. Some patients with bulbar paresis with anarthria and generalized motor incapacity are unable to communicate their decision. Shared decision-making or surrogate-decision making may not always represent the true wishes of an incapacitated patient. The advances in modern genetics may represent future neuroethical challenges. Controversies will have to accompany the ethical legitimacy of using technologies that can modify the brain for the purpose of improvement.

Family Doctors' Perspectives on Person-centered Medicine Chris van Weel, president of Wonca

The family doctor's perspective of personal care is determined by their role and function. Family physicians and other members of the primary care team encounter in their everyday practice a large variety of health problems - both in nature (physical and mental) and severity. This is the generalist function in health care. In addition, family physicians usually care for patients over a longer period of time: personal continuity of care. As a consequence, family physicians see different diseases in the same patients, over time. And this is an essential difference with any other medical specialty, that with its focus on organ or function in relation to disease will encounter different patients with the same disease, over time.

As a consequence, the role and function of family physicians and other primary care providers is closely related to the person. This is further emphasized in ageing populations and high prevalence of chronic diseases, in co-morbidity or multi-morbidity: patients suffering simultaneously from two or more chronic health problems. This shifts the focus from 'disease management' to person-centred care to take into account quality of life, perceived hinder and personal and social-cultural preferences.

An important reason to promote person centred care is the impact it has on the outcome of care, that is highest when provided in a combined competency of medical-instrumental and person and relational skills.

Patient/User Perspective on Person-centered Medicine

Here is a doctor's summary of the meaning of 'Person-centred medicine'

A medical concept based on the acknowledgement of the fact that valuing and giving value to human life from conception to natural death is the ultimate justification of medical knowledge. The individual human being can never be the tool of science or of economic or political interests, laws, ideologies, theories or religious dogma... Person-centred medicine aims to modify the bio-molecular reductionist approach to medical science in favour of an integration which makes doctors, nurses and patients true protagonists of the health scenario' Giuseppe Rodolfo Brera, Rector of Università Ambrosiana, Director of Milan Medical School of Università Ambrosiana.

My presentation will show, with evidence from consultations with patients of different medical services around the world, that there are many common demands from all patients, as well as some specific to particular groups.

I will show that the popularity of complementary and holistic therapies is demonstrating that people generally want to be more involved in their own healthcare, they (and their families and carers) want more and better information, in language they can understand, and they want and need to be treated with dignity and respect.

There are many forms of expert patient training now being developed, which enable patients and service users to take a greater role in their own self-care, where this is possible.

Some organisations, such as the Princes Foundation for Integrated Medicine in the UK, have developed perspectives on integrated and holistic care, which brings in concepts of spirituality, a whole person approach and a re-integration of biochemical medicine with new and traditional forms of natural medicine

I argue that traditional concepts of medicine were usually holistic, and that scientific medicine has moved away from this, for reasons of efficiency and scientific progress, but in doing so, the majority of doctors have left behind the art of healing. The greater involvement of patients and service users in the late 20th and 21st centuries has meant there is a strong call to reintegrate medicine with healing and spirituality and bring patients and their families back to the central role in their own care and treatment.

Benedetto Saraceno & John Copeland - Discussants

SpS-24

PERSON-CENTERED PUBLIC HEALTH

INSTITUTIONS

1 Medical University of Vienna, Psychiatry, Vienna, Austria

AUTHORS

1. Michaela Amering¹, michaela.amering@meduniwien.ac.at

Chairperson: Michaela Amering

- 1) Guidelines for Person-centered Clinical Services (M. Von Cranach; m.v.cranach@t-online.de and M. Jorge; migueljorge@terra.com.br)
- 2) The User in Person-centered Mental Health Care (Jan Wallcraft; loujan03@yahoo.co.uk)
- 3) Person-centered Care in non-consensual treatment situations (M. Amering; michaela.amering@meduniwien.ac.at)
- 4) Person-centered Health Promotion

SpS-25

FACILITATING MENTAL HEALTH DEVELOPMENT IN THE ASIA PACIFIC

INSTITUTIONS

- 1. University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Melbourne, Australia
- 2. University of Melbourne, Department of Psychiatry, Melbourne, Australia

AUTHORS

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- 2. Chee Ng², Assoc Prof, MD, cng@unimelb.edu.au

Officially launched in 2004. Asia Australia Mental Health (AAMH) is a not for profit consortium of The University of Melbourne and St Vincent Health. It works in ten countries in Asia to extend integrated mental health care into the community. It does this by assisting senior mental health leaders and bureaucrats in these countries to develop appropriate strategies to build and sustain reform in community mental health service delivery within targeted countries. It also works to strength capacity to facilitate the implementation of community mental health services in these countries. It is active in

working with these leaders to ensure that each country develops its program in a culturally sensitive and appropriate way. In this symposium Professor Singh will describe AAMH, its history and mission and its achievements to date. Associate Professor Ng will detail the current major projects being implemented in the region and Professor Ma Hong from the Institute of Mental Health at Peking University, one of our partner organisations will describe the work being done in the People's Republic of China.

ASIA AUSTRALIA MENTAL HEALTH

INSTITUTIONS

1. University of Melbourne, Faculty of Medicine Dentistry and Health Sciences, Melbourne, Australia

AUTHORS

1. Bruce Singh¹, Professor, AM, singh@unimelb.edu.au

AAMH is a consortium of the University of Melbourne and one of its major teaching hospitals - St Vincent's Health. It was formed to foster and support the development of integrated mental health care in the Asia-Pacific region. Its credibility is founded on 20 years of history of knowledge, experience and involvement in the region by

senior members of both organisations and their knowledge of implementation of community mental health in Australia. In this presentation AAMH structures, function, mission and achievements to date will be detailed.

FACILITATING COMMUNITY MENTAL HEALTH REFORM IN THE ASIA PACIFIC

INSTITUTIONS

1. University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Melbourne, Australia

AUTHORS

1. Chee Ng1, Assoc Prof, MD

Community mental health services are generally inadequately developed in many parts of the Asia-Pacific. *Asia-Australia Mental Health* is working in partnership with mental health policy makers and leaders across the Asia-Pacific to facilitate the development and implementation of community mental health service models that are both culturally sensitive and based on best practice principles. Ideally, international collaboration in system development is maximised when it is based on principles of genuine partnership, multi-level engagement and bilateral government support. The broad socio-economic and political restraints must be understood for each

country and models cannot simply be translated from culture to culture. It is important to build in flexibility for different entry points and timing for health reforms to take into account the beliefs, attitudes, and resources of the local context. Reform needs to embrace and occur at all levels and sectors, and attitudes and commitment must be influenced in partnership. As it is also essential to establish a working and supportive network for reform, the Asia-Pacific Community Mental Health Development Plan originally initiated by WHO is addressing contemporary practical approaches to community health care in the region.

NATIONAL MENTAL HEALTH SERVICES MODEL REFORM PROGRAM IN CHINA (PART 1)

INSTITUTIONS

1. Peking University, China

AUTHORS

- 1. Hong MA1, Professor
- 2. Xin YU1, Professor

China has built a hospital and community integrated model for continuing monitoring and management of people with psychoses has been built in demonstration areas in 30 provinces in China. After SARS, Chinese government decided to rebuild public health system. In April to May 2004, China CDC and Peking University visited community mental health in Melbourne, and then decided to use Victorian Model for reference. On September 30 2004, after competing with more than 50 other proposals, Mental Health Service Model Reform Program was included as the only non-communicable disease program into national public health program. In December 2004, it was formally supported by Ministry of Finance, and was called "686 Program" for its 6.86 million fund. National

Center for Mental Health, China-CDC took charge of this program and built national working group as well as foreign consultant group with experts mainly from the University of Melbourne. In 2005, demonstration areas were established and different groups of people were trained. In 2006 and 2007, people with psychoses were intervened and followed up. In 2008, the program will be continued. To ensure the systematic training on case management for the workforce and capacity building, Asia-Australia Mental Health, The National Institute of Mental Health at Peking University and the Chinese University of Hong Kong have formed a tripartite train-the-trainer program for mental health professionals in the demonstration sites.

NATIONAL MENTAL HEALTH SERVICE MODEL REFORM PROGRAM IN CHINA (PART 2)

INSTITUTIONS

1. Peking University, China

AUTHORS

- 1. Xin YU1, Professor
- 2. Hong MA¹, Professor

In the 686 integrated community mental health care project, a total of 60 demonstration areas were built in 30 provinces in China, 1 urban and 1 rural area in each province, covering a population of 43 million. Totally 602 training courses were held and nearly 30,000 people trained, among whom were psychiatrists, community physicians, case managers, community workers, public security staff and family members of the patients. National computerized case database was also built. In 2006, this program received 10 million RMB. Monitoring and intervention network for psychoses, as well as local comprehensive prevention and treatment team was built in each demonstration area. Over 12000 people including 15% psychiatrists and psychiatric nurses were involved. The record system of the psychotics was primarily built into network through informa-

tion stations located in 60 demonstration areas. By December 31 2006, a total of more than 65,000 patients were registered and archived, near 22,000 patients with violence tendency followed up periodically, over 9,000 poor patients with violence tendency provided free medication, over 26 hundred person-times of violent behaviors provided free crisis management, and more than 1,000 poor patients with violent behaviors provided free hospitalization. Severity of violence of followed up patients decreased. The budget of 2007 was 15 million RMB, which continuously supported the same contents as that in 2006 in 60 demonstration areas. The budget for 2008 is 27.35 million RMB, and more patients can get free medication and hospitalization, and one new demonstration area will be set up in Xinjiang Province.

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COMMUNITY PSYCHIATRY IN DEVELOPING COUNTRIES-LOOKING AHEAD

INSTITUTIONS

- 1. Medical College Trichur, Psychiatry, Trichur, India
- 2. National Institute of Mental Health, Psychiaty, Dhaka, Bangladesh
- 3. All India Institute of Medical Sciences, Psychiatry, New Delhi, India
- 4. Institute of Medicine, Psychiatry, Kathmandu, Nepal
- 5. Universiti Sains Malaysia, Institut Perubatan dan Pergigian Termaju, Pulau Pinang, Malaysia
- 6. JSS Medical College, Psychiatry, Mysore, India
- 7. CSM University, Psychiatry, Lucknow, India

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- 6. Jitendra K Trivedi⁷, Prof, MD, jitendra.trivedi@gmail.com

Objective of the Symposium: To focus on the relevance of community psychiatry with special reference to the developing world and to discuss the future perspectives. The speakers will discuss the current

scenario, the obstacles in the path for development and the future goals. A road map for concerted action will be presented.

COMMUNITY PSYCHIATRY IN DEVELOPING WORLD: AN OVERVIEW

INSTITUTIONS

1. Medical College, Thrissur, Psychiatry, Trichur, India

AUTHORS

1. Roy Abraham Kallivayalil¹, Prof, MD, roykallivayalil@dataone.in roykalli@gmail.com

Community Psychiatry in the developing world grew mostly under the western model, but had to face massive constraints- lack of facilities, inadequate manpower and poor resource allocation. Long term care in mental hospitals appeared to be counter- productive. Unfortunately, institutional psychiatry, where trained professionals worked, was often expensive. Also there was severe shortage of trained mental health professionals. The establishment of large number of General Hospital Psychiatry Units in countries like India has revolutionised mental health care. Such units were in much closer proximity to the community. Patient no longer had to travel long distances to seek treatment.

Looking ahead, there are no simple answers. Establishment of PHC based rural mental health programme, GP based urban mental health programme, school mental health programmes, home based follow-up, Psychiatry medical camps can all be innovative. National Mental Health Programmes will facilitate community psychiatry

greatly. This will make minimum mental health care to people available and accessible. The starting of District Mental Helath Programme in India has been well received.

Teaching Psychiatry in undergraduate medical training, training lay counselors and social workers, co-operation with religious and spiritual centres, planning special programmes for children, women and the elderly, increased use of psychosocial methods in treatment and continuous monitoring and evaluation will make community psychiatry in developing nations more meaningful and useful.

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Raghuram R, et al Traditional Community resources for mental health. Br Med J. 2002

COMMUNITY PSYCHIATRY IN BANGLADESH

INSTITUTIONS

2. National Institute of Mental Health, Psychiatry, Dhaka, Bangladesh

AUTHORS

1. A. H. M. Mustafizur Rahman², Dr, MD, bap@agni.com

Qualified psychiatrists and trained manpower are required for development of effective community mental health services. In Bangladesh there are only 100 plus psychiatrists to provide services in the country. Considering this deficit 25 Civil Surgeons, 3500 Primary Health Care Physicians, 5500 Health Workers and 172 Imams were trained on psychiatry in Bangladesh. Extension of training programme and to nurses, teachers, traditional healers and village leaders may be needed for effective community services in the developing countries.

In Bangladesh 4 model upazilla for CBAs in mental health around Dhaka city has been under taken to start the community based service. Primary health care physicians are working in these model upazilla health complexes were trained on psychiatry so that they can manage mentally ill people at door step. The field level workers and nursing staffs in these model upazilla health complexes were also trained on mental health so that they can identify and can take care of mental ill patients in the locality.

Awareness development programme in the 4 model upazilla was completed. So far 2800 people attended the community awareness programme on mental health. In December 2007 one outreach treatment programme has been started at one model upazilla health complex. Local doctors and nurse have been involved in the programme. Psychiatrists from NIMH, Dhaka, visit the outreach centre weekly and medicines are supplied free to the patients. So far the response from the community regarding treatment of mentally ill patients is satisfactory.

COMMUNITY PSYCHIATRY IN SOUTH ASIA: ACHIEVEMENTS SO FAR

INSTITUTIONS

3. All India Institute of Medical Sciences, Psychiatry, New Delhi, India

AUTHORS

1. Rakesh Kumar Chadda³, Prof, MD, drrakeshchadda@hotmail.com

Community psychiatry movement in South Asia is relatively new. Most of the countries in South Asia like India, Pakistan, Nepal, Bangladesh and Bhutan don't have adequate mental health resources. Psychiatric services consist of general hospital psychiatric units, mental hospitals and private psychiatrists with chamber practice. The services are mainly confined to the big cities. India was the first country to initiate its National Mental Health Programme in 1982 with community outreach and integration of mental health in general medical services being the main objectives. The programme has now covered nearly one fifth of the country by making districts as the nodal agencies and envisages training the primary care physicians and other health workers to provide basic mental health care. Sri Lanka has increased the curriculum in psychiatry at the undergraduate level so as to equip their medical graduates and hence equipping the primary care physicians to take care of mental

health problems of the populace. Other experiments include running of the satellite clinics by the psychiatrists in the community, organising mental health awareness camps during the world mental health week. Still lot needs to be done, as the resources are limited. India has taken lead in the community mental health, followed by the other South Asian countries.

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COMMUNITY PSYCHIATRY IN DEVELOPING COUNTRIES: OBSTACLES AND CHALLENGES

INSTITUTIONS

- 1. Institute of Medicine, Psychiatry, Kathmandu, Nepal
- 2. Universiti Sains Malaysia, Institut Perubatan dan Pergigian Termaju, Pulau Pinang, Malaysia

AUTHORS

1. Mahendra K. Nepal^{1,2}, Prof, MD, drmknepal@yahoo.com

A number of obstacles and barriers have been identified in smooth and rapid scaling of such services in the developing countries. Often cited such obstacles are lack of adequate financial resources allocated to mental health, inequality of provision of the resources within a country in different regions, lack of adequate human resources, low Priority accrued to mental health by the policy makers and planners, high prevalence of stigma and negative attitudes, and misconceptions about mental health among the decision makers, general medical and other health staff and members of the community, and prevalence of low mental health literacy rate among the general public and elites of the health-community. These factors (obstacles) can be divided into two major groups; the resource related and the

cognitive and attitudinal. Besides this group of obstacles, the cognitive and attitudinal factors are also extremely important in search, allocation and preparation of the resources, and making those available in setting up or expansion of services. Due to high and pervasive prevalence of these obstacles, whatever resources are available for health, non or nominal is allocated to mental health leading to gross discrepancy in allocation to health conditions with equal public health importance. It is very crucial to identify, define, delineate and rectify this particular group of obstacles, namely cognitive and attitudinal obstacles and also of course concerted major initiatives have to be taken up in resolving or minimizing the resource related obstacles.

COMMUNITY PSYCHIATRY: EMERGING SPECIALITIES AND THEIR RELEVANCE

INSTITUTIONS

5. JSS Medical College, Psychiatry, Mysorre, India

AUTHORS

1. T. Sathyanarayana Rao⁵, Prof, MD, tssrao19@gmail.com

The developing countries have a typical problem of burgeoning population, poverty and a skewed distribution of the prosperity, illiteracy and the gender disparity, increasing rates of crime and the added issue of terrorism, lack of sex education and the consequent rising rates of STDs and HIV, infrastructure bottlenecks on the one hand and emerging information technology on the other. Psychiatry is still a not so coveted subject in medical curriculum leading to the medical professionals lacking in psychiatric skills to manage the problems at peripheries with concentration of facilities in urban areas. Though significant changes have happened with governmental

programmes, arrival of general hospital psychiatry units and emergence of private psychiatry, still the specialization is a distant dream. The emphasis on special populations like children, adolescents, women and geriatric population is a crying need at present. Specialization so also special centers attending to special areas like sexuality, substance abuse and positive mental health are the necessity. The paper attempts to look into the existing scenario with emphasis on sexualities and makes suggestions for tackling the above issues from the perspectives of the developing countries.

COMMUNITY PSYCHIATRY IN DEVELOPING COUNTRIES: FUTURE PERSPECTIVES

INSTITUTIONS

6. CSM Medical University, Psychiatry, Lucknow, India

AUTHORS

1. Jitendra K. Trivedi⁶, Prof, MD, jitendra.trivedi@gmail.com

The place of mental health care as a part of general health has significantly changed during the last 60 years. This has changed over the years and mental health issues are actively seen as a part of public agenda in the various forms. There has been some focus on the mental health care and it has grown from being non-existent to having some presence however despite the progress in mental health care the needs of the population are largely unmet. The problem faced by the health services include persistent gaps in manpower and infrastructure, especially at the primary health care level, the sub-optimal functioning of primary care, a large number of hospitals without appropriate manpower, diagnostic or therapeutic services, poor use of services in the most needy areas, inadequate inter-sectoral linkages. In the past few decades we have witnessed radical changes in

the political, economical and social conditions. There has been some growth in the mental health care but it has not been enough to meet the needs of the community. Our community programs need to be tuned to the changing times and need basic reforms. The necessary steps to meet the mental health care needs include training the undergraduates, physicians and the community.

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SOCIAL CONTEXT, RURAL MENTAL HEALTH IN MARGINALIZED PEOPLE

INSTITUTIONS

- 1. St. John of God Richmond Hospital, North Richmond, Australia
- 2. World Federation for Mental Health (WFMH), Mental Health, Springfield, United States
- 3. Beijing Huilongguang Hospital, Psychiatry, Beijing, China
- 4. ORYGEN Youth Health, Melbourne University, Youth Mental Health, Melbourne, Australia
- 5. Ain Shams University, Institute of Psychiatry, Cairo, Egypt
- 6. Kocaeli University, Community Mental Health Research, Kocaeli, Turkey
- 7. Fatima Jinnah Medical College, Psychiatry, Lahore, Pakistan

AUTHORS

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- 2. Preston Garrison², Mr, pgarrison@wfmh.com
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- 5. Tarek Okasha⁵, Professor, MD, tokasha@internetegypt.com
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- 7. Haroon Choudhry⁷, Professor, MD, pprc@wol.net.pk

There is a large population the world over, which is rural and remotely based.

The ability to access, avail or accept mental health services are poor in rural areas. Populations who are marginalized experience isolation and discrimination in generic and specialist services. Despite anecdotal reports on a more cohesive social capital in rural communities, there exist groups of remotely based people who live in relative deprivation; poor housing; low income and lack of job opportunities. They are often excluded from areas of social life. Isolation and lack of mobility contribute to stigma and poor social integration.

This symposium provides a global perspective on the varying social contexts in rural settings that impinge on mental health care. Specific groups discussed are:

1. Young people and their vulnerabilities including early psychoses

- 2. Drug and Alcohol issues
- 3. Indigenous people and their co-existing physical and mental illnesses
- 4 Farming communities, Depression and suicidal behaviour
- 5. Other marginalized populations in remote areas from different cultural settings.
- The speakers focus on country perspectives from Australia, China, Egypt, Turkey and the USA.

Conclusion:

In developing quality mental health care, there is a need to understand factors that cause social alienation and stigma in "hard to reach communities". There is a need to build partnership with the voluntary sector and social agencies and the already available protective fabric of the rural communities.

RURAL MENTAL HEALTH IN AMERICA

INSTITUTIONS

1. WFMH, Mental Health, Springfield, United States

AUTHORS

1. Preston Garrison¹

During the "great American farm crisis" of the late 1980's, the National Mental Health Association in the United States initiated an effort to gauge the extent to which the mental health of farm and rural families was being affected by the economic and social turmoil in states across the nation. The mid- and late 1980s represented a dark time for America's "family farms," and was often compared to the "Dust Bowl" days of the 1920's and 1930's - except this time, changing approaches to farming, the advent of mega agribusiness operations, and a tremendous number of bankruptcies and loan foreclosures replaced drought, windstorms and pestilence as the

primary drivers of farm failure and disruption. What does rural America's mental health look like today? What is the situation today in America's "heartlands," and what does it represent in the way of "lessons learned" relating to the way in which the mental health needs of rural Americans are viewed and addressed some 20+ years later? This presentation will share some findings from recent reports and policy documents --- all of which seem to conclude that not a great deal has been accomplished in fulfilling the promise of improved mental health care prevention, policies and practices in rural America

CHINESE MENTAL HEALTH CARE SYSTEM :PRESENT AND FUTURE

INSTITUTIONS

1. Beijing Huilongguang Hospital, Psychiatry, Beijing, China

AUTHORS

1. Yangfan Chen¹, Dr., M.D., chenyf@jn-public.sd.cninfo.net

The integration of community based and hospital based mental health care system has assumed increasing important role. This paper will present a electro diagnostic instrument to help the integration of community based and hospital based mental health care system and introduce a regional program, the Yantai Model of hospital based mental health care combined with community based mental health care in a rural area of China. it could be established within the Constraints of the limited economic resources available.

USING TECHNOLOGY TO REACH YOUNG PEOPLE IN RURAL AUSTRALIA

INSTITUTIONS

1. Melbourne University, Orygen, Melbourne, Australia

AUTHORS

1. Jane Burns¹, Dr., Ph.D, jane@inspire.org.au

Aims/Objectives: Rural adolescents face stressors that may affect mental health, such as physical isolation, loneliness, limited access to health services, lack of privacy, and economic instability. To date, an understanding of the factors that may impact on help seeking in rural communities is limited.

Methods: Survey data was collected from 1711 year 10 students (AGE -15.11 SD=0.39) from 52 schools in rural and regional South Australia

Results: Fewer males than females recognized that they had a problem and acknowledged that they needed help. Adolescents sought help from parents and friends more often than from professional sources. Females had greater help-seeking knowledge and intentions than did males. The most frequently reported barrier to seeking help was the desire to deal with the problem personally. Males from rural

areas were more likely to indicate that they did not know how to find help than males from regional areas.

Conclusion: Reach Out! (www.reachout.com.au) is a confidential and anonymous online service that provides information on mental health, referrals to appropriate sources of help, and stories about how other young people have dealt with and overcome adversity. The initiative, using multi-media techniques, promotes positive images of young people to improve mental health literacy, increase help-seeking and enhance resilience¹. The potential of web based services in rural communities and their relevance in clinical practice, preventive interventions and health promotion campaigns needs further consideration. 1. Burns J, Morey C, Lagelee A, Mackenzie A, Nicholas J. Medical Journal of Australia 2007; 187:S31-S34.

MENTAL HEALTH SERVICES IN EGYPT-A RURAL ACTION PLAN

INSTITUTIONS

1. Institute of Psychiatry, Ain Shams University, Psychiatry, Cairo, Egypt

AUTHORS

1. Tarek Okasha¹, Dr., M.D., tokasha@internetegypt.com

Six hundred years ago, before Europe had mental health services in general hospitals, Egypt had such a service in Kalawoon hospital in Cairo, with 4 wards; surgery, medicine, ophthalmology and psychiatry. In 1942 Egypt started to implement the concept of psychiatric services in general hospitals. Egypt lies on the Mediterranean Sea; part of it lies in Africa and part of it (Sinai) lies in Asia. Egypt is considered an African, Mediterranean, Arab and a Middle Eastern country at the same time. Egypt has a population of 70 million. Egypt is divided into 26 governorates and has around 130,000 doctors, 1000 psychiatrists, 250 clinical psychologists and 1355 psychiatric nurses.

Psychiatric services are provided through general hospitals, state hospitals, university hospitals and private hospitals amounting to about 9000 beds. Egypt is moving towards primary care in psychiatry through general practitioners and this has been incorporated into the National Mental Health Program for the past 12 years, rather than community care, which is not feasible because of financial, cultural and religious beliefs. This presentation will review the mental health services action plans for rural areas in Egypt at the moment together with future plans.

ROLE OF PRIMARY HEALTH CARE WORKERS IN RURAL MENTAL HEALTH SERVICE IN TURKEY

INSTITUTIONS

1. Kocaeli University, psychiatry, Kocaeli, Turkey

AUTHORS

1. Bulent Coskun¹, Dr., MD, 8bulentcoskun@gmail.com

In this presentation after a brief introductory information about rural health services in Turkey different examples of activities and difficulties regarding improvement of mental health services in rural areas, with some comparative references from urban areas will be shared.

Role of primary health care workers in the development and impro-

vement of these services will be emphasized. The importance of presence and lack of interdisciplinary and intersectoral cooperation will be touched upon with some special examples from the field. It is believed that the reactions and recommendations of the participants will be helpful to bring back to the workers of primary health care in these areas.

EXTENSION OF MENTAL HEALTH SERVICES IN RURAL SETTINGS

INSTITUTIONS

1. Fatima jinnah Medical College, Psychiatry, Lahore, Pakistan

AUTHORS

1. Haroon Choudhry1, Dr., M.D., pprc@wol.net.pk

People living in rural communities face additional barriers to receive effective prevention and treatment services for mental health problems. Access to and availability of mental health specialists are seriously lacking. Poverty, geographic isolation, and cultural differences further limit the amount and quality of mental health prevention and treatment services available to individuals in rural areas. The barriers such as limited insurance coverage, scarce availability of services, and stigma must be overcome in order to achieve further progress in preventing and reducing the toll of mental problems. Although a variety of well-established interventions are available but they are not reaching many who need them. In order to improve mental health services in the region, the focus can be to stimulate research on mental health problems in rural communities that will

enhance understanding of structural (including community risk and resilience factors), cultural, and individual factors that may enhance the provision and utilization of prevention and treatment services in these communities and to generate knowledge to improve the organization, financing, efficiency, effectiveness, quality, and outcomes of mental health services in rural populations. Community involvement may contribute a useful role in provision of mental health facilities. In addition, the presentation will address the following:

Training of local GPs and paramedics.

Free camps are organized weekly, monthly, quarterly and annually. Community education programmes on mental health for general public

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PSYCHIATRIC SERVICES: TO SATISFY THE PATIENTS' DEMANDS OR THE PROFESSIONALS' NECESSITIES?

INSTITUTIONS

- 1. ABP, Psychiatry, Porto Alegre, Brazil
- 2. BSP, Psychiatry, Cochabamba, Bolivia
- 3. SPC, Psychiatry, Santiago, Chile
- 4. PSP, Psychiatry, Asunción, Paraguay
- 5. PPA, Psychiatry, Lima, Peru
- 6. VSP, Psychiatry, Caracas, Venezuela
- 7. APSA, Psychiatry, Córdoba, Argentina

AUTHORS

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- 3. Juan Mass³, Dr., MD, lucatelli@psillpo.com.ar
- 4. José Vera Gómez⁴, Dr., MD, lucatelli@psillpo.com.ar
- 5. Marta Rondon⁵, Dr., MD, lucatelli@psillpo.com.ar
- 6. Carlos Sánchez Núńez⁶, Dr., MD, lucatelli@psillpo.com.ar
- 7. Ángela Graciela Lucatelli⁷, Dr., MD, lucatelli@psillpo.com.ar

In this Symposium it will be listened a brief presentations of the WPA representatives belonging to different South American countries. They will act as debaters like Zonal Secretaries of the WPA, Professors Dres. Edgard Belfort and Roger Montenegro. A tendency is observed the mechanization of the medical procedures, placing in background the construction of the bond in the relation doctor-patient. Prof. Dr Miguel Adad - Brazilian Society of Psychiatry: The economic variables that condition the answers to the patients' demands. Prof. Dr Everth Montańo Ferrufino - Bolivian Society of Psychiatry: The educative models, of the "Necessary Magister" Prof. Dr Juan

Maass - Society of Psychiatry of Chile: The State's function in the quality control's services. Prof. Dr Jose Vera Gómez - Paraguayan Society of Psychiatry: The patients' rights and the processes of information. Prof. Dra. Marta Rondon - Peruvian Psychiatric Association: Clinical observation and description versus Statistical Manual. Prof Dr. Carlos Sánchez Núńez - Venezuelan Society of Psychiatry: The Chamán or Medical Wizard's relations and the massive depositación of confidence. Prof. Dra. Graciela Lucatelli - Association of Argentinean Psychiatrists: "I have to be the other, the other that gives all existence me".

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GLOBALISATION AND RECENT ADVANCES IN ADOLESCENTS' PSYCHIATRY

INSTITUTIONS

- 1. Clinique Dupré, Sceaux, France
- 2. WPA Zonal Representative, Paris, France

AUTHORS

- 1. Caroline Lecoutre¹
- 2. Nadia Mammar¹
- 3. Michel Botbol²

BODY, SEXUALITY AND INTIMACY IN "MILIEU" TREATMENTS DURING ADOLESCENCE

INSTITUTIONS

1. WPA Zonal Representative, Paris, France

AUTHORS

1. Michel Botbol¹

The body is a favoured way of communication during adolescence; in the context of a "milieu" treatment at this age, it can be considered as a crucial part of the patient's psychic economy. It allows him to frame and project his psychic conflicts and the fore relieves his psychic system and his fear of losing control.

In milieu therapy the institution is at the same time a therapeutic and a living space. It, condenses in a same place the intimate sphere and the collective dimension. This is why the sexual body which has

become for the troubled adolescent an "intimate stranger" or even "intimate enemy", becomes a "troublemaker" that everybody would like to forget. Source of excitement, it may lead to massive defensive counter investments.

Our work aims at exploring more deeply the possible disjunctions and articulations between body, sexuality and intimacy in this context of a milieu treatment for adolescents and young adults. Clinical vignettes will be presented to illustrate this work.

MENTAL HEALTH ON COLLEGE CAMPUSES: AMERICAN PSYCHIATRIC ASSOCIATION PRESIDENTIAL TASK FORCE

INSTITUTIONS

1. University of Michigan, United States

AUTHORS

1. Michelle Riba1

Mental health on college campuses is a critically important area. In the United States, in 2004, the American Psychiatric Association developed a Presidential Task Force to address the multiple and complicated issues involved. The Task Force, comprised of adult and child psychiatrists, pediatricians, and students proposed an agenda for review and projects to be delineated. In addition, at college campuses, such as the University of Michigan, yearly conferences

are being held to address ways to help students and practitioners understand the role of depression, anxiety, sleep, stress, alcohol and substance use and abuse. This presentation will help to provide participants with an update on the work of the Task Force and local efforts to better screen, evaluate and treat students for mental health problems.

ACTUALITY OF THE PSYCHODYNAMIC APPROACHES OF EATING DISORDERS

INSTITUTIONS

1. Paris VI University, IMM, Service de Psychopathologie de ladolescent et du jeune adulte, Paris, France

AUTHORS

1. Maurice Corcos¹

The experience of our ward is based on a population of severe anorexic and bulimic patients with major symptoms evolving over several years. This practice that combines a large number of cases and long term personalised individual treatments, has enabled the emergence of a certain amount of data raising a number of questions related to the mental functioning of these patients. This has led us to believe that the core impairment of these adolescents lies within their personality characteristics and their capacity to deal with conflicts and particularly to feel and contain depressive affects. These patients' relationship to others is similar to their relationship to food, both taking a paradoxal pattern: - An alternating between great eagerness for relationship and isolation or withdrawal, with intolerance for loneliness as well as for closeness. - A great awareness about others' attitudes and opinions, often in a hypersensitive manner -Difficulties in regulating relationship and finding optimal distancing with others: violent turnabouts from idealized attachment to total rupture, vindictiveness, and even outright hostility when faced with the least deception - Oscillation between anxiety related to fear of separation and anxiety related to fear of intrusion - Coexistence of exacerbated expectations concerning important people, along with the ability to be easily influenced, and at the same time exacerbated trend to opposition and obstinate refuse of change

All these characteristics are grounded in a common dependency problematic. In all these personality traits we find a predisposition to exaggerated dependency toward certain persons in the concrete world: parents, siblings etc... with an obvious lack of autonomy and zones of confusion between the patient and these persons In a psychodynamic perspective, we see the anorectic and bulimic conducts as defensive processes aiming to reorganize patient's objectal relations, that is to say: its difficulty to cope with the antagonism between his objectal inclinations and his need to protect their narcissistic balance. Therapeutic consequences are discussed.

TAUREAREA: COMING IN AGE IN TAHITI

INSTITUTIONS

1. Psychiatrist, Papetee, French Polynesia

AUTHORS

- 1. Fréderic Atger¹
- 2. Ioanna Atger¹

Our three year psychiatrical practice in the only community adolescent outpatient center that we created in Papeete (Tahiti) confronted us to a great frequency of conduct disorders such as school refusal, drugs' addiction, elopes, suicidal attempts and early pregnancies. These disorders appeared mainly in highly disturbed families, without psychiatric pathologies but presenting transgenerationnal traumatic history in which the central elements are discontinuous

relationships. Treatment of the adolescent and his family (always eager to participate) leads to rapid and dramatic improvement. We will discuss the influence of cultural factors upon the quality of early mother-infant interactions followed by repeated separations (faa'amu adoptions). The transition to adolescence (taurearea) in traditional Tahitian culture and its changes following the European contact will also be questioned.

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EXPANSION OF FORENSIC PSYCHIATRY: ETHICAL AND SOCIOPOLITICAL CONCERNS

INSTITUTIONS

1. Queen's University, Psychiatry, Kingston, Canada

AUTHORS

1. Julio E. Arboleda-Flórez¹, julio.arboleda-florez@queensu.ca

SPECIAL SYMPOSIA

FORENSIC PSYCHIATRY IN DUBIOUS ASCENT

INSTITUTIONS

1. Institute of Forensic Psychiatry, Charité University Medicine Berlin, Berlin, Germany

AUTHORS

1. Norbert Konrad¹, norbert.konrad@charite.de

Successful treatment of mentally ill offenders in catamnestic studies, measured by the recurrence rate of criminal behavior, has improved the reputation of forensic psychiatry but has also increased the expectations placed upon it. Forensic psychiatry is generally attributed with greater competence with regard to prevention of criminal recidivism, even if studies comparing recidivism after release from forensic-psychiatric hospitals with that from prisons are, at least, methodologically problematic due to the uncontrollable selection

effects. The attribution of higher competence is accompanied by the hitherto unfulfilled expectation that forensic psychiatry can decisively reduce the relapse rate in individuals with personality disorders, especially in offenders with dissocial personality disorders, as found in the international psychiatric classification systems, particularly the subgroup of "psychopaths". There is a special need for therapy research in these patient groups that are rejected by many - even forensic - psychiatrists.

THE CRIMINALIZATION OF THE MENTALLY ILL IN CANADA

INSTITUTIONS

1. Queens University, Kingston, Ontario, Canada

AUTHORS

1. Heather Stuart¹, heather.stuart@queensu.ca

This presentation will review mental health reform in Canada focusing on three waves of institutional reforms. In the first wave, occurring between the mid 1960's and the early 1980's, the focus was on reducing the size of mental hospitals by 70-80% in the short span of 15 years. During this time, governments increasingly invested in general hospital psychiatric beds as an alternative to institutional care. By 1990, there were almost as many days of psychiatric care provided in general hospital psychiatric units as mental hospitals. However, community-based supports and services remained wholly inadequate, leading to host of poor social outcomes. Surveys of incarcerated population showed the high prevalence of mental illness in correctional populations. Correctional institutions had replaced mental hospitals as the main source of institutional support for

large numbers of mentally ill. The corresponding rise of forensic services to deal with the mental health needs of inmate populations meant that it was easier to obtain access to a mental health 'bed' through the correctional system than through health care system - a situation that was heavily exploited by busy police officers who were increasingly forced to choose between care and control. The third wave of institutional reform has focused on correctional facilities, seen in the rise of stop-gap diversionary mechanisms aimed at reducing the number of mentally ill offenders in justice and correctional settings. Though most mental health reform policies acknowledge the importance of addressing the needs of mentally disordered offenders in the evolving community mental health system, progress has been slow.

BRAZILIAN PSYCHIATRIC REFORM: ITS IMPACT ON THE FORENSIC PSYCHIATRIC PRACTICE

INSTITUTIONS

1. Federal University of Health Sciences of Porto Alegre, Psychiatry and Forensic Medicine, Porto Alegre, Brazil

AUTHORS

1. Jose Taborda¹, jose@taborda.med.br

Since Caracas Declaration, Brazilian authorities on public health have changed the model of psychiatric attention. This new model, fulfilled with a strong ideological bias, has tried to follow the steps of the 1970's Italian Psychiatric Reform. Many psychiatric hospitals were closed, the total number of psychiatric beds has diminished and, as a consequence, there has been an increased disassistance and abandonment of the mental patients. Many of them are on the

streets. Others, in the prisons. Nowadays, it has been estimated that there are more mental patients in prisons than in psychiatric hospitals. The city of Porto Alegre holds the largest Brazilian prison, with more than 4000 in-mates. This population is cared for by very few forensic psychiatrists. The author displays some figures and discusses the related ethical issues.

ETHICAL ISSUE IN ELDERLY FORENSIC PSYCHIATRY

INSTITUTIONS

1. Forensic Psychiatry Hospital Stei, Stei, Romania

AUTHORS

1. Nicoleta Tataru¹, nicoleta_tataru@hotmail.com

We discuss about the assessment of competence in dementia and ethical aspect of care and research in elderly demented people and about involuntary commitment of incompetent patients. We also refer to the complications and difficulties when trying to apply the civil commitments compulsive hospital admission measure, foreseen in the law for mental health, when the dementia diagnostic falls within this age group. Historically, involuntary commitment of incompetent patients took in the consideration the best interest of the patient, but also the well-being of the family and the potential risk for others. After a short review of legislation and of conditions of hospitalization concerning involuntary commitment of the mentally ill people during our history before and after 1989, we'll

analyze the activity on involuntary commitment in a Forensic Psychiatry Hospital in district Bihor, in last five years from a 30 years experience working in the field. Standards and practice in our country regarding the involuntary commitment have been changed more that three times after the second War and has been improved in 2002, when there appeared the new Mental Health Law, emphasizing protection of patients' rights. There are legal and ethical limits to involuntary hospitalisation, because involuntary treatment and hospitalisation restricts a person's liberty. There should be a lot of things to do to improve the quality standards: improvement of elementary care needs, improvement of their quality of life.

FORENSIC PSYCHIATRY: THE LEGAL BATTLEGROUND OF PSYCHIATRIC ETHICS

INSTITUTIONS

1. Queen's University, Kingston, Ontario, Canada

AUTHORS

1. <u>Julio Arboleda-Flórez</u>¹, julio.arboleda-florez@queensu.ca

A review of ethical challenges facing the clinical practice of Psychiatry and its research endeavours clearly points to major concerns at three levels, the ethics at the medical physician-patient or at the research investigator-subject encounter, the ethics affecting systems and the ethics at the macro level of public health. But whereas in general Psychiatry most of the ethical issues centre in the physician-patient relationship, ethical issues of major importance in Forensic

Psychiatry impact at any of the three levels mentioned. In addition, those ethical challenges in the practice and research endeavours in Forensic Psychiatry, are multiplied by the legal obligations to report to third parties. Ethical binds caused by double agency obligations are, therefore, a constant in the professional interactions of forensic practitioners. This presentation will review the issues impacting on forensic ethics and double agency situations.

SpS-34

PAKISTAN EARTHQUAKE - NATIONAL AND INTERNATIONAL RESPONSE

INSTITUTIONS

1. Fatima Jinnah Medical College/Sir Ganga Ram Hospital, Psychiatry, Lahore, Pakistan

AUTHORS

1. Haroon Rashid Chaudhry¹, Prof., pprc@wol.net.pk

MENTAL HEALTH ACTIVITIES FOR EARTHQUAKE SURVIVORS - EXPERIENCE FROM PAKISTAN

INSTITUTIONS

1. Fatima Jinnah Medical College/Sir Ganga Ram Hospital, Psychiatry, Lahore, Pakistan

AUTHORS

1. <u>Haroon Rashid Chaudhry</u>¹, Prof., pprc@wol.net.pk

On 8th October 2005, a devastating Earthquake struck the North East part of Pakistan leaving three million people homeless. A number of people became injured and countless people died.

Mental Health treatment teams comprising doctors, psychologists, social workers, psychiatric nurses and volunteers were sent to the Earthquake affected areas to provide crises intervention for survivors and their families by identifying people at risk to develop psychological disorders later in the future and promoting resilience and recovery in the community. They conducted different activities in coordination with other mental health teams. Many training workshops for volunteers, general physicians, under graduate and post graduate medical students, community workers and caregivers were conducted at different educational and health institutions of Lahore.

Two model Psychosocial Rehabilitation centers were also established at Muzaffarabad and Balakot for the Earthquake survivors proposed

by WPA Section on Psychiatry in developing countries.

In January 2006, an international symposium on "Disaster Management & Psychosocial Rehabilitation of Earthquake survivors" was organized by WPA (Zone-15) & WPA Section on Psychiatry in Developing in collaboration with other international mental health organizations. Another annual meeting of local Task Force for Earthquake affectees was organized on 5th November 2006 at Fountain House, Lahore. In 2007, Royal Kingston Rehabilitation Centre was established at Fountain House, Lahore to provide free psycho-social rehabilitation services to the earthquake survivors.

This presentation will address various educational Mental Health activities organized for Earthquake survivors. It will also highlight one year working of Mental Health teams at Muzaffarabad and the role of International agencies in combating the aftermath of disaster effect of Earthquake.

PSYCHOSOCIAL PROGRAM IN RECOVERY PHASE

INSTITUTIONS

1. Pakistan Institute of Medical Sciences, Psychiatry, Islamabad, Pakistan

AUTHORS

- 1. Rizwan Taj¹, Dr.
- On 8th Oct 2005, a Massive earthquake of 7.6 on the Richter scale struck two large portions of mountainous regions of Kashmir and the North West Frontier Province.
- It resulted in to more than 83,000 deaths and 150,000 injuries.
- The lives of 3.5 million people had been affected one way or the other.
- Federal Ministry of Health creates a disaster cell a day after the event at the Pakistan Institute of Medical Sciences in Islamabad.
- The cell is chaired by the Federal minister of Health.

- Provision of Psychosocial support is on top of the agenda.
- An initial survey is carried out and it is decided to constitute mental health teams. Over a six month period over 250 mental health professionals are trained and deployed in the form of teams.
- During this period over 38000 Consultations are provided, the bulk of which are for mood and anxiety disorders.
- In the follow up a plan is being implemented to increase the local capacity building of the health services and creation of posts at different levels.

SPECIAL SYMPOSIA

EARTHQUAKE IN PAKISTAN & KASHMIR: WPA RESPONSE FOR TRAUMA RELIEF WORK

INSTITUTIONS

1. WPA Section on Psychiatry in Developing Countries, United Kingdom

AUTHORS

1. Afzal Javed1, Dr.

On the morning of 8th October 2005, Pakistan and Kashmir were hit by a 7.6 Richter earthquake. At 9 am, within 5 seconds, almost all buildings in two major cities: the capital of Pakistani Kashmir, Muzaffarabad and Balakot, a picturesque mountain-city in the North-West, were completely destroyed. It is these 3.3 million people who suffered the most and the massive and severe trauma multiplied personal, social and futuristic effects, in the short and long term.

The situation in Pakistan was in dire need of getting support and assistance for disaster relief. The availability of limited resources and lack of professional expertise in the country were further limitations

to the relief work. It is true that disasters may sometimes provide opportunities to develop needed community-based mental health services in under-resourced regions & it was therefore imperative to use available resources to get services in place and also request international community to assist for support.

This paper gives a summary of efforts that were initiated by WPA Section on Psychiatry in Developing Countries with active support of South Asian Forum and many other international organizations in dealing with this national disaster.

SaS-01

LUNDBECK SATELLITE SYMPOSIUM: SCHIZOPHRENIA MANAGEMENT - FROM RECEPTORS TO LARGE-SCALE PROSPECTIVE TRIALS

INSTITUTIONS

1. Hospital Rodriguez Lafora, Department of Psychiatry, Madrid, Spain

AUTHORS

1. Fernando Cañas¹, Professor, MD

Chairperson: Fernando Cañas

The aim of this symposium is to outline current thinking behind the necessity to evaluate the receptor profiles of antipsychotics as part of the management plan for patients with schizophrenia. A better knowledge of these profiles might allow clinicians to manage switching from one antipsychotic to another more effectively. This switching process is extremely common, but not as well understood as it should be. The symposium will also look at how research into recep-

tor profiles is increasing the understanding of the disorder itself, and contributing to the development of new antipsychotics. Finally, the symposium will see results from the Sertindole Cohort Prospective (SCoP) study - one of the largest post-authorisation studies conducted in schizophrenia research to date which assessed the safety of sertindole treatment under normal conditions of use, as compared to risperidone.

SWITCHING ANTIPSYCHOTICS - THE IMPORTANCE OF PHARMACOLOGIC STRATEGIES

INSTITUTIONS

1. Medical College of Georgia, Department of Psychiatry, Augusta, United States

AUTHORS

1. Peter F Buckley¹, Professor, MD

Many patients with schizophrenia do not find full symptomatic relief from their first antipsychotic therapy. They may even experience adverse events that reduce their quality of life, impact on their physical health, and contribute to the chance of their non-compliance. Recent naturalistic studies have demonstrated that the vast majority of patients will require several switches of medication (1). This strategy is not without risk and, unless the receptor profiles of the current and proposed antipsychotics are considered, patients may experience relapse or adverse events. The receptor-binding profiles of the currently available antipsychotics are now well known. By being familiar with the activity of common antipsychotics in the dopamine, muscarinic, and histaminergic neurotransmitter systems, we should be able to predict likely pitfalls. For example, excessive \mathbf{D}_2 -receptor blockade can cause EPS and hyperprolactinaemia; yet

abrupt removal of this block opens sensitised receptors to excessive stimulation, which can result in withdrawal EPS, or even features of supersensitivity dopamine psychosis. We also need to appreciate that antipsychotics are complex, contributing to a number of different systems and there are likely to be multiple mechanisms working together. By managing switching with receptor profiling in mind, we may be able to minimise the potential for problems during the transition, thereby improving our patients' best chances of success on the new medication (2).

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PRE-CLINICAL PROFILING OF ANTIPSYCHOTICS - EXPECTATIONS OF CLINICAL OUTCOME

INSTITUTIONS

1. H. Lundbeck A/S, Research, Denmark

AUTHORS

1. Jørn Arnt¹, Dr, PhD

The impact of second-generation antipsychotics (SGAs) on cognitive deficits in schizophrenia is highly debated, but the general consensus is that the effects of most marketed SGAs are modest (1,2). Most SGAs are antagonists of the dopamine D $_2$ -receptor subfamily, 5-HT $_{2A}$ receptors, and of $\alpha 1$ -adrenoceptors. Some SGAs, such as clozapine, olanzapine and quetiapine, potently block histamine H $_1$ receptors. Several interact with 5-HT $_{2C}$ receptors, which may confer anxiolytic activity, while others, in particular clozapine and olanzapine, have high affinity for muscarinic receptors. Pre-clinical profiling has a major role in predicting clinical outcomes. A new animal model for pre-clinical evaluation of treatment efficacy for cognitive impairment in schizophrenia uses the NMDA antagonist PCP to induce impairment of executive functions. Subsequent treatment with sertindole reversed this effect, while risperidone, olanzapine and clozapine induced only a weak/non-significant reversal, with

haloperidol showing no effect (3). Sertindole's high selectivity for limbic dopaminergic neurones, high affinity for 5-HT receptors, and low affinity for histamine $\rm H_1$ and muscarinic receptors suggests that the drug has negligible potential to cause sedation and cognitive impairment. Rather, sertindole may improve cognitive function. Optimisation of the receptor profiles of forthcoming SGAs is also likely to include glutamate modulators - since no SGAs have direct effects on glutamate receptors.

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THE SERTINDOLE COHORT PROSPECTIVE STUDY - RESULTS FROM A LARGE-SCALE TRIAL

INSTITUTIONS

1. CHU de Bordeaux, Department of Pharmacology, Bordeaux, France

AUTHORS

1. Nicholas Moore¹, Professor, MD PhD FRCP FISPE

The Sertindole Cohort Prospective (SCoP) study was a prospective, randomised, partially blinded, active controlled, multinational trial designed to assess the safety of sertindole treatment under normal conditions of use (1). The widely-used antipsychotic risperidone, which is not generally associated with major safety concerns, was chosen as comparator. Amongst other reasons, sertindole and risperidone have a number of comparable features (e.g., pharmacodynamic properties and adverse-event profiles) (2), which make it the most suitable comparator for this study. Patients were initially randomised to either sertindole or risperidone monotherapy in a 1:1 ratio. Regardless of whether they remained on randomised treatment, patients were followed up until the end of the study. Primary endpoints were all-cause mortality and hospitalisation with cardiac arrhythmia. Secondary endpoints included cause-specific fatal events, hospitalisations, suicide attempts and treatment duration. It

was calculated that 3,800 person years of exposure were needed in each treatment arm to obtain a power of 80%, making SCoP one of the largest post-authorisation studies conducted in schizophrenia research to date. On the basis of data from the second interim analysis, which indicated that continuation of the study was unlikely to provide significant additional information with regard to the primary endpoint, the CHMP agreed to stop the study in September 2007. Results are in the process of being finalised and are expected to be published in late 2008.

References

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SaS-02

LUNDBECK SATELLITE SYMPOSIUM: MELANTONERGIC FUNCTIONS AND SLEEP

INSTITUTIONS

- 1. King's College London, Institute of Psychiatry, London, United Kingdom
- 2. University of Surrey, Surrey Sleep research Laboratory, Guildford, United Kingdom
- 3. CPS Research, Glasgow, United Kingdom

AUTHORS

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- 3. <u>Alan Wade</u>³, Dr, MD, alan@edgehill.demon.co.uk

Sleep is essential for our physical and mental well being; yet surprisingly little is known about how and why we sleep. However, several studies have linked disrupted sleep to impairment of daytime function. The translation of poor sleep during the night into daytime performance is still poorly understood and no drug has yet been able to address this hallmark. In this symposium we review how melatonergic drugs act and why they may improve the treatment of both primary and secondary insomnia by taking into consideration the daytime consequences of disrupted sleep.

THE COST AND CONSEQUENCES OF INSOMNIA

INSTITUTIONS

1. King's College London, Institute of Psychiatry, London, United Kingdom

AUTHORS

1. Malcolm Lader¹, Prof, MD, PhD, DSci, m.lader@iop.kcl.ac.uk

The prevalence of sleep disturbances in the population is accepted as about 30%. The clinical consequences of insomnia are severe: patients with insomnia have increased health utilization requirements, coupled with functional impairments and a poor quality of life. High rates of absenteeism from work, accidents and poor work performance may also be among the consequences. Treatment can be sym-

ptomatic, as with the benzodiazepine hypnotics, but is associated with unwanted effects, such as day-time drowsiness, and long term dependence. An alternative, currently being explored, is to target the underlying impairments of sleep mechanisms, using physiological agents and procedures.

SATELLITE SYMPOSIA

MELATONIN IN SLEEP-WAKE REGULATION

INSTITUTIONS

1. University of Surrey, Surrey Sleep Research Centre, Guildford, United Kingdom

AUTHORS

1. Derk-Jan Dijk1, Prof, PhD, d.j.dijk@surrey.ac.uk

The hormone melatonin is intrinsic to the control of rhythmic circadian activity in the brain, and is released from the pineal gland during the night. The delicate interplay between melatonin and other neurotransmitters during sleep and wake can be disrupted by seve-

ral different conditions. Sleep disturbances may be a consequence of disrupted circadian entrainment. Low levels of melatonin in elderly have been linked to insomnia and administration of melatonin to this patient population is believed to be sleep promoting.

CIRCADIN - A NEW TREATMENT PARADIGM

INSTITUTIONS

1. CPC Research, Glasgow, United Kingdom

AUTHORS

1. Alan Wade¹, Dr, MD, alan@edgehill.demon.co.uk

Several studies have indicated a reduced production of melatonin in elderly or depressed patients. Melatonin receptor agonists may therefore represent a novel approach in the therapeutic management of insomnia. Numerous studies with instant release formulations of melatonin have not been able to provide a coherent picture of robust and clinically significant effects on sleep parameters. Circadin, the name given to melatonin with a modified release formulation that mimics the normal circadian variation in plasma levels of melatonin during the night, led to robust improvements in subjective sleep

parameters, but not in objective parameters (as measured by EEG analysis) in primary insomniacs under well-controlled conditions. Whether this effect on subjective sleep parameters will translate into an improvement in the quality of life of depressed or other types of patients is still unknown. Given the effects in acute studies, patient populations other than primary insomniacs (with short-term complaints) may experience greater benefits from this type of compound.

SaS-03

LUNDBECK SATELLITE SYMPOSIUM: MOOD DISORDERS - STILL CHALLENGES TO FACE

Chairpersons: David Nutt & George Papakostas

Mood disorders are usually more chronic, recurrent and impairing, and are associated with more comorbid psychiatric and non-psychiatric medical illnesses, than previously believed. There is also a high rate of sub-syndromal symptoms and impairment following recovery, with a low proportion of patients actually achieving full remission.

In this symposium, leading researchers and clinicians will discuss the neurobiology of mood disorders and how this may guide treatment choices. They will then move on to focus on the management of severe major depressive disorder. The importance of improving treatment outcome by achieving full symptomatic remission and returning patients' quality of life to normal will be discussed, describing the interaction between drug efficacy and tolerability, and patient compliance. Finally, the results of clinical trials investigating new approaches to the management of 'difficult-to-treat' patients will be interpreted.

CAN NEUROBIOLOGY GUIDE THE CHOICE OF TREATMENT?

INSTITUTIONS

1. University of Bristol, Psychopharmacology Unit, Bristol, United Kingdom

AUTHORS

1. David J. Nutt1, Dr

The exact neurobiology of mood and anxiety disorders remains to be clarified. The effects of early available antidepressant treatments, such as tri- and tetracyclic compounds, expressed through various neurotransmitter systems led to the assumption of a key role of neurotransmitters, such as serotonin, noradrenaline and dopamine. The monoaminergic hypothesis claims a lack of available neurotransmitters is the neurobiological background of mood and anxiety disorders. While most available treatments target a broad spectrum of such disorders, some conditions (e.g., OCD, PTSD) show a specific response to serotonergic approaches.

New insights into the interaction of various neurotransmitter systems, as well as imaging technologies (e.g., SPECT, PET), have led to much better understanding of the various complex processes involved in the development of mood and anxiety disorders on a neurobiological level. In addition, some genetic factors involved in the

control of serotonin systems have recently become implicated in the vulnerability to depression and anxiety disorders.

With the introduction of selective serotonin reuptake inhibitors (SSRIs) in the 1980s and more recently of serotonin-noradrenaline reuptake inhibitors (SNRIs), the treating physician has a broad spectrum of available antidepressant treatments. Combined dopaminergic/noradrenergic approaches, targeting the melatonergic system, or development of highly selective substances (e.g., escitalopram that targets additional allosteric binding sites at the serotonin transporter), further broadens the choice.

Thus, current and future knowledge of the neurobiology of mood and anxiety disorders, as well as the mechanism of action of available antidepressants, may guide the choice of optimal antidepressant treatment for a specific condition or patient.

TREATMENT MODERATORS IN MAJOR DEPRESSIVE DISORDER: THE CASE OF SEVERE DEPRESSION

INSTITUTIONS

1. Harvard Medical School, Boston, United States

AUTHORS

1. George I. Papakostas1, Dr

Major depressive disorder shows high rates of comorbidities and mortality, which have a large impact on patients' quality of life. The discussion of whether a separation between mild to moderate and severe forms of depression is possible, and whether these are separate disorders or part of a continuum, is ongoing. However, the impact of severe depression has profound social and economic consequences, ranging from comorbid complications to reduced quality of life and social and economic status. Severe depression is often associated with a longer duration of the depressive episode and lower remission rates. The diagnosis of severe depression is guided by the use of quantitative metrics, taking into consideration patient functional outcomes.

Successful treatment approaches for severe depression may require multiple medication strategies with various mechanisms of action, integrated with psychosocial treatments. A variety of pharmacological treatment options, from monoamine oxidase inhibitors (MAOIs)

and tricyclic antidepressants (TCAs) to selective serotonin reuptake inhibitors (SSRIs) and newer agents (including serotonin-noradrenaline reuptake inhibitors, e.g., venlafaxine; the noradrenaline-dopamine reuptake inhibitor bupropion; and escitalopram, a highly selective SSRI that differs from all other SSRIs by having an additional allosteric mechanism of action at the serotonin transporter) are available. 1,2

Thus, reviewing the concept of severe depression and the clinical evidence for different approaches to its treatment will help physicians choose medications based on scientific evidence.

References

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- 2. Montgomery SA, Baldwin DS, Blier P, et al. Int Clin Psychopharmacol, 2007; 22:323-329.

COMPLIANCE AND TREATMENT OUTCOME

INSTITUTIONS

1. University Hospital Gasthuisberg, Leuven, Belgium

AUTHORS

1. Koen Demyttenaere¹, Dr

Treatment outcome in mood disorders can still be improved. Improving the relationship between diagnosis and prescription, and getting patients in full remission, remain two important challenges. Furthermore, moving patients beyond symptomatic remission to normalisation of functioning and quality of life is increasingly recognised as an important outcome variable.

Many factors influence the outcome of a given treatment and inadequate treatment outcomes may be due to suboptimal management of pharmacological treatment (inadequate dosing, inadequate treatment in cases with only partial improvement), or to early treatment discontinuation.

Poor adherence is generally recognised as one of the major unmet needs in the treatment of mood disorders. Patients may take extra doses, skip doses, take 'drug holidays', or stop treatment prematurely. Interesting questions are why patients discontinue treatment at the different stages of treatment and how strategies can be developed to improve compliance. While it is often believed that 'tolerability' and 'efficacy' of a given antidepressant are the main predictors of compliance behaviour, many other (psychological) factors also play an important role (e.g., fear of dependence, fear of personality changes, being out of control).

This will be illustrated with data taken from the escital opram database: in one meta-analysis, escitalopram demonstrated superior efficacy versus the SSRIs and ven lafaxine. $^{\rm l}$ The interaction between efficacy, tolerability, quality of life and improved treatment outcome will be illustrated. $^{\rm l}$

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- 1. Kennedy SH, Andersen HF, Lam RW. J Psychiatry Neurosci, 2006; 31:122-131.
- 2. Demyttenaere K. Poster presented at ECNP 2007 (P.2.c.020).

BREAKING BOUNDARIES WITH EXISTING TREATMENTS

INSTITUTIONS

1. Riga Stradins University, Department of Psychiatry, Riga, Latvia

AUTHORS

1. Elmars Rancans¹, Dr

Slow onset of action and/or residual symptoms are frequently seen in the treatment of depressed and anxious patients - both are significant reasons for reduced patient compliance.

Various approaches have been described to reach a faster onset of action of pharmacological treatment, or to improve its efficacy. Increasing the dose of a monotherapy treatment, or augmenting an antidepressant with other treatments, such as antipsychotics or lithium, have proven to be successful. However, such strategies are limited by drug labelling or by increasing side effects.

It is, therefore, relevant to consider the medical needs in 'difficult-to-treat' patient populations and review various clinical approaches. As an example, selective serotonin reuptake inhibitors (SSRIs) are recommended as first-line therapy for obsessive-compulsive disor-

ders (OCD). However, the use of serotonin reuptake inhibitors (SRIs) and SSRIs at doses higher than those used in the treatment of depression are frequently necessary to achieve a response in OCD - an approach perceived as common clinical practice. Recently published data from an open-label study by Rabinowitz et al. (2008)¹ suggest that the use of high-dose escitalopram is efficacious and well tolerated in OCD. However, randomised, blinded studies are lacking and are required to confirm the safety and efficacy of such treatment approaches, including whether dose escalation for a particular anti-depressant is an effective strategy in initially refractory patients.

Reference

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SaS-04

ELI LILLY SATELLITE SYMPOSIUM: RECALIBRATING OUR CLINICAL EXPECTATIONS IN THE LONG-TERM TREATMENT OF SCHIZOPHRENIA

INSTITUTIONS

- 1. University of Geneva, Geneva, Switzerland
- $2.\ Universita etsklinikum\ Hamburg-Eppendorf,\ Klinik\ fuer\ Psychiatrie\ und\ Psychotherapie,\ Hamburg,\ Germany$
- 3. Brain and Mind Research Institute, Schizophrenia Treatments and Outcomes Research, Camperdown, Australia
- 4. Institute of Psychiatry, Cognitive Therapy, London, United Kingdom

AUTHORS

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- 2. Dieter Naber², MD, naber@uke.uni-hamburg.de
- 3. Tim Lambert³, BSc MBBS PhD FRANZCP
- 4. Anthony S David⁴, A.David@iop.kcl.ac.uk

Chairperson: Norman Sartorius, University of Geneva, Geneva, Switzerland

Schizophrenia and related psychotic conditions often have a chronic course and require long-term treatment. Among the challenges in the provision of such care non-adherence to treatment ranks high and presents a main reason for a higher frequency of relapses and re-hospitalization.

Barriers to good long-term prognosis

Dieter Naber, University Clinic of Hamburg, Hamburg, Germany

A possible way to address non-adherence is using depot antipsychotics. We will address practical and theoretical issues relevant to the use of depot antipsychotics including safety, efficacy and mode of action. Despite all the advantages of depot formulations (fast transparency of non-compliance, regular therapeutic contact), their use decreased subsequent to the introduction of atypical.

Optimal methods of switching

Tim Lambert, University of Sydney, Camperdown, NSW Australia

Although it was hypothesized that the greater tolerability of atypical antipsychotics might improve adherence as compared with that for typical oral antipsychotics, still approximately 40% of patients with schizophrenia are poorly adherent, with nonadherence tending to increase over time. Thus, a major advance for many schizophrenic patients might be the development of further atypical antipsychotic long-acting injectable formulations.

Will novel atypical depots make a difference?

Antony David, Institute of Psychiatry, King's College, London, UK

Non and significant partial adherence have been associated with poorer functional outcomes including greater risks of psychiatric hospitalizations, poorer mental functioning, reduced life satisfaction, and greater substance use. There is a significant body of evidence supporting the use of long-acting medications in reducing relapse and rehospitalisation rates, thereby increasing beneficial outcomes.

SaS-05

ELI LILLY SATELLITE SYMPOSIUM: TREATING MOOD AND PAIN DISORDERS - FROM DIAGNOSIS TO RECOVERY?

INSTITUTIONS

- 1. University of South Hampton, Southampton, United Kingdom
- 2. Ludwig Maximilians University, Munchen, Germany
- 3. University Hospital Gasthuisberg, Leuven, Belgium
- 4. Western Psychiatric Institute and Clinic, Pittsburgh, United States

AUTHORS

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- 3. Koen Demyttenaere³
- 4. Michael Thase⁴, thaseme@upmc.edu

Diagnosing and treating mood and pain disorders entails addressing both psychological and painful physical symptoms. The complexity of and interaction between these symptoms can make the clinician's job, and patient recovery, challenging.

Chairperson: Robert Peveler, DPhil, FRCPsych

Professor of Liaison Psychiatry, Mental Health Group, University of Southampton, UK

Diagnosing and treating mood and pain disorders entails addressing both psychological and painful physical symptoms. Whatever therapeutic agent and course of treatment are selected for patients with mood and pain disorders, it is important to regularly monitor and treat all associated symptoms in order for remission to occur.

The Diagnostic Challenges in Mood Disorders

 $Hans-J\ddot{u}rgen~M\ddot{o}ller,~MD,~Ludwig-Maximilians-University~Munich,~Germany$

Patients with mood disorders frequently present with complex emotional, painful, and other symptoms, making clinical diagnosis very difficult.

Symptom Clusters in Mood: Does Pain Have a Role?

Koen Demyttenaere, MD, PhD, University Hospitals Gasthuisberg, Belgium

Current insights into the symptom cluster of depression and other related mood disorders have helped to reveal a common underlying pathophysiology. These symptom clusters will be explored in depth.

Tactical Approaches to Achieve Optimal Remission

Michael Thase, MD, University of Pittsburgh Medical Center, US

Clinicians must use effective strategies and thoroughly evaluate different treatment options to increase their patients' chances of achieving and sustaining remission.

SaS-06

PFIZER SATELLITE SYMPOSIUM: THE LONG ROAD: A PATIENT-CENTERED DISCUSSION ON THE CHRONIC MANAGEMENT OF MENTAL ILLNESS

In this symposium, clinical case scenarios will be discussed by a multidisciplinary panel, including experts from psychiatry, cardiology, endocrinology, and patient advocacy. The experts will consider treatment options and discuss evidence-based decisions for patient care. The case descriptions will offer an opportunity to discuss diagnosis, treatment initiation, and maintenance therapy in a patient population known to have significant cardiovascular and metabolic problems comorbid with mental illness. Mechanisms of action, side effects, guidelines, and management implications of antipsychotic agent choices will be covered. The treatment of somatic

illness in people with mental disorders will be addressed. Adherence to treatment regimens, psychosocial therapies, rehabilitation, and supportive community living will be discussed. The importance of coordinating psychiatric care with other health care practitioners in the chronic management of patients with schizophrenia or bipolar disorder will be highlighted. Patient and caregiver education, particularly education on modifiable cardiovascular and metabolic risk factors, will be discussed. In addition, the panel will address the importance of improving access to care for somatic health care needs in patients with schizophrenia and bipolar disorder.

THE JOURNEY FOR THE PATIENT WITH BIPOLAR DISORDER: PRESENTATION, DIAGNOSIS, AND TREATMENT

Eduard Vieta, MD, PhD

Bipolar disorder is a debilitating and clinically heterogeneous condition. Although significant advances have been made in its diagnosis and treatment in recent years, it remains underdiagnosed and inappropriately treated. Bipolar disorder is associated with a high rate of mortality and morbidity compared with the general population. Studies investigating the physical health of this patient population suggest an increase in medical comorbidities and an increased risk for cardiovascular and metabolic disease. Comorbidity in bipolar disorder is associated with poor treatment outcomes, including an increase in suicide risk, decrease in remission, and poor functional recovery. The rate of nonadherence to treatment is high in bipolar disorder, and there is an increased risk of relapse in patients who are inadequately treated. The treatment plan for bipolar disorder.

der requires consideration of a variety of factors, including primary diagnosis, presence of comorbidities, prior treatment response, and patient preference. Bipolar disorder is treated with a wide range of psychoactive drugs; most recently, second-generation atypical antipsychotics have demonstrated efficacy in this disease. Recent data suggest that patient and caregiver psychoeducation intervention is a valuable treatment adjunct associated with a reduced risk of recurrences. These findings highlight the importance of considering long-term treatment goals, as well as balancing the effectiveness of treatment options in the chronic management of patients with bipolar disorder. The clinical case history of a patient with bipolar disorder and considerations for long-term treatment will be discussed.

THE JOURNEY FOR THE PATIENT WITH SCHIZOPHRENIA: PRESENTATION, DIAGNOSIS, AND TREATMENT

Fernando Cañas, MD

Significant advances have been made in the treatment of the schizophrenia, including an improved understanding of the patient population through large-scale naturalistic studies, the introduction of second-generation antipsychotics, advancement in psychosocial interventions, and an increased awareness of treatment response. Schizophrenia is associated with a high rate of mortality and morbidity compared with the general population. The mortality rate is 1.6 to 3 times higher than the general population, and these patients are more likely to have thyroid abnormalities, COPD, hepatitis B and C, fluid and electrolyte disorders, HIV infection, tuberculosis, and other diseases. Emerging data from several large-scale studies demonstrate an increase in the risk for cardiovascular and metabolic disease in this patient population. Patients with schizophrenia have an increased rate of modifiable risk factors, such as alcohol

and drug abuse, cigarette smoking, hypertension, obesity, poor diet, and sedentary lifestyle. Antipsychotics have been associated with varying levels of cardiometabolic side effects. Adherence to treatment regimens and overall health care for comorbid medical conditions are less than optimal in this patient population. Relapse rates are high due to poor adherence, and switching among antipsychotic medications is common. These findings highlight the importance of considering long-term treatment goals, as well as balancing the efficacy and safety of treatment options in the chronic management of patients with schizophrenia. The clinical case history of a patient who presents with schizophrenia and cardiovascular and metabolic risk factors, as well as the short- and long-term treatment plan, will be discussed.

SATELLITE SYMPOSIA

FINDING THE WAY TOGETHER: INTEGRATING CARE FOR PEOPLE WITH MENTAL ILLNESS

Moderator: Norman Sartorius, MD, PhD

Discussants: Lawrence Blonde, MD, FACP, FACE; John Camm, MD, FRCP; Fernando Cañas, MD; Dolores Gauci, MSc; Eduard Vieta, MD, PhD

Addressing the general health needs and coordination of care with other members of the health care team, the patient, and the carer are critical in the chronic management of bipolar disorder and schizophrenia. The prevalence of modifiable risk factors for cardiovascular disease in patients with bipolar disorder and schizophrenia is high, including obesity, smoking, diabetes, hypertension, and dyslipidemia. Given the prevalence of medical comorbidities in mental illness, considering the safety and tolerability profiles of treatment options is essential. The panel will consider treatment choices in the initiation of therapy and issues for optimizing long-term follow-up care in bipolar disease and schizophrenia. The effectiveness of several antipsychotics and their variable cardiometabolic effects have been demonstrated in real-world studies and randomized clinical trials. The second-generation antipsychotics' effects on weight gain, dyslipidemia, and insulin resistance vary considerably. Some antipsychotics and antidepressants have shown a modest, prolonged QTc interval. However, QTc prolongation has not been consistently linked to clinical outcomes (ie, syncope, torsades de pointes, ventricular arrhythmias, and sudden death). The ADA/APA consensus conference on antipsychotic drugs, obesity, and diabetes recommends considering the metabolic side-effect profile associated with the antipsychotic agent, baseline screening, and a monitoring protocol for patients treated with second-generation antipsychotics. In addition to efficacy, consideration of the safety and tolerability profiles in the long-term treatment options for patients who have significant cardiovascular and metabolic risk factors is key. Issues for optimizing follow-up care in a patient who has modifiable cardiovascular and metabolic risk factors will be discussed. Opportunities for improving adherence, convenience of treatment, improved quality of life, patient and caregiver education, and community support will be discussed.

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NEW PERSPECTIVE ON FAMILY RESEARCH AND INTERVENTION

INSTITUTIONS

- 1. The Warren Alpert Medical School of Brown University, Department of Psychiatry and Human Behavior, Providence, United States
- 2. Rhode Island Hospital, Psychiatry, Providence, United States

AUTHORS

1. Gabor I. Keitner^{1,2}, Dr., MD, gkeitner@lifespan.org

This symposium will present a range of studies including the evaluation of the efficacy of family treatments, the impact of migration,

and the evaluation of theoretical family systems models.

THE EFFECTIVENESS OF ADJUNCTIVE FAMILY THERAPY FOR PATEINTS WITH MOOD DISORDERS

INSTITUTIONS

- 1. The Warren Alpert Medical School of Brown University, Department of Psychiatry and Human Behavior, Providence, United States
- 2. Rhode Island Hospital, Department of Psychiatry, Providence, United States
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AUTHORS

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Objective: The effectiveness of psychopharmacologic and psychotherapeutic treatment for patients with major depression and bipolar disorders is limited. Family therapy may be a useful adjunct for the treatment of these patients.

Method: Data on adjunctive family therapy to pharmacotherapy for patients with major depression and bipolar disorders will be presented. In the first study, seventy-six patients hospitalized for depression were randomly assigned to one of four treatment conditions on discharge. These included pharmacotherapy alone, combined pharmacotherapy cognitive therapy, and family therapy. Randomly assigned treatment continued for 24 weeks on an outpatient basis. In the second study, ninety-two patients diagnosed with bipolar I disorder were randomly assigned to receive pharmacology alone, family therapy plus pharmacotherapy or multifamily psycho educational group and pharmacotherapy. Treatments and assessments

continued for up to twenty-eight months.

Results: For major depression, treatment that included a family therapy component led to a greater proportion of patients who improved and to significant reductions in interviewers rated depression and suicidal ideation in contrast to treatment without family therapy. For bipolar disorders, the addition of a family intervention did not improve outcome. However, in patients from families with high levels of impairment (in contrast to those with low impairment), the addition of a family intervention resulted in a significantly improved course of illness. Also, patients who received family interventions had a reduced rate of hospitalization on relapse.

Conclusions: Family interventions are a useful adjunct in the treatment of patients with mood disorders.

MIGRATION, ACCULTURATION PROCESS AND CHANGES IN THE FAMILY STRUCTURE

INSTITUTIONS

1. Orient Medical and Rehabilitation Centre, Director, of Orient Medical and Rehabilitation Centre, Stockholm, Sweden

AUTHORS

1. Riyadh Al-Baldawi¹, Dr., MD, Ph.D, r.baldawi@orienthalson.nu

Migration puts individuals and families in front of a number of challenges. The home countries socio-cultural collective way of living influences and regulates the family's internal and external relations. Migration from such a country into a new country, with an individually oriented socio-cultural system turns the adaptation and integration of the immigrants into a complicated process. The challenges that the immigrants face differ depending on a number of factors such as the family's socioeconomic background, the parents' level of education, the standard of living in their home country as well the level of involvement in the new society. These factors and many others influence the way the family structure changes with time and in which way the family members relate to each other in their inter-

nal and external relations.

This presentation is based on an analysis of 32 families from the Middle East who have come to Sweden as refugees. These families used to live according to a patriarchal structure in their home country. These 32 families were observed during a three year period and we followed their way of living in the new society and the kind of changes that occurred in the family relation and structure. The families practiced and developed three types of structures in the new country; traditional, integrated and assimilated. This presentation briefly discusses the factors that played a certain role on the changes in the family structure and the consequences of these changes on the family member's psychosocial health and relations.

A CONTROLLED TRAIL COMPARING BRIEF PSYCHODYNAMIC THERAPY TO FAMILY THERAPY FOR CHILDHOOD DEPRESSION

INSTITUTIONS

- 1. Eginition Hospital, University of Athens Department of Psychiatry, Athens, Greece
- 2. West Midlands NIMHE/CSIP, Child Mental Health, London, United Kingdom
- 3. The Hospital for Children & Adolescents/Medicine University of Helsinki, Department of Child Psychiatry, Helsinki, Finland

AUTHORS

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- 2. J. Trowell², Dr., MD
- 3. F. Almqvist³, Dr., MD, Ph.D

Provided the scarcity of research investigating the efficacy/effectiveness of psychotherapy for childhood and adolescents depression, a multi-centre, randomized controlled trail was carried out for this purpose. Seventy two depressed children and adolescence, aged 9 - 15 years, residing in London, Athens, and Helsinki were allocated to two forms of psychotherapy: Individual Psychodynamic Brief Therapy and Systemic Integrative Family Therapy Assessment took place at baseline, end of therapy and a 6 - month follow-up.

The clinical outcome of the therapeutic interventions has already been reported (Trowell et al 2007). The comparative psychosocial outcome of the two treatments will be presented. Scales assessing overall social adjustment, social, school, peer and family adjustment rated by the child, parent, external rater and teacher were used as measures of psychosocial outcome.

In general, both types of treatment were equally efficacious in improving the adjustment and social functioning of depressed subjects.

EMPOWERMENT-BASED PRACTICES WITH FAMILIES OF PEOPLE WITH SCHIZOPHRENIA

INSTITUTIONS

1. Sao Paulo Federal University, Psychiatry, Sao Paulo, Brazil

AUTHORS

- 1. Cecilia C. Villares1, Dr., MD, cvillares@terra.com.br
- 2. Elaine Vieira¹, Dr., MD

Families of people with schizophrenia worldwide are burdened with many aspects of care demanded by their ill relatives. In Brazil, people with severe mental illness usually live with their families, and family psychoeducation has become a more widespread practice as psychiatric treatment moved towards community-based services in the last decade.

This presentation aims at describing a 10-year experience with multi-family intervention groups carried at the Schizophrenia Program of Sao Paulo Federal University. Through analysis of the main themes and questions, and written evaluation sheets filled by the participants at the end of the 10-week intervention in selected years, we wish to discuss the following:

1- Cultural changes resulting from a much wider access to information have affected how participants name the illness and formulate questions, with medical terminology much more present in their narratives nowadays. However, participants bring the same questions as ten years ago, specifically in issues related to the difficulties of living with someone with schizophrenia. It seems that endurance of life problems posed by the illness, in spite of information/education available points at lack of larger social support strategies and to the disempowerment brought by the illness experience.

2- The design of our intervention program favours dialogue, reflection, appreciation of differences, and skills development. Final evaluation forms consitently show that empathy, hope and empowerment are among the main gains of taking part of the program. We propose that these may indicate that a recovery-oriented approach can be a powerful tool for helping people regain agency over suffering.

THE NETWORK MIND IN FAMILY RESEARCH AND FAMILY INTERVENTION

INSTITUTIONS

1. Saint John Hospital, Psychiatry, Budapest, Hungary

AUTHORS

1. Tamas Kurimay¹, Dr., MD, Ph.D, tinesitoncsi@hotmail.com

In the presentation I will explore recent developments in biology, social sciences and human relations that help to make sense of the quality of network relationships. 'By demonstrating that the Web, the cell, or society is driven by similar organising principles, network theory offers a successful conceptual framework to approach the structure of many complex systems.' (Barabási, 2005.)

The concept of 'strong ties' and 'weak ties' provides a template to work with the complexities of family life, wider contexts, and the nature of the therapeutic relationship.

Marc Granovetter introduced the concept of "weak ties" into the field of social sciences. Later this concept is revealed as a general rule in the different complex systems and networks. (Csermely, P. 2004)

I suppose that in the context of psychotherapy, including family in-

terventions and family therapy, the therapist must behave as a 'weak tie'. This is a basic role of any therapists for the therapeutic encounter to avoid becoming abusive. (Kurimay, Jenkins 2007)

In family history, getting to know about our far relatives, our family myth and legends all belongs to the "weak tie" spectrum of the family system.

Building on the early network ideas of Speck and Attneave (1972) and colleagues, I will delineate a new model for reasearch, theory and practice.

Kurimay T, Jenkins H: From Cellular networks to Social Networks: a model for rethinking human dynamics. EFTA Conference, Glasgow, 2007, Oct. 4-6.

THE ASSIMILATION OF WESTERN PSYCHOTHERAPY IN ASIA AND OTHER COUNTRIES

- 1. Center for Existential Studies and Daseinanalytic Psychotherapy, Director, Santa Fe, United States
- 2. Kyungpook University, Professor Emeritus, Daegu, Republic of Korea
- 3. Louisville University, Psychiatry and Behavioral Science, Louisville, United States
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PSYCHOTHERAPY EAST AND WEST: PARADIGMS AND PARALLELS

Allan Tasman, M.D.

Both Eastern and Western cultures have long and rich histories of scholarship which address the basic nature of man and of mental processes and functions. This body of thought has been accompanied by attempts to understand psychological and interpersonal approaches to the alleviation of emotional suffering. To a great extent, the nature of the approaches reflects the cultural milieu in which they were developed. Western societies have historically, and still at present, emphasize the role of the autonomously functioning individual. The focus of the psychoanalytic approaches developed by Freud and others at the start of the 20th century use as a framework for understanding mental processes the struggles of the individual in reconciling biological urges with social constraints and personal moral values. To some degree, all modern Western psychotherapeutic methods, including cognitive, behavioral, and interpersonal therapies, were developed within this framework. Eastern cultures, with a greater emphasis on the individual as a member of a family unit and a larger social unit, have developed different frameworks for understanding and intervention. Over the last 30 years, however, with a growth in understanding of Eastern philosophies and cultures in the West, new perspectives have begun to emerge. This presentation reviews the historical antecedents to presently used psychotherapeutic approaches, and discusses how future gains in both our understanding and in our approaches to treatment will benefit from increased interaction of Eastern and Western perspectives.

SPIRITUAL PERSPECTIVES IN TAO PSYCHOTHERAPY AND WESTERN PSYCHOTHERAPY

Chan Hee HUH, MD

The author will present a spiritual perspective of Tao Psychotherapy, a synthesis of Eastern Tao and Western psychotherapy developed by Professor Rhee Dongshick, from Seoul, Korea. Although embracing the basic principles of Western depth psychotherapies including psychoanalysis, object relations, self psychology, daseinsanalytic and existential psychotherapies, Tao Psychotherapy grounds both its underlying philosophy and its clinical practice in the principles and perspectives of Eastern thought including Confucianism, Buddhism, and contemplative Taoism. The author will offer a comparative overview of Tao Psychotherapy and Western Psychotherapy in terms of spiritual perspective with the ten ox pictures which refers to ancient pictorial metaphors illustrating the ten stages of awareness the person goes through to achieve purification of mind. Thus, Tao Psychotherapy meets Western psychotherapy at the ontological,

theoretical and practice levels. This dialogue will develop further, leading to the enrichment of each approach to psychotherapy.

CONFLUENCES IN EASTERN, EXISTENTIAL, AND PSY-CHOANALYTIC THOUGHT

Erik Craig, Ed.D.

This paper explicates fundamental confluences found in psychoanalytic, existential, and Eastern psychotherapies. Beginning with a depth psychological definition of psychotherapy as such, the paper goes on to explicate common philosophical/ontological grounds for thinking about all forms of depth oriented psychotherapies. In particular, the paper addresses such fundamental common principles as the problem of suffering, the possibility of virtue, the primacy of lived-experience, and the penchant for flight. Following this philosophical analysis, taking classical psychoanalysis, Daseinsanalysis, and Taopsychotherapy as exemplary forms of each of the three great traditions (psychoanalytic, existential, Eastern) in depth psychotherapy, the paper will show how awareness of a few common therapeutic principles might inform and enrich the everyday practice of psychotherapy. In particular, the therapeutic sanctuary, the therapeutic relationship (including eros and compassion), and, finally, the therapeutic attitude (radical openness, permissiveness, or letting be in the west or, in the East, wu wei), are discussed and illustrated. Finally, these classical fundamental principles and practices are discussed with reference to contemporary trends in various modern schools of psychoanalytic psychotherapy.

TAOPSYCHOTHERAPY AND ASSIMILATION OF WESTERN PSYCHOTHERAPY IN ASIA

Suk-Hun KANG, M. D.

With my primary emphasis on experiential practice, rather than theoretical or technical problems, the author will present my paper. The paper is roughly composed of two parts; In the first part, the author will critically examine some of the assimilation processes of Freudian psychoanalysis and Western psychotherapy in the early and mid-twenty centuries since their introduction to Asia, particularly in India, Japan and Korea, And then in relation with the above assimilation process, there will follow a brief description of the evolution process of Taopsychotherapy, advocated by Prof. Rhee,! D. Finally, the author will clarify some key notes concerning Taopsychotherapy, for example, "nuclear feelings", "perfect empathy" and Bodhisattva's compassion, empphasizing their significance for both East and West psychotherapies.

GENETIC AND ENVIRONMENTAL DETERMINANTS OF THE VULNERABILITY TO DEVELOP SCHIZOPHRENIA AND AUTISM

INSTITUTIONS

- 1. University of Goettingen, Psychiatry and Psychotherapy, Goettingen, Germany
- 2. University Medicine Bonn, Psychiatry and Psychotherapy, Bonn, Germany
- 3. National and Kapodistrian University of Athens, Psychiatry and Psychotherapy, Athens, Greece
- 4. Hôpital Albert Chenevier et Henri Mondor, service Hospitalo-Universitaire de Psychiatrie adulte, Créteil, France
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With the description of the first risk genes for schizophrenia like Neuregulin-1 or G72, the realistic hope arose to have more insight into the pathophysiology of psychoses. Some facets of this search are that there is an overlap between risk genes in different psychotic disorders like schizophrenia and bipolar disorders. Furthermore, by now it seems to be relatively clear that the risk and/or candidate genes need to be classified into different subgroups of action, e.g. being involved into the development of the illness, influencing the response to treatment and/or course or being simply modifier genes,

which are unrelated to the illness but import for mental functions in general.

Therefore this symposium is trying to address two key issues:

- 1. What are relevant genetic and non-genetic factors contributing to the risk to develop schizophrenia and autism?
- 2. Is there an overlap between the molecular basis of schizophrenia and autism supporting the notion the both disorders have a neuro-developmental component looking at their etiology.

SeS-004

CULTURAL PSYCHIATRY IN SIBERIA

INSTITUTIONS

1. Mental Health Research Institute, Borderline States Department, Tomsk, Russian Federation

AUTHORS

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Cultural psychiatry acquires distinct contours and opens new prospects. Cross-cultural analysis allows sharpening the assessment of mental disorders and addictive behavior in the groups of urbanized and remote from civilization population belonging to various cultures and races, living in different climate-geographical regions, under

conditions of instable life and psychological distress. It is especially correctly in region of Siberia where 26 different nationalities live. In this symposium, various pathology of mental health is considered through prism of theoretic, clinical, biological aspects of cultural psychiatry.

THEORETIC METHODOLOGICAL APPROACHES TO TRANSCULTURAL INVESTIGATIONS

INSTITUTIONS

1. Mental Health Research Institute, Borderline States Department, Tomsk, Russian Federation

AUTHORS

1. Valentin Ya. Semke¹, Prof., MD, niipz@sibmail.com

Comparison of transcultural methods and approaches in the field of general personology and psychotherapy results in establishing closeness of positions studying healthy and ill personality, defining borders of norm and pathology, assessing personality structure with account for concrete trial data, approaching interpersonal and intrapersonal aspects, improving communication methods, analyzing conscious and unconscious mechanisms, using archetypal and modernist methodology. Social-psychologically, efforts of two contemporary cultures should be directed at assimilation of knowledge for forming an individual of future.

We are developing a Eurasian project of approaching ethnopsychological and ethnotherapeutic positions of West and East: in practice, the question is search for ways of synthesis of used by every considered culture methods to remove human ailments, psychological dependencies, to overcome interpersonal and intrapersonal conflicts,

personality deviations.

Cognition of specifics of another culture facilitates cognition by subject him/herself, allows achieving objectification in assessment of role of its social institutes, "differing social functions from natural models and attitudes." For this purpose, there is a need for studying peculiarity of national character, lifestyle and behavior style of citizens.

Methodological strategy assessing norm, psychopathological manifestations, prognosis in different populations and peoples is developed with account for clinical-dynamic, social-psychological, individual-biological and ethnic factors. This facilitates identifying preventive, psychocorrective and psychotherapeutic programs with maintaining ethic norms of contemporary psychological and psychiatric science.

PECULIARITIES OF FORMATION OF DRUG ADDICTIONS IN ADOLESCENT SUBPOPULATION OF MIGRANTS IN FAR NORTH

INSTITUTIONS

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AUTHORS

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Formation of drug addictions in Far North (FN) was studied in adolescent subpopulation (490 persons of both sexes at the age 15-18 years). Opioid dependence syndrome has been studied in 64 adolescents from one of the cities of Yamal-Nenets Autonomous District. Sixty adolescents with F11.3 from Tomsk have constituted control. Steadily high level of prevalence of alcohol and drug dependence among adolescent subpopulation has been revealed associated with increase of number of persons infected with hepatitis B,C (85,9%), and HIV (40,6%). Involvement of adolescents into addictive behavior constitutes 33% at the age 15-16 years and abruptly increases up to 61,9% at the age 17-18 years. Association of social-psychological risk factors of involvement of adolescents into addictive behavior under conditions of FN has been identified with: heteroagressive (65,5%), autoaggressive (40,2%) and delinquent (35,6%) behavior;

dysfunctional parental families (incomplete family (49,4%), low social status of parents (69,5%), paternal alcoholization (54%). Clinical dynamic of opioid dependence syndrome is characterized by: high level of use of many drugs (combination with dependence on cannabinoids in 96,9% of cases (control 32,1%), with dependence on alcohol in 61% of cases (control 47,4%), with dependence on hypnotics - in 14,1% of cases (control 7,4%)); high level of comorbidity with personality disorders (84,4%, control 43,7%) in kind of dissocial (23,4%), hysteric (21,9%), dependent (20,3%) and emotionally labile (18,8%) disorder as well as high comorbidity with suicidal behavior (15,6%, control 4,2%, P<0,05) and prolonged course of post-withdrawal (affective, dissomnic) disorders (upon the average up to 17,4±3,3 days during 13,6±3,4 in control).

MENTAL HEALTH OF SCHOOLCHILDREN OF SIBERIA: TRANSCULTURAL COMPARISONS

INSTITUTIONS

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Objective of present investigation is to study borderline neuro-mental disorders in Buryats and Russians, rural schoolchildren.

259 persons of Buryat nationality and 153 persons of Russian nationality were examined (mean age of Buryats has constituted 12,3±0,34, Russians 11,8±0,28 years) studying at rural secondary schools of Republic Buryatiya and Tomsk District. Analyzing structure of groups of mental health it is possible to say that the greatest specific weight in Buryats is possessed by group of mentally healthy persons (56,8%), the second place is occupied by clinical forms of borderline neuro-mental disorders (30,1%). In Russian schoolchildren the first place is occupied by persons with clinical forms of neuro-mental disorders (45,1%), the second place – mentally healthy schoolchildren (36,6%).

Based on results of clinical investigation and analysis of signs exer-

ting impact on mental health of children, prognostic program was created taking into account influence of ethnocultural factors. Juniors-Buryats have a high degree of risk for development of school disadaptation. Causes are low general knowledge, informational isolation, and absence of pre-school preparation and stimulation of developments of preconditions for successful learning, necessity of broadening the knowledge of Russian language. High prevalence of accompanying somatic pathology in Russian children (90,1%) is a risk factor for origin of neuro-mental disorders.

Enhancement of indices of prevalence of borderline NMD is associated with change of social infrastructure. Deepening gap of social-economic conditions between village and city destabilizes system of family in Russian population. Maintaining traditional life style is a protective factor in Buryat population.

ETHNOCULTURAL ASPECTS OF ADAPTATION OF SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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AUTHORS

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Among clinical preconditions of adaptation of schizophrenic patients of significance are positive psychopathological disorders, negative manifestations as well as provoking, accelerating and worsening course of the disease factors. Degree of adaptive value of positive disorders depends on their rank predominating in the course of disease or character of "persistence". In populations of Turkic language peoples of Siberia, significantly more cases with affectively saturated acute delusional symptoms, archaic, "Manichean" story of experiences are revealed what reflects on dynamic of disease.

Adaptive value of negative disorders is associated with rank, domain of impairment, ratio of quantitative-qualitative structure what may be called endogenous transformation of personality on what peculiarities of positive disorders in exacerbations and remissions, adaptive reactions and types of individual compensator-adjustment defense depend. Structure of deficit disturbances differs very much

in "Slavic" and "mongoloid" populations.

Combination of different in character, depth and domain of impairment of negative disorders in remissions creates a new personality structure and is a ground identifying: content, degree of severity and periodicity of positive psychopathologic disorders in remissions; degree of liability to decompensating influences with possible clinical consequences; character of secondary compensator formations (short-term adaptive reactions and more stable formations - basic types of compensator-adjustment defense). This new life stereotype of the patient and finely quality and level of social adjustment are summed depending on individual adaptive possibilities and totality of social conditions, i.e. internal and external preconditions. Cultural-environmental differences play in their formation an essential value.

TRANSCULTURAL INVESTIGATIONS: BIOLOGICAL AND CLINICAL ASPECTS OF MENTAL HEALTH IN NORTH

INSTITUTIONS

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- 2. Valentina F. Lebedeva¹, Dr., MD, niipz@sibmail.com

In conducted by us many-year investigations in the general health care some clinical and therapeutic peculiarities of mental disorders have been revealed in patients of Tatar nationality as compared with Russians. With account for the national sign number of Tatars among 932 patients with revealed mental disorder under conditions of general health care has constituted 4,1% (n = 38). We have studied 65% of men and 35% of women, whereas among the Russians number according to nosology.

In persons of Tatar nationality personality disorders (28,9%), neurotic, stress related and somatoform disorders (26,3%), organic mental disorders (21,1% predominated then in decreasing order affective disorders (15,8%) and schizophrenia followed (7,9%). Among pati-

ents of Russian nationality organic mental disorders (36,9%), neurotic stress-related and somatoform disorder (20,8%), affective mood disorders dominated (11,8%), personality disorders have been documented in 4,0% of cases.

It should be mentioned that men were oftener diagnosed with personality disorders (23,6%) and organic mental disorders (15,8%), in women of predominance were neurotic, stress-related and somatoform disorders (15,8%) and affective mood disorders (10,5%). Among neurotic, stress-related and somatoform disorders in patients obsessive-phobic disorders dominated (67%).

Thus patients of the given group sought help in average in a year after occurrence of psychopathological disorders.

SeS-005

CHILD PSYCHIATRY TRAINING PROGRAMME (FOR DEVELOPING COUNTRIES)

INSTITUTIONS

- 1. Dr. Balabhai Nanavati Hospital, Department of Psychiatry, Mumbai, India
- 2. Vidyasagar Institute of Mental Health & Neurosciences, Department of Child & Adolescent Psychiatry, New Delhi, India

AUTHORS

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- 2. Jitendra Nagpal², Dr., MD, DNB, jitendranagpal@rediffmail.com

Aims and objectives

A large number of developing countries do not have training in child psychiatry at undergraduate and postgraduate level. Present programme envisages hands on skill training for practicing consultants in developing countries. A week long programme will cover topics like school mental health clinic, autism and learning disabilities.

A multidisciplinary team approach with case demonstration right from history taking, examination and treatment management and therapy will be part of skilled training programme. Following topics will be covered. School mental health clinic, autism and learning disabilities. Visit to institutions catering to the topic discussed and demonstrative will be done on the same day. Training programme will be conducted at specialized clinics of the topic of the day. Mumbai and Delhi have these specialized clinics and expertise to teach and train where training will be carried out. We propose to have this programme once in a year with 6 to 8 trainees. Trainees can be sponsored from member developing countries.

PHYSICIAN HEALTH AND WELL-BEING: CURRENT ISSUES AND PRACTICE GUIDELINES

INSTITUTIONS

- 1. University of Calgary, Dept of Psychiatry, Calgary, Canada
- 2. Women's Health Program, University Health Network, Toronto, Canada
- 3. Institute of Mental Health, Belgrade, Serbia and Montenegro
- 4. Queen's University, Kingston, Canada
- 5. St. George's University of London, London, United Kingdom

AUTHORS

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Further to the WPA position paper on Physician Impairment, the Executive created a Task Force on Physician Health and Well-Being to guide the efforts of the WPA in supporting the well-being of its members as well as physicians at large. This symposium will update the attendants about complementary issues as well as recent research.

OBJECTIVES:

To present an overview of the Task Force advocacy recommendations

To present an update of recent research data

To discuss issues and strategies arising from a review of the field

REFERENCES:

WPA International Task Force. Physician Impairment with mental illness and/or addictions: Practice Guidelines. WPA Sections Newsletter 2003; 5;3-5.

Canadian Medical Association. Guide to Physician Health and Well-Being: Facts, Advice and Resources for Canadian Doctors. CMA Publications, Ottawa ON
Canada 2003

THE WPA TASK FORCE ON PHYSICIAN HEALTH: FROM IMPAIRMENT TO HEALTH AND WELL-BEING

INSTITUTIONS

1. University of Calgary, Dept of Psychiatry, Calgary, Canada

AUTHORS

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Further to the WPA approval of a position paper on the practice issues surrounding "Physician Impairment with mental illness and addictions" in 2003 and at its annual meeting in Cairo, the Executive decided to establish a Task Force on Physician Health and Well-Being to further an agenda at the WPA-annual meeting in Prague. This presentation summarizes some of the Task Force's deliberations to date.

- 1. The implications of a focus on "Impairment" versus "Burn-out". The pros and cons of a strategy supporting colleagues with their health problems regardless of the cause versus focus on occupational stressors will be reviewed.
- 2. A refocus from a disease orientation to health promotion stra-

tegies.

Along with the shift observed in the delivery of health care in most developed countries, strategies in support of the medical workforce are increasingly promoting positive "wellness" strategies. A North American thematic survey identified five categories of such practices, I.e., relationships, spirituality, self-care, work and approaches to life. Potential implications for the broader global context will be outlined.

3. The optimal scope of physician health issues

The field of physician health is rapidly expanding including new "disruptive behavior", retirement issues, etc. The implications of the appropriate scope of advocacy by the WPA will conclude the presentation.

GENDERED ASPECTS OF PHYSICIAN STRESS

INSTITUTIONS

1. Women's Health Program, Toronto, Canada

AUTHORS

1. Donna Stewart¹, Dr, MD, Dr.Donna.Stewart@uhn.on.ca

The stress of practicing medicine has received increasing attention but its differential impact by gender has not. This presentation will review recent literature on gender aspects of physician stress as well as present some of our recent research findings on gendered aspects of stress in academic physicians.

Our work will show that there are different patterns of cortisol secretion elevations in men and women academic physicians which may be explained by different patterns of work and family stress. The overall implications of these gender differences will be discussed and potential solutions presented.

Objectives:

 ${\bf 1}.\,\dot{\rm P}{\rm articipants}$ will understand some common stress factors in male and female physicians.

- 2. Participants will understand the different effects of stress on male and female physicians.
- **3.** Participants will appreciate some physiological changes in male and female physicians under stress and possible causes of these differences

References:

1. Bergman B, Ahmad F, Stewart DE. Work, family balance, stress and salivary cortisol in men and women academic physicians. Int J of Behavioral Medicine 2008;

n press

2. Stewart DE, Ahmad F, Cheung AM, Bergman B, Dell DL. Women Physicians and stress. J. Women's Health and Gender Based Medicine 2000; 9:185-190.

BURNOUT SYNDROME - FREQUENT BUT NEGLECTED SYNDROME OF GENERAL PRACTITIONERS

INSTITUTIONS

1. Institute of Mental Health, Belgrade, Serbia and Montenegro

AUTHORS

1. <u>Dusica Lecic Tosevski</u>1, Dr, MD, dusica.lecictosevski@eunet.yu

Burnout syndrome seems to be widespread among health care professionals. However, it although highly prevalent is often neglected. In addition to that, it is seldom assessed in countries which were exposed to stressors of high intensity, such as war conflicts and social transition

Objective - The objective of this study was to compare burnout syndrome of general practitioners in three countries - two countries that have experienced war and social transition (Bosnia and Serbia), and in developed and peaceful country (Norway).

 $\bf Methods$ - The sample consisted of 111 general practitioners from three different cities (31 from Sarajevo,

41 from Oslo and 39 from Belgrade). Maslach Burnout Inventory,

measuring three dimensions of exhaustion, depersonalization and inefficacy was administered during training seminars on mental health in primary care.

Results - The highest burnout scores were registered in Belgrade sample, followed by Sarajevo and Oslo general practitioners. The emotional exhaustion was higher in female than male doctors and depended on daily number of patients.

Conclusions - Burnout affects personal well-being and professional performance. Therefore it is important to undertake preventive measures against its development, such as strategies focused on individual and organization. Stress management might be one these

MODERN PROFESSIONALISM AS RISK FACTOR FOR WRONGDOING

INSTITUTIONS

1. Queen's University, Dept of Psychiatry, Kingston, Canada

AUTHORS

1. <u>Julio Arboleda-Florez</u>¹, Dr., MD, julio.arboleda-florez@queensu.ca

The complexities of the professional exercise of Medicine are best exemplified by the reference to physicians and hospitals as part of the "health industry." In some modern medical practices the patient is lost as a simple clog of a mechanism of evaluation whereby he is expected to go through a number of other professionals and a multitude of biological and imaging tests in a maze that has to be negotiated before finally coming to see the physician for just a few minutes. The medical encounter is oftentimes a euphemism as it has become a simple, perfunctory exchange of a few words and the handling of a prescription. The person behind the labeled "patient" is nowhere to be reckoned with. Under these circumstances mistakes are more likely to happen and the impersonal atmosphere adds to the distancing of the physician from the patient thus increasing the possibilities of transgressions either purposely planned or as a result

of inadvertently sliding into wrongdoing. When this happens social control measures are invoked. This presentation will expand on the nature of these measures and the impacts they have on those caught in their mesh, both physicians and patients alike.

OBJECTIVES:

- 1. Become familiar with definitions of Professionalism
- 2. Learn trends on where Medicine is going to as a Profession
- 3. Identify pathways to wrongdoing

REFERENCES:

- 1. Hope T, Savulesco F & Hendrick J: Medical Ethics and Law. Toronto: Churchill Livinsgtone, 2003
- 2. Maister DH: Treu Professionalism. New York: Simon & Schuster.2000

HELPING SICK DOCTORS: THE UK EXPERIENCE

INSTITUTIONS

1. St. George's University of London, London, United Kingdom

AUTHORS

1. Mohammed T Abou-Saleh¹, Dr., MD, mabousal@sghms.ac.uk

The British Medical Association has estimated that 1 in 15 doctors may be suffering from alcohol or drug problems. However the majority of sick doctors do not access national health services for reasons of stigma and concerns about confidentiality. This has necessitated the development and provision of voluntary health and counseling services by medical charities and professional bodies. The have many examples of good practice of confidential often doctor-to-doctor services.

The other important facet is the role of the General Medical Council (GMC) - the governing body of the medical profession in the UK-in *Supporting Doctors and Protecting Patients*. Data from the GMC showed that the absolute majority of doctors under supervision have

substance misuse and mental health problem.

The author will focus and reflect on the role of the GMC: Whilst it prioritizes the safety of patients, the GMC also supports doctors in providing necessary supervision and monitoring to enable them to restore their health and fitness to practice.

OBJECTIVES:

To critically review the role of the British General Medical Council experience of helping the impaired doctor

To contrast the British with the European and the US procedures

Catto G. Will we be getting good doctors and safer patients? British Medical Journal. 2007 Mar 3;334(7591):450.

NON PHARMACOLOGICAL MANAGEMENT OF DEMENTIA

INSTITUTIONS

- 1. Royal Free Hospital, London, United Kingdom
- 2. CHRU de Tours, INSERM U930, Université François Rabelais, Tours, France

AUTHORS

- 1. Nori Graham¹, Dr, MD, NoriGraham@aol.com
- 2. Vincent Camus², Dr, MD,PhD, camus@med.univ-tours.fr

The slowly progressive, chronic nature of dementia puts great strain on both the person suffering from the condition and the carer. Much research in the past has focused on the emotional reactions of carers. But people with dementia themselves experience a whole range of emotions and these can lead to a range

of psychological problems and behavioural changes. Understanding what the person with dementia is experiencing and learning how to

react is key to the maintenance of a reasonable quality of life both for the carer and for the affected individual. This symposium of the WPA section on Old Age Psychiatry will provide a

clinical perspective, data on patient's quality of life and a review of research in this area. Issues related to the management of severe state of the disease, and to the management of the end of life will also be discussed.

NON PHARMACOLOGICAL MANAGEMENT OF DEMENTIA: A CLINICAL PERSPECTIVE

INSTITUTIONS

1. Royal Free Hospital, London, United Kingdom

AUTHORS

1. Nori Graham¹, Dr, FRCPsych, NoriGraham@aol.com

Dementia affects people in different ways. The most common symptoms that occur in dementia no matter what the cause are the cognitive symptoms of memory loss and difficulties with language. However the non -cognitive symptoms, also known as the behavioural and psychological symptoms (BPSD), are often the presenting problems leading to diagnosis as well as the most problematic symptoms throughout the course of the disease. Management of these

difficulties requires obtaining a detailed life history as well as an accurate description of the problem behaviour both from the person with dementia and the person caring. This presentation will focus on non -pharmacological management with particular reference to behavioural approaches while at the same time indicating when drugs may be helpful.

PERCEIVED QUALITY OF LIFE IN DEMENTIA: DIFFERENCES BETWEEN PATIENTS AND CARERS

INSTITUTIONS

- 1. CHRU de Tours, INSERM U930, Université François Rabelais, Tours, France
- 2. Division of Psychiatry, University of Manchester, Manchester, United Kingdom

AUTHORS

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- 2. Eleanor Jane Byrne², Dr, MD, Ejbgob@aol.com

Background: Behavioural and Psychological Symptoms of Dementia (BPSD) have a high prevalence amongst patients with dementia and are a significant source of distress for both patients and caregivers. Most of behavioural symptoms can be prevented or treated by appropriate non-pharmacological interventions. But the choice of main target symptoms should consider not only symptoms' intensity but also their potential impact on quality of life.

Objectives: The present study explored the relationships between quality of life and BPSD from both patient and carer perspectives. Methods: Among one hundred and sixty seven patients (63 males and 104 females) recruited within 5 centres of the European Alzheimer's Disease Consortium, data were obtained from forty-six pati-

ents and 116 carers who completed ratings of both BPSD (NPI) and quality of life assessment (QOL-AD).

Results: Patients perceive their own quality of life better than caregivers do. Poor ratings of QOL made by patients are associated with symptoms they are likely to find distressing such as delusions and apathy. Conversely, poor ratings of patients' QOL made by carers are associated with symptoms that carer may find more distressing than the patient, such as irritability and depression.

Discussion: These findings suggest that considering both patient and caregiver perception of patients quality of life, should be useful to adapt care and management plans in dementia.

NON PHARMACOLOGICAL MANAGEMENT OF DEMENTIA: RECENT RESEARCH FINDINGS

INSTITUTIONS

- 1. University College of London, Department of Mental Health Sciences, London, United Kingdom
- 2. The Johns Hopkins University and Hospital, Division of Geriatric Psychiatry and Neuropsychiatry, Baltimore, United States
- 3. Kent Institute of Medicine and Health Sciences, Canterburry, United Kingdom

AUTHORS

- 1. Gil Livingston¹, Dr, MD
- 2. A Selwood¹, Dr, MD
- 3. K Johnston¹, Mr, MSc
- 4. J Paton¹, Mr, BSc
- 5. Constantine G Lyketsos², Dr, MD, MHS
- 6. Cornelius Katona3, Dr, MD

Objective: To review the literature on psychological approaches to treating the neuropsychiatric symptoms of dementia and of the efficacy of interventions for dementia caregivers.

Method: Reports of studies that examined effects of any non pharmacological therapy that satisfied pre-specified criteria were reviewed. Data were extracted and an overall rating was given to each study by using the Oxford Centre for Evidence-Based Medicine criteria.

Results and Conclusions: A total of 1,632 studies were identified, and 162 satisfied the inclusion criteria for the review. For caregiver interventions, 62 of the 244 studies identified in our search met our inclusion criteria. In terms of effects on demented patients, specific types of psychoeducation for caregivers about managing neuropsychiatric symptoms were effective treatments whose benefits lasted

for months, but other caregiver interventions were not. Behavioural management techniques centred on individual patients' behaviour or on caregiver behaviour had similar benefits, as did cognitive stimulation. Music therapy and Snoezelen, and possibly sensory stimulation, were useful during the treatment session but had no longer-term effects; interventions that changed the visual environment looked promising, but more research is needed. In terms of caregiver benefits, we found excellent evidence for the efficacy of six or more sessions of individual behavioral management therapy centered on the care recipient's behavior in alleviating caregiver symptoms both immediately and for up to 32 months. Teaching caregivers coping strategies either individually or in a group also appeared effective in improving caregiver psychological health both immediately and for some months afterwards. Group interventions were less effective than individual interventions.

MANAGING OF SEVERE DEMENTED PATIENTS AT HOME TREATMENT AND CARE

INSTITUTIONS

1. Municipal Institute of Gerontology, Belgrad, Serbia and Montenegro

AUTHORS

1. Aleksandra Milicevic Kalasic¹, Dr, MD,PhD, aleksandrak@excite.com

The number of older individuals with dementia will likely increase significantly in the next decades, but there is currently limited information regarding many aspects of their life especially those with advanced or severe dementia. Communication and all activities in severe demented patients would be therapeutic, enhance quality of life, arrest mental decline and generate and maintain self-esteem or create immediate pleasure, re-establish dignity, provide meaningful tasks, restore roles and enable friendships.

Objective: in order to organize adequate care it was helpful to reveal the severity of cognitive disorders identified with screening test (Simon, 1968) among patients at Institute of Gerontology Home Treatment and Care

Method: MMSE test (Folstein) was used for quantification of cognitive disorders previously identified trough screening of population at admission in five year period. Screening test (Simon, 1968) was

used at admission.

Results: Mean value of MMSE test score of N=370 patients with identified cognitive disorders trough screening was 14,92; 318 were demented with mean value of MMSE test score 13,08. There was no statistical difference among men and women in any of following parameters.

Conclusion: The population at home treatment and care is highly selected with severe cognitive disorders preveiously detected with screening test. The results suggest introducing paliative measures for maintaining functional ability of all patients, sistematic dissemination of instructions and supports for caregivers and preventive screening for cognitive disorders in elderly population in community with further implementation of diagnostic and therapeutic procedures.

THE END OF LIFE CARE IN DEMENTIA

INSTITUTIONS

1. Forensic Psychiatry Hospital, Stei, Romania

AUTHORS

1. Nicoleta Tataru¹, Dr, MD, nicoleta_tataru@hotmail.com

Health care providers have to face a serious medical and ethical challenge in caring the elderly demented patient at the end-of-life. The physical problems and pain management are important for individuals with dementia. The cognitive and communication problems in dementia make it more difficult to provide palliative care to these patients. Respect for the individual's expressed wishes and interest, should guide all end-of-life care decisions.

We discuss about the end-of-life care, and about 'the right to die'. The patients must have the right to refuse the treatment when they believe that their quality of life would be compromised by continued treatment and they must have the right to live and the right to die with dignity in their own homes. For specifying a 'good death',

one would take into consideration cultural, religious, spiritual, and family values.

According to Hippocratic Oath, patients have to be treated in dignity, but not to be 'over-treated' by all modern possibilities. Quality end-of-life care in dementia and other mental diseases is complex, requires a multidimensional approach, involving both health professionals and caregivers. This can be done with adequate funding, and sufficient staff resource, experienced and educated in the care of dying, ensuring that patient's psycho-social and spiritual needs are met, and we hope that dementia will be better treated if we use an educational prevention program to improve the quality of life in all courses of illness to the end of life.

THE PATIENT-ARTIST QUESTION: WHO IS WHO?

INSTITUTIONS

- 1. WPA Section on Art & Psychiatry, Chair, Vienna, Austria
- 2. Private Psychiatric Clinic, Nova Gorica, Slovenia
- 3. Institutum Studiorum Humanitatis / Graduate School of the Humanities, Ljubljana, Slovenia
- 4. Creedmor Psychiatric Hospital, The Living Museum, New York, United States
- 5. Center for Psychiatric Health, Gdynia, Poland

AUTHORS

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- 2. Vlasta Meden Klavora², Dr, MD, vlastameden@gmail.com
- 3. Jure Mikuž³, Dr, PhD.
- 4. Magdalena Tyszkiewicz⁵, Dr, MD, PhD, magdalena.tyszkiewicz@wp.pl
- 5. Alexandra Plettenberg-Serban⁴, Dr, PhD, aplettenberg-serban@earthlink.net

This symposium by the WPA Section on Art and Psychiatry explores the ways in which the study of art brut contributes to our understanding of creative attainment in general. Works by both several "outsi-

der" artists as well as of some recognized masters with a psychiatric history will be analyzed. Finally, future perspectives on the term "art brut" itself and its proper context placement will be discussed.

ERNST LUDWIG KIRCHNER: TRACES OF NARCISSISM IN HIS ART

INSTITUTIONS

1. Chair, WPA Section on Art and Psychiatry, Vienna, Austria

AUTHORS

1. Hans-Otto Thomashoff¹, Dr, MD, PhD, thomashoff@utanet.at

The German Expressionist Ernst Ludwig Kirchner suffered from a Narcissistic Personality Disorder. The paper reveals the influence of his psychodynamics onto his art and examines the causes for the artist's suicide in 1938.

SECTION SYMPOSIA

PIGRO: «AN ABSOLUTE INDIVIDUALIST» AND HIS PORTRAIT STUDIES

INSTITUTIONS

- 1. Private Psychiatric Clinic, Nova Gorica, Slovenia
- 2. Institutum Studiorum Humanitatis / Graduate School of the Humanitie, Ljubljana, Slovenia

AUTHORS

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- 2. Jure Mikuž,², Dr, PhD, vlastameden@gmail.com

The patient's drawings or paintings could be perceived as the first evidence of the patient's psychotic experience. The expression of his own psychotic experiences and feelings reduces the anxiety provoked by his fear of defragmentation and destruction. The image is an effort to restitute the inner world, and the endeavor to establish the borders between the internal and the external, between the Self

and the Other. The article will present the cycle of the 18 Pigro's drawings from one of his psychotic episodes. The cycle starts with the two drawings which were carried out in the state of scribbling that depicts the psychotic inner world from which the final image - the portrait --slowly emerges.

THE LONELINESS OF THE NEW WORLD CREATORS - MCK CIURLIONIS

INSTITUTIONS

1. Center for Psychiatric Health, Gdynia, Poland

AUTHORS

1. Magdalena Tyszkiewicz¹, Dr, MD, magdalena.tyszkiewicz@wp.pl

The paper deals with the formation of the artistic individuality of MCK Ciurionis (1875-1911), a renowned painter, musician, composer and playwright of Polish and Lithuanian origin. The aim of this paper is to provide comparison of the biological, social, schizophrenic and artistic profile of Ciurlionis with that of a patient of the pre-

senter, a very interesting amateur painter M.Z. The following aspects have been compared: symbolism, use of colour, abstractionism and the expression of time and space.

AUTHENTICITY AND CULTURE IN THE ART OF RICHARD SMITH

INSTITUTIONS

1. Creedmore Psychiatric Hospital, The Living Museum, New York, United States

AUTHORS

1. Alexandra Serban-Plettenberg¹, Dr, PhD, aplettenberg-serban@earthlink.net

This paper proposes that the distinction between insider and outsider art will eventually disappear altogether, as the generic properties of self-taught artists, outsider art, or art brut, have long been challenged and cultural norms greatly expanded to include the global diversity of ethnic codes. The consequences of the changing social and aesthetic norms are discussed at the example of works by Richard Smith who has been a member of the *Living Museum* Studio at the Psychiatric Hospital Creedmoor in New York since 1993. In the words of Dr. Janos Marton, co-founder and director of the Museum, "Insanity is an asset in art. You don't have to be insane to be a great artist, but it builds on the symptoms of mental illness. Great

art really occurs in the domain where schizophrenic processes often occur. " $\,$

Through an examination of the work of Richard Smith, the paper aims to demonstrate that mental breakdown or psychotic experience can be conducive to an artistic authenticity that is not always within reach of mainstream artists; the status of confinement in community allows a greater freedom of peer-and market pressures of the money-driven art market of today.

SeS-009

FUNCTIONS AND USE OF ART IN MENTAL HEALTH CONTEXT

INSTITUTIONS

- 1. WPA, Section on Art and Psychiatry, Chair, Vienna, Austria
- 2. City University of New York, Academic Affairs, New York, United States
- 3. Russian Art Therapy Association, St. Petersburg, Russian Federation
- 4. Medical University, Vienna, Austria
- 5. Goldsmiths, University of London, London, United Kingdom

AUTHORS

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- 2. Ekaterina Sukhanova², Dr, PhD, ekaterinas@verizon.net
- 3. Diane Waller⁵, Dr, PhD, diane.waller@virgin.net
- 4. Alexander Kopytin³, Dr, MD, alkop@rol.ru
- 5. Gerard Pail⁴, Dr, MD, gp@geraldpail.com

This symposium proposed by the WPA Section of Art and Psychiatry addresses various aspects of the therapeutic and communicative functions of art. It also explores the role psychiatric art can play

in shaping the social discourse on mental illness and in combating stigma.

ART AS A PRODUCT OF THINKING

INSTITUTIONS

1. WPA Section on Art and Psychiatry, Chair, Vienna, Austria

AUTHORS

1. Hans-Otto Thomashoff¹, Dr, MD, PhD, thomashoff@utanet.at

Neurobiology and psychodynamic approaches allow a glimpse into the creational process, revealing that any perception is a construction based on the existing structure of the brain at a given point in time. Therefore it may not be suprising that the brain, while trying to cope with reality, creates art as well. Thus art becomes a language which can be used for influencing the brain (therapy) as well as for being effective in society (e.g. fighting the stigma of mental illness).

REVISITING MUKARZOVSKY: THE FUNCTIONS OF ART IN MENTAL HEALTH CONTEXT

INSTITUTIONS

1. City University of New York, Academic Affairs, New York, United States

AUTHORS

1. Ekaterina Sukhanova¹, Dr, PhD, ekaterinas@verizon.net

Jan Mukarovsky, a founding member of the Prague Linguistic Circle. considered the work of art as a a bridge which connects spectators to meaning, but also connects the authors to collectivity. Art perception also relies on a dialogical mechanism, which makes generating new meanings possible This paper will explore the ways in which

some of Mukarovsky's theories on the aesthetic function can be applied to studying the dynamics of psychiatric art. The individual and the universal are no longer isolated but, on the contrary, require each other. The dialogical mechanisms inherent in art production and perception can serve as a basis for fighting stigma.

SECTION SYMPOSIA

PROMOTING UNDERSTANDING AND TOLERANCE THROUGH ART: ANTISTIGMA EXPERIENCE BY THE MEANS OF INTERACTIVE EXHIBITIONS

INSTITUTIONS

1. Russian Art Therapy Federation, St Petersburg, Russian Federation

AUTHORS

1. Alexander Kopytin¹, Dr, MD, alkop@rol.ru

Throughout the last several years a series of interactive exhibitions presenting the art of the mentally ill to the Russian society has been arranged and accompanied with the study of people's reactions to the artworks. The results of the study are indicative not only of the social distance from mental patients, but of the considerable potential of their art to make this distance smaller and thus destigmatize them as well. The results confirm in particular that exhibitions and seminars that involve creative interaction of people from the audien-

ce with mental patients' art help to reveal those realms of human experience that seem to be universal and valid both for people without psychiatric disorders and those suffering from mental illness. One of the findings of this study was the identification of the three thematic clusters (constructs) in the respondents' narratives. This finding leads the author to suggest that mental patients' art resonates with the general structure of the human psyche and serves as a valuable facet of mankind's culture.

ISSUES OF INCLUSION AND EXCLUSION

INSTITUTIONS

1. Goldsmiths, University of London, London, United Kingdom

AUTHORS

1. Diane Waller¹, Dr, PhD, diane.waller@virgin.net

This paper will look at the position of older people specifically in the UK and at some of the findings and recommendations of a recent Age Concern Report: Older People's Mental Health and Well-Being. It will discuss the potential for exclusion from everyday activities

and relationships of older people who suffer from mental health problems, of which depression is very common, as well as the more life-threatening and debilitating progressive illnesses. It will suggest how art therapy can play a role in improving quality of living, especially in social interaction.

THE PSYCHIC REALITIES PROJECT

INSTITUTIONS

1. Medical University of Vienna, Vienna, Austria

AUTHORS

1. Gerard Pail1, Dr, MD, gp@geraldpail.com

This paper will discuss the concept behind PSYCHIC REALITIES, a contemporary art exhibition in Austria, whose artistic approaches oscillate between socially standardized behavior and action patterns that enter the realm of pathological personality constructions. The project aims to raise awareness for behavioral models drifting away from the construct of "normality," which has to be seen as a cultural signifier imposing aspects of decorum sometimes antagonizing personal wishes and desires. Ten positions of artists and artist groups, who were invited to formulate their versions of a reality that is in-

fluenced by psychic constellations of the self, demonstrate the "other side" of reality, which used to be hidden in conservative social climates but which has increasingly entered the realm of the visible world. Thus, the question of psychic disorders is artistically treated with regard to its relevant status in society and the changing methods with which it is treated and perceived.

The project centers on the question of how specific patterns of behavior, which are not necessarily in line with social standardization, are subject to de-pathologizing mechanisms.

SeS-010

LITERATURE AND SOCIAL VIOLENCE

INSTITUTIONS

1. L'evolution psychiatrique, WPASectoin "literature and psychiatry", poissy, France

AUTHORS

1. Yves G Thoret¹, Mr., chair, MD, PhD, thoret.yves@wanadoo.fr

In this first symposium of the WPA Section "Literature and psychiatry", this new section presents four papers about the links between

social violence and psychiatry.

COMRADE HAMLET: A PSYCHOSOCIAL PORTRAIT OF THE SOVIET INTELLIGENTSIA

INSTITUTIONS

1. City University of New-York, literature, New-York, United States

AUTHORS

1. Ekaterina Sukhanova¹, Mrs. Professor, PhD, ekaterinas@verizon.net

The seminal novel by Andrei Bitov's "The Puyshkin House" will be used to discuss the effects of a totalitarian regime on the development of individual identity. Bitov depicts a society in which the links to the country's history, intellectual tradition and even to one's own family legacy are all artificially severed. Language ceases to be trusted as it is perceived as a tool of propaganda rather than means of creative liberation. The "new man" promised by social engineering turns out to experience identity diffusion, emotional lability and intense dependence on others. The protagonist of "The Pushkin House", described in a way reminiscent of an extended case study, reflects the immaturity of his society, in which dichotomous thinking is fostered. Ironically, it is when the protagonist of the novel is

finally able to gain a critical distance to himself and take responsibility for his proper actions, that his functioning within that society is threatened.

Literature references:

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- Sukhanova E., Voicing the >Distant. Madison : Farleigh Dickinson University Press; 2004.
- Mendelstam O., Poèmes. (édition bilingue), tr.fr. H. Avbril. Paris: Librairie du Globe; 1992.

PSYCHOPATHOLOGY IN THE WORKS OF THE MEXICAN POET AGUSTIN YANEZ

INSTITUTIONS

1. Guadalajara University, Psychiatry, Guadalajara, Mexico

AUTHORS

- 1. Sergio J Villasenor-Bayardo¹, Mr Professor, MD, PhD, sjavier@cencar.udg.mx
- 2. Jose Refugio-Reyes¹, Mr Dr, MD, PhD, sjavier@cencar.udg.mx

Yanez's work,"al filo del agua, downstream with the current", shows how catholic religion oppresses people from "Los Altos de Jalisco, the highlands of the province of Jalisco, a singular region located in the northern part of the state of Jalisco, (Mexico). in this novel, we can appreciate a particular form of social violence. the priests, with a profound desire of maintaining a strict control, almost asphyxiate

the village population. we can see, as well , the frustrating life of some inhabitants of previous times. reading this text leaves a bitter taste, but anyway it has its own beauty.

Literary references:

- Yanez A., Al filo del Agua. Mexico: Editorial Porrua; 2004.

MODERN IRANIAN LITERATURE AND PSYCHIATRY

INSTITUTIONS

1. WHO, regional office Eastern Mediterranean, Health Protection and Promotion, Cairo, Egypt

AUTHORS

1. Ahmad Mohit¹, Mr, Professor, Direc, MD, PhD, mohitahmad@gmail.com

Modern Iranian literature started in the end of the nineteenth century, coinciding with Iranian Constitutional Revolution. "Nima Yushij", the founder of Iranian modern poetry and "Sadeq Hedayat", the famous Iranian novelist were among the most influential Iranians of the 20th century. Classically, Persian poetry was a part of a geat cultural heritage. Later on, it fell into a period of stagnation and ceremonial court function. "Nima Yushij" modernized Iran's poetry in form and content. The modern poetry Nima initiated was followed by poets like "Shamlou" and "Forough Farrokhzad", the great women poet who died at age 32 in a car accident (note 1).

"Sadegh Hedayat" penetrated the soul of the nation in the beginning of deep transition. He described Iranian characters, imaginations and dreams creatively. "Surrealism or something approaching

it, was the hallmark of Hedayat psycho fiction "(note 2). The themes of mental illness and mental institutions are repaeted in his work. And, it is ironic that Hedayat committed suicide in 1952.

The famous contemporary playwright of Iran "Saèdi", was a psychiatrist and one of his plays "The Cow" is the story of the dissociative condition of a peasant and was made to a famous Iranian film winning major international prizes.

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THE THREE STAGES OF VIOLENCE IN SHAKESPEARE'S PLAY "TITUS ANDRONICUS"

INSTITUTIONS

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In this tragedy, W. Shakespeare presents three stages of human cruelty:

- murder of an enemy male-soldier : destruction of a life,
- rape and mutilation of a woman: destruction of the life source,
- and the worst crime, murder of a child: destruction of a life promise.

"Titus Andronicus" describes the irresistible spiral of revenge and violence, leading the protagonists to commit more and more archaic actions against their rivals or enemies and, later on, against their adversaries' families, till acting directly against their own families. This is described in the Greek myth of Heracles, driven mad by Hera and polluted by his own violence, in the Euripides' and Seneca's tragedies. A current enquiry checked that in the violent fights between drug traffic gangs in Central America, the proportion of women

among the victims was strongly increasing. We may fear an extension of crimes against children, in such an uncontrolled social context of violence. This play, and its new version by Botho Strauss, may help us to analyse how violent acts may link themselves together in a progressive outbidding, reducing so any possibility of compromise or return back to peace.

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LITERATURE ACROSS THE BORDERS

INSTITUTIONS

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Symposium of the WPA Section "Lierature and Psychiatry"

This is the second symposium of the WPA section "Literature and psychiatry". It is entitled: "Literature across the borders". Beginning

with an homage to the "Velvet Revolution" in Prague, it will study the psychic effects of creative poetry, in the case of F. Hölderlin , and it will analyze the main aspects of holistic philosophy in the works of the Iranian poet Rumi.

THE ROLE OF LITERATURE BEFORE AND SINCE THE "VELVET REVOLUTION"

INSTITUTIONS

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The Czech, Slavian tribes of Bohemia, in the middle of Europe, were always obliged to shield themselves from multiple agressions. When Saint Wenceslas had to accept submission to the Germans in the Xth century, the people resisted with "corals", our first poems usually sung in churches to pray God for strength, protection against misfortune and distress.

In every tragic moment of our history, poetry and folk songs are the means of resistance to all types of oppression, military, ideological, economic ones or actually the "laws of market". Our people has such a high need of noble fantasy, creative beauty, hope and memory.

Literature will not die from disinterest, considering the great number of books published now in our nation. Poetry is the most eminent literary form to move the most magic level of emotion. Witho-

ut poems, the men would not be men! In the invisible psychic life, poetry works as a tool of compensation or regulation, just like love and friendship.

Let us admit that "The Vervet Revolution" was the peak of this achievement. But, since the eighties, we observe an increasing passivity and indifference of the youth towards cultural and artistic stimulations, with the risk to neglect active reading and to prefer more superficial, comfortable and global information and entertainment. If we desire to "rebirth" literature and rich interpersonal communication, we have to express this aim with means of communication presently available, to resist to cruelty and insensibility, to fight for a society with more justice and comprehension.

MANNER OF "BEING TOWARD DEATH" OF A POET : THE CASE OF HOLDERLIN

INSTITUTIONS

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AUTHORS

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The relationship between creativity and insanity is a topic that has been discussed in various studies. One important issue to be considered when discussing this is the question of whether there is in fact an internal link between creativity and insanity. For example, does creativity have a destructive effect on the human mind, or can insanity lead to creativity? This presentation will discuss this issue while referring to the life and works of Friedrich Hölderlin (1770-1843), a major German poet who succumbed to schizophrenia. Hölderlin's fundamental existential position is characterized by pronounced yearning for existential truth, along with his strong commitment to

God-searching and his obsession with death. Facing high-intensity existential urgency and having reached a crisis condition involving the negation of his own existence. Hölderlin founds himself forced to undergo a self-reconstruction. The act of writing poetry became an ideal solution. For Hölderlin, the purpose of writing was to ease somewhat the highly intense existential pressure he experienced, or perhaps to control it and subsume it into his writing, in which we can find expressions both of "teologia positiva" and ' teologia negativa".

CONCEPTS OF RELEVANCE FOR PSYCHIATRY IN THE WORKS OF SUFI (MYSTIC) THINKERS LIKE RUMI

INSTITUTIONS

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AUTHORS

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Mystic thinking has many tradtions and all major three monotheistic religions have their own approach to mysticism. Islamic mystic thinking, has 2 major Eastern and Western branches, referring respectively to the Andulucian and Persian-Dari works. The Eastern one, represented in the works of many including "Bayazid Bastami, Suhravardi" and "Rumi", and the Western in the works of "Ibn e Arabi". The major philosophical stands of mystic thinkers of all origins is their tendency th Holistic approach to the world. They also believe in the presence of intuitive knowledge. Another important aspect of their beliefs, which is the essential element of the thinking of "Ibn e Arabi" and "Rumi'is the concept of "Vahdat e Vojoud" (unity of Existence).

The works and ideas of Rumi are most famous among Western readers. Rumi is really a thinker belonging to the whole humanity. His approach to life and growth is evolutionary. In many of his works, he describes dualism inside the soul and conflicts as the major cause of anxiety and promotes love and a sense of belonging as a remedy for many ills; his major book "Mathnavi", written in form of many stories has numerous references to people whom we would give them definite psychiatric diagnosis. It is an interesting description of history of psychiatry and the correct understanding of mystic thinking. Finally, like many other areas, mysticism has a potential of abuse which the presentation tries to point out.

ADVANCES IN THE NEUROBIOLOGY OF ADHD

INSTITUTIONS

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- 3. Nikos Makris¹, Dr., Md, PhD, nikos@cma.mgh.harvard.edu
- 4. Thomas J Spencer¹, Dr., MD, tjspencer@partners.org
- 5. Aude Henin¹, Dr., PhD, ahenin@partners.org

The objective of this symposium is to provide an overview of current developments in the study of the neurobiological underpinnings of ADHD. The presentations will comprise findings from the fields of structural neuroimaging (Drs. Biederman and Makris), positron emission tomography (Dr. Spencer), genetics (Dr. Faraone) and psychiatric comorbidity (Dr. Henin).

STRUCTURAL MRI IN ADULTS WITH ADHD WITH AND WITHOUT BIPOLAR DISORDER

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Objectives: We previously found that relative to controls, ADHD adults had significantly smaller overall cortical gray matter, prefrontal and anterior-cingulate volumes. In this study we tested the hypothesis that bipolar disorder (BPD) would contribute to limbic (amygdala-hippocampal) abnormalities and ADHD to cortical abnormalities described above.

Methods: Twenty-six ADHD adults without BPD, 31 with ADH-D+BPD, 18 with BPD and 23 controls comparable on age, SES, gender, handedness, education, IQ estimate distributions received MRI scanning on a 1.5T-Siemens scanner. Cortical and sub-cortical gray and white matter were segmented. Image parcellation divided the neocortex into 48 gyral-based units/hemisphere. Based on a priori hypotheses, we focused on prefrontal, anterior cingulate cortex (ACC) and amygdala-hippocampal volumes. We used linear regression models with volumes of brain regions as the dependent variables and ADHD status, Bipolar status, age, sex and total cerebral volumes as the independent variables.

Results: ADHD adults had significantly smaller neocortex, thalamus and cerebellum cortex volumes, and significantly larger white matter and cerebellar white matter volumes, independent of Bipolar status. In contrast, Bipolar adults had significantly smaller amygdala volumes and significantly larger hippocampus and thalamus volumes, independent of ADHD status.

Conclusion: Regardless of comorbidity with each other, ADHD and BPD are associated with distinct neuroanatomical findings. While ADHD leads to volume differences in brain regions in areas involved in attention and executive control, BPD leads to volume differences in brain regions in areas involved in limbic and emotional regulation.

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ALTERED CORTICAL NETWORKS IN ADULTS WITH ADHD USING T1-WEIGHTED AND DT-MRI

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Objectives: The main aim of the present study was to examine the cortical brain structure of human attention and executive function (EF) networks, delineating the nature of alterations in the cerebral cortex and in cortico-cortical fiber pathways in adults with ADHD. Methods: We studied the cortex and the white matter fiber pathways that constitute these neural networks using two modalities of MRI. A) We performed T1-weighted MRI morphometry to measure thickness of cortical regions dedicated to the operation of attention and EF in 24 adults who have been categorized as meeting criteria for ADHD compared with 18 matched healthy control subjects. B) We used DT-MRI in another sample to measure fractional anisotropy (FA) differences in 12 adults with ADHD and 17 matched healthy control subjects.

Results: A)T1-weighted MRI results showed that the subjects categorized as ADHD showed significant decrease of thickness in

cortical areas dedicated to the operation of attention and executive functioning, ie. dorsolateral prefrontal, dorsal anterior cingulate and inferior lateral parietal cortices (1, 2). B) The DT-MRI results showed significant differences in fiber tracts related to the attention and EF neural systems.

Conclusion: These cortical and white matter results imply that discovery of a selective difference in cortical thickness of cortical areas and fiber tracts constituting the attention and executive function cortical networks in adults with ADHD might be regarded as the MRI brain structural profile responsible for the attention and EF phenotypic deficiency in this disorder.

References

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- 2) Makris N, et al. Cerebral Cortex-In Press.

PET IMAGING OF DOPAMINE TRANSPORTER DYSREGULATION IN ADHD AND METHYLPHENIDATE OCCUPANCIES

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Objective: The dopamine transporter (DAT) is known to be a key regulator of dopamine and recent studies of genetics, treatment and imaging have highlighted the role of DAT in Attention Deficit-Hyperactivity Disorder (ADHD). However, the findings of in vivo neuroimaging of DAT in ADHD have been somewhat discrepant. Methods: DAT binding was measured using a highly selective ligand (C-11 altropane) and positron emission tomography (PET). The first sample consisted of 47 well characterized, treatment nadve, non-smoking, non-comorbid adults with and without ADHD. Additionally, controls had few symptoms of ADHD. Other studies were performed in normal controls to examine DAT occupancies of different formulations of methylphenidate. Results: Results showed significantly increased DAT binding in the right caudate in untreated adults with ADHD compared with matched controls without this disorder. While results in the literature are mixed, a meta-analysis

showed that overall results supported increased DAT binding in ADHD. In separate samples, methylphenidate DAT occupancies varied by time (post dosing) and formulation.

Conclusion: These results confirm abnormal DAT binding in the striatum of adults with ADHD and provide further support that dysregulation of DAT may be an important component of the pathophysiology of ADHD. Methylphenidate DAT occupancies of different formulations were consistent with clinical response at specific times post dosing.

Spencer TJ, Biederman J, Madras BK, Dougherty DD, Bonab AA, Livni E, Meltzer

PC, Martin J, Rauch S, Fischman AJ. Further evidence of dopamine transporter dysregulation in ADHD: a controlled PET imaging study using altropane. Biol Psychiatry. 2007 Nov 1;62(9):1059-61.

GENOME-WIDE ASSOCIATION SCAN OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

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Objective: Although psychiatric geneticists have begun to produce replicated findings implicating specific genes or chromosomal loci in the etiology of ADHD, most of the genes underlying these disorders have remained elusive. One obstacle to gene discovery for ADHD has been the lack of a tool for screening the genome for genes of small effect. That lacuna has now been filled by genomewide association scan (GWAS) which uses hundreds of thousands of SNPs to screen the genome.

Methods: We use data from the International Multisite ADHD Genetics (IMAGE) project. IMAGE families were identified through ADHD probands ages 5 to 15 at data collection sites in Ireland, the UK, the Netherlands, Germany, Belgium, Switzerland, Spain and

Israel. All family members were Caucasians of European origin. Probands met criteria for DSM-IV combined-type ADHD and were diagnosed using the Parental Account of Children's Symptoms.

Results: The IMAGE project has completed a GWAS on 958 parent-child trios at Perlegen. Their genotyping platform comprises 600,000 tagging SNPs designed to be in high linkage disequilibrium with untyped HapMap SNPs. The r2 measure of linkage disequilibrium of the Perlegen SNPs with nonassayed HapMap SNPs is greater than 0.8 for 93% of samples, and greater than .5 for 97% of samples. The average r2 is 0.94. No SNP reached genomewide significance.

Conclusion: The GWAS method should provide new insights into the genetic etiology of ADHD.

TEMPERAMENTAL RISK FACTORS FOR DISRUPTIVE BEHAVIOR DISORDERS

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Objectives: This presentation will provide an overview of research on the outcomes of temperamental precursors to psychopathology. In particular, we will focus on behavioral disinhibition (BD), the temperamental tendency to exhibit boldness, approach, and spontaneity in unfamiliar situations. BD, which has been hypothesized to be rooted in limbic areas and neural reward circuitry, may predispose to impulsive approach behaviors and heightened frustration if approach is restricted.

Methods: We recruited parents with panic disorder and/or major depression, as well as control parents without major mood or anxiety disorders, and their offspring. Children (ages 21 months-6 years) were assessed temperamentally using age-specific protocols in which they were observed interacting with unfamiliar toys, examiners, and cognitive tasks. Children were subsequently assessed diagnostically at age 6 and again at mean age of 10 using the K-SADS-E.

Results: BD was associated, at age 6, with lifetime rates of disruptive behavior disorder (Odds Ratio [OR]=3.0[1.5-6.3]), ADHD (OR=3.0[1.4-6.6]), comorbid disruptive behavior plus mood disorders (OR=9.3[1.1-81.0]), and a higher rate of placement in special classes (5% vs. 0%, p<.05). At age 10, BD continued to predict lifetime comorbid disruptive behavior plus mood disorders (OR=8.4[1.2-59.0]), as well as current disruptive behavior disorders (OR=2.8[1.05-7.4]) and oppositional-defiant-disorder (OR=3.5[1.1-11.2]).

Conclusions: Among offspring at high-risk for psychopathology, children's temperamental style of reacting to novelty in early childhood differentially predicts subsequent patterns of diagnostic and functional outcomes in middle childhood.

GENETICS OF ADHD AND COMORBID DISORDERS: CURRENT FINDINGS AND PROGRESSION TO FUNCTIONAL STUDIES

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Over the past 12 years, progress in identifying genes contributing to attention deficit hyperactivity disorder has been swift with a number of susceptibility genes identified and findings replicated. Early studies focused on genes involved in neurotransmitter release and response, however more recent studies have begun to investigate new lines of research including genes involved in brain development, neuronal migration, synaptic plasticity and the relationship to

comorbid disorders. Genetic studies are also beginning to examine how these genes contribute to this complex phenotype by determine how genetic variation in susceptibility genes results in a change in gene function. This symposium will review the progress in gene identification thus far as well as cover new avenues of research and progress in functional studies.

IDENTIFICATION OF GENES CONTRIBUTING TO ATTENTION DEFICIT HYPERACTIVITY DISORDER AND DYSLEXIA: EVIDENCE FOR ASSOCIATION WITH GENES INVOLVED IN NEURONAL MIGRATION

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Objective: Many individuals with developmental dyslexia (DD) are also diagnosed with attention-deficit hyperactivity disorder (ADHD) and approximately 20% of individuals with ADHD will have evidence for DD. The basis for this overlap is not completely understood but twin studies have provide support for common genetic influences, particularly for inattention symptoms. Genetic linkage studies have found significant evidence for linkage of DD to multiple chromosomal regions and evidence for linkage/association to ADHD has also been found to overlap for some of these regions. The objective of this study is to identify genes contributing to both.

Methods: We examined evidence for the involvement of specific genes in these chromosomal regions using a sample of families identi-

fied with reading difficulties (n= 273 families).

Results: Our studies of the 6p region indicate association of ADHD and ADHD symptoms with multiple markers in the 6p region including markers in the DCDC2 and VMP genes. In the 15q region we have found evidence for association for markers in the protogenin gene for both ADHD symptoms and DD. We have also found evidence for the gene for the dopamine receptor D1 to be associated to inattention symptoms in families with DD but not with reading skills in these families.

Conclusions: While the studies of the overlap in ADHD and DD are preliminary, they are promising in that they will ultimately help to disentangle the causal relationship.

MOLECULAR APPROACHES FOR THE IDENTIFICATION OF CAUSAL REGULATORY VARIANTS IN ADHD SUSCEPTIBILITY GENES

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Objective: A number of genes are associated with ADHD, however, in most cases, the causal DNA variants remain to be identified. It is likely that many causal variants will be regulatory variants, *i.e.* DNA changes that alter some aspect(s) of gene expression. To search for these, regions that are either known or likely to harbour regulatory elements (*e.g.* promoter region, 3'-untranslated region (3'-UTR), remote elements) must be investigated. We are currently applying this strategy to search for causal variation in the *DRD1* gene, a gene associated with ADHD and with inattentive symptomology.

Methods: A sequencing screen of the promoter region was conducted, and investigation of the 3'-UTR is planned. Also, a method involving chromatin immunoprecipitation coupled with genomic microarrays (ChIP-Chip) is being used to map the location(s) of

modified histones. This can indicate the locations of accessible DNA regions that may be functionally active.

Results: In the promoter screen, no ADHD-associated variants were identified. The ChIP-Chip approach identified a potential regulatory region downstream of the gene. While an initial investigation of 3 known DNA variants in this region did not show evidence for association with ADHD, further analyses are ongoing.

Conclusion: Detailed molecular approaches, such as the ones described above for *DRD1*, will be critical for the identification of regulatory variants that play a causal role in ADHD. Identification of the causal variants will, in turn, contribute to a clearer understanding of the genetic and neurobiological bases of the disorder.

BDNF AND LIN-7 GENE VARIANTS IMPLICATE SYNAPTIC PLASTICITY MECHANISMS IN ADULT ADHD

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Adult ADHD confers an increased risk of ADHD in relatives when compared to childhood ADHD, possibly due to a greater genetic liability than the childhood form. Brain-derived neurotrophic factor (BDNF) is a neurotrophin expressed in the brain throughout life and is involved in survival, differentiation, and synaptic plasticity of several neuronal systems including dopaminergic pathways. The gene for LIN-7 is another candidate positioned immediately downstream of BDNF. LIN-7 is selectively expressed in specific neuronal populations and is involved in the postsynaptic density of neuronal synapses. We tested for association between five BDNF gene markers, two LIN-7 markers and adult ADHD. The sample consisted of 80 triad families comprised of an adult ADHD proband and their biological parents and an independent sample of 121 adult ADHD ca-

ses and a corresponding number of sex, age and ethnically matched controls (total 201 ADHD probands). Allelic and haplotype association was found between both *BDNF* and adult ADHD, and *LIN-7* and adult ADHD. The valine variant of BDNF showed an odds ratio of 1.65 (p=0.0096). Furthermore, the C allele of marker rs10835188 in the LIN-7 gene was significantly more common in cases (odds ratio = 1.61, p=0.0071). HapMap indicates *BDNF* and *LIN-7* occur in different haplotype blocks, though some linkage disequilibrium exists between the markers in these adjacent genes. These positive results suggest that synaptic plasticity as a mechanism may be involved in adult ADHD. Further investigations into the pathologic mechanisms of *BDNF* and *LIN-7* in adult ADHD are warranted.

MENTAL HEALTH PROMOTION AND PREVENTION OF DISORDERS IN CHILDREN AND ADOLESCENTS

INSTITUTIONS

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- 2. University of Athens, Department of Child and Adolescent Psychiatry, Greece

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The aim of the Symposium is to share experience and present research data from four European countries (Finland, Greece, Bulgaria and Serbia) on community mental health programmes and ser-

vices aimed to promotion of mental health and prevention of mental health disorders in children and adolescents.

HOW TO EVALUATE MENTAL HEALTH NEEDS AMONG CHILDREN?

INSTITUTIONS

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AUTHORS

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- 3. A-M Borg¹

Well-baby clinics and school health care systems cover nearly all children in Finland (over 95%). Promotion of mental health and prevention of psychosocial problems are nowadays important aims of these services. Evaluating mental health disorders and screening of child's and his/her family's needs for interventions have become increasingly significant but also demanding.

We have developed a questionnaire based method for primary heal-th care professionals to screen, assess and understand child's mental

development and well-being. The main aim of the method is to help front-line workers, both doctors and nurses, especially in their decision making, when, how and where to intervene.

Now we are validating the method and testing its feasibility in a large scale study in well-baby clinics and at schools with over a thousand children in two areas in Finland. The development of the method and its usefulness will be presented and discussed.

EARLY INTERVENTION PROGRAMME FOR CHILDREN WITH SPECIFIC DEVELOPMENTAL DISORDERS

INSTITUTIONS

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Introduction

The Early Intervention Programme (EIP) for specific developmental disorders (SDD) has been functioning as part of the services of a Community Mental Health Centre in Athens for 25 years. This programme serves both children with SDD and their families according to an interdisciplinary, biopsychosocial model. Early intervention's goal which is to prevent or allay the development of further disorders in these children seems to be best served by such a theoretical framework. These programmes must be evaluated longitudinally to ascertain their clinical effectiveness.

Purpose

The present study compares the development of children with specific developmental disorders who completed the EIP (N=44) with children who had been diagnosed, but did not comply with treatment (N=52). All participants were re-evaluated in adolescence.

Material and Methods

Data was collected concerning the child's initial diagnosis, developmental history, intellectual ability, emotional, behavioural and social skills, family organization and socio-economic factors. A parental questionnaire provided information on the participants' present status with respect to language ability, scholastic achievement, behaviour, emotional and social skills.

Results

At re-evaluation, treated subjects exhibited less persisting language disorders, had fewer difficulties at school, better concentration and study skills and did not exhibit behaviour disorders. Furthermore, the younger the child commenced therapy, the less likely he/she was to have persistent symptoms in adolescence.

Conclusion

The implications of our findings corroborate the positive effects of early intervention, particularly when this is conducted under an interdisciplinary framework.

HOME VISITING PROGRAMME IN PREVENTION OF CHILD ABUSE AND NEGLECT

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- 5. Ana Radojkovic²

Aims

Research evidences suggest that preventive early home visiting programmes have beneficial effects on the reduction of abuse and neglect by improving parental skills and knowledge on child development. The study explore the effectiveness of home visiting service in prevention of child abuse and neglect.

Method

A group of community nurses originaly trained in the EEPP¹ project according the Parent Adviser Model were additionaly trained to identify families at risk for child abuse and neglect and to work with mothers identified as in need using counselling skills (Intervention Group). Their services were compared with the regular services delivered by community nurses who were not trained within the EEPP project (Comparison Group).

Results

There was no significant difference between the Intervention and

the Comparison Group in the number of families identified as in need but they differed in the frequency and the type of the problems identified within the families. The follow up of the outcome (after 2 years) indicates that incidence of child abuse and neglect was 4 times lower in the families visited by the nurses trained according the Parent Adviser Model.

Conclusion

The Parent Adviser approach has potential value in prevention, early recognition and targeted early intervention with vulnerable families. Used within an intensive home visiting programme, it can be an effective method for preventing abuse and neglect.

Reference

1. Special Issue: The European Early Promotion Project (EEPP), The International Journal of Mental Health Promotion, Vol.7, Issue 1., February 2005.

PREVENTION OF MENTAL HEALTH DISORDERS IN CHILDREN AND ADOLESCENTS IN BULGARIA

INSTITUTIONS

1. South-West University Neofit Rilski, Bulgaria

AUTHORS

1. Vaska Stancheva-Popkostadinova1

The **aim** of the study is to overview the current situation regarding mental health promotion and prevention of mental health disorders in children and adolescents in Bulgaria. The stress is on the activities of primary, secondary and tertiary prevention.

Methods: Systematic analysis of normative documents, policies and practices, as well as published reports and articles

Results point to lack of coherent policy for mental health promotion and prevention for children and adolescent, an insufficient number of services for children with mental health disorders, lack of coordination between different authorities at horizontal and vertical levels, centralization of activities and programs in the biggest cities of the country, insufficient number of mental health specialists.

Conclusion: The good practices for prevention and promotion of mental health should be disseminated and network of services should be created, covering the needs of children and adolescent in

all parts of the country.

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National Policy for Mental Health of Republic of Bulgaria, 2005.

MENTAL HEALTH PROMOTION IN SCHOOLS

INSTITUTIONS

- 1. Institute of Mental Health, Serbia and Montenegro
- 2. Faculty for Special Education and Rehabilitation, Serbia and Montenegro

AUTHORS

- 1. Milica Pejovic-Milovancevic¹
- 2. Smiljka Popovic-Deusic¹
- 3. Veronika Ispanovic-Radojkovic²

Over the past decade there has been increasing interest, discussion and research about the mental health needs and the challenges experienced by children and young people. Given the role that schooling plays in the lives of children and young people, the school setting has been identified as a critical environment for supporting the development of good mental health for children and young people. There is evidence that school-based programs in elementary, middle and high schools can influence positive mental health and reduce risk factors and emotional and behavioral problems through social-emotional learning and ecological interventions. Young people's development in the school environment is not only influenced by learning and the content of curriculum. Evidence suggests that good mental and

physical health not only optimizes a young person's academic performance but also enhances the ability to cope with the challenges and stressors of daily life and to become a productive member of society in the longer term. Paper will present life skills education program, strongly supported also by WHO and UNICEF, as a preventive measure for a range of health and social problems includes the development of skills such as: decision making, problem solving, creative and critical thinking, communication, coping with stress, education about substances, etc. This program developed as a part of Action Plan of the National Strategy for Youth which was adopted by the Government in 2006. More then 50 high schools in Serbia started with program and results will be discussed.

SeS-015

TOWARD A CLINICALLY USEFUL NOSOLOGY OF MOOD, ANXIETY, SUBSTANCE USE AND PERSONALITY DISORDERS

INSTITUTIONS

- 1. University of Miami Leonard M. Miller School of Medicine, Psychiatry and Behavioral Sciences, Miami, Florida, United States
- 2. University of California at San Diego, Psychiatry, San Diego, United States
- 3. Mt Sinai School of Medicine of the City University of New York, Psychiatry, New York, United States
- 4. University of Lisbon, Psychiatry, Lisbon, Portugal
- 5. Semmelweis Medical University, Department of Clinical and Theoretical Mental Health, Budapest, Hungary
- 6. Aristotle University of Thessaloniki, 3rd Department of Psychiatry, Division of Neurosciences, Thessaloniki, Greece

AUTHORS

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- 2. Hagop S Akiskal², hakiskal@ucsd.edu
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- 4. Maria Luisa Figueira⁴, canessa@mail.telepac.pt
- 5. Zoltan Rihmer⁵, rihmerz@kut.sote.hu
- 6. Kostas N Fountoulakis6, kfount@otenet.gr

Intersectional Symposium: WPA Classification and Private Practice Sections

The objectives of this symposium are to address key, clinically useful, noslogical concepts of mood, anxiety, and substance use and personality disorders. The first presentation will address the multiple comorbidities associated with mood disorders and will propose a theoretical perspective supporting a common diathesis underlying different phenotypic expressions. The second presentation will focus on the clinical validity of diagnostic system in attending to complex

conditions such as mood-substance use disorder comorbidity and will discuss diagnostic models aimed at addressing clinical complexities. The third presentation will review research evidence demonstrating significant differences of bipolarity in women and their diagnostic and therapeutic implications. The fourth presentation will address salient issues in suicide prevention, especially as pertain to Eastern Europe where the suicide rate is among the highest in the world. Finally the discussion will also highlight the notion of temperament as an integrating nosological concept.

COMMON MENTAL DISORDERS: "COMORBIDITY OR DIFFERENT MANIFESTATIONS OF A COMMON DIATHESIS"

INSTITUTIONS

1. University of California at San Diego, Department of Psychiatry, San Diego, United States

AUTHORS

1. Hagob S. Akiskal¹

Aims: To make clinical and scientific sense of the multiple comorbidity in affective disorders

Methods: Literature review, including the author's work

Results: Depression is commonly comorbid with multiple anxiety disorders, as well as alcohol and addictive disorders, and often an eating disorder, particularly bulimia, Axis II diagnosis such as borderline, dependent and/or narcissistic are often invoked, atypicality and seasonality is not infrequently used as qualifying characteristics. The question is whether such patients should be considered to have affective disorders with comorbid diagnoses, which is what is often recommended and is what psychiatrists in general practice follow. Unfortunately, in subspeciality settings, one diagnosis or another might prevail, such as an addictive disorder or an eating disorder. In settings where psychotherapy is the main modality, typically personality malfunction is the preferred diagnosis.

Conclusions: The evidence reviewed is extremely confusing if one were to assume that independent mental disorders existed. Rather, the author proposes a theoretical perspective whereby a common diathesis is involved in the genesis of different phenotypic expressions. Although the concept of bipolar II is not familiar to all psychiatrists and is often contested by some researchers and clinicians, it may well be a diagnostic category that subsumes or condenses most of the foregoing entities described. Such a perspective might be relevant to the therapeutic process and in preventative strategies especially when it comes to suicidality.

Akiskal et al. Bipolar II and anxious reactive "comorbidity": toward better phenotypic characterization suitable for genotyping. J Affect Disord 96:239-247, 2006.

CO-EXISTING ALCOHOL, SUBSTANCES AND AFFECTIVE STATES: A CLINICAL APPROACH

INSTITUTIONS

1. University of Miami Leonard M. Miller School of Medicine, Psychiatry and Behavioral Sciences, Miami, Florida, United States

AUTHORS

1. Ihsan M. Salloum¹, MD, MPH, DFAPA, isalloum@med.miami.edu

A core feature of a classification system is its clinical utility, which is the ability of the classification system to advance clinical decision making to guide treatment and help improve outcome.

Alcoholism, other substance abuse, and mood disorders have been noted to co-exist since ancient times and are among the most frequent comorbid conditions in modern clinical settings.

The objective of this presentation is to review current evidence of clinically significant interaction between mood, alcoholism, and other substance use disorders in terms of symptoms emergence and

manifestation, longitudinal unfolding, treatment response, and impact on course and outcome of these coexisting conditions.

This presentation will examine the adequacy of current classification in psychiatry at addressing this comorbidity and will discuss emerging diagnostic models, such as the WPA proposed Person-centred Integrative Diagnosis (PID) aimed at addressing clinical complexities and at enhancing the clinical validity of future psychiatric nosology.

BIPOLARITY IN WOMEN

INSTITUTIONS

1. University of Lisbon, Psychiatry, Lisbon, Portugal

AUTHORS

1. Maria Luisa Figueira¹, canessa@mail.telepac.pt

Female bipolarity differs from male bipolarity in clinically and theoretically significant ways. This presentation reviews gender differences in the epidemiology, phenomenology, course and comorbidity of the bipolar spectrum, discusses interactions between the female reproductive cycle and bipolar disorder.

The role played by a depressive diathesis in the clinical presentation of women mood episodes is one of the important issues to be discussed. To explain other features like the association of female bipolarity with a higher prevalence of rapid cycling, mixed episodes and atypical features several hypothesis have been proposed. These include the role played by cyclic nature of estrogen production, metabolic factors and differences in the response to pharmacological agents. Some lines of research to answer these questions will be

discussed. Gender differences in temperament (higher prevalence of the depressive temperament in women, and of the hyperthymic temperament in men) could be in part responsible for the females lower mean number of hypomanic episodes, higher mean number of depressive episodes, and more anxiety and somatisation, The implication of the differences between female and male bipolarity are very relevant regarding the diagnostic and therapeutic strategies that should be developed in clinical practice particularly in pregnancy and the postpartum.

Mc Elroy Susan L, and al. Bipolarity in women: Therapeutic Issues. In Bipolar Psychopharmacology:caring for the patient. Edited by Hagop S. Akiskal and Mauricio Tohen, John Wiley and Sons, 2006.

SECTION SYMPOSIA

TOWARD SUICIDE PREVENTION IN EASTERN EUROPE

INSTITUTIONS

1. Semmelweis Medical University, Department of Clinical and Theoretical Mental Health, Budapest, Hungary

AUTHORS

1. Zoltan Rihmer¹, rihmerz@kut.sote.hu

Suicide is major public health problem in every country and particularly in Eastern Europe, where the suicide rates of Baltic Countries, Ukraine, Russian Federation and of Hungary have been always among the highest in the world. Between 1980 and 2002/2003 in Eastern Europe six countries (Hungary, Estonia, Slovenia, Latvia, Czech Republic, Slovakia) showed marked decrease in their national suicide rates and seven countries (Lithuania, Russian Federation, Ukraine, Belarus, Romania, Poland, Bulgaria) showed more and less increase. In the vast majority of the countries, unemployment, alcohol consumption, GDP, and divorce rate did not correlate with changing suicide rates and the only consistent correlation has been found between increase of antidepressant-prescription (9-fold increase in Hungary) and decrease of suicide rates (38% decrease in Hungary). The few years of alcohol prohibition during the Soviet "Perestroi-

ka", in the midst of 1980's, resulted in a dramatic (but temporary) decline in suicide mortality among males. However, political/economic changes after 1990 seem not to have a fundamental role in declining suicide rates in Eastern Europe. Recent data from some Eastern European/Post Communist countries (Hungary, Czech Republic, Slovenia, Slovakia) show that better recognition and more widespread treatment of depression is an effective method for suicide prevention even in the absence of specific national suicide prevention programs.

References:

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TOWARD A CLINICALLY USEFUL NOSOLOGY OF MOOD, ANXIETY, SUBSTANCE USE AND PERSONALITY DISORDER - DISCUSSION

INSTITUTIONS

1. Aristotle University of Thessaloniki, 3rd Department of Psychiatry, Division of Neurosciences, Thessaloniki, Greece

AUTHORS

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A contemporary challenge it the integration of information from multiple sources in a model which will allow for a better strategic planning of therapy. The notion of temperament could serve as an umbrella to host these seemingly unrelated or diverse information. It seems to define both the specific features of the individual mood episode as well as the long term outcome of the disease, and particularly the response to treatment. 'Classic' clinical pictures are easier to recognize and to treat. Most agents preferably treat with higher rates specific clinical entities, however, today, the majority of patients do

not fall into these 'classic' categories and the assessment of the temperament can reveal a number of clues highly predicting response to a specific treatment as well as the manifestation of a number of problematic effects of pharmacotherapy like agitation, induction of mixed states, rapid cycling and suicidality and even weight gain. Moreover, the knowledge of the temperament can guide the design of the therapeutic strategy with informed and careful simultaneous use of multiple agents.

SeS-016

RESISTING STIGMA AND PROGNOSTIC NEGATIVISM IN MENTAL HEALTH CARE

INSTITUTIONS

1. Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

AUTHORS

1. Michaela Amering¹, Univ.Prof., MD, michaela.amering@meduniwien.ac.at

Joint symposium WPA Section of Public Policy and Psychiatry and WPA Section on Stigma

Despite many efforts stigma and discrimination are still major obstacles for mental health efforts undermining recovery and social inclusion. This symposium will present data and concepts on sources of stigma and determinants of resisting and overcoming stigma on different levels. Heather Stuart's presentation will review perspectives of stigma and discrimination from people with mental disorders

and their family members. Richard Warner will present and discuss data showing that prognostic negativism about recovery from schizophrenia is not justified. The vital issue of stigma occurring in mental health treatment settings will be highlighted by Norman Sartorius. Michaela Amering will present data illustrating the need for further research into the concept of stigma resistance. Jan Wallcraft will start the discussion from the perspective of user involvement in policy and research.

COPING WITH STIGMA

INSTITUTIONS

1. Queens University, Department of Community Health and Epidemiology, Kingston, Canada

AUTHORS

1. Heather Stuart¹, Prof, PhD, heather.stuart@queensu.ca

People with mental health problems identify stigma as an impediment to social inclusion and a major barrier to recovery-worse than the disease itself. Yet, the majority of research on stigma has been conducted from the perspective of attitudes of the general population. These studies reveal that members of the general public have false and prejudicial beliefs about mental illness and the mentally ill, and prefer to distance themselves from people with mental health problems. Much less research has taken the perspective of those who are stigmatized. This presentation will review perspectives of stig-

ma and discrimination from people with mental disorders and their family members. Canadian data will be used to illustrate the scope and impact of stigma experienced from the perspective of persons with mental health problems and from family members. Results will be used to highlight the importance of working with patients and family members to develop explicit stigma management strategies as part of comprehensive community based care.

DETERMINANTS OF RECOVERY AND REMISSION IN SCHIZOPHRENIA

INSTITUTIONS

1. University of Boulder, Department of Psychiatry, Boulder, United States

AUTHORS

1. Richard Warner¹, Prof, MD, drdickwarner@aol.com

Context: A common popular and professional misconception of concerning schizophrenia is that recovery from the illness is rarely possible.

Objectives: This presentation will offer evidence that recovery from schizophrenia occurs frequently and will outline the factors that contribute to good outcome.

Key Messages: A meta-analysis of studies of outcome from schizophrenia in Europe and North America throughout the twentieth century reveals that there has always been a substantial social and complete recovery rate from the illness. The recent International Study of Schizophrenia confirms this finding and expands on it with respect to both the developed and the developing worlds. Employment, social inclusion and family involvement all appear to enhance recovery from schizophrenia.

Conclusion: Prognostic negativism about recovery from schizophrenia is not justified.

References:

Hopper, K., Harrison, G., Janca, A., Sartorius, N. (2007) Recovery from Schizophrenia: An International Pespective. Oxford: Oxford University Press.

Warner, R. (2004) Recovery from Schizophrenia: Psychiatry and Political Economy, Hove: Brunner-Routledge.

HEALTH STAFF AND STIGMATIZATION OF MENTAL ILLNESS

INSTITUTIONS

1. Association for the Improvement of Mental Health Programmes, Geneva, Switzerland

AUTHORS

1. Norman H. Sartorius¹

Stigma attached to mental illness (and the discrimination that is usually linked to it) represents the central obstacle to the improvement of mental health care. It affects the lives of the persons who have the mental illness but also all that is related to it - the families of the mentally ill, the institutions where they receive treatment, the medications that are used in the field of psychiatry and staff that works in this field.

There are different ways in which stigma related to mental illness can

be prevented, diminished or even removed: among them there are several that depend on the behaviour and activities of staff working in the field of mental health. At present staff are often not aware of their contribution to the stigmatisation nor of the ways in which they could help to reduce it. The presentation will review both of these areas and suggest what could be done to optimise the role of health workers with respect to stigmatisation and consequent discrimination of people with mental illness.

STIGMA RESISTANCE - CONCEPT AND DATA

INSTITUTIONS

1. Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

AUTHORS

- 1. Michaela Amering¹, Prof, MD, michaela.amering@meduniwien.ac.at
- 2. Ingrid Sibitz¹, Dr, MD, ingrid.sibitz@meduniwien.ac.at

Context - Despite many efforts stigma and discrimination are still major obstacles for mental health efforts undermining recovery and social inclusion.

Objectives - The concept of stigma resistance will be presented and discussed.

Key messages - Individuals and groups with the capacity to counteract mental health stigma might play a crucial role in the fight against stigma and discrimination. Clearly persons from all spheres of life have shown that they can be unaffected by stigmatizing and discriminating environments or can generate strength through holding up in the face of such adversities. Stigma resistance can be conceptualized as a form of resilience and similar possible determinants can be explored. Among them are the concept of exposure versus avoidance and the role of turning point experiences. Finding

out more about stigma resistance could be a crucial step in improving the situation of people and the effectiveness of interventions targeting stigma and social exclusion. Data on stigma resistance in patients with severe mental illness point to a special relevance of the concept of stigma resistance in the context of other perspectives on stigma and discrimination.

Conclusions - Research should focus on stigma resistance and its possible value as an independent variable as well as an outcome variable of specific and unspecific interventions in mental health care.

Amering M, Schmolke M (2007) Recovery. Das Ende der Unheilbarkeit (The end of incurability). Psychiatrie-Verlag, Bonn Ritsher, J. B. & Phelan, J. C. (2004) Internalized stigma predicts erosion of morale among psychiatric outpatients. Psychiatry Research, 129, 257-265

SeS-017

THE INFLUENCE OF THE JEWISH CULTURE ON PSYCHIATRY, PSYCHOANALYSIS AND CULTURAL PSYCHIATRY

INSTITUTIONS

1. East London NHS Foundation Trust, The Newham Centre for Mental Health, Cherry Tree Way, Glen Road, E13 8SP, London, United Kingdom

AUTHORS

1. Micol Ascoli¹, Dr, MD, micol.ascoli@eastlondon.nhs.uk

This Symposium will highlight how Jewish culture has influenced the origin and the development of different branches of Psychiatry, namely Psychoanalysis and Cultural Psychiatry, most of whose pioneers and luminaires are of a Jewish ethnic origin. The Jewish culture has always been concerned with minority status, migration, prejudice and discrimination, just like Cultural Psychiatry. Psychoanalysis, on the other hand, shows striking similarities, in its theo-

retical constructs, with the Jewish cultural conceptualization of the human being, as well as, in its practice, with the traditional Jewish methodology of study of the sacred texts. The invited authors will deal with different aspects and theoretical areas of this seldom considered but important subject. The above mentioned areas will also be illustrated in clinical practice through a 30 years follow up study of migrant Soviet Jews in Austria.

SIGMUND FREUD'S JEWISH LIFE AND THE JEWISH ROOTS OF PSYCHOANALYSIS

INSTITUTIONS

1. East London NHS Foundation Trust, Cherry Tree Way, Glen Road, E13 8SP, London, United Kingdom

AUTHORS

1. Micol Ascoli¹, Dr, MD, micol.ascoli@eastlondon.nhs.uk

Psychoanalysis is, from the cultural point of view, one of the strongest and most successful theories of the functioning of the human mind ever elaborated in the West. Still nowadays, its basic constructs are widely applied in different fields of Psychiatry. Over the last one hundred years, scholars have been more concerned with the universal validity and applicability of the psychoanalytic theory and practice, rather than with their cultural relativity. Only a few studies so far have dealt with the issue of the cultural influences on Psychoanalysis, and even fewer have highlighted its derivation from the Jewish culture and religion.

In this presentation I will try to address how the Jewish culture has

influenced the life, the personality, the work and the character of Sigmund Freud, how Psychoanalysis spread across Europe following specific ethnic paths, and which psychoanalytic constructs are, in my opinion, more closely related to the traditional Jewish cultural conceptualization of life and of the human being's nature.

References:

- 1. Meghnagi D, Il padre e la legge. Venezia: Marsilio, 2002
- 2. Rice E, Freud and Moses. Albany: State University of New York, 1990

THE MYSTICAL ROOTS OF PSYCHOANALYSIS

INSTITUTIONS

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AUTHORS

1. Simon Dein¹, Dr, MD, s.dein@ucl.ac.uk

Psychoanalysis is traditionally seen as a secular discipline. However there is evidence that Freud was indirectly influenced by the Lurianic Kabbalah and the Zohar. Building upon the work of Bakan, I draw parallels between Freud's concept of free association and Rabbi Abraham Afulafia's notion of "Jumping and skipping". Psychoanalysis is compared with the hermeneutic tradition of the Talmud. Both can be seen as depth psychologies. The metaphor of excavation can be usefully applied to both. Likewise I compare Melanie Klein's concepts of introjection and projection with the Kabbalistic notion of the tikkun - the act of liberating the divine light or energy and res-

toring it to the services of the infinite God. A comparison is made between the psychoanalytic process and the encounter between the Rebbe and his followers in Hasidism. What is the relationship between the transference in psychoanalysis and the Unio mysticain Judaism?

References:

- 1. Bakan D. Sigmund Freud and the Jewish Mystical Tradition. Princeton, New Jersey: Van Nostrand, 1958
- 2. Ostow M. Judaism and Psychoanalysis. London: Karnac, 1997

THE INFLUENCE OF JEWISH CULTURE ON CULTURAL PSYCHIATRY

INSTITUTIONS

1. Brown University, Butler Hospital, 345 Blackstone Blvd 02906, Providence, RI, United States

AUTHORS

1. Ronald Wintrob¹, Prof, MD, rwintrob@earthlink.net

For centuries, Jewish culture has been concerned in a fundamental way with minority status, with prejudice and discrimination, and with perseverance in the face of adversity. Within the field of medicine, psychiatry and psychoanalysis have had a similar history of marginalization; seen as different, strange, less than the equal of other medical specialties. In this context of the culture of medicine, cultural psychiatry can be seen as a minority within a minority, and one of its main concerns is the greater understanding and acceptance of differences between people of diverse racial, ethnic, social class and religious backgrounds.

In this presentation I address these themes as they have influenced the personal lives and the contributions to Cultural Psychiatry of several luminaries of our field: Freud, Erikson, Kardiner, Coles and Wittkover. I will attempt to assess the significance of these themes in their theoretical and clinical contributions.

Finally, I will reflect on the impact of these themes, and personalities, on my own career development, in the hope that others will add to the discussion with their experiences; thereby deepening our understanding of this seldom considered, but important subject.

A 30 YEARS FOLLOW-UP: THE PSYCHO-SOCIO-CULTURAL INTEGRATION OF AN ETHNIC SUBGROUP IN AUSTRIA

INSTITUTIONS

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AUTHORS

1. Alexander Friedmann¹, Dr, MD, alexander.friedmann@meduniwien.ac.at

Around 3000 Jews from (former) Soviet Union migrated to Austria between 1970 and 1990. The local Jewish community, comprising of 7500 individuals, was faced with the problems of the newcomers. Several important social, cultural and religious differences, as well as differences in rites and customs, seemed to be obstacles in the integration of the immigrants into the local community, itself overaged and burdened by financial problems. Nevertheless, the Jewish community found its own calculated means to solve these problems. In this paper, the story of the integration of the Soviet Jews in Austria is illustrated from the perspective of social and cultural psychiatry through a 30 years follow-up, in order to show the relationship

between migration as mainfold pathogenic stress and protective measures to cope with it, thus indicating methods for psychohygienic patterns in transcultural integration. The question as to whether these means and methods, based on Jewish ethics and used in this process, could be a formula for solving contemporary migration problems, is to be discussed.

References:

1. Friedmann A, Hofstaetter M, Knapp I. Eine neue Heimat? Jüdische Emigrantinnen und Emigranten aus der Sowjetunion. Vienna: Picus. 1993

SeS-018

RESEARCH UPDATES IN EATING DISORDERS; NEUROBIOLOGY, GENETICS, PSYCHOPATHOLOGY, AND TREATMENT

INSTITUTIONS

- 1. University of Sydney, Psychological Medicine, Sydney, Australia
- 2. University of Naples, Psychiatry, Naples, Italy
- 3. Weill Cornell Medical College, Psychiatry, White Plains, United States
- 4. Klinik Roseneck, Psychiatry, Prien am Chiemsee, Germany

AUTHORS

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- 2. Palmiero Monteleone², Dr., MD, monteri@tin.it
- 3. Katherine A Halmi³, Dr., MD, kah29@cornell.edu
- 4. Manfred M Fichter⁴, Dr., MD, MFichter@schoen-kliniken.de

This symposium will provide an update on the latest research in neurobiology, genetics, psychopathology, and treatment of Eating Disorders.

ENERGY AND BRAIN METABOLISM IN ANOREXIA NERVOSA: EFFECT OF TREATMENT

INSTITUTIONS

- 1. University of Sydney, Psychological Medicine, Greenwich NSW, Australia
- 2. Garvan Institute of Medical Research, Metabolism and Diabetes, Darlinghurst NSW, Australia
- 3. Brigham and Womens' Hospital Harvard, Radiology, Boston Mass, United States

AUTHORS

- 1. Janice Russell¹, Professor Dr, MD FRACP FRANZCP, jrussel1@mail.usyd.edu.au
- 2. Lesley Campbell², Professor Doctor, MBBS FRACP, l.campbell@garvan.org.au
- 3. Suzanne Abraham¹, Associate Professor, PhD, sabraham@med.usyd.edu.au
- 4. Stanwell Peter3, Dr, PhD, p.stanwell@partners.org
- 5. Caroline Mountford³, Visiting Professor, PhD, c.mountford@partners.org

Anorexia nervosa is a major public health problem which becomes self-perpetuating when weight falls to a critical level due in part to apparent metabolic and neurocognitive impediments to weight gain.

Aims: To examine the relationship between energy metabolism, brain chemistry and neurocognition in AN at low body weight and after treatment resulting in 5-10 kgs weight gain.

Methods: Ten female anorexics were compared to lean healthy, matched controls. Aspects of energy metabolism were examined including calorimetry after glucose and exercise, insulin sensitivity, satiety peptides and quantification of visceral and abdominal fat. Proton magnetic resonance spectroscopy (H1-MRS) at 3T was used to quantify brain chemistry with concomitant neurocognitive testing. Results: Increased sensitivity to insulin was seen in AN with

increases in abdominal and visceral fat. Fat oxidation was not suppressed during moderate exercise and diet-induced thermogenesis and respiratory quotient after glucose were increased with apparent energy wasting as putative effects of fat restoration. Increased choline ratios on brain H1-MRS and impaired concentration were demonstrated at low weight and during starvation, with correction during nutritional rehabilitation.

Conclusions: In AN at low weight, fat may be mobilised from brain myelin to meet energy requirements whilst being resynthesised but oxidised inappropriately during exercise. Difficulties in concentration are temporally related to MRS changes and ameliorated by prolonged nutritional rehabilitation as are the metabolic changes. Unlike the situation with glucose in situations of starvation, the brain yields up fat to its own detriment leading to self-perpetuation in AN.

ENHANCED RESPONSE OF GHRELIN TO SHAM FEEDING IN PATIENTS WITH ANOREXIA NERVOSA

INSTITUTIONS

1. University of Naples SUN, Department of Psychiatry, Naples, Italy

AUTHORS

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- 2. Cristina Serritella¹, Dr., MD
- 3. Pasquale Scognamiglio¹
- 4. Vassilis Martiadis¹, Dr., MD
- 5. Mario Maj¹, Prof., MD, majmario@tin.it

Objectives: Ghrelin, a recently discovered hormone secreted mainly by the stomach, has been shown to act as a hunger stimulating factor. Indeed, plasma ghrelin levels rise shortly before and fall shortly after meals. The appetite stimulating effect of ghrelin has been postulated to be mediated by vagal afferent pathway, which promotes ghrelin increase in the cephalic phase of digestion. High levels of vagal activity have been associated with eating disorders, especially with binge-purging subtypes. Therefore, we decided to assess whether in patients with anorexia nervosa binge-purging subtype (AN-BP), the secretion of ghrelin in the cephalic phase of digestion was enhanced as compared to healthy controls.

Methods: One method to assess the cephalic phase of vagal function is to investigate ghrelin secretion in sham feeding condition, where subjects think about meal, smell a meal, and chew a meal but not

actually swallow the meal. We measured plasma ghrelin levels in 10 women with AN-BP and 10 healthy women before and after a sham feeding test.

Results: Baseline plasma ghrelin levels were significantly higher in patients than in controls. After the sham feeding test, ghrelin levels significantly raised in both patients and controls; however, sham feeding-induced increase in plasma ghrelin concentrations was significantly higher in the former.

Conclusions: These findings confirm that the cephalic phase of vagal function is enhanced in AN-BP patients. The abnormal secretion of ghrelin in this feeding phase may represent a biological mechanism aiming to counteract the patient's attempts to restrict food intake, precipitating sometimes binge eating episodes

SUSCEPTIBILITY GENES FOR ANOREXIA AND BULIMIA NERVOSA

INSTITUTIONS

1. Weill Cornell Medical College, Psychiatry, White Plains, United States

AUTHORS

1. Katherine A Halmi¹, Dr., MD, kah29@cornell.edu

Anorexia nervosa (AN) and bulimia nervosa(BN) have a significant genetic component. The Price Foundation Collborative group conducted a genome wide linkage analysis of 192 families with one affected pair with AN and 365 families with one BN. For AN, the highest multipoint NPL score was 3.03 at marker D1S3721 on chromosome 1p suggesting presence of an AN-susceptibility locus. For BN, significant linkage was present at chromosome 10p13. An analysis using two psychological covariates, drive-for-thinness and obsessionality, identified with AN, produced a significant signal for linkage on chromosome 1(at 210cM, D1S1660). Quantitative trait locus(QTL) linkage analysis was conducted on 6 traits for the BN and AN affected pairs. For BN, there were suggestive signals for age at menarche at 10p13 and anxiety at 1q31 and with covariate-based linkage significance for BMI, 4q21, for Concern for Mistakes

16p13, 14q21 , for obsessive thoughts 14q21. QTL linkage for AN pairs had a suggestive linkage for obsessions at 6q21 and anxiety at 9p21. Covariate based linkage analysis showed only suggestive signals for BMI at 4q13, for concern over mistakes 11p11 and obsessive thoughts at 17q25. Overlap between the AN and BN cohorts was minimal. In the AN probands, association and transmission disequillibrium was investigated at 7 single-nucleotide polymorphisms (SNPs) of the gene DRD2. Significant association of the -141 Indel in haplotype transmission disequilibrium and haplotype case control with AN suggests genetically transmitted variation in D2 dopamine receptor expression mediated by functional polymorphisms affecting transcription and translation efficiency may produce a vulnerability to AN.

PSYCHOLOGICAL AND GENETIC ASPECTS OF DELIBERATE SELF-HARM IN EATING DISORDERS

INSTITUTIONS

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AUTHORS

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Deliberate self-harm occurs in many psychiatric disorders. Among eating disordered patients, it is quite frequent. There is only limited data on the etiology, motives and psychological correlates of this behavior. The aim of our study was to compare eating disorder patients with and without deliberate self-harm behaviors. We also assessed further variables such as impulsivity, personality disorders, history of physical and/or sexual abuse and genetic markers of relevant neurotransmitter gene locations.

Method: 200 female patients with anorexia or bulimia nervosa with (N=100) or without (N=100) deliberate self-harm behaviors were assessed using expert interviews (SIAB-EX, SKID II, Interview

about Self-Harm Behaviors, Interview on Physical & Sexual Abuse) and questionnaires (e. g. EDI-2, SCL-90 etc.). Assessments concerning molecular genetics were performed using standard methods such as PCR, real-time PCR or through sequencing.

Results: At the time of the presentation of this paper final analyses will be finished. Current analyses on 146 cases showed higher levels of impulsivity, aggressiveness and more frequent borderline personality features in those showing self-harming behavior. Genetic analyses showed an association with the polymorphism of the mono-amino-oxidase A with eating disorders and with self-harming behaviors in comparison to healthy controls.

SeS-019

TALKING WITH PATIENTS AND THEIR FAMILIES: PSYCHOEDUCATION IN PSYCHIATRY

INSTITUTIONS

- 1. University of Buenos Aires, Psychiatry, Buenos Aires, Argentina
- 2. Ibn Rushd University Psychiatric Centre, Casablanca, Morocco
- 3. Campulung Moldovenesc Hospital of Psychiatry, Romania
- 4. Charles University, 3rd Faculty of Medicine, Prague, Czech Republic

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A symposium proposed by the Section for Education in Psychiatry

This symposium will bring together speakers from around the world to examine the process of 'psychoeducation.' We will consider how

it is defined, its use in routine mental health settings, in palliative care and in schizophrenia, and evidence about its provision and effectiveness.

SECTION SYMPOSIA

PSYCHOEDUCATION WITH FAMILIES AND PATIENTS IN PALLIATIVE CARE

INSTITUTIONS

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AUTHORS

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In recent years, the importance of psychoeducational work with families and patients with terminal illness such as cancer has been increasingly recognized. Providing support and information for families result in reducing stress and burn-out levels, as well as being a valuable means to assist relatives directly.

After a long illness, caregivers report poor social, physical and emotional functioning, and families complain about roles, communica-

tion and affective involvement.

Psychoeducation was originally conceived as a group of several therapeutic elements within a complex family therapy. It has now evolved into an independent therapeutic program with focus on skillful communication of key information within the framework of a cognitive-behavioral approach. Our experience is based on a Program of Psychoeducation with families and patients in palliative care.

PSYCHOEDUCATION OF FAMILIES OF MENTAL PATIENTS

INSTITUTIONS

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AUTHORS

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Psycho-education of mental patients and their families is an essential ingredient in a good outcome of management of mental disorders. This is why we started about 10 years ago a weekly meeting, every Thursday, with the families of hospitalized patients in the Ibn Rushd University Psychiatric Centre in Casablanca.

A brief presentation is made by one of the academic people of the centre about mental disorders, their prevalence in Morocco, their "causes" and their treatment

Cultural interpretations of symptoms and causes of mental disorders are discussed with the families. Of particular importance is the highlighting of the importance of compliance of the patient, and how to deal with refusals of patients to take their medications. Another specific aspect is to make very clear that bribery, which represented a major problem among nurses in the centre, is not acceptable and should be fought in partnership between the families and the leadership of the centre.

PSYCHOEDUCATION IN SEVERE MENTAL ILLNESS: SURVEY OF ALL PSYCHIATRIC INSTITUTIONS IN CENTRAL AND EASTERN EUROPE

INSTITUTIONS

- 1. Campulung Moldovenesc Hospital of Psychiatry, Romania
- 2. Charles University, Prague Psychiatric Center and 3rd Medical Faculty, Prague, Czech Republic
- 3. League for Mental Health, Slovakia
- 4. National Center for Mental Health, Romania

AUTHORS

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During the last 18 years the mental health care in the Central and Eastern Europe (CEE) is under reform as a result of recent political changes. In mental health systems of these countries there are similarities, such as: the systems are underfinanced, the care is concentrated to large psychiatric institutions, with almost no community mental health facilities. Psychoeducation for severe psychiatric illnesses, mainly for schizophrenia, is generally accepted by psychiatrists and mental health workers, but is not systematically provided. In order to promote psychoeducation implementation into clinical practice on a large scale in CEE it is necessary first to map to what extent and for what diagnoses psychoeducation is provided (to investigate the percentage of persons that took part at psychoeducation programs - patients and family members - in 2007) as well as

to explore possible critical areas that hinder from psychoeducation dissemination (such as financing, leadership, training and quality). The study population is represented by all mental health facilities in the Czech Republic, Slovakia and Romania, the general managers of those facilities and the moderators of psychoeducation programs conducted in those facilities. Data are collected through postal survey with additional personal or telephone interviews, and focus groups with moderators of psychoeducation programs. In Romania, application of patient or family psychoeducation in routine settings where patients with severe mental illness are usually treated has been limited, reflecting attitudinal, knowledge, practical, and systemic implementation obstacles. Proposed strategies for overcoming those barriers will be described.

PREDUKA: PATIENT AND RELATIVES EDUCATION PROGRAM FOR SCHIZOPHRENIA: ONE-YEAR OUTCOMES ON PSYCHOPATHOLOGY AND QUALITY OF LIFE

INSTITUTIONS

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- 4. Filip Španiel², Dr

Successful long-term schizophrenia management should aim at delivery of information about the disease, treatment adherence support, cognitive decline prevention and family atmosphere improvement. We introduce clinically-based 6-week structured integrated program for out-patients with schizophrenia-spectrum disorders in the stabilization phase of the treatment. It consists of life style improvement intervention, social skills training, cognitive remediation and information technology aided relapse prevention program. The cornerstone of group day-treatment program is the psychoeducational program PREDUKA (Patient and Relatives Education) which integrates detailed explanation of neurobiology of psychotic symptoms development and practical information on illness management. Didactic materials consist of powerpoint presentations and workbooks. Relatives participate in a one-day workshop. To assess the feasibility and effectiveness we designed one-year prospective followup field study. Preliminary analyses (N=71; first episode N=29) on

baseline and 6-week outcomes data on psychopathology (PANSS) and quality of life (Schwartz Outcomes Scale-10, WHO-QOL-BREF and Social Integration Survey) showed significant improvement in PANSS total score and all PANSS domains scores. Compared to healthy controls quality of life was lower in patients including those with first episode. Immediately after the program quality of life improved significantly; in Group activities, Appropriateness and Hygiene domains reached normal controls. Our short-term data suggest that participation at the program early after discharge is beneficial as it improves quality of life, prevents social isolation and early noncompliance and ensures continuity of care. One-year outcomes data will be presented.

This project was supported by CNS 2005-2009 1M000237520 MSMT CR and VZCR MZ0PCP 2005

SeS-020

SHOULD SCHIZOPHRENIA BE RECLASSIFIED OR RENAMED?

INSTITUTIONS

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- 2. University of Western Australia, School of Psychiatry & Clinical Neuroscience, Perth, Australia
- 3. Heinrich-Heine-University Duesseldorf, Department of Psychiatry, Duesseldorf, Germany
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- 3. Wolfgang Gaebel³, Prof., MD, wolfgang.gaebel@uni-duesseldorf.de
- 4. Ihsan Salloum⁴, Prof., MD, isalloum@med.miami.edu

Should schizophrenia be reclassified or renamed? In the course of the revision of the international psychiatric classification systems DSM-IV and ICD-10, a vivid discussion has started about "deconstructing psychosis". In the context of this discussion, the Kraepelinian dichotomy between "dementia praecox" and affective disorders has been questioned, mainly because of clinical and genetic evidence indicating large overlaps between both diagnostic categories. In this symposium jointly organised by the WPA Section on Schizophrenia and the German Society of Psychiatry, Psychotherapy and Nervous Disorders, we will review neurobiological evidence regarding schi-

zophrenia research and in how far such findings may serve as an evidence-based impetus to reclassify "schizophrenia" now, especially regarding dimensional classification criteria. We will discuss functional approaches in the classification of psychiatric disorders and how they may be applied to schizophrenia. Finally, we will discuss the applicability of the emerging WPA's innovative Person-centered Integrative Diagnostic model to current nosological formulation of schizophrenia and how it may enhance the clinical utility of future revisions of international classification systems.

IS THE NEUROBIOLOGY OF SCHIZOPHRENIA HELPFUL TO RECLASSIFY SCHIZOPHRENIA?

INSTITUTIONS

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AUTHORS

1. Peter Falkai¹, Professor Dr., MD, dreich@gwdg.de

Molecular genetic and brain imaging studies have yielded a large amount of interesting data, which seem to suggest that schizophrenia is not a circumscribed disease entity but that there is a huge overlap to other psychotic illnesses. It is suggested that psychopathological domains like regulation of affectivity, cognitive dysfunction or positive symptoms are characterised by a distinct neurobiological

phenotype. Furthermore it is explored whether the endophenotype concept is helpful to bridge the gap between neurobiological findings and the risk genes currently described for psychotic illnesses. In conclusion the presented paper tries to make a plea for reclassifying schizophrenia on the basis of current neurobiological findings.

THE NOSOLOGY OF PSYCHOSES: CATEGORIES, DIMENSIONS AND PROTOTYPES

INSTITUTIONS

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AUTHORS

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Being descendants of the Kraepelinian nosology, DSMIV and ICD-10 rely largely on the internal cohesion of the clinical picture and the pattern of course and outcome as validating criteria of the definitions of mental disorders. The majority of the research diagnostic criteria remain provisional and should be extensively tested against theoretical models and empirical evidence. The crucial issue is whether psychiatric disorders as currently defined in DSM-IV and ICD-10 are clearly separated from one another and from normality. Options for future versions of the classifications include categorical typologies, dimensional models and empirically derived prototypes. The advantages and disadvantages of each option are outlined, highlighting the need for new research focusing on these critical issues.

FUNCTIONAL APPROACHES TO THE CLASSIFICATION OF SCHIZOPHRENIA

INSTITUTIONS

1. Heinrich-Heine-University Duesseldorf, Psychiatry and Psychotherapy, Duesseldorf, Germany

AUTHORS

1. Wolfgang Gaebel¹, Professor, MD, wolfgang.gaebel@uni-duesseldorf.de

Current classification systems of mental disorders like ICD-10 or DSM-IV use operationalized criteria spanning a large range of sources of information. While these classification systems proved useful to enhance the communication between psychiatrists and helped to reduce formal ambiguities, they may have been less useful for research purposes. In schizophrenia research, for example, the "lumping together" of different etiologies may have diluted associations with genetic risk factors in epidemiological studies. Genetic evidence suggests that certain genetic variations may predispose individuals carrying such risk allels to a "psychotic phenotype" crossing traditional diagnostic boundaries. This has led to suggestions to "de-

construct psychosis" or to abandon the term schizophrenia altogether. We propose a novel classification system employing neuromental functions and their psychophysiological substrates regarded as modules of the nervous system as an alternative basis of psychiatric classification. Such a system is founded on philosophical considerations about the functioning of the human mind and neuroscientific evidence about functional subspecializations in the human cerebral cortex. It may provide advantages for research purposes. The pros and cons of such a system of functional psychopathology for the classification of schizophrenia will be discussed.

RECLASSIFYING SCHIZOPHRENIA AND PERSON CENTERED INTEGRATIVE DIAGNOSIS: TOWARD A CLINICALLY USEFUL APPROACH

INSTITUTIONS

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AUTHORS

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The Person-centered Integrative diagnostic model (PID) is being developed within the World Psychiatric Association (WPA) initiative's *Psychiatry for the Person*. The PID involves an innovative model that intends to provide the informational basis for person-centered integration of health care with the goal of maximizing care and health restoration. The PID is both a formulation and a process that engages

the interactive participation of clinicians, patients, and families and employs all relevant descriptive tools (categorization, dimensions, and narratives), in a possibly multilevel structure. This presentation will discuss the applicability of this model as applied to current and proposed nosolgical formulation of schizophrenia.

SeS-021

EDUCATING THE PUBLIC ABOUT MENTAL HEALTH PROMOTION AND PREVENTION OF MENTAL ILLNESS

INSTITUTIONS

- 1. University of London, Institute of Psychiatry, London, United Kingdom
- 2. Kocaeli University, Community mental Health Research and Training Center, Kocaeli, Turkey
- 3. Temple University School of Medicine, Psychiatry, Philadephia, United States
- 4. University of Melbourne, Psychiatry, Melbourne, Australia

AUTHORS

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- 3. David Baron³, professor, dbaron@temple.edu
- 4. Helen Herrman⁴, Professor, h.herrman@unimelb.edu.au

A symposium proposed by the Section for Education in Psychiatry

This session, jointly organised by the Sections on Education and Prevention is concerned with how we educate the 'public' about the concepts of mental health promotion and prevention of mental illness. How do we explain and challenge what is understood by the different terms 'psychiatry', 'prevention', 'health promotion' and 'public education' in conversation with the general public? Who does

what for and with the general public, where and how, with what kind of motivation? What methods are being used in different countries to raise awareness of these issues amongst lay people (decision makers, educators, mental health advocators, psychiatric service users and the broader general population). How are we engaging mental health professionals in this work? This symposium will explore these questions with examples from different continents and settings.

PUBLIC AWARENESS OF MENTAL HEALTH AMONGST POLITICIANS AND POLICY MAKERS

INSTITUTIONS

1. University of London, Institute of Psychiatry, London, United Kingdom

AUTHORS

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Public awareness of mental health issues amongst politicians and policy makers is crucial as they are in key positions to be able to influence mental health for good or ill within their countries. They are key in determining whether policies get accepted or rejected, whether mental health is integrated into other policies or not, and whether the key logistical issues surrounding mental health are well understood or misunderstood, with problematic consequences. Unlike other subject areas there is also the vexed issue of stigma and discrimination, which feeds on a lack of awareness and understanding, and false information. Opportunities for improving awareness of mental health amongst politicians and policy makers are multiple, and range from proactive use of policy meetings, to use of the media,

carefully worded parliamentary questions, to inviting them to present at conferences and writing their speech for them, to organsing social parties where they meet key experts and representatives who are able to present their experiences in a brief but effective manner. Politicians and policy makers are extremely busy and it is common to have to do a complex briefing in 5-15 minutes, and so preparation is crucial so that key messages can be transmitted. Continuity is helpful to sustain the dialogue and build on increasing awareness, but of course, of politicians change regularly, and so then the task has to be started again. This talk will describe key opportunities, methods and challenges in raising awareness of mental health in politicians and policy makers.

SEARCHING FOR WAYS TO IMPROVE MENTAL HEALTH AWARENESS IN THE COMMUNITY

INSTITUTIONS

1. Kocaeli University, Community Mental Health Research and Training Center, Kocaeli, Turkey

AUTHORS

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Community Mental Health Research and Training Center of Kocaeli University is running mental health awareness programs for the public since 1999 earthquake in the region. An innovative approach to discuss interpersonal and intra-familial issues without going into the details of the personal histories was developed (1). Clips from popular films and TV serials are utilized to open up the discussions on predetermined topics. The aim of the meetings is explained as an exercise to raise awareness about interpersonal interactions both in the families and in different settings in the community. Behaviours of the characters in the clips, meanings attributed to small details in their behaviours and words are all discussed together with the participants.

Main problem is about motivating the general public to get involved in these activities. It is thought that the people who attend these

meetings are already motivated but the people who do not think much on the consequences of their behaviour and their words are not aware and sometimes ignorant about such efforts.

During the symposium, it is expected to get views and suggestions from other experts, regarding their observations and experiences in public awareness activities.

1) Coskun B, Coskun A (2004) "Public Awareness Training Programme - Interpersonal relations and psychosocial well-being awareness in Kocaeli Turkey" in Mental Health Promotion, Case studies from Countries Ed: Saxena S, Garrison PJ. Joint publication of World Federation for Mental Health and World Health Organization, France

EDUCATING THE PUBLIC ABOUT MENTAL ILLNESS: THE TEMPLE UNIVERSITY PROGRAM

INSTITUTIONS

1. Temple University School of Medicine, Psychiatry, Philadelphia, United States

AUTHORS

1. David Baron¹, Professor, dbaron@temple.edu

Diagnosing and treating mental illness is a global public health issue. The ongoing stigma towards psychiatric illness results in added suffering for patients and significant added expense to individuals and government health agencies.

Educating the public about mental health and addictive disorders, at a grass roots level, is an effective way to address this problem. Temple University, a large inner-city University in Philadelphia, PA in the US, has ongoing community education programs dealing with health and mental health. Topics include; dealing with stress, caring for elderly family members, depression, anxiety, ADHD, drug and alcohol use/abuse, relationship issues, surviving living with an ado-

lescent, and others.

The goal of this program is to educate the community on differentiating normal reaction from psychopatholgy, treatment options, and address many of the myth's concerning psychiatric disease.

This presentation will provide an overview of this program, highlighting critical issues related to its success. The need for cultural sensitivity and understanding the unique needs of the community will be presented.

Finally, the need for psychiatrists to play an active role as educators in the community and how to train our colleagues to be effective teachers at this level will be addressed.

THE PRACTICE OF PROMOTING MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

INSTITUTIONS

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Together with expanding services to those who at present receive none, prevention of mental disorders and promotion of mental health make critical contributions to population mental health in all parts of the world. Recent efforts of the World Health Organization (WHO) include international reviews of scientific evidence for these interventions, dissemination of the evidence in all countries, more particularly within the lower and middle income groups, and assisting governments and non-governmental organisations to use the evidence in developing programmes and activities.

WHO has recently published two international Reports on these topics now available in print versions and on the WHO website[1]. Prevention of Mental Disorders: Effective interventions and policy

options and Promoting Mental Health: Concepts, emerging evidence, practice. These Reports highlight the need for collaboration between health and non-health sectors in promoting mental health and psychosocial wellbeing. One of the serious limitations in developing this collaboration is the lack of clear and specific guidance on the practice of promoting mental health. The paper will describe a project to develop a guidance package that will be useful to those working with sectors outside as well as within the health field.

 $\label{lem:condition} \begin{tabular}{ll} [1] & $(http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf \end{tabular}$

and http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf).

SeS-022

GENETICS IN SUICIDE

INSTITUTIONS

- 1. University of Molise, Department of Health Sciences, Campobasso, Italy
- 2. University of Oviedo, Oviedo, Spain
- 3. Karolinska Institutet, Stockholm, Sweden
- 4. New Jersey VA Healthcare System, Psychiatry Service, East Orange, New Jersey, United States
- 5. McGill University, McGill Group for Suicide Studies, Douglas Hospital, Departments of Psychiatry and Human Genetics, Montreal, Quebec, Canada

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- 3. Gustavo Turecki⁵, Prof., MD, gustavo.turecki@mcgill.ca
- 4. Julio Bobes², Prof., MD, bobes@ctv.es
- 5. Alec Roy⁴, Prof., MD

Risk factors for suicide can be organized in a framework that conceives genetic and environmental influences and their interactions. A genetic predisposition towards suicidal behaviour has been well established by family, adoption and twin studies. Environmental influences associated with suicide comprise a wide range of risk factors, including a variety of life events, traumatic experiences and social predisposition. The complex interaction between genes and

environment in determining vulnerability to suicidal behaviour will be discussed during the symposium. The speakers will present recent findings about molecular genetics studies on suicidal behaviour and psychopathological factors associated with suicide. The concept of suicidality and the definition of suicidal phenotypes will also be discussed.

INTERACTION BETWEEN CHILDHOOD TRAUMA AND SEROTONIN TRANSPORTER GENE VARIATION IN SUICIDE

INSTITUTIONS

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AUTHORS

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Although the serotonin transporter promoter polymorphism (5-HTTLPR) contributes to depression and suicidality in a fashion modulated by environmental stress, 5-HTTLPR has been little examined in relation to suicidal behavior in substance dependence. Recently, a third functional allele of 5-HTTLPR was discovered enabling more of the interindividual variation in serotonin transporter expression to be predicted by genotype. We examined whether the 5-HTTLPR gene alone, or interacting with childhood trauma, was predictive of suicidal behavior in substance-dependent patients, a clinical population that is at high risk of suicide, as well as childhood trauma and other stress. We interviewed 306 abstinent male African-American substance-dependent patients about whether they had ever attempted suicide and administered the 34-item Childhood Trauma Questionnaire (CTQ). Patients and 132 male African-American controls

were genotyped to determine the S, L(G), and L(A) 5-HTTLPR alleles; some analyses grouped the S and L(G) alleles on the basis of equivalent function. The distribution of 5-HTTLPR genotypes did not differ between patients and controls, nor between suicide attempters and non-attempters. However, patients with low expression 5-HTTLPR genotypes and above-median CTQ scores were more likely to have attempted suicide. Logistic regression showed increasing risk of a suicide attempt with increasing reports of childhood trauma scores; in addition, this increase was exaggerated among those with low expression forms of the 5-HTTLPR genotype. Childhood trauma interacts with low expressing 5-HTTLPR genotypes to increase the risk of suicidal behavior among patients with substance dependence

CRHR1 GENE IMPLICATED IN MALES WITH SUICIDAL DEPRESSION

INSTITUTIONS

1. National Prevention of Suicide and Mental Ill-Health (NASP) at Karolinska, Stockholm, Sweden

AUTHORS

- 1. Danuta Wasserman¹, Prof., MD
- Marcus Sokolowski¹
- 3. Jerzy Wasserman¹, Prof., MD

Twin studies, adoption studies, and family studies indicate the role of genetic factors in suicidal behaviours. Psychobiological hypotheses regarding suicidal behaviours involve neurotransmitters and their correlation to psychological functions as well as the dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis. Whereas the genes of e.g. the 5HT system and of the key NA-biosynthesis enzyme, tyrosine hydroxylase, have been studied extensively in this context the genes in the HPA axis have only begun to be investigated recently.

Our group was the first to study the genetic variation in the CRHR1 gene in connection to depression and stress among suicidal individuals. Our novel results suggest that genetic variation in the CRH-mediated regulation of the HPA axis is a factor of importance in males with major depression.

Results obtained from the replication analyses of SNPs in candidate

genes, in 750 family trios with suicide attempter offspring, by using the transmission disequilibrium test both in a two-stages screening/ replication sample design and in detailed reanalysis in the entire sample, will be discussed.

- 1. Wasserman D (ed.): *Suicide: an Unnecessary Death*. Martin Dunitz Publishers, Taylor & Francis Group, London. 2001: 1-305.
- 2. Wasserman D, Sokolowski, M., Rozanov V, Wasserman, J. The CRHR1 gene: a marker for suicidality in depressed males exposed to low stress. Genes, Brain and

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3. Wasserman J, Geijer, T, Rozanov R, Sokolowski M, Wasserman D. Genetic variation in the hypothalamic pituary adrenocortical (HPA) axix regulatory factor,

T-box 19, and the angry/hostility personality trait. Genes, Brain and Behaviour. Blackwell Publishing Ltd 2006; 6;321-8.

ROLE OF BDNF GENE IN SUICIDAL BEHAVIOR: A POST-MORTEM STUDY

INSTITUTIONS

1. University of Molise, Department of Health Sciences, Campobasso, Italy

AUTHORS

1. Marco Sarchiapone¹, Prof., MD, marco.sarchiapone@gmail.com

Introduction: Brain Derived Neurotrophic Factor (BDNF) has been implicated in neuronal survival and plasticity and reported as being involved in various mental illnesses, including attempted and completed suicide. Evidence from postmortem studies has also shown an altered expression of BDNF in suicide victims brains. We previously investigated the impact of the Val66Met polymorphism of the BDNF gene in determining a suicide attempt in depressed patient and found an association between the BDNF variant and history of early maltreatment in depressed patients with suicide attempts. We then conducted a study on post-mortem brains of suicide completers and their controls to further test the hypothesis of an involve-

ment of BDNF in suicide-related neurobiological processes. **Methods**: 535 specimens of brain from subjects dead either by suicide (N=271) and by other cause (N= 261) were genotyped for the Val66Met and Prom 281 CA polymorphisms of the BDNF gene. **Results**: No associations were found between either the first or the second variant of the BDNF gene and suicidal behaviour. A positive link between BDNF expression and suicidal behavior was found. **Conclusions**: As the case for other candidate genes, results from genetic studies of the BDNF gene are conflicting and arduous to replicate. The epigenetics perspective could be of use in illustrating the links between genes and suicide.

GENE EXPRESSION AND GENETIC VARIATION IN POSTMORTEM TISSUE OF DEPRESSED PATIENTS

INSTITUTIONS

1. McGill University, McGill Group for Suicide Studies, Douglas Hospital, Departments of Psychiatry and Human Genetics, Montreal, Quebec, Canada

AUTHORS

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Introduction

Major depressive disorder and suicide are complex phenomena on which biological factors play an important role. Parallel screening of gene expression alteration of thousands of genes makes it possible to investigate, at the genomic level, complex disorders and gain insight into biological mechanisms mediating risk. The goal of my presentation will be to present data suggesting that the polyamine system plays a role in major depression and suicide

Methods

Brain gene expression analysis using the Affymetrix HG-U133 chipset A and B was performed using RNA isolated postmortem from 17 cortical and subcortical brain regions from 46 male subjects, including suicides with and without major depressive disorder and

normal controls. Follow up studies were carried out by means of RT-PCR, immunohistochemistry and western blotting. Genetic variation studies were carried out in a sample of suicide completers from the general Quebec population and matched controls.

Results: Our initial studies implicated *SSAT* in suicide and major depression. Follow up studies validated a downregulation of this gene. Subsequent studies in additional samples confirmed our initial results and indicated global brain alterations of SSAT and other components of the polyamine system.

Conclusion: Polyamines constitute and interesting candidate system in depression and suicide. Additional studies should be carried out to better characterize and replicate our findings.

SeS-023

SUICIDE PREVENTION IN YOUNG PEOPLE

INSTITUTIONS

- 1. Tel Aviv University, Israel
- 2. Euro RSCG Life, France
- 3. National Prevention of Suicide and Mental Ill-Health (NASP) at Karolinska Institutet, Stockholm, Sweden
- 4. Columbia University, New York City, United States
- 5. University of Molise, Department of Health Sciences, Campobasso, Italy

AUTHORS

- 1. Sam Tyano¹
- 2. Veronique Narboni²
- 3. David Shaffer⁴
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- 6. Vladimir Carli⁵

Currently there is an ongoing debate regarding the efficacy of mental health promotion and suicide prevention programmes for children and adolescents. Literature shows that some approaches have been researched extensively while others have had very little research evaluation. These include: Awareness curriculum - educational programmes for students, teaching about mental illness and suicide prevention; Gatekeepers programmes - training school staff on how to recognise and refer a student at-risk of suicide to help resources, how to help students with depression, problem behaviour and social adjustment problems; Screening at-risk students - referral and treatment by mental health professionals; Skills training - emphasizing

the development of problem-solving, coping, and cognitive skills, because youths suffering mental health problems and suicidality have deficits in these areas; Peer helpers - the rationale underlying these programmes is that youths are more likely to confide in a peer than an adult; Promotion of mental health through awareness campaigns to the public - the rationale in these programmes is that informing the public about the nature, magnitude and treatment of children's mental health will facilitate early identification and treatment of children with mental health problems. During the symposium, the state of the art and current issues in youth suicide prevention will be illustrated.

PREVENTIVE PROGRAMMES IN SCHOOLS

INSTITUTIONS

- 1. Euro RSCG Life, France
- 2. National Prevention of Suicide and Mental Ill-Health (NASP) at Karolinska, Italy

AUTHORS

- 1. Veronique Narboni¹
- 2. Danuta Wasserman²

Youth suicide rates, especially among males, constitute a major public health problem in Europe.

Although suicides among young people aged 15-24 constitute a considerable burden on the society, the approach of initiating prevention at a very early stage of the suicidal process is scarcely applied. Intervention is much more difficult once the suicidal process has progressed beyond a certain stage. Therefore, suicide preventive programmes should be tailored in close collaboration with staff wor-

king in schools, as many children in the world attend compulsory school.

The WHO's world wide initiative to prevent suicide has published a resource series, and among them a resource for teachers and other schools staff on how to prevent suicidal behaviours and strengthen mental health among pupils. Experiences from using this material will be presented.

SAYLE: PROMOTING HEALTH THROUGH THE PREVENTION OF RISK-TAKING AND SELF-DESTRUCTIVE BEHAVIOURS

INSTITUTIONS

- 1. National Prevention of Suicide and Mental Ill-Health (NASP) at Karolinska Institutet, Stockholm, Sweden
- 2. University of Molise, Department of Health Sciences, Campobasso, Italy

AUTHORS

- 1. Danuta Wasserman¹
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- 3. Vladimir Carli²

There is no health without mental health (WHO, 2005): this means that health promotion programmes should also include mental health promotion components.

Preventing risk-taking behaviours is in direct connection with mental health promotion. The ultimate outcome of unhealthy behaviours is attempted suicide and suicide. Scientific evidence shows that suicide and risk-taking behaviours can be prevented. Serious health and safety issues such as motor vehicle crashes, violence, substance abuse, and promiscuous sexual behaviours adversely affect adolescents and young adults. Not eating nutritiously, not engaging in physical activity, and choosing alcohol, drugs and tobacco increase the risk of developing health problems in adulthood. Therefore these behaviours, which are associated with high mortality and morbidity, remain a major problem among adolescents and need to be prevented. In this presentation a research program will be described that will assess the effects of three different health promoting / sui-

cide prevention programs in a large sample of high school students across eleven European countries:

- 1. A general health promotion program targeting students' awareness on healthy/unhealthy behaviours and students' self-efficacy in diminishing unhealthy behaviours;
- 2. TeenScreen screening by professionals of at-risk students through a questionnaire. For adolescents identified as high risk (screen positives) the program includes referral to mental health treatment and ensuring compliance.
- 3. QPR (Question, Persuade & Refer) a gatekeepers' program, training all adult staff at schools (teachers, counselors, nurses etc.) and parents on how to recognize & refer a student with risk-taking behaviours or suffering from mental illness to mental-health help resources.

EXISTING APPROACHES TO SUICIDE PREVENTION IN YOUNG PEOPLE - STRENGTHS AND WEAKNESSES

INSTITUTIONS

1. Columbia University, College of Physicians and Surgeons, United States

AUTHORS

1. David Shaffer1

Goals: To review the relative benefits and costs of the more commonly used approaches that have been recommended or tried to prevent suicide in adolescents.

Methods: The presentation will include mention of the problems in evaluating the efficacy of an intervention to reduce the incidence of an uncommon condition. We have little knowledge about how to modify the factors that lead to the development of high-risk conditions. Methods that will be discussed include enhancing problemsolving skills; promoting participation in treatment through casefinding, either by education or by direct screening; encouraging the use and provision of appropriate interventions with professional education and destigmatization programs; modifying the environment during moments of suicide intent by method control; influencing media on how to minimize the risk of provoking suicidality;

and developing crisis services when the urge to commit suicide is at its most intense.

These methods will be discussed with reference to their effectiveness, cost, and downside potential through labeling and/or paradoxical effects.

Conclusions: Primary prevention is not currently an option. Broad mental-hygiene approaches, including training in coping skills and enhancing emotional regulation, remain controversial and unproven. Method control and crisis intervention address the moments of acute suicidality, but we need to know more about whether a youth in that state can take advantage of those interventions. I will conclude that case-finding and appropriate treatment are the most conservative, but most promising, avenues for youth suicide prevention.

SeS-024

ACTUAL EVIDENCE IN SUICIDE PREVENTION: THE STATE OF THE ART

INSTITUTIONS

- 1. Ibn Rushd University Psychiatric Centre, Casablanca, Morocco
- 2. CHU de Nancy Hôpital Jeanne d'Arc, Service de Psychiatrie et Psychologie Clinique, France
- 3. Uppsala University Hospital, Division of Psychiatry, Uppsala, Sweden
- 4. Coburg University, Faculty for Social Sciences, Coburg, Germany
- 5. Therapeia, Reykjavík, Iceland
- 6. Odessa National Mechnikov University, Human Ecological Health (NGO), Odessa, Ukraine
- 7. Thriasio Hospital, Department of Psychiatry, Athens, Greece

AUTHORS

- 1. Driss Moussaoui¹
- 2. Jean Pierre Kahn²
- 3. Wolfgang Rutz^{3,4}
- 4. Vsevolod A Rozanov⁶
- 5. Kostantinos Paplos⁷
- 6. Hogni Oskarsson⁵

Data show that suicide is a serious public health issue worldwide, and needs intervention strategies at several levels in order to reduce either number of deaths by suicide and number of attempted suicides. Presentations in the symposium will illustrate the state of the art and current issues in comprehensive suicide prevention, from various and novel perspectives. A public health point of view will be discussed. Efficacy of wide programs for prevention of depression in the general population will be also debated, with the aim of examining how these strategies can affect a modification in completed and attempted suicide rates. As training of GPs remains one of the

most important parts of suicide prevention strategies, the specific targets of these kind of modules, as learnt from a eastern Europe well-established project and experience will be addressed. Finally, an emerging concern on prevention of suicide among a high risk group such as subjects with mental retardation, where psychiatric disorders are often underdiagnosed and communicative skills with physicians are poor, will be also considered and debated. Symposium will be preceded by an Opening Lecture by Prof. J. P. Soubrier on Print Media and Suicide.

HOW EVIDENT IS EVIDENCE IN SUICIDOLOGY? CHALLENGES IN SUICIDE PREVENTION FROM A PUBLIC HEALTH PERSPECTIVE

INSTITUTIONS

- 1. Uppsala University Hospital, Division of Psychiatry, Uppsala, Sweden
- 2. Coburg University, Faculty for Social Sciences, Coburg, Germany

AUTHORS

1. Wolfgang Rutz^{1,2}, Prof., MD, PhD

Context:

Suicidology and suicide prevention has a complex nature involving all aspects of the human condition and the human persona and demanding complex interactive and synergistic societal strategies. The evidence, needed to be the base for suicide preventive program, is by natural reasons often complicated by problems of heterogeneity, by problems in explaining multi - factorial causality by mono - causal mechanisms, by a statistical lack of power as well as the absence of subjectivistic approaches that take e.g. gender and other specific differences between and within risk populations into consideration.

Key Messages:

Evidence finding and strategy development within the field of sui-

cidology has to include scientific research and methodological development "for the person". Epidemiologically, some conventionally claimed statistical methods and orthodoxies should be problematized, and qualitative, individualized evidence in individual settings be given greater importance. Examples will be given and consequences discussed.

Ref.:

Suicidal behaviour: Comments, advancements, challenges. An European Perspective. World Psychiatry 2004; 3:3 World Health Organisation. The World Health Report 2001. Mental Health: New understanding, new hope. Geneva, WHO, 2001

SUICIDE PREVENTION IN ICELAND, A FOUR-STAGE APPROACH

INSTITUTIONS

- 1. Therapeia, Reykjavík, Iceland
- 2. National University Hospital, Reykjavík, Iceland
- 3. Directorate of Health, Reykjavík, Iceland
- 4. Primary Care Services, Reykjavik, Iceland

AUTHORS

- 1. Hogni Oskarsson¹
- 2. Sigurdur Palsson²
- 3. Ottar Gudmundsson²
- 4. Wilhelm Nordfjord³
- 5. Salbjorg Bjarnadottir³
- 6. Maria Olafsdottir⁴

Introduction: A prevention campaign to decrease the rate of suicides was initiated in 2002 and was fully operating by mid-2003. This has been a collaborative effort within the European Alliance Against Depression. We compare results based on suicide rates 1999-2002 with the same in the years 2003-2006.

Method: The prevention campaign consisted of nationwide workshops and Train the Trainers workshops for primary health care and community facilitators; CBT courses for GPs; education and better access to emergency services high-risk groups; and awareness campaigns for the general public. Outcome evaluation assessed suicide four years before and after the initiation of the program

Results: The suicide rate decreased from 13.0/100.000 in the years 1999-2002 to 10.9/100.000 (P<0.01) in the years 2003-2006, calculated as a preventable fraction or increase. The decrease was highest in males, particularly in those 24 years and younger, from 24./100.000

to 14./100.000. No significant changes were observed in the female population.

Discussion: The suicide prevalence has decreased significantly during the four years in which the campaign has been operating. It is debateable whether the decrease is real, and if so, whether it can be attributed to better diagnosis and treatment, increased public awareness and increased support for the ill, improved social conditions, or to some other unforeseen factors.

SP Pálssson, G Jónsdóttir, H Pétursson. The mortality risk of a psychiatric emergency patients. A follow - up study. Nordic Journal of Psychiatry 1996:50.

H Óskarsson, LS Jónsdóttir, S Ţorvaldsson, SP Pálsson, K Stefánsson. Familality of Suicides in Iceland. Icelandic Medical Journal; 48,

GPS TRAINING AS A KEY COMPONENT OF NETWORK BUILDING AND SUICIDE PREVENTION STRATEGY DEVELOPMENT (UKRAINIAN EXPERIENCE)

INSTITUTIONS

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AUTHORS

1. Vsevolod A Rozanov¹

In Ukraine (like in majority of the new independent states emerging after fall of the USSR), suicide prevention is widely referred as a task for professional psychiatric community. No surprise that when NGO uniting different medical and non-medical specialists started suicide prevention seminars for GPs community in 1999, it attracted much attention. Combination of several positive factors provided for consistent activity during 8 years and led to suicide prevention Network development and formulation of the proposal for Ukrainian National Suicide Prevention Strategy. Training of GPs remains one of the most important parts of the Strategy and current activity which makes the whole initiative attractive both for wide medical circles and authorities of different levels. So, lessons learnt from a project aimed to introduce international experiences and develop National-based initiatives in suicide prevention are:

- 1) current education of GPs in Ukraine does not pay enough attention to suicide prevention;
- 2) training in suicide prevention is accepted by GPs in Ukraine with sincere interest;
- GPs training is not only knowledge dissemination but also network building source;
- 4) GPs training is part of the strategy that is best accepted by medical authorities which can provide for further dialogue and more systemic change;
- 5) GPs training is the basic component of unification of medical and psychological educators, governmental and public forces within the frame of teaching centers, like one built in Odessa by NGO and state University.

SUICIDAL BEHAVIOUR IN PERSONS WITH MENTAL RETARDATION

INSTITUTIONS

1. Thriasio Hospital, Department of Psychiatry, Athens, Greece

AUTHORS

1. Kostantinos Paplos¹, MD, kpaplos@med.uoa.gr

Suicide prevention is a health priority since suicide is a major cause of mortality and attempted suicide a significant cause of morbidity. Strategies for suicide prevention have focused on management, including, assessment of risk and appropriate interventions, for suicidal patients or other high-risk groups in primary care settings. It has been estimated that about half of persons who committed suicide had contacted their general practitioner (GP) in the months before suicide. Individuals with mental retardation (MR) constitute a heterogeneous group of patients, with varying degrees of communication abilities and needs, higher prevalence of physical illness and mental disorders than in the general population. However, psychiatric disorders are often underdiagnosed, and low rates of suicide have been reported. This may be due to different factors such as, patient s communication impairments and limited access to health services, GP s communication skills and knowledge on the patterns of

suicidal behaviours and related risk factors, making assessment and management of suicidal behaviour difficult. Furthermore, research concerning suicidality in this population is limited. In era of deinstitutionalization, relevant works has emphasised on GP s educational needs related to behavioural and psychiatric conditions in persons with MR, and their critical role in suicide prevention in the context of a multidisciplinary team.

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- 2. Merrick J, Merrick E, Lunsky Y, Kandel I. A review of suicidality in persons with intellectual disability. Isr J Psychiatry Relat Sci, 2006;43:258-263

SeS-025

WAR SEQUAELAE - FORMS OF SOCIAL VIOLENCE

INSTITUTIONS

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AUTHORS

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Violence in the context of political unrest, civil war or war could be described as one of the most important factors with negative impact on public health besides poverty in the global context. The sympo-

sium presents recent examples of the broader impact of different aspects of violence in populations.

MENTAL HEALTH UNDER WAR CONDITIONS: LESSONS FROM IRAQ

INSTITUTIONS

1. Al-Rashid Hospital - Amman, Jordan

AUTHORS

1. Ali Numan¹, MD

Impact of war on health is usually assessed primarily in terms of its most direct and visible effects - death and injury through conflict. The death toll among civilians in Iraq from April 2003 till now is estimated to be around half a million but accurate statistics are lacking. The risk of death by violence for civilians in Iraq is now 60 times higher than before the US-led invasion, especially in the hot areas in the country.

There are about three million people who migrated to neighboring countries because of the continued violence in Iraq.

The number of people who are in need for assistance due to mental health issues is very high, but the helping capacity is limited and can cover only a small proportion of the needs. The rate of PTSD among populations studied was between 35 -60 % and around 40% of the population has suffered from more than one trauma event in the past three years.

There are some psychosocial phenomena that appeared soon after the war, these included increased drug and alcohol misuse, high rates of organized crimes (armed robberies, kidnapping and murder) and prostitution.

The current stresses of continued uncertainty about personal security, frequent disruption of electricity, fuel and water supply will definitely lead to psychological insecurity which increases the anxiety and mood related disorders arising from the war.

CULTURE, WAR AND MENTAL HEALTH IN KOSOVO

INSTITUTIONS

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- 2. Medical University of Vienna, Dept. Social Psychiatry, Vienna, Austria

AUTHORS

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- 4. Ferid Aghani¹, Dr., krct_org@hotmail.com

The war in Kosovo can be seen as one of the most destructive events in the recent history of Europe. The long-term impact with regard to trauma and also recent stress through economical problems has created a challenge in the development of treatment structures and of a national health care plan. As the impact of the war must be seen as long lasting, and severe, if studies in comparable war regions and an earlier study of the CDC (Center of Disease Controls) are taken into account, exact data are required for long term planning.

In a project founded by the Danish Refugee Council (DRC), the Kosovo Rehabilitation Center for Torture Survivors (KRCT), in collaboration with WPA experts, performed two studies to explore both qualitative and quantitative (epidemiological) aspects of posttraumatic spectrum disorders, inclusive posttraumatic stress disorder, depression and different indicators of social functioning and general health (MOS, GHQ). Based on a representative sample, 1200 people were enrolled in the study.

The presentation gives an overview of the implementation and results of this study. The high rates of posttraumatic stress disorder (33 % in some regions), and depression (close to 38 % in some regions) indicate severe and persistent reactive symptoms in a substantial part of the population, with regional needs and possible factors contributing to chronicity that will be discussed in the presentation.

NON RESTORATIVE SLEEP IN THE GENERAL POPULATION **IN KOSOVO**

INSTITUTIONS

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- 2. KRCT, Pristina, Serbia and Montenegro
- 3. Institute for Consciousness and Dream Research, Vienna, Austria, Austria

AUTHORS

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Objectives: Exposure to war and its consequences includes a broad range of extreme stressors. The post-war situation in Kosovo is characterized by unprocessed trauma, splitting of families, lack of health care resources to cope with the range of trauma, and experiences of displacement and exile.

Methods: The authors analysed a recent representative survey conducted by the Kosovarian Rehabilitation Center for Torture Survivors (KRCT). The survey included the General Health Questionnaire, the Harvard Trauma Questionnaire, MOS, and the Hopkins Symptom Checklist. Data analysis is based on more than 1200 participants

Results: Analysis of data revealed a high level of subjective com-

plaints about sleep. About 40 - 47% of the general population in Kosovo reported poor sleep. Difficulties in falling asleep as well as maintaining sleep and early morning awakenings were present in all age groups, but most common in young Kosovars (between 15-34 years). Also recurrent nightmares were frequently reported by about 14% of the general population in Kosovo.

Conclusion: Comparison with other countries such as Austria indicates a rather dramatic increase of complaints about non restorative sleep in the general population in Kosovo. Sleep disorders with all potential sequels (e.g. depression, PTSD etc.) must be expected to be a highly common problem in post-war societies and should be attributed importance in future research.

SUICIDAL IDEATION AND SUICIDE STATISTICS IN KOSOVO FIVE YEARS AFTER THE WAR

INSTITUTIONS

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AUTHORS

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- 2. Feride Rushiti², Dr., krct_org@hotmail.com

Objectives

The hostilities in Kosovo can be seen as a testing stone for the understanding of the long-term impact of complex economical and psychosocial stress. Most studies so far have been focusing on Posttraumatic stress disorder, but not on depression, hopelessness and suicidal behaviour.

Methods

As part of a major epidemioloical study, based on representative community samples the subscale for suicidal behaviour of the GHQ (Watson) was used parallel to measures of depression, PTSD and social functioning as well as social indicators.

Results

The final sample included 1161 participants. Only 15.5% of the sample reported to be employed. 25.8% of the population had a score of 6-11, representing the presence of moderate nonspecific psychiatric morbidity, while 27.7% of the population had a score of >12, indicating the presence of substantial psychiatric morbidity.

In accordance with the general governmental statistics that indicates rising numbers of suicide attempts, suicidal ideation was common, with clear regional distribution patterns. This was demonstrated to be stronger correlated with posttraumatic stress disorder then with most other factors. Regional distribution reflected ar impact and social factors.

SeS-026

PSYCHOSOCIAL ASPECTS OF PREVENTIVE PSYCHIATRY

INSTITUTIONS

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AUTHORS

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- 2. Vassilis Kontaxakis², Prof., MD, psych@psych.gr

The speakers of this international symposium, organized by the WPA Section on Preventive Psychiatry, are experienced psychiat-

rists and psychoanalysts. The symposium will focus on the meaning of specific psychosocial factors for the following areas:

PREVENTION OF PSYCHOSOCIAL DECLINE THROUGH EARLY INTERVENTIONS IN PSYCHOSIS

INSTITUTIONS

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AUTHORS

1. Vassilis Kontaxakis¹, Assoc. Prof., MD, editor@psych.gr

Psychoses are considered as debilitating and often life-threatening diseases. The development of preventive interventions in the prepsychotic phase or in early stages of the disease is considered as very important. "Psychosis prodrome" refers to sub-threshold symptoms and signs indicating the onset of the disorder that occur before the development of symptom that permit definitive diagnosis. Recent clinical research provides

increasing support for the logic of interventions in the prodromic

phase of the disease. Duration of untreated psychosis as a marker of delay in delivering effective specific treatment is a potentially important variable in improving outcome in first-episode psychosis and can become the focus of intervention strategies. Intensive phase-specific treatment in first-episode psychosis including drugtherapies as well as psychological therapies is still the most feasible proposition for most clinicians.

PREVENTIVE FACTORS AGAINST CHRONIFICATION IN PSYCHOSIS: THE ROLE OF SUBJECT'S POSITIVE HEALTH FACTORS

INSTITUTIONS

1. German Academy for Psychoanalysis, Group Psychotherapy Training, Munich, Germany

AUTHORS

1. Margit M Schmolke¹, Dr, PhD, margitschmolke@aol.com

In recent years, there is an interesting discussion within the mental health field if disease oriented prevention of mental illness should be complemented by a more comprehensive view. Instead of being restricted to minimizing risks or resolving illnesses and disabilities, positive health oriented or "salutogenic" clinical care focuses on lifting as much as possible the level of health status of a person. These health oriented activities are now often mentioned as examples of health promotion which include e.g. activating personal and social resources, enhancement of the health of the whole individual in his context, or empowering social participation. The author will outli-

ne some positive health aspects which serve as preventive factors in persons diagnosed with schizophrenia. Some results of her qualitative study will be presented.

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DEALING WITH ADOLESCENTS' SPECIFIC DIFFICULTIES TO ACCESS TO PSYCHIC PREVENTIVE CARE

INSTITUTIONS

1. French Juvenile Judicial Protection, Direction, Paris, France

AUTHORS

1. Michel Botbol¹, Dr., MD, michel.botbol@wanadoo.fr

Many reliable epidemiologic data show that while adolescence is the time of many odds from the psychic point of view, and, as such a crucial time for psychic preventive cares, there are specific obstacles at this age to access to care in general and to psychic cares in particular. This paper will present some of these data, discuss

a psychodynamic understanding of the processes leading to these obstacles and make some proposal on how to take into account these specificities and to improve these adolescents' access to care in spite of there lack of demand.

PREVENTIVE ASPECTS IN LONG-TERM PSYCHOTHERAPY: A CASE STUDY

INSTITUTIONS

1. German Academy for Psychoanalysis, Munich, Germany

AUTHORS

1. Monika Dworschak¹, Dipl.Psych., monika.dworschak@t-online.de

In the framework of secondary prevention a case study will be described. A patient with dual diagnosis (drug addiction and personality disease) has been treated in different psychotherapeutic and community settings during the period of 10 years. The therapeutic

process will be described including the context of relapses, positive turning points, and the development of a personal life perspective based on a stable therapeutic relationship.

PREVENTION OF POST-TRAUMATIC STRESS DISORDER

INSTITUTIONS

1. Ibn Rushd Psychiatric Hospital, Baghdad, Iraq

AUTHORS

1. Numan S. Ali¹, Dr., MD, numanali@hotmail.com

PTSD is a common disorder that often presents with substantial psychiatric co-morbidity. There are some promising developments in its prevention.

Prevention can be primary by preventing exposure to trauma or secondary by preventing the development of PTSD immediately after exposure to trauma and tertiary prevention by preventing the worsening once PTSD has already emerged.

Not all people who are exposed to the severe traumas of war develop PTSD, which leads us to think of some susceptibility factors in people who develop PTSD like pre-existing psychiatric disorders, inadequate social support and probably some genetic predisposition.

Preventive techniques shall be discussed in some details; these in-

clude psycho-social strategies (debriefing, memory structuring intervention, CBT, & EMDREtc) and pharmaco-therapy (SSRI's m Beta Blockers, etc).

Exposures to single and clearly identifiable severe traumatic event afford the opportunity for early detection and follow up. But what about situations in some war zones (like what is happening in Iraq) where there are many layers of traumas which has been going on for few years?

There are some positive outcomes of exposure to trauma that should not be ignored and that people also get some form of adaptation to the new situations with high levels of resilience and cohesion within the family.

SeS-027

A SPECIAL SYMPOSIUM FROM CHINA "NEW THERAPY FOR SCHIZOPHRENIA IN CHINA"

INSTITUTIONS

1. Beijing Huilongguan Hospital, Beijing, China

AUTHORS

1. Yizhuang Zou¹, Dr., MD,Ph.D, yzouy@263.net

The objective of this special symposium is to present some recent results of therapeutic research on patients with schizophrenia, specially using non-drug therapy such as cognitive remediation therapy (CRT) on cognitive deficits, repetitive transcranial magnetic stimulation (rTMS) on hallucination et al.

COGNITIVE REMEDIATION THERAPY FOR CHRONIC INPATIENTS WITH SCHIZOPHRENIA, COMPUTERIZED OR MANUAL? A COMPARATIVE CLINICAL STUDY

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- 2. Peking University Sixth Hospital, Beijing, China
- 3. Institute of Psychiatry, King College of London, London, United Kingdom

AUTHORS

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- 2. Shupingtan Tan¹, Dr., MD,Ph.D
- 3. Til Wykes³, Dr., Ph.D
- 4. Jian Wang¹, Dr., MD 5. Jiefeng Cui¹, Dr., MD
- 6. Biao Han¹, Dr., MD
- 7. Nan Chen¹, Mrs
- 8. Dongfeng Zhou², Dr, MD, Zhoudf@bjmu.edu.cn

Objectives: Cognitive Remediation Therapy (CRT) is an effective way to improve cognitive function of patients with schizophrenia. There is two different type of CRT, one is manual CRT, another is computerized CRT. The aim of present study was to compare effective difference on improving cognitive function between two types of CRT.

Methods: A total number of 90 inpatients with schizophrenia randomly divided into three groups: manual CRT (n=36) group with 40-sessions pencil-paper CRT therapy plus usual treatment, computerized CRT group (n=36) with 40-sessions computerized CRT plus usual treatment, and control group (n=18) with therapeutic contact matched Musical and Dancing Therapy (MDT) plus usual treatment. Pre and post treatment, cognitive function using a battery of cognitive measurement and clinical symptoms using PANSS were evaluated.

Results: After treatment, 32 of 36 in Manual CRT group, 29 of 36 in Computerized CRT group and 17 of 18 in control group completed study and data collected to analysis. Comparing with control group, cognitive flexibility and memory achieved a significant improvement in two CRT group. But only computerized CRT group improved executive function significantly measured by WCST test. However, there was a trend that manual CRT has advantage on improving word fluency although this difference failed to achieve a significant level. There is no significant difference in clinical symptoms pre-post treatment among three groups.

Conclusion: There is different effective pattern on improving cognitive level in patients with schizophrenia as computerized CRT have an advantage on executive function, manual CRT maybe have an advantage on word fluency.

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) IN SCHIZOPHRENIC PATIENTS: CLINICAL AND **FMRI STUDY**

INSTITUTIONS

- 1. Beijing Anding Hospital, Beijing, China
- 2. Peking University Sixth Hospital, Beijing, China
- 3. PLA 306 Hospital, Beijing, China

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- 4. Zhen Jin³, Dr., MD, Ph.D, 5. Yi Jin², Dr., MD, Ph.D

Objectives:1. To examine the therapeutic effects and safety of dual dorsolateral prefrontal repetitive transcranial magnetic stimulation (rTMS) on auditory hallucinations and negative symptoms experienced by schizophrenia and the influence on cognitive functions of schizophrenia . Applying fMRI technique, to investigate the brain functional features of auditory hallucinations.

Methods: Total number of 46 refractory schizophrenic patients were randomly assigned to rTMS therapy group (n=24) or sham group (n=22). PANSS scales were assessed pre and post study. Patients completed a neuropsychological battery including Wisconsin Card Sorting Test and continuous performance test at baseline and after completing the study. Functional magnetic resonance imaging (fMRI) study: Seven patients from rTMS group and seven normal subjects received fMRI scanning during paragraphic listening task at baseline. And the same 7 patients who received fMRI scanning prior study performed the same scanning again post study.

Results: rTMS group revealed a significant improvement in auditory hallucination, negative symptoms, attention and executive function. Group statistic activated areas of normal group included: right superior temporal gyrus, Broadman 22; rTMS group at baseline include: dual lateral super temporal gyrus; post-study included: right superior temporal gyrus, Broadman 22.

Conclusion:

- 1. It is effective for rTMS to treat schizophrenia with auditory hallucination at 1Hz and negative symptoms at 20 Hz.
- 2. Cognitive function of schizophrenia can be improved through
- 3. Auditory hallucination is associated with enhanced activation of cortex and subcortex areas including right limbic lobe, anterior cingulated gyrus and superior frontal gyrus.

IS NEUROCOGNITIVE TRAINING CAN NORMALIZE BRAIN FUNCTION OF PATIENTS WITH SCHIZOPHRENIA: A COMPARATIVE FUNCTIONAL MAGNETIC RESONANCE IMAGING STUDY PRE-POST COGNITIVE REMEDIATION THERAPY

INSTITUTIONS

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Objectives: To explore the brain function changing of patients with schizophrenia after a sixth-month cognitive remediation therapy.

Methods: Ten chronic inpatients with schizophrenia in stable condition and ten demographic data matched normal subjects were recruited in the study. Patients and normal age: 39.9±5.0, 38.7±9.5; years of education: 10.6±2.0, 11.5±1.6. Course of disease (years):20.5±10.2. Patients received cognitive remediation therapy during a six-month period, and received examination of memory function and functional magnetic resonance imaging (fMRI) pre-post study. Normal subjects received same fMRI one time in this research. While proceeding blood-oxygen level dependent contrast functional magnetic resonance imaging (BOLD-fMRI), subjects performed a modified version of Sternberg Item Recognition task (remember two (low load) or five (high load) digitals simultaneous and make judgment about whether the digital presented latter is that appeared before)

and direction judgment of arrows (toward to left or right).

Results: A significant improvement of memory function occurred in these subjects after treatment. Before treatment, patients exhibited significant overactive in dorsolateral prefrontal cortex (DLPFC, Brodmann 46) as compared with that of normal on high load working memory (remember 5 digitals) condition. After treatment, activation in DLPFC area in patients was reduced significantly and the activated pattern on post-treatment was similar with that of normal. The activation changing in DLPFC just only showed on high load condition. There was no any significant changing in any other brain area neither on high nor low load condition.

 $Conclusion: Cognitive \ remediation \ the rapy \ may \ normalize \ working \ memory \ related \ brain's \ activity \ on \ patients \ with \ schizophrenia.$

THE DEVELOPMENT OF SYMPTOM ATTRIBUTION QUESTIONNAIRE FOR SCHIZOPHRENIA

INSTITUTIONS

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AUTHORS

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- 2. Na Wang¹, Dr.
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- 4. Qingyan Yang¹

Objective: To develop Symptom Attribution Questionnaire for Schizophrenia (SAQS) to evaluate characteristics of symptom attribution in schizophrenics.

Methods: Based on four dimensions of attributional styles: Internal-External, Unstable-Stable, Local-Global and Controllable-Uncontrollable, the self-scaling questionnaire in 5-point Likert scaling was made up according to diagnostic criteria (DSM-IV) of schizophrenia. The 9 items and 4 dimensions made up the first draft of SAQS including 36 items. 180 patients were measured formally by the draft, and developed the formal SAQS referring to the results of exploratory factor analysis. 60 patients and 52 normal control completed SAQS, and 18 patients among them were retested after one

to two weeks

Results: Exploratory factor analysis results showed that there was more reasonable to reserve 36 items and draw-off four factors which could explain 57.4% of total variation. The differences between patients and normal controls were significant at dimensions of Internal-External, Local-Global and Controllable-Uncontrollable (P<0.05). Cronbach's á coefficients of each dimension were $0.86 \sim 0.92$ and Spearman-Brown split-half coefficients were $0.80 \sim 0.89$; the test-retest correlation coefficients were $0.73 \sim 0.83$.

Conclusion: SAQS had good reliability and construct validity which reached the request of psychometrics, and could be used to evaluate symptom attribution of schizophrenia patients primarily.

SeS-028

FOLLOW-UP STUDIES AFTER FIRST EPISODE SCHIZOPHRENIA

INSTITUTIONS

- 1. Psychiatric University Center Glostrup, Psychiatry, Copenhagen, Denmark
- 2. Istanbul Medical Faculty, Psychiatry, Istanbul, Turkey
- 3. Heinrich-Heine-University Düsseldorf, Psychiatry, Düsseldorf, Germany
- 4. University of Western Ontario, Early psychosis program Regional mental Health care, St Thomas, Canada

AUTHORS

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Symposium of WPA Schizophrenia Section	mark
	Alp Üçok (Turkey) - Remission after first episode schizophrenia: re-
The aim of this section symposium is to review the recent findings of	sults of a long term follow-up
long term follow up after first episode of schizophrenia.	Wolfgang Gaebel (Germany) - Long-term treatment in first-episode
	schizophrenia: recent findings
Speakers:	Amresh Shrivastava (Canada) - Differential characteristics of 'Good
Henrik Lublin (Denmark) - First Episode Follow-up studies in Den-	Outcome 'schizophrenia in a ten years long term study at Mumbai

SeS-029

THE ROLE OF ARTS, COMICS, MOVIES AND THEATRE IN THE GENDERED IMAGERY OF THE IMMUNE SYSTEM

INSTITUTIONS

1. Vienna Medical University, Center of Public Health, Institute of Medical Psychology, Vienna, Austria

AUTHORS

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Anthropomorphism in the imagery of immune cells is widely used
in science, but also by patients and promotes creative solutions as
well as flaws. This symposium focuses on gender related flaws in the

imagery of immune cells and on the question, in which way artistic strategies can promote a suitable imagery to enhance the understanding of the immune system.

HOW FEMALES IN A 70S' SCIENCE FICTION MOVIE DIVE INTO IMMUNE 'BODYSCAPES' MAPPED BY MALES

INSTITUTIONS

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AUTHORS

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Feminism has criticised the arrival of analogies of (cold) war in immunology of the post WW II era. The arrival was typically mirrored by Richard Fleischer's movie 'Fantastic Voyage' (USA, 1967), which used the visual equipment of Fleischer's earlier films about the deep sea and the universe and won the Oscar for best visual effects. A medical team and a submarine are miniaturized so they can go into the bloodstream of a spy to destroy a blood clot in his brain; the team has only sixty minutes for journey, operation, and getting out, otherwise will be attacked by the immune system. Throughout the film the relationship between the inside space of the body and the outside space of the military control room, which is connected to the security of the nation, is maintained through the use of maps and

charts depicting different parts of the spy's body. The male scientists find little argument about whether to take the heroine, Raquel Welch, along ("A woman has no place on a mission like this", Original Soundtrack). She wears a shapely diving suit to venture outside the submarine - only to return covered with antibodies that have to be removed from her breasts by the male scientists. "The de-antibodied Raquel Welch looked like a Las Vegas showgirl's rhinestone-bedecked brassiere." [...] '(Interview Richard Fleischer). The movie transports the cliché that the unknown of the inner body, represented by deep sea and universe images and attacking females is safely mapped by males.

DESIGNING SEXUAL CHARACTERISTICS OF IMMUNE CELLS IN A CHILDREN COMIC MOVIE

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- 3. Klaus Spiess¹, Dr., MD, klaus.spiess@meduniwien.c.at

Background: To give children a better understanding, directors of immunology comic movies use anthropomorphization of immune cells as technique. We analysed the animated cartoon 'Once upon a time …life', chapter immune system (Albert Barillé, 1986) in search of gender prejudices arising from this technique.

Methods: Investigated were the characters (n=135), who represent components of the immune system and invaders. Details of characters assessed: Sexual characteristics (primary, secondary, tertiary), dependency of the immune component on the sexual characteristics, dependency of time by playing and talking on the sexual characteristic and on the type of cell, duration of the appearances, time by talking, relational spacing, reduced spacing (time of local, slow movement, walking on the ground and slow driving), expanded spacing (time of fast agility and flying) and weapons used were all calculated.

Calculations with One-way ANOVA.

Results: Primary sexual characteristics are not found, but 60 of the 135 actors have secondary sexual characteristics. The total acting time in the movie is dominated by male T cells which show expanded spacing, whereas female actors perform helper cells and basophiles which show reduced spacing. Male actors use more weapons and talk less than the female actors. Intruders appear as zoomorphic entities with tertiary sexual characteristics.

Conclusion: Barille's animated cartoon about the immune system is dominated by anthropomorphic T cells, which show male secondary sexual characteristics and male spacing. Invaders also have male characteristics. Both are surrounded by either more slow moving or more talking female co-actors. We therefore recommend a gender-update of immune comics

HOW A PSYCHODYNAMIC MIRROR MODEL WAS USED IN THE IMMUNOLOGY OF THE '80S

INSTITUTIONS

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Objectives: To shift the recognition apparatus into the foreground was a radical departure from conventional art, psychoanalysis and biology practice between the 70s and 90s. The objective was to investigate the effects of the usage of metaphors of optical models by psychoanalysis and the arts on immunology.

Methods: Review of the literature and arts.

Results: Mirror models were used by MC Escher, Cocteau, Schoffer, Godard, Birnbaum and others, who explored the relation of the body self to the 'visual', 'public', 'represented', 'alienated' body. Lacan emphasized the development of the self by the (emotional) visual integration of the reflected '(m) other' as an I. In his Nobel lecture, Jerne (1984), who often cited mirror works of the artists, regarded

the inside mirror image of the outside alien as an I (the antibody) and simultaneously as the other (the antigen). What happens to the mirrored antigen, happens to oneself and both cannot go separate ways. Recognition happens within an endless ongoing process, a 'hall of mirrors' of antibodies. This mirror model also was used to distinguish between antibodies, which are 'recognizing' and 'being recognized'.

Conclusion: Stimulated by the arts - psychodynamic optical models were metaphorically transferred to immunological theory to structurally change the level of representation within immunological theory.

GENDER RELATED IMAGERIES OF THE IMMUNE SYSTEM IN MEDICAL STUDENTS' LAY 'IMMUNE THEATRES'

INSTITUTIONS

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Background: The hidden survival of gender clichés in the metaphors of immunology has been criticized. We investigated imageries that medical students use when they think about immune interactions. Methods: We analysed 22 groups of medical students (n=130, 57 male, 73 female). Students transferred textbooks dealing with the relation of the immune system to invaders into videotaped choreographies. The dependency of the immune components performed on the student actors' sex, the style and temporal course of interaction, reduced spacing (time students are in a crouching or touching position), expanded spacing (time of moving around or physical distant), time until elimination of an antigen, requisites used, dominating actors (social group hierarchies), signals received or sent, individual choreographies (birth giving, garbage collecting, etc.) were analysed. Calculations with One-way ANOVA.

Results: Male students performed T cells more often, which directed the B cells performed by females. Antibodies were all performed by females, after a 'birth giving' act. Males performed less often macrophages (choreographed as rubbish collecting acts by females), and less innate immunity, but performed tumour cells more frequently, placing themselves in a central position. Males used an expanded space linked to T-cell acting, while females used a reduced space linked to macrophage acting. Males acted more straightforwardly to eliminate the antigen, whereas females waited longer using more requisites to collect further signals for the meaning making of another person as an antigen.

Conclusion: Transference of textbooks into a choreography helps to discover gender clichés and gender hierarchies in medical students' imageries about immunological interactions

HUMOROUS ANTHROPOMORPHISATION IN AN EDUCATIONAL VIDEO FOR PATIENTS WITH AUTOIMMUNE DISEASES

INSTITUTIONS

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Objectives: To understand their auto-immune disease, rheumatoid arthritis patients use daily-life analogies as broken machines, pathetic war allegories and moralization of good and the bad cells. Science films use analogies of the public (signaling, traffic, etc) to explain auto-immunity, setting the analogy far from being embodied by patients

Purpose: Development of a video which better embodies a scientific model of auto-immunity for rheumatoid arthritis patients.

Method: The biology of auto-immunity (immune cells enter forbidden areas, they don't get apoptotic signals, they confuse former bacterial infection with own tissues, cortison makes lymphocytes slippery) by its narrative style has some analogies to a comedy (masking, surprise, intellectuality) and by the cells movement analogies to slapstick (physical misfortune and pitfalls, abuse, self-injury, absurdity) both which are deeply rooted in cinema since Chaplins'

'Modern Times'. The "slippery, volatile, ambivalent nature of subject-object relations in mimetic performance", which diverts objects from "familiar, ritualised, strategic functions" has been emphasized as 'mimetic playfulness' by Benjamin, 1986. Today, humour is also well used in psychotherapy. To give patients a better basis for identification we playfully mimicked some theories of auto-immunity within the privacy of a flat and developed an animated 'talking lymphocyte'.

Results: As documented by the video after having been confronted by its contents, we found the eight rheumatoid arthritis patients only partly remembered the cognitive contents, but in all strained moods and body gestures changed positively.

We **conclude** that playfully mimicking biological information can help rheumatoid arthritis patients to better develop personal analogies about their disease.

SeS-030

ADVANCES IN STRESS-ENDOCRINE RESPONSE IN MENTAL HEALTH

INSTITUTIONS

- 1. World Psychiatric association, Secretary, Section of Psychoneuroendocrinology, UWO, London, On, Canada
- 2. World psychiatric association, Chair, Section Psychoneuroendocrinology, United States
- 3. Maimonides University, Psychiatry and Neurosciences, Buenos Aires, Argentina
- 4. King George's Medical College, Department of psychiatry, Lucknow, India

AUTHORS

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- 3. Tafet E. Gustavo¹, Prof, Md, psychiatry@maimonides.edu
- 4. Jitendra Kumar Trivedi⁴, Prof, MD,MRCPsych., jitendra.trivedi@gmail.com

Section symposium of Psychoneuroendocrinology, WPA

Background and Introduction:

Psychoneuroendocrine field has been pivotal in delineating existing link between human beings and their environments including social and psychological spheres. The field of stress has been a challenging one to understand how exactly it affects brain mechanisms, physiology and metabolism in human body. There is considerable evidence that living in present time requires coping up with both acute and chronic stress. Since a long time HPA axis has been central to the research in understanding how stressful life events and cumulative stress has been affecting our body system. There have been limitations in translating conclusions of experimental modes to clinical situations. There has also been limitation of developing targeted

therapeutics to deal with stress-induced disorders. Considerable advances in neuroscience, behavioral medicine, neuroimaging and genetics is likely to offer some answers to the complex question of how does stress factors operate and what exactly needs to be done to cope. The present symposia will touch upon advances in link between stress endocrine aspects of mental health. The presenters will be highlighting some of the ongoing work in this field and discuss the enthusiasm and reality of the advancements.

Learning objectives: at the end of the symposia the delegates are expected to

- 1. Understand complexity of stress-endocrine research
- 2. Learn the process and advancements
- 3. Recognize the potential advantage and limitation of stress-endocrine research in mental health

COMPLEXITY AND LIMITATIONS OF STRESS-ENDOCRINE RESEARCH IN MENTAL HEALTH

INSTITUTIONS

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Mental health research is very much in need for a simpler understanding of the way biological responses arise in face of psychological and social challenges. Though it appears very simple to state that mind and body are integrated, on continuum and even dimensional, however the fact is that very little is known for this complex relationship. The limitations have been primarily in field of experimental models of stress, which have not been very successful. The area of co morbid illness with physical illness or psychosomatic or physical consequences of psychological illness, all these have been characteristic with the 'missing-link'.

There is now considerable advancement, particularly from the field of PTSD to understand the interplay of neuro-endocrine-neurotans-

mitter-neuromodulators along with genetic expression and cell biology. It is more clearly understood now the genetic mechanism play important role in providing the fertile or infertile background for behavioral characteristics which causes and modulates individual 'vulnenarism" Long before it way s observed that social changes can induce brain volume changes, There is some more light from current research in the field of imaging. However will the stress-endocrine response be able to reach a point of providing specific therapeutic probes remains only a matter of speculations, so far, We hope that the complexity and limitations will be minimized in future.

THE NEUROBIOLOGY OF CHILD ABUSE AND ITS IMPLICATIONS FOR THE PATHOPHYSIOLOGY OF DEPRESSION

INSTITUTIONS

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AUTHORS

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Several studies have documented long-term neurobiological consequences of early adverse events in laboratory animals and man including HPA axis hyperactivity in response to stress, and reductions in hippocampal volume. This presentation will summarize new findings that confirm and extend these previous observations. When compared to women without adverse childhood experiences, cerebrospinal fluid (CSF) concentrations of oxytocin (OT), a neuropeptide known to play a role in affiliative behavior, were markedly decreased in women who experienced abuse and neglect, as well as other forms of maltreatment. Moreover, CSF concentrations of corticotropin-releasing factor (CRF) were elevated in women exposed to abuse during childhood, and was correlated with abuse severity and duration. Dex-CRF testing, a sensitive measure of HPA axis activity, revealed marked ACTH and cortisol hypersecretion in men with a history of childhood abuse, and the magnitude of the re-

sponse was also correlated with abuse severity. The latter study also revealed hypersecretion of inflammatory cytokines associated with depression and child abuse. Genetic polymorphisms of the CRF receptor have now been identified that markedly affect the vulnerability to depression in patients with early life trauma. Finally, functional brain imaging studies revealed region-specific alterations in depressed women with early life trauma in response to specific provocative stimuli. These findings support the hypothesis that adverse early life events produce persistent CNS alterations that contribute to vulnerability to depression, and moreover, that this concatenation of findings supports a pathophysiologically distinct endophenotype (early life trauma) of major depression.

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PSYCHONEUROENDOCRINOLOGICAL LINKS BETWEEN CHRONIC STRESS AND DEPRESSION: FOCUS ON THE INTERACTIONS BETWEEN THE HPA AXIS AND THE 5HT SYSTEM

INSTITUTIONS

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AUTHORS

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- 2. Jaime Smolovich¹, Dr., MD

The link between chronic stress and the origin and development of depression has been demonstrated, where alterations of the limbic - hypothalamic-pituitary-adrenal (HPA) system, with the consequent increase in cortisol levels, represents one of the most consistent and best studied condition in both syndromes. In this regard, it has been proposed that increased levels of cortisol could be directly involved in the typical mood changes observed in depression, and several lines of evidence converge to support the notion of a direct connection between increased levels of cortisol and alterations of the sero-tonergic neurotransmission in major depression. In a recent study we demonstrated that cortisol may induce an increase in serotonin

uptake, and this may be due to an increased expression of the gene coding for the serotonin transporter. Therefore, a novel hypothesis proposed by our group is intended to link a potential alteration of the HPA system with the serotonergic hypothesis of depression. The aim of this study is to develop a psychoneuroendocrinological model, which integrates psychosocial and neurobiological aspects, allowing understanding the link between chronic stress and mood disorders, both at the clinical and the molecular levels.

This may lead to develop new strategies for the early treatment of chronic stress disorders as well as to prevent the development of depression.

GENETICS AND STRESS-ENDOCRINE RESPONSE RESEARCH

INSTITUTIONS

1. C.S.M.Medical University (Earlier King George's Medical University), Department of Psychiatry, Lucknow, India

AUTHORS

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- 2. Adarsh Tripathi¹

Stress is the disruption of homeostasis through physical or psychological stimuli. It has been invoked as a cause of major psychopathology, a precipitator or trigger of psychiatric illness, and a contributor to a considerable mental anguish (Dimsdale, 2005). Stressful stimuli can be mental, physiological, anatomical or physical reactions (Lazarus, 1993).

The body reacts to stress first by releasing the catecholamine hormones, epinephrine and norepinephrine, and the glucocorticoid hormones, cortisol and cortisone. The hypothalamic-pituitary-adrenal axis (HPA) is a major part of the neuroendocrine system, involving the interactions of the hypothalamus, the pituitary gland, and the adrenal glands.

The advances of genetic issues in relation to stress are still in the preliminary stage and various aspects have been researched so far. However, most of the research information available is through the indirect sources like PTSD and other anxiety disorders. Neurochemistry and genetics of the stress is being understood although much remains to be discovered about how this system interacts with others in the brain and elsewhere in the body. Genetic factors are believed to underlie individual differences in the degree of stress resilience and thereby contribute in determining susceptibility to stress-related pathologies like major depressive disorder (MDD) (Mbemba et al 2007). Little, however, is known about the genetic influence on the endocrine and behavioural stress response in relation to MDD. Physiological responses of acute stress are well known, but considerably less is known about the responses of the chronic stress.

THE PRACTICE AND ETHICS OF ELECTROCONVULSIVE THERAPY

INSTITUTIONS

1. St George's, University of London, Division of Mental Health, London, United Kingdom

AUTHORS

1. Mohammed T. Abou-Saleh¹, mabousal@sgul,ac,uk

The objectives of this symposium are: to present the WPA Position Statement on the use and safety of electroconvulsive therapy (ECT) and the addendum to the WPA Statement on the ethics of unmodified ECT inviting a debate on whether it is ever justified to administer it in exceptional circumstances. This will be followed by presentation on the efficacy of ECT in the maintenance treatment of depressive disorders and contributions on its ethics particularly the

practice and ethics of unmodified ECT.

Reference

Abou-Saleh M T, Papakostas Y, Zervas I, Christodoulou, G (2004) The World Psychiatric Association position statement on the use and safety of electroconvulsive therapy. Science and Care, Bulletin of the WPA Scientific Sections. 1: 7-11.

THE PRACTICE AND ETHICS OF ELECTROCONVULSIVE THERAPY

INSTITUTIONS

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M. T. Abou-Saleh & George Christodoulou The workshop on practice and ethics of Electroconvulsive Therapy will be introduced by a presentation of the Position Statement on the use and safety of electroconvulsive therapy (ECT) which has been prepared on behalf of the WPA Section on Biological Psychiatry at the request of the Executive Committee of the WPA. The statement has been informed by available evidence and reference will be made to guidelines produced by a number of authoritative bodies, including the American Psychiatric Association, the Royal College of Psychiatrists, the UK National Institute of Clinical Excellence (NICE) and the World Federation of Societies of Biological Psychiatry. Moreover, for depressive disorders particular reference will be made to the recently published systematic review and meta-analysis by the UK ECT Re-

view Group (2003). The scope of this statement is to consider the evidence for the efficacy of ECT in the treatment of depressive and other psychiatric disorders and its safety and determine its optimum use with continuation pharmacotherapy and provide recommendations for practice. Moreover reference will be made to the draft addendum to the WPA Statement on the ethics of unmodified ECT inviting a debate on whether it is ever justified to administer it in exceptional circumstances.

Abou-Saleh M T, Papakostas Y, Zervas I, Christodoulou, G (2004) The World Psychiatric Association position statement on the use and safety of electroconvulsive therapy. Science and Care, Bulletin of the WPA Scientific Sections, 1: 7-11.

THE USE OF ECT FOR THE TREATMENT OF ACUTE MAJOR DEPRESSION AND FOR RELAPSE PREVENTION: RESULTS FROM A MULTICENTER TRIAL BY THE CORE GROUP

INSTITUTIONS

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AUTHORS

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Background: ECT has never been systematically assessed as a strategy for relapse prevention In this symposium we will discuss the results of a multi-site, NIMH-funded study designed to evaluate the comparative efficacy of continuation ECT (C-ECT) and the combination of lithium plus nortriptyline (C-Pharm) in the prevention of depressive relapse. We will present data from both the acute phase treatment as well as the 6 month continuation period.

Methods: A total of 531 subjects with SCID-diagnosed unipolar depression were entered into the acute phase. 341 (64.2%) remitted, 53 (10%) did not remit and 137 (25.8%) dropped out. Two hundred and one patients who had remitted were randomized to receive either C-ECT or C-Pharm for six months.

Results: In the C-ECT group 46.1% remained remitted at study

end, 37.1% relapsed and 16.8% dropped out. In the C-Pharm group 46.3% remained remitted, 31.6% relapsed, and 22.1% dropped out. Both groups had relapse proportions significantly lower than an historical placebo control from a similarly designed study.

Conclusions: Although C-ECT and the C-Pharm combination of nortriptyline and lithium were shown to be superior to an historical placebo control, both had relatively limited efficacy, with over half of patients either relapsing or dropping out. Even more effective strategies for relapse prevention in mood disorders are urgently needed.

Petrides G, et al.: ECT remission rates in psychotic versus nonpsychotic depressed patients: a report from CORE. J ECT. 2001 Dec;17 (4): 244-53.

THE CLINICAL AND ETHICAL BASIS OF MAINTENANCE ECT FOR THE PREVENTION OF RECURRENT DEPRESSIVE EPISODES

INSTITUTIONS

1. Barnet, Enfield and Haringey Mental Health NHS Trust, United Kingdom

AUTHORS

1. Nikos Christodoulou¹, nikoschristodoulou@gmail.com

Electroconvulsive Therapy is an established therapeutic option for severe depression. There is good evidence for its use in rapid symptomatic alleviation and in relapse prevention. In this presentation the controversial role of maintenance ECT in the prevention of recurrent episodes of major depression is discussed. The latest evidence base is reviewed and important clinical issues are discussed, with emphasis on ethical considerations.

1. Christodoulou N.: Continuing medical education and continuing

professional development in the Mediterranean countries. Eura Medicophys. 2007 Jun; 43 (2): 195-202. Review.

2. Rasmussen KG, Knapp RG, Biggs MM, Smith GE, Rummans TA, Petrides G, Husain MM, O'Connor MK, Fink M, Kellner CH.: Data management and design issues in an unmasked randomized trial of electroconvulsive therapy for relapse prevention of severe depression: the consortium for research in electroconvulsive therapy trial. J ECT. 2007 Dec; 23 (4): 244-50.

UNMODIFIED ECT: ETHICAL ISSUES IN INDIA

INSTITUTIONS

1. C. S. M. Medical University, Psychiatry, India

AUTHORS

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- 2. T Sivakumar¹
- 3. Jitendra Trivedi¹, jktrivedi@hotmail.com

International consensus guidelines on ECT recommend modified ECT and do not consider the unmodified ECT as an option under any circumstance. India, while far better developed than most countries in the continents of Asia and Africa, nevertheless has large economic and geographic subpopulations to which even the barest minimum standards of health care cannot be assured. Modified ECT reduces musculoskeletal risks, pre ECT anxiety, and the other uncommon adverse effects of unmodified ECT but modified ECT is beyond the means and reach of a large segment of Indian society besides the risks associated with anesthesia. Civil rights activists have filed writ petitions seeking a blanket ban on unmodified ECT but the date of final judgement of Supreme Court remains distant and uncertain due to the overburdened legal system. Modified ECT is ideal. But in situations where expected gains with ECT outweigh

the risks with unmodified ECT, unmodified ECT is preferable to no ECT especially when recent data suggests that unmodified ECT is less suboptimal than earlier believed.

Regrettably, the Indian Psychiatric Society does not have an official position on unmodified ECT, nor has it issued treatment guidelines in this regard.

- 1. Trivedi JK, Goel D, Kallivayalil RA, Isaac M, Shrestha DM, Gambheera HC.: Regional cooperation in South Asia in the field of mental health. World Psychiatry, 2007 Feb;6 (1): 57-9.
- 2. J.K.Trivedi, M.D., M.R.C.Psych. (U.K.), Professor, Mohan Dhyani, Research Associate, Sivakumar T, Junior Resident, Department of Psychiatry, C.S.M.Medical University (Earlier K.G.Medical University), Lucknow, India.

TRANSITION PROCESS TO MODIFIED ECT IN TURKEY

INSTITUTIONS

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- Timucin ORAL¹

The use of ECT varies widely among different countries. One of the main reasons for this variability is the ambivalence among psychiatrists toward ECT and a bad reputation that the procedure gained in public. Other reasons of avoidance may lie in its history of unmodified administration and the side effects observed, wrong indications it was used for and public prejudices against it.

The clinical conditions in which patients are treated due to many factors such as social, political and economical procedures and availabilities that, unmodified ECT was the main method of administration in many developing and low income countries with poor service infrastructure and limited availability of anaesthetists and medication for the administration of modified ECT.

Unmodified ECT was widely practiced in Turkey, until the end of 2005. Especially after the visit of CPT in December 2005, efforts towards the discontinuation of unmodified ECT use resulted in an "ECT Application Directive", which was released by the Ministry of Health. This directive is in effect since 28.11.2006. In July 2007, "ECT Application Guidebook" was prepared by Bakirkoy State Teaching Hospital for Psychiatry and Neurology and distributed to all psychiatry clinics in Turkey.

Currently, all ECT practice in all hospitals throughout Turkey are conducted in accordance with these directives, in addition to universal ethical codes and medical indications.

CORRELATES OF PSYCHIATRIC REHABILITATION IN DIFFERENT SETTINGS

INSTITUTIONS

1. New York University School of Medicine, Psychiatry, New York, United States

AUTHORS

1. Zebulon Taintor¹, Professor, MD, taintz01@med.nyu.edu

These presentations from the Section on Rehabilitation show the diversity of settings and measures in which psychiatric rehabilitation

can be successful. Patients were old, prisoners, or addicted. Correlates were neurophysiological, behavioral, or measurement scales.

BRAIN IMAGING DURING REHABILITATION OF SUBSTANCE ADDICTS IN RESIDENTIAL TREATMENT

INSTITUTIONS

1. New York University School of Medicine, Psychiatry, New York, United States

AUTHORS

1. Gregory Bunt1, Dr., MD, GBunt@Daytop.org

Objectives: Define neurophysiological correlates of residential program rehabilitation for drug addiction. Methods: Daytop Village an NGO based on the Therapeutic Community rehabilitation model was founded in 1963 in the United States has many residential and outpatient treatment facilities. In 2003, the Nathan Kline Institute (a New York State - NYU Medical School center for psychiatric research) and Daytop Village collaborated in a NIDA funded pilot clinical study to look at white matter abnormalities in cocaine dependent clients by using MRI scans. Evidence suggested that cocaine dependence is associated with white matter deficits that may underlie changes in mood, cognition and behavior. Subjects (N=46) were

sub-grouped by duration of abstinence from cocaine and then matched with non-using controls.

Results: The pilot study showed reversible as well as persistent increases in frontal white matter fractional anisotropy, a measure of deficits and impaired functional status of the subjects tested.

Conclusion: These results have prompted Nathan Kline - NYU to proceed with a larger NIDA funded longitudinal clinical protocol in collaboration with Daytop Village scheduled to commence 2008. Future studies may involve tracking responses to addiction stimuli, such as pictures of drug paraphernalia.

COMMUNITY-ORIENTED RE-ENTRY FROM PRISON

INSTITUTIONS

1. New York University School of Medicine, Psychiatry, New York, United States

AUTHORS

1. Zebulon Taintor¹, Professor, MD, taintz01@med.nyu.edu

Objectives: to reduce recidivism and promote community adjustment of mentally ill offenders being released from maximum security prisons in New York State

Methods: Prisoners suffering from severe and persistent mental illness who were expecting to be released within the following nine to 12 months were referred from prisons all over New York State. A screening committee selected candidates based on need and likelihood to benefit from the 90 day program. They were transferred to Sing Sing and housed together in a block of cells, coming each day to a floor of classrooms and conference rooms for group and didactic work.

They were assessed for skills in handling the challenges they would face on release: food, clothing, shelter, money, family, friends, community, strangers, temptations and stimuli of all sorts. Mental illness

as a special challenge occupied a third of the curriculum: diagnosis, medication, psychotherapy (individual and group) and community services.

Results: The one year reincarceration rate for prisoners discharged from Sing Sing is 65%. Despite the comorbidity of serve and persistent mental illness(es) only 13% of program completers were reincarcerated in a year, the others staying in their communities. Much of this good result can be attributed to continuity of care. The prison superintendent was appointed Corrections Commissioner to extend this and similar programs throughout New York State.

Conclusion: Recidivism and community adjustment are practical measures of rehabilitation. Measures to assess program staff involvement will be important as the program becomes widespread from its initial base of committed enthusiasts.

THE VALIDITY OF THE "CARERS' NEEDS ASSESSMENT FOR DEMENTIA" (CNA-D)

INSTITUTIONS

1. Medical University of Vienna, Psychiatry, Vienna, Austria

AUTHORS

1. Johannes Wancata¹, Professor, MD, johannes.wancata@meduniwien.ac.at

Objectives: How often which interventions are needed by the caregivers of dementia patients is essential for planning services. For this purpose, "Carers' Needs Assessment for Dementia" (CNA-D) has been developed. The aim of the present study was to examine the concurrent validity of the CNA-D.

Methods: Forty five relatives of dementia patients were enrolled for this study. To evaluate if plausible associations (i.e. indicators for concurrent validity) exist, two summary scores of the CNA-D were used: the number of moderate or serious problems among the carers and the number of interventions needed. Further, the patients' living situation (private household vs. nursing home), the time spent by the caregiver with the patient, and indicators for depression or anxiety among the caregivers ("General Health Questionnaire", GHQ-

12) were assessed. The "Camberwell Assessment of Needs for the Elderly" (CANE) was used for investigating the needs of the patients. **Results:** The numbers of carers' problems (CNA-D) were positively associated with the number of symptoms indicating anxiety disorders or depression (GHQ 12), the living situation of the patient (private household vs. nursing home) and the amount of time spent with the patient. Negative correlations were found with the extent of support the patient received from the private social network or from professional services (CANE). Similar results were yielded for the number of interventions needed (CNA-D).

Conclusion: Overall, these associations seem to be plausible. Thus, our results indicate that the concurrent validity of the CNA-D is satisfactory.

CORRELATES OF AGRITHERAPY IN PAKISTAN

INSTITUTIONS

1. Fatima Jinnah Medical College, Psychiatry, Lahore, Pakistan

AUTHORS

1. Haroon R Chaudhry¹, Professor, MD, pprc@wol.net.pk

Objectives: Define agritherapy rehabilitation process and outcome correlates in a low technology setting (rural Pakistan).

Methods: Fountain House Lahore, while affiliated with Fountain House in New York City, grew from its own cultural roots. Early in the service of people with chronic mental illness it became clear that many of our members had little experience or skills outside of a crowded urban setting in which they often were victimized. The Fountain House farm was developed .as much to provide the rural experience as to develop agricultural skills. It is set up to be the opposite of the urban environment: uncrowded, quiet, yet with abundant nonthreatening stimuli. The soil is rich and well irrigated. Several fields are used for crops. Animal husbandry includes chickens,

goats, sheep and cattle. The farm works well with several dozen resident members and a few staff. There have always been more requests for member placements on the farm than can be accommodated, despite expanding over the years.

Results: Few members have not succeeded in achieving their goals Almost all benefit enough from their stay of a few weeks or months to either return to the Lahore facility at a higher level of functioning or are discharged to continue rural life, often in villages from which they or their forbears came. Some good results could not have been achieved without the farm experience. Observations and measures will be detailed in the presentation.

Conclusion: Agritherapy is a valuable adjunct to an urban clubhouse program.

REHABILITATION PROGRAM FOR ELDERLY PEOPLE

INSTITUTIONS

1. Pomaz Psychiatric Hospital, Research, Pomaz, Hungary

AUTHORS

1. Ida Kosza¹, Dr., MD, PhD, kosza@mail.datanet.hu

The societies are getting to have more and more elderly people, and not only in Europe. Therefore it is an urgent need to outline a program for that part of the society. The first step is to draw up the definition of rehabilitation in this case.

The rehabilitation of the elderly people - but all types of psychiatric illnesses - is possible just on the level, what the patient by the help of a strong and proper program is able to realize. We cannot demand more, what the patient is able to realize, but we must demand the highest levels of their abilities.

In the case of different level of dementia the first step is the therapy with medicine. The most important thing to keep the dignity for the demented persons in any level of dementia.

In hospitals or in other type of institutions must have well organized program with different types of sociotherapeutic methods taking into consideration their somatic diseases.

The main goal is to suggest the people to live in the community, when the needed circumstances are existing for them.

RECOVERY - CONCEPTS IN PRACTICE

INSTITUTIONS

- 1. University of Vienna, Dept. of Social Psychiatry, Vienna, Austria
- 2. German Academy for Psychoanalysis, Munich, Germany

AUTHORS

- $1.\ Michaela\ Amering^1,\ Prof.\ Dr.,\ MD,\ michaela.amering@meduniwien.ac.at$
- 2. Margit Schmolke², Dr., PhD, margitschmolke@aol.com

This is a joint symposium of the WPA Sections on *Public Policy and Psychiatry* and on *Preventive Psychiatry*. International experts will

present and discuss about recovery concepts and alternatives in different practice areas.

RECOVERY AND CLINICAL CARE

INSTITUTIONS

1. University of Colorado, Colorado Recovery, Colorado, United States

AUTHORS

1. Richard Warner¹, Prof. Dr., MD, drdickwarner@aol.com

The recovery model refers both to the subjective experiences of hope, empowerment and interpersonal support experienced by people with mental illness, their carers and service providers, and to the creation of recovery-oriented services that engender a culture of healing and support for human rights. Flowing from this model is a renewed interest in fighting stigma and providing access to service-user education and peer support. The model calls for treatment decisions to be taken collaboratively with users, the creation of user-run services such as "warm-lines" and drop-in centers, and collaborative models, such as the psychosocial clubhouse and educational programs taught by professionals and service-users.

The roots of the recovery model lie in both the user/survivor movement and professional rehabilitation initiatives. Service-users have reinforced the drive towards empowerment, collaboration and human rights. Rehabilitation professionals have emphasized the need for the value of work, a sense of community among people with mental illness and the importance of environmental factors. A marriage between these two areas can be strengthened if consumers are involved in conducting research and in planning and implementing services. Professional schools should recruit service-users as students, and professionals who have experienced mental illness should feel free to speak out about the experience.

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- 2. Jacobson N, Greenley D. What is recovery? A conceptual model and explication. Psychiatric Services, 2001; 52:482-485.

RECOVERY AND MENTAL HEALTH NURSING: A PERFECT FIT?

INSTITUTIONS

1. Hochschule für Angewandte Wissenschaften, Institut für Angewandte Pflegewissenschaft, St. Gallen, Switzerland

AUTHORS

1. Ian Needham¹, Prof. Dr., needham@bluewin.ch

Context: The recovery model is gradually gaining momentum in the German speaking region thanks to the endeavours of user groups and professionals alike.

However, to date little is known on the actual implementation of the recovery approach in mental health nursing in the German speaking area. In Scotland and the Republic of Ireland specific approaches to integrate the concept of recovery in mental health nursing have evolved (Buchanan-Barker & Barker 2006; Shanley Jubb-Shanley 2007). The Tidal model proposed by Barker-Barker emphasises ten commitments central to the recovery model and the Irish group has developed the recovery alliance theory (RAT) employing six constructs and the three concepts of coping, self-responsibility/control and working alliance.

Objectives: By examining the interface between the foundations of recovery and those of modern mental health nursing this paper argues that mental health nurses can and should integrate the recovery

approach into their reference framework.

Key messages: Due to mental health nurses' extensive contacts with users in inpatient and extra-mural settings, they may become an important fulcrum to aid the advancement of recovery.

Conclusions: Mental health nurses - in collaboration with other professionals - are predestined to play an important role in promoting hope, healing, empowerment and interpersonal support in order to enhance users' functioning and quality of life.

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- 2. Shanley E, Jubb-Shanley M. The recovery alliance theory of mental health nursing. J Psychiatr Ment Health Nurs, 2007; 14(8):734-43.

ALTERNATIVES AND RECOVERY BEYOND PSYCHIATRY

INSTITUTIONS

1. European Network of Users-Exusers and Survivors of Psychiatry (ENUSP), Berlin, Germany

AUTHORS

1. Peter Lehmann¹, Mr., mail@peter-lehmann.de

Context: A positive connotation of hope is common to all users of the term "Recovery", by those critical of psychiatry and by psychiatrists. But the term has different implications. For some, recovery means recovering from mental illness, reduction of symptoms or cure. Others use it to signify an abatement of unwanted effects of psychiatric drugs after their discontinuation, the regaining of freedom after leaving the mental health system, or "being rescued from the swamp of psychiatry." Psychiatrists like to keep their eyes locked up about this last unpleasant fact.

Objectives: This lecture will raise awareness about the problem, that disability can be produced by psychiatric treatment, for example by neuroleptics in form of tardive dyskinesia or tardive psychoses. But world-wide there are proven drug-free support systems and approaches which enhance self-help abilities and provide support to enable people to care for themselves.

Key Message: There are people with emotional distress with positive

experiences who recover in alternatives beyond psychiatry, by coming off psychiatric drugs and leaving the psychiatric field. Fading out these experiences, by ideological reasons or omission of continuing training, is a medical malpractice.

Conclusion: For further training, psychosocial professionals should engage users and survivors of psychiatry who recovered from their emotional problems and from psychiatric treatment. And - fitting to a society with claims to be democratic - freedom of choice and alternatives beyond psychiatry should be available.

- 1. Lehmann P (ed). Coming off Psychiatric Drugs. Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers. Berlin, Eugene, Shrewsbury: Peter Lehmann Publishing, 2004.
- 2. Stastny P, Lehmann, P (eds). Alternatives Beyond Psychiatry. Berlin, Eugene, Shrewsbury: Peter Lehmann Publishing, 2007.

DIAGNOSTIC ASSESSMENT IN RECOVERY-ORIENTED CLINICAL CARE

INSTITUTIONS

1. German Academy for Psychoanalysis, Munich, Germany

AUTHORS

1. Margit Schmolke¹, Dr., PhD, margitschmolke@aol.com

Diagnostic assessment in psychiatry is located between two poles: At one pole we find the medical philosophy of DSM-IV or ICD-10 with its usefulness for standardized assessment, epidemiologic research and communication, at the other pole we find the clinical necessity to consider the uniqueness and individuality of a person who presents for care for mental health problems. The philosophy of recovery includes hope, support, integration into the community, and individual ways towards positive health and healing. Such a philosophy induces a perspective on a person's resources and resilience, subjectivity, life-historical development and personal meaning of the illness, as well as a genuine interest of the diagnostician towards

the person as a whole who presents for care. In her paper, the author will describe some diagnostic approaches which could be useful for a recovery-oriented care system, such as the Person-centered Integrative Diagnostic Model (PID), the Need-adapted Approach from Scandinavia, or diagnostic assessments of a person's resources and positive health.

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- 2. Amering M, Schmolke M. Recovery Das Ende der Unheilbarkeit. Bonn: Psychiatrie-Verlag, 2007.

SeS-034

VALUES AND JUDGEMENT IN PSYCHIATRY

INSTITUTIONS

- 1. University of Warwick, Coventry, United Kingdom
- 2. University of Central Lancashire, Preston, United Kingdom
- 3. Imperial College London, London, United Kingdom
- 4. University of Western Ontario, London, Ontario, Canada

AUTHORS

- 1. Tim Thornton², tthornton1@uclan.ac.uk
- 2. K.W.M. Fulford^{1,2}, pwwf@norcam.demon.co.uk
- 3. Tom Sensky³, t.sensky@imperial.ac.uk
- 4. Louis C. Charland⁴, charland@uwo.ca

Section Symposium: Philosophy of Psychiatry

SECTION SYMPOSIA

FACTS AND VALUES IN CLINICAL JUDGEMENT

INSTITUTIONS

1. University of Central Lancashire, Preston, United Kingdom

AUTHORS

1. Tim Thornton¹, Professor, tthornton1@uclan.ac.uk

Arguments for the presence of values in psychiatric diagnosis often turn on a distinction in the 'logic' of evaluative and plainly descriptive terms which preclude the reduction of values to facts. In this presentation, I reassess this distinction and the implications for clinical judgement that follow from it.

VALUES-BASED PSYCHIATRY: NATIONAL INITIATIVES AND INTERNATIONAL PROSPECTS FOR A NEW 'PSYCHIATRY OF THE PERSON'

INSTITUTIONS

- 1. University of Warwick, Coventry, United Kingdom
- 2. University of Central Lancashire, Preston, United Kingdom

AUTHORS

1. K.W.M. Fulford^{1,2}, Professor, pwwf@norcam.demon.co.uk

The 1990s, widely celebrated as the 'decade of the brain', also turned out to be the 'decade of the mind'. Alongside dramatic developments in the neurosciences, there was an unprecedented growth in inter-disciplinary work between philosophy and psychiatry. This paper will outline these developments, focusing particularly on the impact of the new philosophy of psychiatry on service development, policy training and neuroscience research in what has become known as 'values-based practice'. The paper will give examples of some of the

ways in which values-based practice, working alongside evidence-based practice, is being used to support clinical decision-making in context, such as in cultural psychiatry, where complex and diverse values are in play. The paper will conclude by setting current developments in their historical context and indicating the likely future directions for developments in a psychiatry for the twenty first century that is both science-based and person-centred.

A PSYCHOLOGICAL FRAMEWORK FOR UNDERSTANDING END-OF-LIFE DECISIONS

INSTITUTIONS

1. Imperial College London, London, United Kingdom

AUTHORS

1. Tom Sensky¹, Professor, t.sensky@imperial.ac.uk

Even if a person appears to have the capacity to reach a decision that will result in ending his or her life, clinicians sometimes have great difficulty in accepting the person's right to autonomy. Many clinicians are particularly concerned about missing subtle signs of depression or other factors in the person's current presentation that might possibly bias decision-making. A key reason for this concern is that clinicians and others commonly find it very difficult to conceptualise why a person might make a 'rational' decision to wish to end his or her life. A basic conceptualisation will be proposed, based on Eric

Cassell's seminal definition of suffering as a threat to the Self. While some people, in some circumstances, are able to envisage ways of reducing threats to the Self, it is proposed that the decision to end life is more likely when the person can see no way to reduce his or her personal suffering. This conceptualisation is based on personal experience of assessing clinically a small number of cases. Further testing with other people wishing to end their lives will determine to what extent this conceptualisation is clinically helpful and generalisable.

VALUES IN THE ASSESSMENT OF DECISIONAL CAPACITY

INSTITUTIONS

1. University of Western Ontario, London, Ontario, Canada

AUTHORS

1. Louis C. Charland¹, Dr., Ph.D., charland@uwo.ca

Aim/Objectives: To examine the problem of how values figure in the assessment of decisional capacity.

Methods: (a) Review of the relevant literature; (b) Theoretical discussion and analysis of leading test and methods for the assessment of decisional capacity, especially the MacCAT-T.

Discussion: In a recent discussion exploring the merits of his Mac-CAT-T model for the assessment of decisional capacity, Paul S. Appelbaum acknowledges that differences over the criteria deemed necessary for capacity may lead to disagreements over the empirical validity of proposed models. I argue that there are good ethical and empirical reasons for believing that values must play a larger role in the assessment of decisional capacity and offer some tentative sug-

gestions about how the MacCAT might be modified accommodate such changes. $\!\!^2$

Conclusion: Current models and criteria for assessing decisional capacity need to be revised in order to make more adequate provision for how values contribute to decisional capacity.

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1. Appelbaum, P.S. Assessment of Patients' Competence to Consent to Treatment. N Engl J Med, November 1, 2007, 357(18):1834-1840.
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EVOLUTION AND PSYCHOPATHOLOGY: NEW HORIZONS FOR PSYCHIATRISTS

INSTITUTIONS

- 1. Creighton University, Psychiatry & Anthropology, Omaha, Nebaska, United States
- 2. University of Cagliari, Psychology, Cagliari, Italy

AUTHORS

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- 2. Antonello Preti², Dr., MD, antolink@yahoo.it
- 3. John S. Price¹, Dr., MD, johnscottprice@hotmail.com

This Symposium has been endorsed by the WPA Psychotherapy Section (44) as an official activity.

Objectives

This Symposium will explore how Darwinian perspectives merge

Freudian and biological psychiatry to shed light on both proximal and ultimate causes of psychopathology, with implications ranging from molecular genomics to clinical psychotherapy.

EVOLUTIONARY EPIDEMIOLOGY OF MANIA, DEPRESSION, AND PSYCHOSIS

INSTITUTIONS

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AUTHORS

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Background and Objective: Until recently, psychiatry and related studies have remained unenlightened by the evolutionary perspective. Genetically informed neuroscience has more recently moved psychiatry toward Darwinian genomics.

Methods: Evolutionary genetics and psychiatric epidemiology are melded to assay possible past selective advantages of several major types of epigenetic psychopathology.

Results: Genomic rates of mania, depression, and psychosis surpass thresholds of prevalence to be readily explained by factors other that selective advantage in the environment of evolutionary adaptation.

Conclusions: Contrary to usual presumptions, evolutionary epidemiological analysis strongly suggests that some, even much, of major psychopathology is due to past evolutionary selective advantage.

EVOLUTIONARY EPIDEMIOLOGY OF SCHIZOPHRENIA AND REDUCED RISK OF SOMATIC ILLNESS

INSTITUTIONS

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- 2. University of Cagliari, Psychology, Cagliari, Italy

AUTHORS

- 1. Antonello Preti², Dr., MD, apreti@tin.it
- 2. Daniel Wilson¹, Dr., MD, PhD, wilson@creighton.edu

Background and Objectives: Natural selection should have eliminated any genetic tendency to suffer from schizophrenia, hampered by low fertility rates and an enhanced risk of premature death. Speculations hold that the same genes that confer some risk for schizophrenia could also protect the carriers from some somatic illness.

Methods: Literature investigating the reduced risk of somatic illness in schizophrenia was reviewed. Medline (1967-2005) was searched combining the MeSH term of schizophrenia with the MeSH terms of general physical disease categories to identify relevant studies.

Results: Persons with schizophrenia have reduced prevalence of cancer, tpe I diabetes mellitus, and rheumatoid arthritis (1). These somatic illnesses all are due to mechanisms of an inflammatory, immune and/or vascular basis involved in neurodevelopment. All

reduce impact of obstetric complication on maturing brain. Fetal brain anoxia, such as from obstetric complications, leads to death or severe neuromental impairment.

Conclusion: A brain-protecting gene could mitigate impact of such obstetric complications, and schizophrenia would develop only in the presence of the protecting gene(s) (2).

The same genes that protect the brain from damage after pre-/perinatal insults, favor development of schizophrenia at later ages also protect from the risk of type I diabetes mellitus, rheumatoid arthritis, and cancer.

- 1. Leucht S, et al. Acta Psychiatr Scand, 2007; 116:317-333.
- 2. Preti A, Miotto P. Curr Psychiatry Rev, 2005; 1:139-150.

TOTAL, COMPLETE, UNQUALIFIED SUBMISSION TO GOD RELIEVES DEPRESSION: A LESSON FROM TE BOOK OF JOB AND THE BHAGAVAD GITA

INSTITUTIONS

1. Creighton University, Psychiatry & Anthopology, Omaha, Nebraska, United States

AUTHORS

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Background and Objectives: Churches all over the world offer relief from depression and anxiety, conditional on belief in and submission to God, and presumably they are at least partly successful. Submission plays little part in psychotherapy, acceptance being a more acceptable term, but perhaps there is something to learn from ancient scriptures.

Methods: Two ancient texts that depict heroes who incompletely submit to God are reviewed. One, Arjuna, a leader in the Bhagavad Gita, decided to not fight in defiance of his deity, Krishna. The other, Job of the Old Testament, complained bitterly that God treated him unfairly.

Results: Both heroes suffer affective disturbance: Arjuna is dejected, Job is depressed. After they interact with God, both then submitting totally, they experience relief of their affective disturbances.

Conclusions: These old texts illustrate and support the ideathat depression may in part represent involuntary submission, with improvement if voluntary submission replaces the unyielding state. We discuss the vicissitudes of submission, and suggest that it could be further studied in the context of a randomised trial between enhanced submission to God and standard psychotherapy.

COMPETENTLY TEACHING CULTURALLY COMPETENT PSYCHOTHERAPY

INSTITUTIONS

1. Creighton University, Psychiatry, Omaha, Nebraska, United States

AUTHORS

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- 3. Shashi Bhatia1, Dr., MD, sbhatia@creighton.edu

This Symposium has been endorsed by the WPA Psychotherapy Section (44) as an official activity

Objectives

Unprecedented changes in the range and scale of immigration patterns over the past century have dramatically altered cultures and demographics all over the world. Thus we must better equip our trainees to effectively understand cross cultural issues, especially in the challenging and nuanced realm of psychotherapy. This Symposium reviews pertinent experiences in such training and offers practical suggestions.

AN OVERVIEW OF ISSUES IN COMPETENTLY TEACHING CROSS-CULTURALLY COMPETENT PSYCHIATRY

INSTITUTIONS

1. Creighton University, Psychiatry, Omaha, Nebraska, United States

AUTHORS

1. Daniel R. Wilson¹, Dr., MD, PhD, wilson@creighton.edu

Objectives:

General considerations pertaining to the competent teaching of psychotherapy in a specifically cross-cultural context are offered to set the stage for more specific and practical reviews.

COMPETENTLY TEACHING CROSS-CULTURALLY COMPETENT PSYCHOTHERAPY

INSTITUTIONS

1. Creighton University, Psychiatry, Omaha, Nebraska, United States

AUTHORS

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- 2. Subhash Bhatia1, Dr., MD, Subhash.Bhatia@Med.Va.Gov
- 3. Daniel Wilson¹, Dr., D, PhD

Background: The Accreditation Council for Gradate Medical Education (ACGME) in the US requires education about sociocultural issues. As global economies, communication technologies, and the frequency of travel between continents continue to expand, immigration patterns change national demographics and cultures. Clinicians are often asked to treat cross cultural patients. Therefore it is a necessity to equip our trainees with understanding of the cross cultural issues in diagnosis and treatment. Achieving competence in this is especially difficult in the highly nuanced realm of psychotherapy.

Method: In the USA, 43% of all psychiatry residency positions are filled by international medical graduates. The authors will present information for competently teaching culturally competent psychotherapy to such cross-cultural residents. We reviewed contemporary literature about acculturation challenges, notably the understanding

of culturally mediated defenses, resistances, transferences and counter-transferences.

Results: Psychotherapy training of culturally diverse residents requires understanding their home culture and culture of site of training. Such training is facilitated by supervisors adopting a non-judgmental supportive approach, appreciating and validating (if relevant) residents' culture-specific observations as well as interpreting transferences or boundary issues. The availability of mentoring as well as cross-cultural psychotherapy seminars tailored can enhance psychotherapy knowledge, skills and experiences. Integration of pharmacotherapy and psychotherapy curriculum is also valuable.

Conclusions: The model discussed may help to cross cultural clinicians provide effective education for cuturally competent training of cross-cultural clinicians.

COMPETENTLY TEACHING CROSS-CULTURALLY COMPETENT PEDIATRIC PSYCHOTHERAPY

INSTITUTIONS

1. Creighton University, Psychiatry, Omaha, Nebraska, United States

AUTHORS

- 1. Shashi Bhatia¹, Dr., MD
- 2. Subhash Bhatia¹, Dr., MD
- 3. Daniel R. Wilson¹, Dr., MD, PhD

Background: The Accreditation Council for Gradate Medical Education (ACGME) in the US requires education about sociocultural issues. As global economies, communication technologies, and the frequency of travel between continents continue to expand, immigration patterns change national demographics and cultures. Therefore it is a necessity to equip our trainees with understanding of the cross cultural issues in diagnosis and treatment. Achieving competence in this is especially difficult in the highly nuanced realm of psychotherapy and perhaps most especially in pediatric psychotherapy.

Method: In the USA 43% of all psychiatry residency positions are occupied by international medical graduates. The authors will present information for teaching culturally competent psychotherapy to cross-cultural residents. We reviewed contemporary literature about

acculturation challenges, notably understanding culturally mediated defenses, resistances, transferences and counter-transferences in child and adolescent psychotherapy.

Results: Psychotherapy training of culturally diverse residents requires understanding their home culture and the culture of site of training. Special considerations further apply in pediatric psychotherapy, particularly as relate to cross-cultural variations in family ethos.

Conclusions: The model discussed may help cross cultural clinicians to provide effective education and training for culturally competent psychotherapy training of chld and adolescent psychiatrist clinicians.

SECTION SYMPOSIA

SeS-037 TORTURE II

INSTITUTIONS

1. MUW, Vienna, Austria

AUTHORS

1. Thomas Wenzel¹

Section Symposium II for Section Psychological Consequences of Torture & Persecution torture and related forms of extreme social violence, such as civil war and terrorism, can be seen as the most relevant and far ranging mental health risks besides poverty. A spectrum of relevant information that is frequently neglected, is presented in the symposium.

THE CONVENTION AGAINST TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT – FURTHER CONSIDERATIONS

INSTITUTIONS

1. IRCT, Copenhagen, Denmark

AUTHORS

1. Bent Soerensen¹, Dr., Prof., bs@irct.org

The prohibition against torture is anchored in a series of international conventions, either focusing on torture or mentioning torture. Both article 5 of the Universal Declaration of Human Rights and article 7 of the International Covenant on Civil and Political Rights, provide that no one may be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Further documents include the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by the General Assembly on 9 December

1975, the Convention against Torture (CAT, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), that entered into force 26 June 1987, and more recent documents such as the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (Strasbourg, 26.XI.1987). In the recent political development, some articles of the CAT, especially 20 and 22, have gained special relevance and will be discussed here.

THE ISTANBUL PROTOCOL AND PSYCHIATRY

INSTITUTIONS

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The Istanbul Protocol (IP, Manual on the Effective Investigation and Documentation of Torture and. Other Cruel, Inhuman or Degrading Treatment or Punishment) is the new recommended training standard of the United Nations. The importance of the document can be seen in:

- 1) Provision of a consensus standard and quality assurance in documentation of torture sequels,
- 2) The creation of awareness in regard to torture, its impact, and the need for justice,
- 3) Distribution of knowledge on torture, and
- 4) Creating awareness of the needs of survivors during the interview and important psychological aspects of the interview process.

The mental health part of the interview is of crucial importance and reflects a differential and complex understanding of the impact of torture. The implications of the mental health part and strategies for teaching and implementation are presented in this study. A special aspect is the option of seeing the evaluation process as an option to integrate the memories of torture and contribute not only to personal and general justice, but to healing through testimony, a salutary effect that is also the aim of specific therapeutic strategies that had been developed to treat survivors of torture. Asylum procedures are a special case of the implementation of the protocol, and will be addressed as possible risk and opportunity for survivors.

INTERNATIONAL HUMANITARIAN AGENDA AND MENTAL HEALTH ADJUSTMENT

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International organizations play a critical role in the way local populations and helpers cope with trauma.

How people react to potentially traumatic situations depends on their nature, the individual differences, degree of social support and the institutional role.

Most interventions in Europe, LAC, Africa, Asia and Middle East still focus on providing mental health services instead of strengthening the individual and social capacity to respond to crisis and emergencies. Helpers coping mechanisms are different to mental health adjustment strategies of the populations they serve.

Different case scenarios i.e. local population is a target versus hel-

pers being targets. What motivates someone to become a helper?. How can these motivations be integrated into the way helpers and their families cope with stress and distress?. What are the key mental health/well being parameters of the helper and local population interaction?.

This presentation will focus on mental health programmes implemented by International Organizations, Governments and mental health professional associations worldwide. Concrete examples from presenter's professional practice in Middle East, Basque Country to Africa and South America, including natural and human made disasters will be discussed.

NEUROPHYSIOLOGY IN PSYCHIATRY: STANDARDIZATIONS, TRAININGS AND CERTIFICATIONS

INSTITUTIONS

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In spite of the increasing evidence that electrophysiology can have important clinical and research applications in Psychiatry, currently the majority of psychiatry residents do not receive an adequate training in electrophysiology and most psychiatrists are unfamiliar with clinical electroencephalography and its applications in the ma-

nagement of psychiatric problems. Experts in the field will describe the situation in different countries and provide possible solutions to overcome such an important gap in the training of specialists in Psychiatry.

STANDARDIZATION, TRAINING AND CERTIFICATION: CURRENT STATE IN THE USA

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Currently, psychiatry residents do not receive any training in electrophysiology. Most psychiatrists are unfamilar with the clinical EEG and its applications in managing psychiatric problems. The rapidly advancing computer technology enabled sophisticated analyses of the EEG, evoked potential and sleep signals. It is very likely that in the near future such technology will impact the clinical practice of Psychiatry. We now propose a two months rotation during the residency and a one year clinical or a two-year clinical/research fellowships dedicated to training clinicians on all the necessary concepts and skills to develop a cadr of Clinical Electrophysiologists serving the needs of the psychiatric community.

STANDARDIZATION, TRAINING AND CERTIFICATION IN GERMANY AND SWITZERLAND

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In Germany training in electrophysiology for medical doctors is commonly provided by neurological or psychiatric hospitals. The qualification to perform the training of the medical doctors is appointed to medical doctors personally. They are accredited by the German Society for Clinical Neurophysiology and functional Imaging. The education comprises theoretical teaching, performing EEG recordings and evaluation and interpretation of a specific number of EEGs. The medical doctors completing this curriculum receive an EEG certificate, which is mandatory for reimbursement by the health insurance for electrophysiological recordings. To receive a degree of psychiatrist specialization the educational institute must certify some EEG education of the students, but it is not any more specified exact what this education should include. However, the majority of German psychiatrists never receive a proper training in electrophys-

iology and therefore is more or less unfamiliar with EEG and its clinical applications in Psychiatry. Neurologists are mostly adequately trained in EEG procedures and clinical applications.

Especially for psychiatrist the standardization of recording procedures is not yet satisfactory. In Switzerland the electrophysiological education and training is similar to the one in Germany albeit somewhat less regulated.

Contrary to the current trend to reduce the EEG education especially in Germany, the core curriculum of psychiatrists should include education on the proper use of EEG in diagnosis and management of patients with psychiatric disorders and the acquisition of basic skills in qualitative and quantitative EEG and Event-Related Potentials recording and interpretation

STANDARDIZATION, TRAINING AND CERTIFICATION IN CANADA

INSTITUTIONS

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There is only one centre for full-time training in electrophysiology technology leading to a diploma of technology in Canada. This is the British Columbia Institute of Technology in Burnaby. This is a two year full time program with four levels, each 15 - 20 weeks with the following program matrix: anatomy, physiology and neurosciences, neurology, electroneurophysiology, mathematics, statistics, physics,

human behaviour, clinical EEG and evoked potentials.

Examples will be given of the use of quantitative EEG, brain mapping and source localization to help with diagnostic problems, using centroid analysis, discriminant functions and LORETA sources in depression, schizophrenia, chronic fatigue syndrome and male to female transsexualism.

SECTION SYMPOSIA

STANDARDIZATION, TRAINING AND CERTIFICATION IN TURKEY

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It is universally acknowledged that standardization, training, and certification are core issues in electrophysiology. The importance of these components stems not only from clinical applications but also from the scientific use of the electrophysiological tools.

In Turkey, I would like to summarize the issues in two parts: one is

as it pertains to neurology, the other is in psychiatry. In neurology, standardization and training is pretty well established. All neurologists are automatically certified if they spend some time in their EEG units during residency training. In psychiatry, unfortunately, none of the components are well established.

STANDARDIZATION, TRAINING AND CERTIFICATION IN ITALY

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In Italy training in electrophysiology for medical doctors is provided by postgraduate schools of specialization in Clinical Neurophysiology or in Neurophysiopathology. However, the degree obtained from these schools is not mandatory for EEG recording and interpretation, as also other medical doctors experienced in the field can take this responsibility. The majority of Italian psychiatrists never receive a training in electrophysiology and therefore are unfamilar with EEG and its clinical applications in Psychiatry. Neurologists are in

many, but not in all, cases trained in EEG procedures and clinical applications. The standardization of recording procedures is not yet satisfactory.

The core curriculum of psychiatrists should include education on the proper use of EEG in diagnosis and management of patients with psychiatric disorders and the acquisition of basic skills in qualitative and quantitative EEG and Event-Related Potentials recording and interpretation.

ISSUES IN THE ASSESSMENT OF VARIOUS FORMS OF PSYCHOPATHOLOGY

INSTITUTIONS

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AUTHORS

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Symposium of WPA Section on Measurement Instruments in Psychiatric Care Objectives: pathology and discuss specific measurement issues and contexts in which psychiatric disorders are assessed.

To present instruments for assessment of various forms of psycho-

THE DIAGNOSTIC INTERVIEW FOR PSYCHOSES (DIP): DEVELOPMENT, RELIABILITY AND APPLICATIONS

INSTITUTIONS

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Aim: To describe the development, reliability and applications of the Diagnostic Interview for Psychoses (DIP), a comprehensive interview schedule for use in epidemiological and clinical studies.

Methods: The DIP requires 60 to 90 minutes to administer and encompasses 4 main domains: (a) demographic data; (b) social functioning and disability; (c) a diagnostic module comprising symptoms, signs and past history ratings; and (d) patterns of service utilisation and patient-perceived need for services. It generates diagnoses according to several sets of criteria using the OPCRIT computerised diagnostic algorithm.

Results: The DIP is easy to use and well tolerated in the field. For the

diagnostic module, inter-rater reliability was assessed on 20 cases rated by 24 clinicians: good reliability was demonstrated for both ICD-10 and DSM-IIIR diagnoses. Seven cases were interviewed 2-11 weeks apart to determine test-retest reliability, with pairwise agreement of 0.8-1.0 for most items. To test validity, 10 cases were jointly assessed using the DIP and SCAN: in 9 cases clinical diagnoses were in agreement.

Conclusions: The DIP is suitable for use in large-scale epidemiological studies of psychotic disorders, as well as in smaller studies where time is at a premium. While the diagnostic module stands on its own, the full DIP schedule, covering demography, social functioning and service utilisation makes it a versatile multi-purpose tool.

DIMENSIONAL AND CATEGORICAL ASSESSMENT OF AGORAPHOBIA

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Aim: To compare categorical and dimensional assessment of agoraphobia, a condition in which there is uncertainty and some disagreement about the extent of avoidance needed to justify the corresponding diagnosis. Dimensional measures assess only agoraphobic avoidance, whereas categorical assessment takes into account the extent of avoidance and endurance of agoraphobic situations with anxiety or distress when there is no avoidance, and allows the diagnosis of agoraphobia to be made on the basis of either of these criteria.

Method: Two patient self-report dimensional measures of agoraphobic avoidance (Mobility Inventory and Phobic Anxiety subscale of the Symptom Checklist 90-Revised) were administered to 101 patients diagnosed with panic disorder with and without agoraphobia by means of a categorical instrument, the Mini International Neuropsychiatric Interview. The diagnosis of agoraphobia was assigned only to patients with prominent avoidance behaviour of multiple situations.

Results: Patients with a categorical diagnosis of agoraphobia scored significantly higher on both dimensional measures of agoraphobic avoidance than patients without a categorical diagnosis of agoraphobia. This confirmed the validity of our categorical diagnosis of agoraphobia.

Conclusions: Dimensional and categorical instruments are both useful in the assessment of agoraphobia. Categorical instruments are necessary to formally establish the diagnosis of agoraphobia, whereas this diagnosis cannot be made solely on the basis of a dimensional assessment of agoraphobic avoidance. However, use of dimensional instruments provides the clinically important information on the extent of agoraphobic avoidance without which the categorical DSM-IV-based diagnosis of agoraphobia might not be as meaningful in its own right.

DIAGNOSIS AND ASSESSMENT OF SOMATOFORM DISORDERS: FACTS AND CONTROVERSIES

INSTITUTIONS

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Background: From the very moment of their inclusion in the contemporary diagnostic systems in psychiatry, the concept of somatoform disorders became a matter of controversy that created an ongoing debate about their validity, reliability and suitability in clinical and research settings.

Aim and method: This presentation will be based on the analysis of recent studies in the area of somatoform disorders and focus on some controversial issues related to their diagnosis and assessment in particular cultures and settings.

Results and conclusions: Much research has recently been conducted on epidemiology of somatoform disorders, demonstrating their clinical importance, associated health-service burden and economic cost. These conditions are often comorbid with other mental and physical disorders and particularly prevalent in primary care and general medical settings. Although culture-specific manifestations and

variations of somatisation occur, it is now accepted that medically unexplained somatic symptoms are a universal phenomenon. The management of somatoform disorders is generally a complex and lengthy process; however, a number of recent studies have demonstrated the effectiveness of short-term treatments such as cognitive behaviour therapy and educational interventions [1]. Despite advances in their understanding and treatment, debate still surrounds the conceptualisation and categorisation of somatoform disorders, with a number of experts proposing a complete re-evaluation and reassignment of this diagnostic classification category [2].

- 1. Janca A, Isaac M, Ventouras J. Towards better understanding and management of somatoform disorders. Int Rev Psychiatry, 2006; 18:5-12
- 2. Janca A. Rethinking somatoform disorders. Curr Opin Psychiatry, 2005; 18:65-71.

ASSESSMENT OF PERSONALITY DISORDERS: FROM THEORETICAL CONCEPTS TO REAL-LIFE PITFALLS

INSTITUTIONS

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AUTHORS

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The assessment of psychopathology related to personality disorders manifests several pitfalls and problems due to a variety of reasons. A core problem is a problem of definitions. The concept of personality itself and its facets and domains are vaguely defined and under dispute. Much of the related concepts and phenomena are ill-defined, based on vicious cycles of thoughts or are difficult to assess objectively, especially those related to the existential side of being and inner self and values. Social, legislative, political, philosophical, religious and cultural factors further perplex the issue. Most

methods and instruments carry an inherent bias; interviews carry the bias of counter-transference, peers might be affected by a social and interpersonal bias, while self-report tests reflect more the way the individual perceives the image the other people have of him/her than true personality. Overall, different methods and approaches often produce conflicting results, frequently making the assessment of personality characteristics difficult and with problematic reliability and validity.

ISSUES IN THE ASSESSMENT OF PSYCHIATRIC DISORDERS IN DEVELOPING COUNTRIES

INSTITUTIONS

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AUTHORS

1. Mohan Isaac¹

Background: Most developing countries are constrained by severe shortage of trained mental health professionals. The shortage affects not only mental health service delivery but also research and training in the field of mental health. The quantum of research and publications on various aspects of mental health from developing countries represents only a small fraction of the worldwide research. Difficulty in standardized and acceptable assessment of psychiatric disorders is one among several factors that contribute to the dearth of research and publications from developing countries.

Aim and method: Based on the author's two decades of experience

working at a leading research and training institution in the developing world, the presentation will highlight a variety of issues in the assessment of psychopathology in developing countries.

Results and conclusions: There are various cultural factors and factors related to real life situation in developing countries, which influence the manifestation and measurement of psychopathology. In addition, significant issues exist with regards to the translation, adaptation and standardization of measurement instruments developed in the West, as well as problems in the construction and development of locally relevant and meaningful assessment instruments.

DISASTERS - NEW PERSPECTIVES IN DIAGNOSIS AND TREATMENT

INSTITUTIONS

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- 3. Maimonides University, Department of Psychiatry, Buenos Aires, Argentina
- 4. Universidad Complutense de Madrid, Instituto de Psiquiatría y Salud Mental, Hospital Clínico San Carlos, Madrid, Spain
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- 6. Louis Crocq⁵, Dr., MD, lcrocq@club-internet.fr

This is a joint session between the Disaster Psychiatry section and the section on Anxiety and OCD, aimed at highlighting new insights regarding effective intervention after disasters. This symposium would be unique, since it encompasses both new diagnostic concep-

tualization of the psychological response to trauma, as well as new translational insights to intervention, along with a specific focus on children in disasters.

ANXIETY BY DISRUPTION AND PTSD IN DISASTERS

INSTITUTIONS

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AUTHORS

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It has been shown that psychosocial stress is involved in the origin and development of different anxiety disorders. Upon certain environmental conditions, characterized by extreme, unexpected and unwanted, environmental changes, it has been observed a new clinical presentation, which would not be directly related to distressful events but to the disruptive environment, therefore constituting the Anxiety by Disruption Syndrome (ADS).

It has been shown that under distressful environmental conditions, people exposed to a potentially traumato-genic environment may develop different clinical conditions, including PTSD, GAD and ADS. In this regard, we observed clear differences between these syndromes, both at the clinical and the psychoneuroendocrinological levels, particularly focusing on the HPA axis.

According to our observations, the ADS represents a clearly different anxiety disorder, therefore allowing more accurate diagnosis and more adequate treatments for the suffering patients and their psycho-social environment.

TRANSLATIONAL RESEARCH: AN INNOVATIVE APPROACH TO INTERVENTION RIGHT AFTER EXPOSURE

INSTITUTIONS

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PTSD is unique among anxiety disorders, as there is a clear point of onset. Since the symptoms are often expressed right away, theoretically there is a "window of opportunity" to intervene. The challenge is to find out if and what early intervention at this point is effective.

Cortisol - the "stress hormone" is a cornerstone in the normal response to trauma. The importance of an intact HPA axis in regard to vulnerability to PTSD was tested in an animal model of PTSD using rats with hyper- (Fischer), or hypo- (Lewis) reactive HPA axis. The study showed that plasticity of the HPA axis is critical for recovery from trauma.

Along those lines, the potential usefulness of an early administration of cortisol as a potential therapeutic tool after exposure to trauma will be presented.

Another line of intervention might be via neurogenesis. A study of early administration of SSRI in rats right after exposure indicated that it reduces prevalence of PTSD later on. These studies concur with anecdotal clinical reports, and led to a big prevention study, in which SSRI (in this case, escitalopram) is administered right after exposure.

The complex interaction between memory, PTSD, intervention during the "window of opportunity" and long-term consequences, once explored in an animal model could then, via translational research, be implemented into the clinical arena. The subject of early intervention may specifically benefit from translational research, and currently there are a couple of clinical studies looking at early intervention, based on insights from animal studies.

EURO-MEDITERRANEAN NETWORK FOR PSYCHOLOGICAL SUPPORT TO TRAUMATIZED CHILDREN BY DISASTERS OR WAR

INSTITUTIONS

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The "Child Trauma Network" is a consortium of psychiatrists and psychologists of ten Euro-Mediterranean countries (Algeria, Belgium, Egypt, France, Italy, Lebanon, Morocco, San Marino, Spain, Tunisia and Palestine) with the purpose of exchanging knowledge in order to better identify the clinical manifestations of children traumatized by disasters or war and to improve the examination procedures and the evaluation instruments scales. The final aim is to reinforce cooperation and support needed when confronted by such events

Throughout two years of several joint meetings, the consortium has analysed the scientific evidence, made the record of the different clinical manifestations and selected specific tests and scales for clinical evaluation, in order to elaborate an instrument for teaching and practice. This tool has the format of a handbook for the interview, the evaluation and the psychological support of traumatized chil-

dren. This material has been tested by a group of young psychiatrists and psychologists before reaching its final form.

The consortium has taken care of intercultural differences and ethical issues, with special consideration on the equality in access to care of girls and boys.

Lastly, the consortium has created a web-site in order to facilitate the communication between partners and is preparing the dissemination of the experience through a program of e-learning.

The "Child Trauma Network" has been involved in teaching or in psychological intervention, in several events as earthquakes in Algeria and Morocco, wreck in Egypt, terrorist attempts in Algeria, Egypt, Morocco, Tunisia and Spain, and war in Lebanon and Palestine

BREAKTHROUGHS IN THE SEARCH OF NEURAL MECHANISMS UNDERLYING SCHIZOPHRENIA

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In the last decades we witnessed major advances in the scientific knowledge about psychiatric disorders and their psychophysiological manifestations. The symposium will provide an update of psychophysiological findings in schizophrenia, and discuss their contribution to the understanding of neural mechanisms underlying the syndrome.

GATING MECHANISMS AND SCHIZOPHRENIA PSYCHOPATHOLOGY

INSTITUTIONS

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Background: The clinical correlates of sensory gating deficits in schizophrenia have eluded identification. This may have resulted from small sample sizes and limiting the examination to gating of the P50 auditory evoked response (AER).

Methodology: Fifty four chronic schizophrenia patients and 54 matched healthy controls, were included. All patients were stable on atypical antipsychotic medications. Patients were administered the SCID and PANSS interviews as well as the Wisconsin Card Sorting Test (WCST). All subjects had the standard paired-click paradigm (i.e, two identical 4ms clicks [S1 and S2] with 500 ms between stimuli and 8 seconds between the pairs of stimuli). Sensory gating was calculated for each evoked response as the ratio of S2/S1 and as the difference of S1-S2 amplitudes.

Results: The N100 ratio was significantly higher in schizophrenia

patients. When covaried with the amplitude of the N100 S1 response, the abnormality remained significant. Neither the P50 nor the P200 gating indices survived the covariance with S1 amplitudes. The elevated N100 S2/S1 ratio correlated mainly with negative symptoms (e.g., decreased volition and motor retardation). For the WCST, the number of total correct responses correlated positively with amplitude of the P50. The number of perseverative errors correlated with decreased gating of the P200.

Conclusions: The data suggest that N100 gating is abnormal in schizophrenia patients even when stable on medications and that the abnormality is not secondary to an abnormal response to S1 stimuli. The data also suggest a correlation between negative symptoms and N100 gating deficit.

THE ROLE OF LANGUAGE IN SCHIZOPHRENIA

INSTITUTIONS

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Many of the most typical symptoms of schizophrenia are language related. In particular, formal thought disorders can be understood as errors in logical, semantical and associative language processing. Further, the typical schizophrenic hallucinations are language related. Several recent studies pinpointed the functional and neuroanatomical correlates of language related symptoms in terms of regional activity and structural changes of the left hemispheric language circuit.

An overview of these results based on different methods including

structural and functional MRI, DTI, ASL and evoked potentials will be presented showing that there is not one single local alteration explaining all language related symptoms. Rather the symptoms can be best explained by a distinct pattern involving structural deficits and signs of a functional imbalance. The available evidence allows to formulate an integrative model of formal thought disorders and hallucinations in schizophrenia and also to provide a psychobiological rationale for subtyping of schizophrenia.

SCHIZOPHRENIA AND MISMATCH NEGATIVITY IN THE VISUAL DOMAIN

INSTITUTIONS

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Introduction: The advance in methods of biological psychiatry is being used in an attempt "to deconstruct" schizophrenia either into a number of separate nosological units or into processes that in combination bring about the clinical presentations of schizophrenia. The important position in this effort may have the evaluation of the nature of the impairment of information processing and the significance of cognitive dysfunction in schizophrenia. The Mismatch negativity (MMN) is a negative deflection of amplitude in the course of an auditory event related potentials (ERPs), that is elicited by a deviant stimulus in a repetitive sequence of standard stimuli. Among patients with schizophrenia the MMN is smaller than in controls and associated with chronicity, deficits in functioning and morphological brain changes.

Methods: We investigated the ERP to visual motion stimuli in

a group of 24 patients with schizophrenia or schizoaffective disorder and matched healthy controls. The standard and deviant stimuli were presented as fast motion (50 deg/s) in the peripheral visual field. The standard stimulus consisted of 200 ms of upward motion, the deviant stimulus was the downward motion of the same duration. Four recording sessions, each consisting of 170 stimulus presentations; 150 standard, 10 deviant and 10 target were run.

Results: A significant MMN reduction was present in the subgroup of patients with the deficit syndrome of schizophrenia.

Conclusion: Our findings support the hypothesis that a disturbance of early (preattentive) cognitive processes among patients with schizophrenia is present also in the visual modality.

EVENT-RELATED POTENTIALS IN SCHIZOPHRENIA

INSTITUTIONS

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Aims/Objectives: Abnormalities of the event-related potentials (ERPs) were consistently found in schizophrenia and thought to reflect a disturbance of brain integrative functions. The influence of several clinical features, including negative symptoms, thought disorder, illness duration and age of onset, remains controversial.

The presence of enduring, primary negative symptoms might identify a separate disease entity within schizophrenia, the deficit schizophrenia (DS). We tested the hypothesis that patients with DS differ from those with nondeficit schizophrenia (NDS) relative to different ERP components.

Methods: ERPs were recorded during a three-tone oddball task in clinically stable patients with DS or NDS and matched healthy controls (HCS). Scalp topography and cortical sources, as assessed by low-resolution electromagnetic tomography (LORETA), were measured for N1 and P3 ERP components. The amplitude and latency

of the mismatch negativity (MMN) were also measured from the difference waveforms (Target - Standard and Novel - Standard).

Results: For N1, only patients with DS showed amplitude reduction and reduced current source density. For P3, only patients with NDS showed a lateralized amplitude and current source density reduction. The MMN was reduced for attended Targets in DS vs. HCS. The two patient groups differed significantly with respect to N1 and MMN amplitude, N1 topography, as well as P3 amplitude and cortical sources.

Conclusion: Our results support the view that deficit and nondeficit schizophrenia represent different disease entities. According to our findings, N1-related processes are affected in DS, while P300-related processes are disturbed in NDS.

ELECTROPHYSIOLOGICAL ENDOPHENOTYPES IN THE STUDY OF SCHIZOPHRENIA

INSTITUTIONS

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A considerable number of brain neuroelectric parameters are highly heritable, which is especially true for event related potentials (ERP) such as the P300. Abnormalities have been reported in various psychiatric disorders, and consequently the P300 has been suggested as a promising endophenotype for genetic research.

Although there is increasing evidence favoring the recognition of psychiatric disorders such as schizophrenia as hereditary disorder, the identification of genes involved, however, is challenging, probably due to the biological heterogenity of clinical psychiatric diagnoses. Endophenotypes or intermediate phenotypes might provide distinct, objective biological measures for identifying traits or facets

of clinical phenotypes, as well as presumable consequences of genetic aspects.

Numerous studies using EEG/ERP recordings revealed differences between healthy subjects and patients with schizophrenia in terms of brain information processing. Electrophysiological data will be presented and discussed with respect to their use as potential candidates for an "endophenotype approach" to this major psychiatric disorder. Genetic aspects presumably associated with both the diagnosis of schizophrenia or the generation of electrophysiological measures, such as event related potentials, will be taken into account.

ON THE RECEPTION OF BLEULER'S CONCEPT OF SCHIZOPHRENIAS IN EUROPE

INSTITUTIONS

- 1. University of Zurich, Dept. of Social and General Psychiatry, Zurich, Switzerland
- 2. University of Oslo, Department of Psychiatry, Oslo, Norway

AUTHORS

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Joint Symposium of the Section on History of Psychiatry and the Section on Clinical Psychopathology

This joint symposium of the two WPA sections on history of psychiatry and on clinical psychopathology will outline some major (but, of course, not all) perspectives in the reception of Eugen Ble-

uler's concept of the group of schizophrenias in Europe. This topic is a good example for the growing practical relevance of historical and philosophical reflection in psychiatry. Especially the field of clinical psychopathology is highly depending on these theoretical underpinnings.

FROM DEMENTIA PRAECOX TO THE GROUP OF SCHIZOPHRENIAS: KRAEPELIN, BLEULER AND 21ST CENTURY PSYCHIATRY

INSTITUTIONS

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AUTHORS

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EmilKraepelin's and Eugen Bleuler's concepts of severe psychotic disorders are often regarded as mainly opposing each other. Although there was, on the one hand, a lot of competition, there also are, on the other hand, remarkable similarities between both authors, e.g. the theoretical framework of naturalism.

This paper will elucidate the main ideas of both concepts and compare them with each other. Apart from this historical aspect, the re-

levance of Kraepelinian and Bleulerian arguments for the present day debate on schizophrenia will be discussed. The focus herein will be on the fact that - disregarding the different kind of scientific language being used 100 years ago - many of Kraepelin's and Bleuler's central questions are still of crucial importance for the ongoing debate on the "nature" of schizophrenic disorders at the beginning of the 21st century.

EUGEN BLEULER'S CONCEPT OF SCHIZOPHRENIAS AND PSYCHIATRIC CLINICS IN PRAGUE

INSTITUTIONS

1. Charles University Medical School, Psychiatric Department and Clinic, Prague, Czech Republic

AUTHORS

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Early in 1926 the meeting of the Czech Society for Study of the Mind and Nerves in Brno focused on the subject of Schjzophrenia. As Prof. Vondrácek recollects, the meeting reached the conclusion to support the usage of the term schizophrenia in the sense of Eugen Bleuler instead of the still frequent kraepelinian term Dementia praecox. However Prof. Heveroch warned that the clinical aptness of dementia praecox will be missed by everyone with a clinical intuition and warnings were spelled out to prevent using the schizophrenia term without careful analysis to avoid diluting its significance. Prof. Karel Kuffner on the other hand suggested a wide application for the term schizoform disorder. At the time, psychiatry in Prague was bilingual, the German Psychiatric Clinic and Czech Psychiatric Clinic shared the same building, that was dedicated to clinical psy-

chiatry in 1848 and has been in service ever since, until today. Czech and German Clinics took turns in securing Sunday emergency admissions in Prague. The comparatively early acquisition of Bleuler's concept of schizophrenia was parallel and bilingual in former Czechoslovakia. Among the German professors were the personalities who had a shaping influence on world's psychiatry, like Arnold Pick and personalities who maintained the psychiatric links between Prague and Vienna, like Otto Pötzl. Their Czech counterparts Karel Kuffner and Antonin Heveroch had opposing temperaments and a background that relied also on the French tradition in psychiatry. This presentation traces how mutual influences of German and Czech psychiatric community participated in spreading the Bleulerian concept of Schizophrenia.

THE EARLY RECEPTION OF BLEULER'S CONCEPT OF SCHIZOPHRENIAS IN VIENNA

INSTITUTIONS

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AUTHORS

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As early as in January 1912 Erwin Stransky (1877-1962) told the audience about Bleulers concept on the group of schizophrenias in a meeting of the Association of Psychiatry and Neurology in Vienna (founded in 1867/68, the then representative psychiatric association in Austria). Julius Wagner-Jauregg (1857-1940), then holding the chair of psychiatry and neurology in the Vienna University Medical School, and Josef Berze (1866-1957) were the discussants whose extensive remarks were published together with the lecture of Stransky in the official journal of the association: the 'Jahrbücher für Psychiatrie und Neurologie' (vol. XXIII, 1912). Stransky and Berze were - and went on to be - known for their contributions to the teaching

about dementia praecox and later on schizophrenia. The remarks of Wagner-Jauregg are among the few witnesses of his psychiatric nosological teaching and therefore of special interest with regard to nosography as the understanding of the disorders as well. The reception of Bleulers concept was a critical one, not at least with regard to his psychodynamic understanding of the disorders. Nevertheless the common use of the term (if not: of the notion) was growing after World War I, see Berze (then directing the psychiatric hospital in Vienna, and H.W.Gruhle): "Psychologie der Schizophrenie" of 1929 and the decline of 'dementia praecox' in its use in psychiatric practice.

THE INFLUENCE OF BLEULER'S CONCEPT OF SCHIZOPHRENIA ON SCANDINAVIAN PSYCHIATRY

INSTITUTIONS

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1. Stein Opjordsmoen¹, Prof., MD, o.s.e.ilner@medisin.uio.no

The influence of the work of Eugen Bleuler in Scandinavia has been considered based on clinical experience, scientific articles, monographs and textbooks. In Scandinavia the opinion has been held that Kraepelin's concept of "dementia praecox" described a serious mental disorder with bad prognosis. Bleuler (1911) widened the concept by introducing his term "the group of schizophrenias" and thereby pointed to the diversity of the disorder. Langfeldt's concept of schizophreniform psychosis as different from core schizophrenia, reactive psychosis, paranoia, and manic-depressive illness was in line with this notion. Research has shown that there are roughly still four different outcome groups of schizophrenia according to modern diagnostic criteria. Moreover, in spite of the common use of ICD-10 and DSM-IV, Bleuler's syndromatological description of schizophrenia with essential symptoms (association (thought) disturbance, autism, affective flattening, ambivalence) and accessory symptoms (hallucinations, delusions) is still central in Scandinavian textbooks of psychiatry. His description has been taken as more in line with psychodynamic theory than earlier concepts which has been welcomed in most parts of Scandinavia. Bleuler's statement of schizophrenia as a heterogeneous disorder with typical symptoms is still alive in Scandinavia today.

SeS-043

INTEGRATIVE DESCRIPTION AND PSYCHOANALYTICAL APPROACHES IN CLINICAL WORK: ARE THEY POSSIBLE?

INSTITUTIONS

- 1. Istanbul Bilgi University, Psychiatry, Istanbul, Turkey
- 2. Hôpitaux Universitaires de Geneve, Psychiatry, Geneva, Switzerland
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AUTHORS

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- 4. Philippe Rey-Bellet², Dr, MD, philippe.rey-bellet@hcuge.ch

The evolution of contemporary psychiatry is moving towards the integration of a variety of diverse disciplines, towards the integration of various professionals and other therapists in the field of care. This approach carries the risk of watering-down any consensus and therefore the challenge is to set up a structure based on modern thinking and to open up to new practices. With the other participants we would like to reflect on this challenge and demonstrate how - in cer-

tain conditions and with a resolutely modern view - psychoanalysis can hugely and usefully contribute to this renaissance in psychiatry. We will diverge from our normal practice to share with you our current idea of an integrative approach that we see as a truly constructive process: from the moment of the evaluation and pronouncing a diagnosis, but also throughout the whole course of treatment for

DIAGNOSIS AS A JOINT RE-CONSTRUCTION PROCESS

INSTITUTIONS

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Diagnosis in psychiatry, as a formulation and as a joint re-construction process between the clinician and the patient, is essential in clinical care.

Consequently, a two-fold task is faced. On one hand, the clinician is in need of making a comprehensive diagnostic assessment to construct a valid and working formulation of the patient's situation and a treatment plan, and on the other, the bases for a psychotherapeutic alliance should be established. Besides being one of the primary paradigms in psychiatry, the theory and practice of psychoanalysis, offer considerable contributions to the clinician in managing these tasks.

Understanding the meaning of the human suffering through empa-

thy in a judgment free milieu is essential in the establishment of rapport, compliance and for a better clinical outcome. Basic concepts of psychoanalysis, with particular attention to intrapsychic and interpersonal conflicts, and the related psychotherapeutic skills could be useful for mental health professionals in various clinical settings, especially in an era of algorithmic treatment guidelines.

As a part of this workshop, this presentation will discuss the complexity of diagnostic process in psychiatry and emphasize the contributions of psychoanalysis in this process. Brief clinical vignettes from the authors' clinical practice will be used to broaden the scope of discussion. Such a discussion on integrative approaches may be appealing, especially to young psychiatrists.

INTEGRATION FOR WHOM? FOR WHAT REASON? PSYCHOANALYSIS AT WORK IN PSYCHIATRY

INSTITUTIONS

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The present trend towards an integrative type of psychiatry gives rise to much reflection. We will see here how psychoanalysis can play an important role in this debate: used in a contemporary manner it becomes the guarantor of the complexity of psychopathology and can be a factor for coherence. Although the bio-psychosocial model described by Engel is widely used in the domains of medicine and psychiatry, in today's world it appears to lack a solid theoretical basis

It has been useful for drawing up out-patient guidelines, which at the time appeared to represent a profound change in the world of psychiatry. However, in view of the progress of our knowledge, the explosion of care and the multiplicity of social approaches, we now need to completely rethink the links between the biological, the psychic, the social and the political. How do we ensure we don't get lost? How can we give to the patient the desire and the chance to be in the centre of the treatment, to be fully the person he really is? How can we build up a strong identity for psychiatry? How can we avoid splitting the objective aspects of psychopathology from those which inspire the therapist to become involved as a person? How can we keep going during treatments that can be long and difficult with sometimes thankless results for the patient but which can be passionately interesting for the therapist?

We offer these suggestions to give a partial response to these questions and open the debate.

SeS-044

OCD TOWARDS ICD 11 - WHAT MAY REMAIN? WHAT MAY CHANGE?

INSTITUTIONS

- 1. Chaim Sheba Medical Center, Psychiatry A, Tel Hashomer, Israel
- 2. Tel Aviv University, Sackler School of Medicine, Tel Aviv, Israel
- 3. Mount Sinai School of Medicine, Psychiatry, New York, United States
- 4. University of São Paulo School of Medicine, Psychiatry, Sao Paolo, Brazil
- 5. Institute of Neuroscience, Florence, Italy
- 6. University of Cape Town, Psychiatry, Cape Town, South Africa

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- 5. Dan J Stein⁶, Prof., MD, PhD, dan.stein@curie.uct.ac.za

This is a section symposium by the Section on Anxiety and OCD. The symposium will focus specifically on the contemporary conceptualization and updated approach in regard to both diagnosis and treatment of OCD

OCD SUBTYPES AND TREATMENT IMPLICATIONS

INSTITUTIONS

- 1. Insitute of Psychiatry, Hospital das Clinicas, University of Sao Paulo Medical School, Psychiatry, Sao Paulo, Brazil
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- 6. Albina Torres³, Dr., MD, PhD
- 7. Antonio Carlos Lopes¹, Dr., MD, PhD
- 8. Andre Gentil¹, Dr., MD, PhD
- 9. Roseli G Shavitt¹, Dr., MD, PhD

The clinical presentation of the obsessive-compulsive disorder (OCD) varies considerably. This diversity reflects different etiologic mechanisms and may have important treatment implications.

The goal of this presentation is to describe some existent strategies to deal with OCD heterogeneity such as identifying more homogeneous phenotypical categories and using dimensional measures and its treatment implications.

Under the categorical approach we will present recent findings of the phenotypic expression of OCD patients subdivided according to gender, age of onset of obsessive-compulsive symptoms, or presence of tics, and their specific response to different treatment approaches (group behavior therapy, serotonin reuptake inhibitors or neurosurgery). Likewise, we will show demographic data, the comorbidity expression and the treatment response (group behavior therapy, serotonin reuptake inhibitors or neurosurgery) of OCD patients when dimensional measures are used.

The optimal subdivision will be achieved only with the discovery of the etiology of the different components of what today we call OCD. As these etiological mechanisms associated to the expression of OCD are still unknown, there is probably not just one, but several good strategies that in combination may provide the best way to subgroup and treat OCD.

ADDICTION, IMPULSIVITY AND OCD -THE DIMENSIONAL SPHERE

INSTITUTIONS

- 1. Mount Sinai School of Medicine, Psychiatry, New York, United States
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As part of the Research Planning Agenda for the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* in obsessive-compulsive-related disorders, experts from academic medical centers around the world suggest the creation of a new diagnostic category that includes the behavioral and substance addictions. Chemical Addictions and Behavioral Addictions, characterized by impulsive choice, reward sensitivity, and fronto-striatal brain circuitry, with frontal lobe deficits, are conceptualized are a parallel category to OCD spectrum category.

Craving and Impulsivity, in fact, are complex phenomena that involve different brain circuitries and neurobiological factors. Both are present in different psychiatric disorders, with different clinical presentations and phenomenologies.

One of those forms would be an obsessive-like craving, where craving is experienced as an intrusive thought resulting in impaired control. This obsessive-compulsive subtype of craving might be correlated, similarly to OCD, to serotonin dysfunction.

According to this model, the most fully documented neurobiological findings regarding impulse control disorder involve serotonin. Evidence for the involvement of 5-HT in pathological gambling comes from studies of platelet activity of monoamine oxidase B, from the increased prolactin response to the serotonergic agonist m-CPP and from the demonstrated positive results of serotonin reuptake inhibitors' pharmacological trials (such as fluvoxamine, paroxetine, escitalopram, citalopram, sertraline).

BEYOND SSRI: NEW DIRECTIONS IN THE TREATMENT AND MANAGEMENT OF OCD

INSTITUTIONS

- 1. Chaim Sheba Medical Center, Psychiatry, Tel Hashomer, Israel
- 2. Tel Aviv University, Sackler School of Medicine, Tel Aviv, Israel

AUTHORS

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Although selective serotonin reuptake inhibitors (SSRIs) have revealed new avenues for OCD treatment, about 40% of patients do not respond, or respond only partially to this approach. In those resistant patients, the possibility of adding on antipsychotic, and especially the new atypical antipsychotic is often raised.

In OCD with tic disorder, for example, combination treatment using highly potent dopamine blockers and selective serotonin inhibitors is effective. However, the use of dopamine blockers in OCD is not limited to this subset of patients; dopamine blockers such as risperidone and quetiapine are effective augmentation therapy in treatment-resistant patients. Some of the most severe cases are those in which the family is involved in "helping" the patient. Unless patients

undergo detailed and well-planned cognitive-behavioral therapy, along with careful evaluation and assessment of the family environment, they cannot be considered "resistant." For those patients who are actually resistant, neurosurgery, gamma knife treatment and, more recently, deep brain stimulation have been proposed, but these should be reserved as last-resort options.

With advances in our understanding of the complexity of OCD and OCRDs, it may be possible to tailor treatment to the specific needs of individual patients. Sophisticated pharmacologic interventions and treatment that takes environmental factors into account, along with improvements in diagnostic skills, all provide new hope for this intriguing group of patients with OCD.

OCD TOWARDS ICD 11 - WHAT MAY REMAIN? WHAT MAY CHANGE? - DISCUSSION

INSTITUTIONS

1. University of Cape Town, Psychiatry and Mental Health, Cape Town, South Africa

AUTHORS

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Significant advances in understanding the pathogenesis and treatment of obsessive-compulsive and related disorders raise the question of revising our nosology. Contributors to this symposium explore

a range of these advances. In the concluding section some attempt at synthesis is made, and future clinical and research directions are considered.

SECTION SYMPOSIA

SeS-045

FORENSIC PSYCHIATRY: VIOLENCE

INSTITUTIONS

1. WPA Scientific Section Forensic Psychiatry, Canada

AUTHORS

1. Julio Arboleda-Flórez¹, Prof.

WPA Scientific Section "Forensic Psychiatry" Symposium 1 "VIO-LENCE"

This symposium will deal with several aspects of violence in forensic psychiatry.

COERCION IN PSYCHIATRY

INSTITUTIONS

1. Queen's University, Canada

AUTHORS

1. <u>Julio Arboleda-Flórez</u>¹, Prof.

In Ontario, Canada, a person can be committed involuntarily to a psychiatric facility if a Physician is of the opinion that the person is mentally ill, dangerous to self or others or in need of treatment. Within the parameters of the law a person meeting this parameters can be committed involuntarily for 24 hours and up to 30 days with extensions if necessary. Commitment is highly regulated within the Law that stipulates not only the parameters, but the length and the

controls to be applied to this highly controversial social control mechanism. This presentation will review findings from an analysis of a large data set of cases of civilly committed mentally ill patients. The analysis will focus on the demographic characteristics, clinical elements and length of commitment and legal peculiarities including legal decisions.

RECENT ADVANCES ON PSYCHOPHARMACOLOGICAL MANAGEMENT OF VIOLENT OFFENDERS

INSTITUTIONS

1. Belleville General Hospital, Academic Psychiatric Unit Queens University, Canada

AUTHORS

1. A. N. Singh¹

At present there is a remarkable lack of controlled and sophisticated drug studies for the management of selective target symptoms like violent behaviour, aggressiveness, anger or hostility. The sources of violent behaviour are multiple.

The recent advances in biological areas relevant to the management of violence in offenders include the a) limbic system, b) hypothalamus, c) the reticular information, d) the raphe system, and e) nigrostriatal systems. The effect of psychotropic drugs on the above systems has been the starting base of much of the past and present work. The philosophy for treating the violent offenders by drugs lies in accepting that symptoms are the first ones to be controlled but the aim is to treat the underlying etiology of aggressive behaviour.

The effect of psychopharmacological agents on the above underlying

etiologies of violence and aggressive behaviour usually lies in diseases of mostly a psychiatric nature or in personality disorder or in a combination of both.

Psychopharmacological agents have achieved marked success in controlling symptoms thought underlying etiological factors require further treatment depending upon the discovery of factors. These etiological factors might be independent of symptoms, disorders seen in patients or might have direct bearing to violence.

However, such treatment should neither be used for social control nor for the service of society. It is the individual patient whose benefit should be adhered to and it is his rights which we should respect.

CONFIDENTIALITY AND RISK-MANAGEMENT WITH VICTIMS OF INTIMATE PARTNER VIOLENCE

INSTITUTIONS

1. Universidad Complutense de Madrid, Spain

AUTHORS

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- 2. M. DE ICETA¹
- 3. D. ARBULO¹

Programa Atiende is a mental health team that attend victims of intimate partner violence (IPV) referred from the social services from all the Community of Madrid (6 millions). We have 400 new referrals every year including assessment of children of the women. Spanish society is highly sensible to IPV and very advanced legislation has been enacted in the last 5 years. However we have come accross an ethical problem while treating our patients. There is a strong pressure on all health professionals when there is a suspicion of IPV to report to the police the situation, regardless the opinion of the pa-

tient. Feminist groups claim that victimised women suffering IPV find extremely difficult to have the strength to go to the police. Also the identification with the aggressor mechanism of defense prevents them from acting to defend themselves with the assistance of the authorities. On the other hand a significant number of professionals consider that the victimised women still are autonomous and retain the right to make a decision on such a delicate issue. The implications of both approaches will be discussed.

SELF-DESTRUCTIVE BEHAVIOR IN CRIMINAL POPULATIONS

INSTITUTIONS

1. Psychiatric Hospital Dr. Maurício Cardoso, Brazil

AUTHORS

- 1. Vivian Peres Day1
- 2. A. Cataldo Neto¹
- 3. L. E. de Borba Telles¹

As usual, the researchers' focus of study concerning aggressive perpetrators, especially in prison or in psychiatric facilities is the violence risk and criminal reincidence. Nevertheless, it is observed different forms of aggressive behavior, is not rare self-destructive acts. It will

be presented some data concerning findings, suicide rates, involving individuals under commitment or in prison, in both forensic institutions located in the very south of Brazil. It will be considered risk assessment, diagnosis and other characteristics involved.

VIOLENCE RISK ASSESSMENT: THE OTHER SIDE OF THE COIN IN BRAZIL

INSTITUTIONS

1. Universidade de Brasília, Brazil

AUTHORS

1. E. Abdalla-Filho1

Earlier studies on violence risk assessment have focused on the potential violence of the patient/prisoner against society. Many checklists have been developed in order to enhance this kind of assessment and protect society more efficiently. While society must certainly be protected from criminals, the latter also deserve respect. Otherwise, society may be violent against them too. The author intends to high-

light the forms of violence suffered by patients/prisoners in Brazil. For example, they may not receive suitable or adequate treatment; families may deny their support to criminal relatives; social or professional support may be insufficient or even absent. All these and other forms of violence may reinforce the possibility of reoffending.

SECTION SYMPOSIA

SeS-046

FORENSIC PSYCHIATRY IN LATIN AMERICA

INSTITUTIONS

1. WPA Scientific Section Forensic Psychiatry, Brazil

AUTHORS

1. J. G.V. Taborda¹, Prof.

WPA Scientific Section "Forensic Psychiatry" Symposium 2 "FORENSIC PSYCHIATRY IN LATIN AMERICA"

In the last years Forensic Psychiatry made an enormous progress in Latin America. This symposium will deal with actual developments

CURRENT CIVIL COMPETENCE EVALUATIONS IN PARAGUAY: TRYING TO SOLVE DIFFICULTIES FOUND IN INTERDICTION AND INHABILITATION TRIALS

INSTITUTIONS

1. Public Ministry, Paraguay

AUTHORS

1. J. Vera Gómez¹

The practice of forensic psychiatry must been be developed and updated in Paraguay. With a recent tragically history, several applications of current laws needs revision. All professionals, lawyer and

mental health ones have its own misunderstandings, some of which are treated in this paper. Possible solutions for the misunderstandings are proposed.

TREATMENT OF SEX OFFENDERS IN LATIN AMERICA: UTOPIA?

INSTITUTIONS

1. Universidad Central, Venezuela

AUTHORS

1. R. Hernandez-Serrano¹

This is a very important topic especially in Latin America and many other parts of the world.

However very few prisons or correctional services does anything in relation with it. Except to allow an unofficial death penalty carried on for the prisoners. Chuni Roy (+) did a book on this: Hospital or Prison. Caracas. 1998.

We will present a short case history of 3 cases that shocked Colombia and Venezuela, to illustrate what is going on in the XXI century. We carried on psychiatric and sexological treatment and show what we can do despite the fact that we do not have an institutional program and very few resources are allocated to deal with sex offenders.

In general we have an incidence of 30 % of child sexual abuse, and

black data on Violations. Only an estimated of 10% are denounced to the police. Arboleda, Lucatelli and Hernandez presented the Declaration of Mar del Plata, but very few people and Institutions gave importance to these Rights. World Association for Sexology presented the Declaracion of Human Sexual Rights, www.worldsexology. org in 1997 (Valencia, Spain), but we have to do a lot to implement it

Our politicians gave too much importance to Laws on Violence, especially against the women, but the problem is increasing everywhere.

Death penalty is a "solution" in many countries, including developed ones. . How to change this? Treatment or Punishment: What a dilemma.

HOMICIDE ATTEMPT, CHRONIC SCHIZOPHRENIA AND IMPUTABILITY: CONTROVERSIAL ASPECTS, CASE ANALYSIS, IN THE CONTEXT OF THE CHILEAN PENAL PROCESS REFORM

INSTITUTIONS

1. Santiago, Chile

AUTHORS

1. E. Sepulveda¹

A 49-year-old subject, single, orphan, with a history of multiple hospitalizations without the support of treatment, diagnosed with schizophrenia and drug addiction, resident of San Antonio, Region V, attacked a younger subject hurting him with a blade in the abdominal region.

Three psychiatrists participated in the process, one from the SML Valparaiso, another from the SML Santiago, and the third for the defense.

The psychiatrist for the defense supported the theory that the accused suffered from schizophrenia, and that the aggression was departing from an unmotivated, pursuit delusion, and that therefore the accused was inimputable.

The expert from Valparaiso (SML) diagnosed a personality disorder, emphasizing the manipulative capacity of the evaluated, and alleged

that the accused's fundamental problem was drugs and conduct disorders, and therefore their imputability was preserved.

The expert from Santiago, diagnosed chronic defective schizophrenia, and considered the crime a motivated act and not a delirious one, so diminished imputability was the consideration that the act responded to a relative incapacity to adjust oneself to a legal and organized, proportioned response to challenges, without a radical alteration of his ability to understand the nature of their conduct, or their consequences.

In the sentence, the court sided with the third hypothesis, without giving significant priority to the recommendations on treatment measures and risk prevention provided by the experts, which were so important in this case (social support, continuity of treatment, control of drug consumption, day hospital care).

VIOLENCE RISK ASSESSMENT IN A BRAZILIAN FORENSIC MENTAL HOSPITAL

INSTITUTIONS

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AUTHORS

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3. J. Folino¹

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Violence Risk Assesment (RA) of forensic mental patients in Brazil used to be carried out on clinical grounds only. Aiming at improving the RA process, the authors evaluate the predictive effectiveness of an objective instrument, the Brazilian version of HCR-20. The sample was composed by 68 male in-patients at Forensic Psychiatric Hospital Dr. Maurício Cardoso (Porto Alegre, RS, Brazil).

Sociodemographic variables, as well as HCR-20 and PCL-R scores, were collected on May 2007. PCL-R has already been validated for Brazilian samples. The hospital files were reviewed on a daily basis and all violence and antisocial acts were registered. The end of the observation period is on May 2008.

THERAPEUTIC JUSTICE: A PROGRAM FOR YOUNG OFFENDERS WITH PROBLEMS OF DRUGS USE, ABUSE OR DEPENDENCY IN BRAZIL

INSTITUTIONS

1. Universidade Federal Fluminense, Brazil

AUTHORS

1. J. Werner¹

"Therapeutic Justice" represents a innovative care modality directed for young offenders with problems of drug use, abuse or dependency, that can effectively contribute to reduce the practical act of infraction and delicts The data of the National Mapping of the Situation of the Units of Execution of Measure of Privation of Freedom to the Adolescent in Conflict with the Law (in Brazil) serve to reveal the gravity of the problematic of the use of drugs between adolescent infractors: 85.6% used drugs before going for a unit of freedom privation. In this context, Therapeutical Justice pretends to be combination the most adjusted therapeutical boarding with the effective judiciary supervision, demanding, for that judges, prosecutors, defenders, lawyers, forensic child and adolescent psychiatry and others psychosocial professionals are sensitized, especially prepared

and compromised with the issue. Therapeutic Justice must provide ample social support to the participant and its family, through the access the set of services and gratuitous and quality actions. Among the changes and truly attitudes expected from the participants, we prioritize those related to lifestyle, particularly the significant decreasing statistics of the following indicators: violent death; behaviour that results in individual or social harm, including offenses; alcoholism and the use of other drugs; HIV infection; sexually transmitted diseases (VD), undesirable pregnancy and school drop-outs. Therapeutic Justice can contribute accomplishing the process of recovery to the measure that makes possible the meeting of the adolescent and the therapist - it materialize, thus, the possibility of restoration of the self-confidence and the hope.

SeS-047

ALTERNATIVE CONCEPTS AND MEASUREMENTS IN PSYCHOPATHOLOGY

INSTITUTIONS

1. University of Sydney, Discipline of Psychological Medicine, Sydney, Australia

AUTHORS

1. Vladan Starcevic¹

Symposium of the WPA Section on Measurement Instruments in Psychiatric Care

Objectives

1) To present the concepts that challenge the prevailing models in

psychopathology and may represent an alternative for better understanding of the relationships between various domains of psychopathology.

2) To present how some of these relatively novel concepts can be measured.

A DIAGNOSTIC PROPOSAL FOR MIXED ANXIETY-DEPRESSIVE DISORDERS

INSTITUTIONS

1. Imperial College London, Department of Psychological Medicine, London, United Kingdom

AUTHORS

1. Peter Tyrer¹

Background: Mixed anxiety-depressive disorders are almost certainly the most common conditions in mental health practice but are not recognized in formal classifications except as sub-syndromal disorders. This is a major omission in nosology.

Aim: To demonstrate the value of a diagnosis of cothymia, a diagnosis of combined anxiety and depressive disorder with equal hierarchy, in formal classifications.

Method: Systematic review of literature.

Results: Preliminary findings suggest that a diagnosis of cothymia is easy to generate using a standard description, can be separated from mild disorders such as sub-syndromal and adjustment disorders at the milder end of the spectrum, and from melancholia, major depressive disorder, panic and agoraphobia at the more severe end, and is associated with a relapsing outcome.

Conclusions: DSM-V and ICD-11 should include this new diagnosis.

A DIMENSIONAL VIEW OF MOOD DISORDERS

INSTITUTIONS

- 1. University of California I.M.C., San Diego, United States
- 2. Hecker Psychiatry Research Center, Forli, Italy
- 3. University of Szeged, Szeged, Hungary
- 4. National Health Service, Department of Psychiatry, Forli, Italy

AUTHORS

1. Franco Benazzi^{1,2,3,4}

Background: The DSM-IV/ICD-10 bipolar-unipolar splitting of mood disorders, based on polarity of episodes, is questionable. This categorical division was mainly based on differences in age at onset, recurrences, and family history of mania. However, these diagnostic validators do not follow a bi-modal distribution (required for a categorical division) between bipolar and unipolar disorders. ¹, ²

Objective: To present a dimensional conceptualisation of mood disorders.

Results: Bipolar depressions are often mixed (i.e., have concurrent manic/hypomanic symptoms), as are also mania/hypomania. A significant subgroup of unipolar depressions is mixed and close to bipolar disorders on bipolar family history and age at onset. A dose-response relationship exists between the number of co-occurring manic/hypomanic symptoms of mixed depression and bipolar family history loading. The co-occurring manic/hypomanic symptoms

do not have a bi-modal distribution between and within bipolar and unipolar depressions. Finally, the co-occurring hypomanic symptoms have a factor structure similar to that of hypomania (apart from elevated mood). 1,2

Conclusions: The non-bimodal distribution of diagnostic validators between bipolar and unipolar disorders, and the finding that most episodes of mania/hypomania and depression are mixed, suggest a need for different phenotyping of mood disorders beyond the current polarity approach. Phenotyping mood disorder by recurrences and age at onset has been suggested, also by genetic studies.

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DYSPHORIA AS A COMPLEX EMOTIONAL STATE

INSTITUTIONS

1. University of Sydney, Discipline of Psychological Medicine, Sydney, Australia

AUTHORS

1. Vladan Starcevic¹

Background: Definitions of dysphoria have been vague, encompassing different emotional states, patterns of thinking and behaviours. Terms "dysphoria" and "dysphoric" are sometimes treated as synonyms for depression, but have been used to denote mood disorders more broadly (e.g., "premenstrual dysphoric disorder"), mixed states of bipolar disorder (e.g., "dysphoric mania"), mixed anxiety-depressive disorder, personality disorders (e.g., "hysteroid dysphoria"), gender identity disorder ("gender dysphoria"), and adverse effects of antipsychotic medications ("neuroleptic dysphoria"). Dysphoria was also believed to be

characterised by tension, irritability, hostility, proneness to aggressive acting out and suspiciousness, and was presumed to be important in the development of mood and personality disorders, affective psychoses and even delusional states.

Objective: To present a novel concept of dysphoria.

Results: On the basis of disparate theoretical considerations and em-

pirical findings, an integrative concept of dysphoria has been proposed and dysphoria defined as a complex emotional state, consisting of discontent, sense of defeat, inner tension and irritability, along with frequent manifestations of externalising tendencies (e.g., blaming others) and agitation. An instrument was developed with the aim of assisting in the validation of this concept of dysphoria.

Conclusions: The preliminary results suggest that dysphoria may be a useful concept to describe emotional states encompassing both the internalising (anxiety, depression) and externalising (impulsivity, irritability) aspects of psychopathology. These complex states are not easy to classify and defy categorical approaches to mood, anxiety and personality disorders.

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THE CONCEPT OF OBSESSIONALITY AND COMPULSIVITY IN OBSESSIVE-COMPULSIVE DISORDER

INSTITUTIONS

1. University of Amsterdam, Academic Medical Center, Amsterdam, The Netherlands

AUTHORS

1. Damiaan Denys1

Background: In the research planning agenda leading up to *DSM-V*, two topics are being discussed that will influence the way that impulsive and compulsive disorders are perceived. First, there is the idea of removing obsessive-compulsive disorder from the anxiety disorders and creating an obsessive-compulsive behaviours spectrum. Second, there is a proposal to expand the impulse control disorders not otherwise specified, which will be called impulsive-compulsive disorders.

Methods: The presentation offers a phenomenological analysis of the concepts of obssesionality and compulsivity, and reviews their neurobiological underpinnings.

Results: The existence of the group of obsessive-compulsive spectrum disorders, including obssessionality as well as compulsivity, will ultimately be determined by demonstrating a shared endophenotype and underlying pathophysiology.

Conclusion: Changes are proposed to the conceptualisation of obssesionality and compulsivity that might have important implications for the way clinicians recognize and treat obsessive-compulsive disorders

CIRCULAR CONCEPT OF TIME AND ASSESSMENT OF ABORIGINAL PSYCHOPATHOLOGY

INSTITUTIONS

1. University of Western Australia, School of Psychiatry and Clinical Neurosciences, Perth, Australia

AUTHORS

1. Aleksandar Janca¹

The Aboriginal concept of time differs from the Judeo-Christian perception of time in that Aboriginal people do not perceive time as an exclusively "linear" category (i.e., past-present-future) and often place events in a "circular" pattern of time. According to this pattern, an individual is in the centre of "time-circles", and events are placed in time according to their relative importance for the individual and his or her respective community (i.e., the more important events are perceived as being "closer in time"). Such an important difference in the perception of time contributes to the limited applicability of currently used diagnostic and assessment procedures in psychiatry and creates numerous difficulties in providing culturally appropriate

mental health services to Aboriginal people in Australia. 1

This presentation will review methods and results of an ongoing project, which aims to develop novel and culturally appropriate screening and assessment tools suitable for the assessment of psychopathological phenomena in Aboriginal people.

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SeS-048

FIGHTING STIGMA AND DISCRIMINATION: VIEWS FROM GERMANY, CANADA, AND JAPAN

INSTITUTIONS

1. World Psychiatric Association, Canada

AUTHORS

1. Stigma and Mental Disorders Scientific Section¹

Stigma and discrimination because of mental disorders are attracting increasing public health attention. Many countries have launched anti-stigma efforts and research into factors that predict and deter stigma is increasing. This symposium, offered on behalf of the Stigma and Mental Disorders Section, will examine nationally oriented anti-stigma efforts from the perspective of three countries in different stages of program development with three different appro-

aches that have been influenced by different cultural realities and national contexts. The objective of this session is to foster reflection and discussion about the practical aspects of stigma reduction efforts, ranging from implementation to evaluation. A senior member of WPA's Global Anti-stigma program will act as the discussant to place the main challenges experienced by these countries in the context of the knowledge base gained from the WPA's Global program.

TACKLING THE STIGMA OF MENTAL ILLNESS: THE GERMAN ALLIANCE FOR MENTAL HEALTH

INSTITUTIONS

1. Heinrich Heine University of Duesseldorf, Germany

AUTHORS

- 1. Wolfgang Gaebel1, Dr., wolfgang.gaebel@uni-duesseldorf.de
- 2. Anja Bauman¹
- 3. Harold Zaske1

In the year 2000, one year after the XI. WPA World Congress in Hamburg, a society was set up to implement the WPA Global Antistigma Programme "Open the Doors" in Germany. Initially, seven local antistigma projects were founded which organized interventions to reduce the stigma of mental illness.

In co-operation with service users, target groups (e.g., the general public, school children, police officers) were addressed with specific interventions. Some of the interventions were evaluated, yielding positive feedbacks from the target audiences. Furthermore, two representative telephone surveys were conducted in the years 2001 and 2004 to evaluate the programme's effect on national level. The results showed a small but significant reduction of stigmatizing attitudes in the general population which could partially be ascribed to

the work of the antistigma initiatives. These positive results supported the idea to form a national federation where different social organizations could bundle their common efforts to reduce the stigma of mental illness. For this purpose, the German Alliance for Mental Health was founded in 2004 by the German Open the Doors Society and the German Society for Psychiatry, Psychotherapy and Nervous Diseases, in co-operation with the German Federal Health Ministry. In the meantime, more than 30 organizations, associations and initiatives have joined the alliance. In autumn 2007, a startup congress "Education - Prevention - Integration" was organized with special focus on the topics "Mental Health and Work", "Mental Health in the Youth", "Antistigma Research and Practice", and "Prevention and Early Recognition".

A NEW AWAKENING: FIGHTING STIGMA AND DISCRIMINATION IN CANADA

INSTITUTIONS

1. Queen's University, Canada

AUTHORS

1. Heather Stuart¹, Professor, PhD, heather.stuart@queensu.ca

Although it has been over ten years since Canadians piloted the World Psychiatric Associations Global Program to Fight Stigma Because of Schizophrenia, Canadian policy makers are only now recognizing the importance of national anti-stigma efforts. This comes as a result of recommendations made by a Senate appointed committee to examine the state of the mental health system in Canada. The Senate Committee was the first parliamentary interest displayed in mental health since a Royal Commission investigated the state of mental hospitals in Canada in the early 1950's. While Canadians pride themselves on their universally accessible health care system, results from the Senate Committee's work highlighted the scope of the unmet need for mental health care and the many structural and attitudinal barriers that impeded mental health reform.

A key recommendation of the Senate Committee was to establish a national Mental Health Commission-a federal agency which would be responsible for creating a national mental health strategy including activities designed to reduce stigma and discrimination because of mental illnesses. This presentation will trace the development of Canada's Mental Health Commission and highlight efforts to create a nationally-oriented monitoring and evaluation strategy that could be used to assess the scope and burden of stigma experienced by people affected by stigma (people with a mental illness and their family members), and used as a population-based benchmark against which change over time could be assessed.

ANTI-STIGMA APPROACH TO THE YOUTH: DEVELOPMENT OF SCHOOL-BASED EDUCATIONAL PROGRAM IN JAPAN

INSTITUTIONS

- 1. National Institute of Mental Health, Tokyo, Japan
- 2. Nagasaki International University, Nagasaki, Japan
- 3. Kanto Medical Center NTT EC, Tokyo, Japan
- 4. Tohoku Fukushi University Graduate School, Sendai, Japan

AUTHORS

- 1. Yuriko Suzuki¹, Dr., MD, PhD
- 2. Yoshibumi Nakane², Dr.
- 3. Tsuyoshi Akiyama³, Dr.
- 4. Mitsumoto Sato⁴, Dr.

Japan has taken various avenues for anti-stigma efforts of people with mental illness along with the WPA global program. One such effort includes the change of the Japanese term for "schizophrenia" in 2002. Many people with schizophrenia experience their onset in their teens when there is limited opportunity to obtain information on the illness and open a discussion regarding living together with those with mental illness in Japanese junior or high-school curriculum. With these facts in mind, we developed an educational program for junior- and high-school students to increase knowledge and improve attitudes toward people with mental illness, particularly schizophrenia. This presentation will describe development of an educational program for students in junior and high school in Japan.

A DVD containing a first account of a person with mental illness and an animated explanation of the scientific facts of schizophrenia by a mental health professional was used in the context of an educational program to deliver three messages: 1) anyone can have the mental illness, 2) mental illness is treatable, 3) people with mental illness can recover and reintegrate into age-appropriate social and occupational roles. The program was piloted in several schools in Japan and evaluated using a pre/posttest design. Fostering de-stigmatizing attitudes toward mental illness is essential in this time of preventive early intervention and recovery-oriented movements. Results showed that school-based educational program is feasible even in the absence of ministerial teaching curriculum guidelines in Japan.

SeS-049

THE SCOPE AND BURDEN OF STIGMA: IMPLICATIONS FOR CHANGE

INSTITUTIONS

1. World Psychiatric Association, Canada

AUTHORS

1. Stigma and Mental Disorders Scientific Section¹

This symposium, offered on behalf of the Stigma and Mental Disorders Scientific Section will review stigma and discrimination experienced by family members and examine the role played by medical professionals (specifically medical students) in the creation and ma-

intenance of stigma and as an important target for stigma reduction efforts. A senior member of WPA's Global Anti-stigma program will act as the discussant to examine the implications of these presentations for future stigma reduction and management strategies.

EXPERIENCED STIGMA AND THE EFFECTIVENESS OF STIGMA COPING ORIENTATIONS: COMBINING QUALITATIVE AND QUANTITATIVE FINDINGS

INSTITUTIONS

1. University of Zurich, Switzerland

AUTHORS

- 1. Beate Schulze¹
- 2. Martina Scherrer¹
- 3. Mayo Janeiro¹
- 4. Helena Kiss¹

Objective: Research on mental health-related stigma has been criticized for excluding the views of those exposed to stigmatising reactions. This changed with the advent of qualitative stigma research. However, population-based data on the prevalence, severity and consequences of users' stigma experiences is still lacking.

Methods: Using the German version of the Inventory of Stigmatising Experiences (ISE), a survey was carried out among people with schizophrenia (n=50), borderline personality disorder (n=50) and affective disorders (n=20) in Switzerland. The instrument was developed by Stuart et al. (2005), aiming to facilitate the collection of epidemiological data on experienced stigma. The ISE is a semi-structured questionnaire that measures three constructs: (1) the scope of stigma experienced in different life domains, (2) stigma coping

reactions, (3) and stigma's psychosocial impact. Coping strategies were assessed with 3 items reflecting Link et al's (1991) basic stigma coping orientations: secrecy, withdrawal/selective avoidance, and education, as well as through qualitative analysis of verbatim field notes

Results: Field-testing of the German version of the ISE showed good reliabilities for the stigma experiences (SES) and stigma impact (SIS) scales (Cronbach's á = .74 and .86, respectively). An average of 54% of Swiss service users report stigma experiences across the SES. Most stigma experiences are recent and thus susceptible for interventions. Stigma coping orientations, including those commonly held to be "negative coping",

PREDICTORS OF CAREGIVERS' BURDEN AND QUALITY OF LIFE IN FAMILIES OF PATIENTS WITH SCHIZOPHRENIA IN THE REPUBLIC OF BELARUS

INSTITUTIONS

1. Belarusian Medical Academy, Belarus

AUTHORS

1. Kate Mironova¹, Dr.

Purpose: The study was carried out at the Department of Psychiatry and Narcology of the Belarusian Medical Academy of Post-Graduate Education. The purpose was to define predictors of caregivers' burden and quality of life in families of patients suffering from schizophrenia.

Method: Study participants were 102 caregivers of patients with schizophrenia admitted to the Republican Clinical Psychiatric Hospital. Measures included: the Medical Outcomes Study Short-Form 36 (SF-36) survey; Family Experiences with the Stigma of Mental Illness Questionnaire, the Coping Strategies Questionnaire; the Questionnaire of Family Burden according to the WHO «Quality Assurance in Mental Health Care».

Results: We estimated burden, quality of life, stigma and copingstrategies of family members caring for a relative with schizophrenia. We defined three groups of caregiver's burden predictors. First, factors associated with socio-demographic characteristics of caregivers (gender, age, family relationship, education, level of income). Second, patient factors (diagnosis, gender, duration of mental illness, aggressive behaviour). Third, caregiver factors (high expectation of stigma, experienced stigma by association, inadequate coping-strategies, lack of knowledge about psychiatric disorders).

Conclusion: This study underlines the importance of assessing specific family needs in caring for a relative with schizophrenia. Understanding factors associated with caregiver's burden and QoL can help health professionals to develop the psychosocial intervention for caregivers of patients with schizophrenia. Having influenced the factors connected with stigma mental illness, we'll be able to improve the QoL and satisfactions of caregivers' lives.

SCHIZOPHRENIA AND STIGMA AMONG MEDICAL STUDENTS -- A PROPOSAL FOR CHANGE

INSTITUTIONS

1. Sao Paulo Federal University, Brazil

AUTHORS

- 1. Thiago Marques Fidalgo¹, Dr.
- 2. Cecilia Villares¹, Dr.
- 3. Miguel Jorge¹, Dr.

Stigma related to patients diagnosed with schizophrenia is an important public health issue. All the social limitations that it carries are related to prejudice and lack of knowledge. Even more relevant is the fact that among health professionals a stigmatizing behavior is the rule. This problem can be better faced if interventions are made still during undergrad courses. This paper presents an educational initiative for changing this attitude developed at São Paulo Medical School - Federal University of São Paulo.

Since July 2006 the Schizophrenia Program of the university (PRO-ESQ) and the Brazilian Anti-Stigma Project (S.O.eSq.) coordinate an elective discipline named "Schizophrenia: Widening Concepts". The program of the discipline includes discussions about historical, epidemiological and clinical aspects of the disease. A medical appro-

ach is presented to the Medical School students. On the following classes, new ideas are introduced and discussed. The importance of the multiprofessional team and the need of a holistic view of the patient are the focus on this second part. Finally, a patient presents his own experience with the disease, from the first impact of being diagnosed to the strategies of coping with prejudice, and striving for recovery.

With this presentation, we aim to clarify the importance of a professional attitude free of prejudice. This can result in benefits not only for patients with schizophrenia, but also for all patients with mental disorders.

SECTION SYMPOSIA

SeS-050

TRANSITION AND MENTAL HEALTH PROBLEMS FOR PWID

INSTITUTIONS

1. WPA Section Psychiatry of Mental Retardation/ Intellectual Disability, Italy

AUTHORS

1. Marco Bertelli¹

Transition experiences are much more difficult for people with intellectual disabilities than for the general population and are often related to the development of mental health problems. After a brief review of the issues and policies over the past 30 years that have affected the development of services, the symposium offers some guide-lines for better assessment and support.

YOUNG PEOPLE WITH INTELLECTUAL DISABILITY & MENTAL HEALTH PROBLEMS IN TRANSITION: A UK PERSPECTIVE

INSTITUTIONS

1. Kings College London Institute of Psychiatry, Estia Centre, Munro-Guys Hospital, London, United Kingdom

AUTHORS

1. Jane McCarthy¹, Dr., MD, jane.m.mccarthy@kcl.ac.uk

Aims: To review the evidence base on the needs of young people with intellectual disability and mental health problems in transition.

Method:

A brief introduction of the issues and policies over the past 30 years that have affected the development of services for young people with intellectual disability in United Kingdom will be outlined. The mental health care needs of young people with intellectual disability in transition will be presented including the evidence base for

interventions.

Results: The types of models of services that have developed across England will be discussed with a description of a Specialist Team for Young People given as an example of one model. Case examples will be described of young people with mental health problems in transition.

Conclusion: To summarise the principles of good practice with reference to national guidelines for United Kingdom.

GUIDELINES FOR TRANSITION SERVICES FOR YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES

INSTITUTIONS

- 1. University of Birmingham, Division of Neuroscience, Department of Psychiatry, Birmingham, United Kingdom
- 2. Queen Elizabeth Psychiatric Hospital, Birmingham, United Kingdom

AUTHORS

- 1. Shoumitro Deb^{1,2}, Prof., MD, s.deb@bham.ac.uk
- 2. Gemma L. Unwin1,2, Miss, g.l.unwin@bham.ac.uk

Aims: To develop an evidence and consensus based national guide in the UK for services involved in the transition of young people with intellectual disabilities (ID) and mental health problems and challenging behaviours.

Methods: A guideline development group (GDG) comprising individuals from a wide range of relevant backgrounds (including carer and person with ID) developed the recommendations.

The GDG considered evidence from a comprehensive research programme including systematic reviews, focus group interviews and stakeholder consultations.

Results: Three guides were produced including a quick reference guide and an accessible version. Some important recommendations are; a) persons with ID and their carers should be at the centre of the transition planning process, b) the adult services should lead the transition planning process long before the person with ID reaches adulthood, c) people with ID and their carers should be empowered

by providing them appropriate information, in an appropriate way at the right time, d) it is essential to collect good quality population based data for forward planning, e) provide continuity of care by providing a key professional contact throughout the transition process, and f) encourage common understanding of planning processes among different agencies.

Conclusion: Young people with ID and their carers face complex problems during transition. Those with additional mental health needs require substantial support to achieve good quality of life. However, they are often poorly served by a lack of effective multiagency service planning. The guideline provides advice to professionals with the aim to improving the transition experience of this group.

www.ldtransitionguide.bham.ac.uk

LIFE EXPERIENCES AND ADDITIONAL TRANSITION IN ID: AN ITALIAN SURVEY

INSTITUTIONS

- 1. Italian Society for the Study of Mental Retardation, Firenze, Italy
- 2. AMG della Misericordia di Firenze, CREA (Centro di Ricerca ed Evoluzione AMG), Firenze, Italy
- 3. IRCCS San Giovanni di Dio Fatebenefratelli, Brescia, Italy

AUTHORS

- 1. Marco Bertelli^{1,2}, Dr., MD, bertelli.fi@tiscali.it
- 2. Giampaolo La Malfa¹, Dr., MD, gplamalfa@videosoft.it
- 3. Giovanni Giambalvo Dal Ben², Dr., MD, giambalvo@tin.it
- 4. Sergio Monchieri³, Dr., MD, smonchieri@fatebenefratelli.it

OBJECTIVE: Though the applications of new European and national directives are bringing some improvements, Italian people with ID are still experiencing a lot of external difficulties in transition phases and stages of life. Most of the inclusion, support and care interventions they receive actually remain fragmented and based upon a concept of normalisation. The application of individualised life-span managements founded on a quality of life approach, which could bring better outcomes, seems to be far to be realised.

METHODS AND RESULTS: First results of an Italian survey programme (ISTORIA) for the study of the relationship between social-environmental variables throughout the life-span, life-events and mental health outcomes confirm that individuals with ID have experience of transition qualitatively quite different from that experienced by other people of the general population, they are also more likely to be subject to adverse life experiences and more likely to undergo to additional transitions due to frequent co-existence of psychiatric or other medical conditions.

SeS-051

PSYCHOANALYSIS (AND PSYCHODYNAMIC PSYCHIATRY) AND RELIGION AND SPIRITUALITY: PERSONHOOD AND PERSONALITY DISORDERS

INSTITUTIONS

1. Meerkanten GGZ, Outpatient Clinic, Harderwijk, The Netherlands

AUTHORS

1. Peter J. Verhagen¹, mr., MD, verhagen.p@wxs.nl

This Section Symposium informs the attendees about the recent developments and current state of affairs with regard to religion and spirituality from a psychoanalytic and psychodynamic psychiatric point of view. The contributors will focus on personality and personality disorders.

Objective

Attendees will better recognize the importance of a comprehensive and integrated view.

THE SCIENCE AND SPIRITUALITY OF WELL-BEING

INSTITUTIONS

1. Washington University, Biology & Biomedical Sciences, St. Louis, United States

AUTHORS

1. Robert Cloninger1, dr., MD, PhD, clon@wustl.edu

Psychosocial, biomedical, and spiritual approaches to well-being can now be fully integrated based on a comprehensive model of the psychobiology of well-being. In *Feeling Good: The Science of Well-Being* (Oxford 2004) Cloninger has presented a holistic approach to understanding health and disease. Every patient can be assessed systematically in terms of a moderate number of variables (three dimensions of character and four dimensions of temperament), each with a distinct psychology, biology, and sociology. In addition, the assessment of psychopathology requires assessment of other variables related to a person's worldview, serenity, and self-esteem. Wellbeing only arises when a person learns how to let go of struggles, to work in the service of others, and to grow in self-awareness. As a result, it is important to consider the narrative of a person's life in helping people to develop well-being. This requires reflection on

one's outlook on life, which can be viewed as a spiritual process or as a way of broadening and expanding the use of all of a person's intelligences. A psychoeducational program for well-being has been developed, called *Voyages to Well-Being* (see http://tci.wustl.edu).

Objectives

Attendees will be able: - to describe the personality of themselves and others in terms of the seven dimensions of the Temperament and Character Inventory (TCI) - to use the TCI in diagnosis and treatment planning Attendees will better recognize:

- what practices lead to life satisfaction and happiness, and which lead to vulnerability to distress and mental disorder.
- how genetic and environmental variables influence thought and the development of personality.

SECTION SYMPOSIA

PSYCHOANALYSIS, RELIGION, AND SPIRITUALITY

INSTITUTIONS

1. University of Louisville, Department of Psychiatry and Behavioral Sciences, Louisville, United States

AUTHORS

1. Alan Tasman¹, dr., MD, PhD, allan.tasman@louisville.edu

Since Sigmund Freud's first publication on religion and religious practices a century ago, the role and meaning of religious practice and experience for individuals and group has been an ongoing area of enquiry within psychoanalysis. Major contributions have been made to the theorizing about the psychological meaning of religiosity and spirituality as a cultural phenomenon and as a personal experience. While at times the psychoanalytic approach has emphasized pathological mechanisms of religious practice and experience, there has evolved a rich body of work in this area. In addition, there have been contributions from psychoanalysis in relation to various

religious traditions, for instance Buddhism and other eastern philosophies. Vital questions include: How do religious stories carry or distort psychological truth? How do religion and spirituality play a role in developing and mature mental functioning? What is the nature of religious and spiritual experience?

In this presentation an overview will be giving of historical developments and the current state of affairs with regard to religion, spirituality and personhood, both about psychotherapy as clinical practice, and also concerning training of psychotherapists.

SELF AND RELATEDNESS: A TAKE ON A FUNDAMENTAL ISSUE AT THE INTERFACE OF RELIGION AND PSYCHIATRY

INSTITUTIONS

1. Meerkanten GGZ, Outpatient Clinic, Harderwijk, The Netherlands

AUTHORS

1. Peter J. Verhagen¹, Mr., MD, verhagen.p@wxs.nl

Belief systems, religious and spiritual convictions and practices belong to the functions, roles, attitudes and inclinations of a person. Accordingly, religion and spirituality may be investigated in relation to mental health, for a person uses these functions and roles as he uses his religious and spiritual convictions.

What can be used can also be pathologically misused, as in the case of religious and spiritual belief systems in relation to personality disorders. According to this approach, religiousness and spirituality can, if necessary, be treated. Does this instrumental approach really

work? How do we conceptualize personality and personality disorder? How might religious and spiritual traditions help our understanding as clinicians?

Objective

Attendees should have a better understanding of the concepts of self and relatedness in relation to various religious and spiritual traditions.

SeS-054

THE INFLUENCE OF ECOLOGICAL CHANGES ON MENTAL HEALTH

INSTITUTIONS

1. Catholic University Medical School, Psychiatry, Rome, Italy

AUTHORS

1. Luigi Janiri1

Ecological changes in the world include physical environment modifications due to natural or technological factors. These changes may influence the people's mental health by inducing either the onset of

new disorders or the worsening of pre-existing disorders. The effects of ecological changes may vary from country to country depending on the social and cultural framework.

GLOBAL CLIMATE CHANGE: HEALTH AND MENTAL HEALTH CONSEQUENCES

INSTITUTIONS

1. The George Washington University, School of Medicine and School of Public Health, Washington, D.C., United States

AUTHORS

1. Eliot Sorel¹

Human life has been increasingly affected by the drastic climactic conditions on our planet. Several indices reflect this dramatic shift illustrated by the fact that 1998 was the warmest year and the 1990s were the warmest decade on record as recorded until the year 2000. These record temperatures have not abated.

Vast areas of our planet are experiencing flooding rainfalls alternating with intense and increased droughts in other areas, the latter particularly in Asia and Africa.

Additionally, global emissions of carbon dioxide are likely to increase surface temperature by 1.4-5.8 °C. The projected rate of warming is anticipated to be greater than anything experienced in the past 10,000 years with accompanying hurricanes, tsunamis, cyclones, floods with tens of millions affected.

Recent episodes of fatal consequences of such changes include the

10,000 deaths and 10-15 millions affected as a result of the cyclone in Orissa, India in 1999; 30,000 deaths in and around Caracas, Venezuela following floods, in December 1999; more than 27,000 deaths in Europe in the summer of 2003 as a result of very high temperatures; hundreds of thousands affected by hurricane Katrina in the Gulf States of the United States in the summer of 2005.

The author presents health and mental health consequences of global climate change.

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ECOLOGY AND MENTAL HEALTH IN THE EASTERN MEDITERRANEAN REGION

INSTITUTIONS

1. Ain Shams University, Institute of Psychiatry, Cairo, Egypt

AUTHORS

1. Tarek Okasha1

The Eastern Mediterranean Region (EMRO) of the WHO is composed of 22 countries; all of them speak Arabic except for Iran, Pakistan and Afghanistan although they write in Arabic.

The most volatile region in the world at the moment is the EMRO region, just look at the eternal conflict between Palestine and Israel and the blood shed everyday.

The ecological disaster in Gaza and it's consequences on health and mental health in particular. In Iraq; a disaster; where at least 3 million people have been displaced internally and externally due to the

occupation, apart from the nearly one million killed and injured during the war. In Darfur there is famine, displacement, housing problems and nutritional problems, what are the mental health consequences of such a problem? Recently, we are hearing about the rising problems in Pakistan and the long lasting problems in Afghanistan over many years.

This presentation will shed light on how the ecological changes have affected mental health in the region as well as the mental health services.

ECOLOGY, MENTAL HEALTH AND RURAL LIFE

INSTITUTIONS

1. St. John of God Richmond Hospital, North Richmond, Australia

AUTHORS

1. Sadanand Rajkumar¹

Several demographic processes shape the population of rural areas the world over. Fertility, mortality, morbidity, and internal migration factors affect overall quality of life. A major rural transition is taking place due to global climate changes and ecological factors, such as drought; floods and other natural disasters change the very fabric of social life in rural regions.

This presentation highlights the structure and processes within rural areas that impinge on life. Main issues discussed are:

- 1. Changing age structure, the pattern and level of service needs in the rural areas.
- 2. Issues relating to indigenous people
- 3. Changes within the family structure of diverse remotely based people

- 4. Special populations such as Farmers and Farming families
- 5. Access to mental health care
- 6. Newer models of care in remote areas

Mental health problems in Farmers impose a significant burden of illness on the community, in particular Depression; suicide and Health related behavioural problems.

Conclusion:

Mental Health is clearly dependent on the socio-cultural milieu. Access and availability of appropriate services must incorporate management of ecological issues, while planning contingencies developing newer models of care.

METEOROPATHY AND METEOROSENSIBILITY IN AFFECTIVE AND ANXIETY DISORDERS

INSTITUTIONS

1. Catholic University Medical School, Department of Psychiatry, Rome, Italy

AUTHORS

- 1. Marianna Mazza¹
- 2. Marco Di Nicola¹
- 3. Luigi Janiri¹

Introduction: The term 'meteoropathy' indicates every pathological dimension in some way related to weather conditions. Meteorosensitive are those subjects biologically susceptible to feel the effects of particular atmospherical events, whereas meteoropathics develop a specific illness or a worsening of an existing disease as a consequence of these climatic changes.

Methods: 100 patients with affective and 50 with anxiety disorders were administered a recently formulated questionnaire, the Q-ME-TEO, in order to assess their sensitivity to climate changes. The tool also includes a structured checklist to identify physical and psychological symptoms mainly related to climate variations. All patients were also administered the Temperament and Character Inventory-Revised to evaluate the personality profile. A control group of 100 non-clinical subjects was also evaluated.

Results: Preliminary results have shown a greater presence in the

experimental groups of meteorosensibility and meteoropathy traits compared with the control group. Correlations were found with the phase of disease and temperamental and character traits.

Conclusions: Recently, the hypothesis of a possible interaction between the periodic variations of climatic-environmental factors and the biological systems underlying a variety of disturbances has been developed. This study supports the evidence that physical environmental stimuli may play a role in the pathogenic mechanisms underlying affective and anxiety disorders.

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SeS-055

HOT TOPICS IN PHARMACOPSYCHIATRY

INSTITUTIONS

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Hot topics will be presented in an evidence based state of the art approach. These topics are of high current interest, because either the drug treatment in the respective indication is not well accepted

or it is difficult to make the right selection of a drug in the respective indication.

DEPRESSION AND SUICIDALITY: THE BENEFICIAL BUT ALSO POSSIBLY HARMFUL EFFECT OF ANTIDEPRESSANTS

INSTITUTIONS

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AUTHORS

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Several methodological limitations make it difficult to investigate in randomised, controlled studies whether antidepressants increase or decrease suicidality. Different kinds of studies (epidemiological, quasi-experimental interventions, naturalistic follow-ups, etc.) should therefore also be considered in order to obtain the most comprehensive evidence. Taken together, these different approaches supply reasonable evidence that antidepressants are able to reduce both suicidal ideation and suicide in depressive patients.

In the past few years several papers have reported critically about the risk of suicidal thoughts and behaviour associated with antidepressant treatment, primarily SSRIs. The risk-benefit ratio of AD treatment was questioned, especially in children and adolescents. The critical publications led to warnings being issued by various regulatory authorities such as the FDA, MHRA and EMEA and stimulated new research activities in this field.

Based on a very comprehensive review of all available data it can be

summarised that ADs in general, not only SSRIs, have a very low risk of inducing suicidal thoughts and even suicide attempts, especially in age groups below 25. This risk evens out at the age of about 30-40.

In individual decision-making this risk has to be balanced against the well-known beneficial effects of ADs on depressive and other symptoms (anxiety, panic, obsessive-compulsive symptoms) and on suicidality and suicidal behaviour. Decision-making according to the principles of good clinical practice should consider carefully the beneficial effects of AD treatment as well as potentially harmful effects and thus keep the potential risks of AD treatment at a minimum. Especially the lower lethal toxicity profile of most modern antidepressants seems advantageous in cases with severe suicidality where the choice of a less toxic antidepressant helps to avoid the risk of fatality if the patient should misuse the antidepressant for a suicide attempt.

PSYCHOPHARMACOLOGY OF PSYCHOSOMATIC DISORDERS: AN UPDATE

INSTITUTIONS

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AUTHORS

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Psychosomatic disorders include somatization disorder, hypochondria, body dysmorphic disorder, somatic complaints and illness behaviour secondary to psychophysiological activation (e.g. irritable bowel syndrome), conversion disorders (e.g. psychogenic non-epileptic seizures) and biomedical unexplained somatic syndromes (e.g. fibromyalgia). A wider concept includes biomedical diseases assumed to be provoked or sustained by psychological factors (e.g. ulcerative colitis) and psychiatric aspects of somatic diseases (e.g. depression and cardiovascular disorders). Psychological interventions have proven efficacy in most psychosomatic disorders. However, the effect sizes are often moderate and drug-psychotherapy studies suggest that psychopharmaoclogical interventions sometimes may achieve results similar to that of psychotherapy and in some cases drug treatment may be crucial for obtaining good functional outcome.

This paper will review the current empirical evidence of the efficacy of psychopharmacological treatment of psychosomatic disorders and identify some key issues for successful drug treatment of psychosomatic disorders. This includes identifying and treating psychosomatic manifestations of some major psychiatric disorders (e.g. bipolar II disorders, panic disorder, borderline personality disorder). In cases where such disorders have been ruled out, psychopharmacological treatment should be individually tailored based on the patients symptomatology, personality traits and knowledge about receptor profiles of the different drugs available. The choice of drug should also be beneficial for any concurrent somatic diseases if present. The presentation will include clinical examples to demonstrate the treatment principles.

Reference

Malt UF, Lloyd G. Psychopharmacological treatment in liaison psychiatry. In, Lloyd G, Guthrie E, eds. Handbook of Liaison psychiatry. Cambridge: Cambridge University Press 2007; 763-794

PHARMACOLOGICAL INTERVENTION IN ACUTE STRESS REACTION: THE GOOD, THE BAD, AND THE UGLY

INSTITUTIONS

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AUTHORS

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Acute stress reaction (ASR), the initial response to trauma, is considered normal in the first days. Posttraumatic stress disorder (PTSD) is diagnosed when this response continues for at least a month (only about 20% of cases). PTSD could therefore be seen as a 'failure to recover'.

This conceptualization has therapeutic ramifications; in the first days (and weeks) after exposure, the focus of treatment would be on how not to interfere with the recovery process. The challenge is to verify if and what type of early intervention during this "window of opportunity" is effective for those at a high risk of developing PTSD.

In the past, benzodiazepines (BNZ) were administered to ASR patients, yet research failed to show a significant benefit for this treat-

ment, and some studies noted a worse outcome in these cases.

Plasticity of the HPA axis has been found critical for recovery in an animal model of PTSD, suggesting cortisol as a potential early intervention. An animal model of PTSD has also been used to examine the possibility of erasing traumatic memories, using anisomycin, a protein synthesis inhibitor, which interferes with the consolidation of memory. Indeed, this intervention was successful in reducing PTSD-like symptoms in rats exposed to trauma.

A large prevention study, in which SSRI (in this case, escitalopram) administration is not postponed until there are full-blown PTSD symptoms, but is administered right after the exposure, is currently underway.

COGNITIVE ENHANCEMENT IN SCHIZOPHRENIA WITH PHARMACOLOGICAL INTERVENTIONS

INSTITUTIONS

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AUTHORS

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Cognitive impairment is a central feature of schizophrenia. Most patients have a poor functional outcome, including deficits in social, occupational, and self-care activities. Functional deficits in schizophrenia are most strongly predicted by the current severity of cognitive impairment, followed by the severity of negative symptoms. Severity of positive symptoms is not strongly associated with the level of functional impairments, even in those with very poor outcome schizophrenia. There is thus an urgent need to find strategies for improving cognitive functioning in schizophrenia. It is widely felt by clinicians that conventional antipsychotic drugs have potent therapeutic actions on psychotic positive symptoms, but relatively weak actions on negative or cognitive symptoms. Currently marketed atypical antipsychotics seem to have limited beneficial effects on cognitive function. Facilitation of central cholinergic activity may

form another potential treatment strategy for cognitive impairment in this population, since lesion and pharmacological studies in experimental animals and pharmacological probe studies in normal volunteers have repeatedly demonstrated a relationship between central cholinergic activity and cognitive functions, such as learning, memory and attention.

However, the effects of cognitive enhancers that are licensed for Alzheimers disease have had limited efficacy in treating the cognitive deficits in schizophrenia. This presentation will outline the new strategies that are being followed to assess cognitive enhancement in schizophrenia and will review the results of recent clinical and brain imaging studies in this area along with regulatory guidance about drug development for cognitive enhancement in schizophrenia.

WORLD PSYCHIATRIC ASSOCIATION PHARMACOPSYCHIATRY SECTION STATEMENT ON COMPARATIVE EFFECTIVENESS OF ANTIPSYCHOTICS IN THE TREATMENT OF SCHIZOPHRENIA

INSTITUTIONS

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The World Psychiatry Association Section on Pharmacopsychiatry developed this comprehensive update on the comparative effectiveness of different antipsychotic treatments for schizophrenia. Utilizing data from the approximately 1,600 randomized controlled trials of antipsychotic treatment in schizophrenia, we compared the effectiveness currently-available antipsychotic agents. Although subclasses of first-generation and second-generation antipsychotics were both found to be very heterogeneous, second-generation antipsychotic agents were inconsistently more effective in alleviating negative, cognitive, and depressive symptoms with a lower liability for tardive dyskinesia. These modest benefits were principally driven by the ability of second-generation antipsychotics to provide equivalent improvement in positive symptoms with a lower risk of causing extrapyramidal side-effects. Clozapine was more efficacious than other agents in treatment-refractory schizophrenia. There were

no consistent differences in efficacy among other second-generation antipsychotic agents; if such differences exist, they are likely small in magnitude. Dosing is a key variable in optimizing effectiveness of both first- and second- generation antipsychotic agents.

There was enormous individual variability in antipsychotic response and vulnerability to various adverse effects. In contrast to their otherwise relatively similar efficacy in treating positive symptoms, there are substantial differences among both first- and second- generation antipsychotic agents with regard to their propensity to cause metabolic and other adverse effects. Based on these data about the comparative effectiveness of different antipsychotic treatment options, we summarized elements of current best antipsychotic practice for the treatment of schizophrenia and discussed the role of government and the pharmaceutical industry in obtaining and disseminating information which can facilitate best practice.

SeS-056

TOWARDS AN INTERNATIONAL CONSENSUS ON THE CLASSIFICATION OF INTELLECTUAL DISABILITIES

INSTITUTIONS

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- 3. Institute of Psychiatry, Department of Child and Adolescent Psychiatry, London, United Kingdom
- 4. National Association for the Dually Diagnosed (NADD), CEO, Kingston NY, United States
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Cross-sectional symposium by section of Intellectual Disabilities (L. Salvador-Carulla) and section of classification (I Salloum)

Background: The classification of Intellectual Disabilities (ID) is similar in ICD and DSM and it remains unchanged since the 1980s. However, the three criteria used in both systems (IQ below 70, Impairment in adaptive skills and age of onset below 18 years of age) do not fit current knowledge and developments in this field. In addition to that, the classification of psychiatric disorders in DSM-ICD systems may require specific adaptation to ID. A special focus should be provided on ID both in DSM-V and in ICD-10. A number of national and international organisations have contributed to the improvement of nomenclature and the classification of ID. Aim: to

introduce and to update the international classification systems of Intellectual Disabilities and related psychiatric disorders in order to explore links, consensus across different systems, and usefulness in research and clinical practice. Key experts from the main international organisations in this area have been invited to participate.

References

Salvador-Carulla L, Bertelli M. 'Mental Retardation' or 'Intellectual Disability': Time for a Conceptual Change Psychopathology 2008:41:10-16

Luckasson, R., et al Mental retardation: Definition, classification, and systems of supports/ (10th ed.). Washington, DC: AAMR, 2002

THE CLASSIFICATION OF INTELLECTUAL DISABILITIES OF AAIDD: AN UPDATE

INSTITUTIONS

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AUTHORS

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The American Association on Individuals with Intellectual and Developmental Disabilities (AAIDD) has promulgated definitions of intellectual disability (previously mental retardation) since 1921. The 10th edition of the definition manual, Mental Retardation: Definition, Classification, and Systems of Supports (2002), provides one of the most widely used definitions in the US and internationally.

As chair of the AAIDD Terminology and Classification Committee for both the 1992 and 2002 editions, I will explain the AAIDD definition and the five assumptions essential to the definition, show the theoretical framework that underlies it, present the unique classification system based on intensity of needs for supports (rather than the IQ-based previous system of mild, moderate, severe and profound), and participate in comparisons to other international

definitions. This presentation is part of a panel in which the various international definitions are explained and the group explores areas of consensus.

References:

Luckasson, R., Borthwick-Duffy, S., Buntinx, W.H.E., Coulter, D.L., Craig, E.M., Reeve, A., Schalock, R.L., Snell, M.E., Spitalnik, D.M., Spreat, S., and Tasse, M.J. (2002). Mental retardation: Definition, classification, and systems of supports (10th ed.). Washington, DC: American Association on Mental Retardation.

Schalock, R.L., & Luckasson, R. (2004). The 2002 AAMR Definition, Classification, and Systems of Supports and its relation to international trends and issues in the field of intellectual disabilities. Journal of Policy and Practice in Intellectual Disabilities, 1(3-4), 136-146.

ICD AND INTELLECTUAL DISABILITY

INSTITUTIONS

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AUTHORS

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This presentation will address two issues. First it will consider the current approach to defining intellectual disability in ICD in light of the continuing development of the ICF evidence of the relationship between cognitive functioning in childhood and psychopathology. These considerations will raise questions about: (1) the continuing role of adaptive behaviour as a component of the formal definition of intellectual disability in ICD; and (2) the current use of IQ<70 to

define intellectual disability. Second, it will explore the evidence for maintaining the same classification system and diagnostic criteria for Axis One across the IQ range.

Specific attention will be given to differences in symptom patterns and associations between psychiatric disorder and psychosocial impairment in those with and without intellectual disability.

DIAGNOSTIC MANUAL - INTELLECTUAL DISABILITY (DMM-ID): A TEXTBOOK OF DIAGNOSIS IN PERSONS WITH INTELLECTUAL DISABILITY

INSTITUTIONS

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This presentation will describe the key components of the DM-ID, which has been published by NADD in association with the APA. The presentation will include the rationale for development of the DM-ID, the major categories included in each chapter, and how the DM-ID can be of clinical value in conducting an assessment and making a diagnosis in persons who have Intellectual Disabilities. All major diagnostic categories of mental disorders, as defined in the DSM-IV-TR, are covered in the DM-ID. The DM-ID does not follow the arrangement of mental disorders, as mentioned in the DSM-IV-TR for Obsessive Compulsive Disorders and Post Traumatic Stress Disorders. It was felt important that these two entities be discussed separately from the Anxiety Disorders, as they are frequently under-

diagnosed in persons with Intellectual Disabilities. Chapter guidelines have been developed to allow for clarity and uniformity. An expert consensus model was employed, whereupon each chapter grew. An evidence-based approach was also employed for evaluation of diagnostic and treatment practices (The Cochrane Library, 2001). A uniqueness to the development of the DM-ID has been field trials during the summer of 2006. Based on these trials, an abridged version of DM-ID was developed.

Several different diagnostic adaptations will be illustrated using diagnostic-specific examples, such as Obsessive Compulsive Disorders, Adjustment Disorders and Autistic Spectrum Disorders.

CLASSIFICATION, INTELLECTUAL DISABILITIES, AND PROBLEM BEHAVIOURS

INSTITUTIONS

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AUTHORS

- 1. Sally-Ann Cooper¹, Professor
- 2. Elita Smiley¹, Dr

Aims/Objectives

To consider utility of classification systems for problem behaviours experienced by adults with intellectual disabilities, via:

- 1. comparison of criteria;
- 2. population-based study of presentation and aetiology.

Methods

- 1. Comparison of ICD-10-DCR, DSM-IV-TR, DC-LD, and DM-ID criteria.
- 2. Comprehensive psychiatric assessment of all adults with intellectual disabilities in a defined location, classification of problem behaviours, and measurement of putative aetiological factors.
- 3. Two years later, repeat psychiatric assessments and classification. Analysis of incidence, remission, and factors predicting incidence.

Results

1. ICD-10-DCR and DSM-IV-TR do not include most problem behaviours, are inconsistent in classification, and lack operationalization. DM-ID follows DSM-IV-TR classification and criteria. DC-LD classifies problem behaviours as psychiatric disorders, or symptoms of other disorders, provides operationalized criteria, and rules regar-

ding behavioural phenotypes and organic disorders.

- 2. 1,023 (65.5%) participated. Clinically significant problem behaviours had point prevalence of 22.5%, or 18.7% (DC-LD), 0.1% (ICD-10-DCR), 0.1% (DSM-IV-TR).
- 3. Two years later 651 (69.6%) participated. Incident clinically significant problem behaviours was 4.6%, or 3.5% (DC-LD), 0% (ICD-10-DCR), 0% (DSM-IV-TR).
- DC-LD remission was 38.2% (self-injurious behaviour), 27.7% (aggression). Incident problem behaviours were predicted by not living with a family-carer, lower ability, divorce of parents in childhood, and more preceding life events.

Conclusions

Problem behaviours may be episodic with a relapsing-remitting course; aetiology may be psychological, social, developmental, as well as biological. Hence, they share characteristics with other psychiatric disorders, but are mostly not included/inconsistently addressed in the standard manuals. This detriment to future research should be addressed. DC-LD criteria might benefit from further refinement.

SeS-057

WORKPLACE AND MENTAL DISORDERS

INSTITUTIONS

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- 2. Charité, Research Group Psychosomatic Rehabilitation, Berlin, Germany

AUTHORS

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In the last years, the interdependence of mental disorders and work has been recognized as being of outstanding importance. This sym-

posium will give an overview of the recent research in this area and will consider clinical relevant aspects.

WORKPLACE-RELATED ANXIETY AND WORKPLACE PHOBIA

INSTITUTIONS

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Objective: Anxiety in the workplace is a special problem as workplaces are especially prone to provoke anxiety. Anxiety in respect to the workplace has to be differentiated from conventional anxiety disorders.

Methods: 230 inpatients from a psychosomatic rehabilitation hospital were investigated with a structured diagnostic interview and a self-rating Job-Anxiety-Scale concerning mental disorders and workplace-related anxieties.

Results: Workplace-related anxieties occurred together with conventional anxiety disorders in 35% of the patients, but they were occur-

ring as a single anxiety phenomenon in 23%. Different qualities of workplace-related anxieties lead to a different amount to participation disorders like sick leave and loss or change of the workplace. Workplace phobic patients had the highest scores in job-anxiety.

Conclusions: Workplace phobia is a measure for the severity of emotional burden and work participation disorder. Workplace-related anxieties and workplace phobia have an own clinical value which is mainly defined by severe consequences in professional and social life participation. They require special psychotherapeutic treatment instead of sick leave.

WORK PROBLEMS OF PATIENTS IN PRIMARY HEALTH CARE?

INSTITUTIONS

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Background: Problems at work and requests for sick leave certificates are a daily topic in outpatient care. Return to work management is a special problem in patients with long-term-sick-leave. In this respect, psychological problems play a central role.

Method: 19 primary health care physicians of different specialties were interviewed and 382 of their patients, who were at present at work, filled in a questionnaire concerning health-status, workplace-problems and their relation to participation-problems.

Results: 27% of the patients stated that they currently have problems at the workplace. Patients with workplace-problems had significantly longer durations of sick leave in the past 12 months and they consulted more physicians than the group without workplace-problems. They also had disorders of participation in respect to daily duties,

housework, family and social activities, or leisure time. 80% of the physicians said that they were dealing with workplace-problems of their patients several times a week. Psycho-social problems were most frequent, followed by orthopedic and other somatic problems.

Workplace characteristics were of minor importance. To help their patients, physicians contacted employers but also health insurance or other institutions which provide rehabilitations services.

Discussion: Health-related job problems and especially long term sick leave or of great importance in the daily work of primary care physicians. Psychological aspects are of greater importance than somatic aspects. Workplace related problems of participation are an indicator for a wider spectrum of participation disorders.

WORKPLACE STRESS AND DEPRESSION: THE CASE FOR RESILIENCY BUILDING IN A BRAIN-BASED ECONOMY

INSTITUTIONS

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This report will introduce a new paradigm on workplace stress and crisis intervention. Psychological intervention subsequent to workplace stressors and trauma has historically been characterized by reactive, event-centered practices with little or no appreciation for the temporal trajectory of the human response.

A growing critique of this strategy is that not everyone exposed

to stress will require assistance and not everyone will benefit from the same type of assistance. In addition to providing an historical context for why a new vision is necessary, we will present a newly developed tri-phasic, outcome-oriented model that uses resistance, resilience, and recovery as a basic framework for organizing care and opportunities around prevention.

EMPLOYMENT STATUS AND VOCATIONAL REHABILITATION OF SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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AUTHORS

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Work has been an important therapeutic strategy to improve psychopathology of psychiatric, especially schizophrenic patients in the pre-neuroleptic era. Unfortunately the number of schizophrenic patients holding a regular job is rather small these days. There is some evidence, that the rate of unemployment in psychiatric patients has increased in the past decades and that this is not just a byproduct of increasing rates of unemployment in the general population, since employment rates of schizophrenic patients decreased seemingly independent of the situation on the labor market. So it might be

for other, mainly structural changes of the working situation which make it increasingly difficult for patients to (re)enter the working force.

On the other hand there are a considerable number of patients willing to work and also being able to work under appropriate working conditions, taken their disabilities into account. This presentation gives an overview about the employment situation of schizophrenic patients, the results of measures of occupational rehabilitation and recent developments in this field.

SeS-058

ECONOMICS OF MENTAL DISORDERS

INSTITUTIONS

- 1. London School of Economics and Institute of Psychiatry, London, United Kingdom
- 2. Agency for Healthcare Research and Quality, Rockville, United States
- 3. Center for Addiction and Mental Health and Dept. Psychiatry, University of Toronto, Toronto, Canada

AUTHORS

- 1. Martin Knapp¹
- 2. Samuel H Zuvekas²
- 3. Carolyn S Dewa3

Mental health economics research provides crucially needed information on the socio-economic burden of mental and addictive disorders on patients, family caregivers, workplace and society. This research also analyzes the impact that clinical, social, and financial interventions aimed at psychiatric prevention, care and rehabilitation have on the health, quality of life and economic well-being of the affected populations, and on the society as a whole. The research in-

formation on the socio-economic impact of the disorders referring to psychiatry and on the socio-economic impact of the interventions that the specialty is able to offer to society for the care of mental and addictive disorders is fundamental for enabling psychiatrists to advocate properly the needs of the mental health sector and the financing of psychiatric services.

WHAT IS THE ECONOMIC CASE FOR PREVENTION STRATEGIES IN MENTAL HEALTH?

INSTITUTIONS

- 1. London School of Economics, London, United Kingdom 2. Institute of Psychiatry, London, United Kingdom
- AUTHORS

1. Martin Knapp^{1,2}

Increasing policy attention is being given to the prevention of mental health needs emerging and to the promotion of mental wellbeing more generally. This was a theme of the European Commission's Green Paper 2005, for example, and is prominent in some national policy strategies. This presentation will offer evidence on whether

there is an economic case for investment in preventive programmes, drawing examples from early detection and intervention in relation to psychosis, and from interventions for childhood mental health problems

THE SHAPE OF DEMAND: WHAT DOES IT TELLS US ABOUT DIRECT-TO-CONSUMER MARKETING OF ANTIDEPRESSANTS?

INSTITUTIONS

1. Agency for Healthcare Research and Quality, United States

AUTHORS

1. Samuel H Zuvekas¹

Much of the debate surrounding Direct-to-Consumer Advertising (DTCA) of pharmaceuticals centers on whether DTCA conveys useful information to consumers or indiscriminately increases requests for the advertised medication. By identifying how DTCA changes the shape of the demand curve for antidepressants, we seek to infer the promotional objectives of manufacturers. Using data from the 1996-2003 Medical Expenditure Panel Survey (MEPS), we find that advertising shifts the demand curve for antidepressants outward and

rotates it counter-clockwise. DTCA increases the probability that an individual will initiate use of antidepressants, particularly when out-of-pocket medication costs are low, but does not necessarily increase utilization levels among those already taking antidepressants if prices are high. This is consistent with a promotional campaign that seeks to alert consumers to the product's existence, but conveys no real information that would allow them to learn their true match with the product.

SECTION SYMPOSIA

WORKER MENTAL HEALTH PROBLEMS: WHO BEARS THE BURDEN AND HOW COSTS BE ADDRESSED?

INSTITUTIONS

- 1. Centre for Addiction and Mental Health, Toronto, Canada
- 2. University of Toronto, Department of Psychiatry, Canada

AUTHORS

1. Carolyn S Dewa^{1,2}

In this presentation, we will take an international perspective to discuss the burden of poor worker mental health, who currently bears it and how the associated rising costs are being addressed, using an international perspective. In this discussion, we will point out that mental illness is associated with a wide range of costs distributed across multiple stakeholders including government, employers, wor-

kers and their families and the healthcare system. The costs incurred by the groups are interrelated; an attempt to decrease the burden for one group of stakeholders will inevitably affect other stakeholders. Thus, the answer to who bears the costs of poor mental health is? Everyone.?

SeS-059

FORMULATING STANDARDS IN FORENSIC PSYCHIATRY

INSTITUTIONS

1. WPA Scientific Section Forensic Psychiatry, Germany

AUTHORS

1. Norbert Konrad¹, Prof.

WPA Scientific Section "Forensic Psychiatry" Symposium 3 "FOR-MULATING STANDARDS IN FORENSIC PSYCHIATRY"

The practice of Forensic Psychiatry varies from country to country. This symposium will deal with several aspects of standardisation in diagnosis and therapy.

CONSENSUS GUIDELINES FOR INDEPENDENT MEDICAL EXAMINATIONS

INSTITUTIONS

1. Melbourne, Australia

AUTHORS

1. Alan D. Jager¹

Background and Aims: Ethical Guidelines exist to help guide the practice of practitioners. Specialist practice demands that generic ethical guidelines require tailoring to suit the needs of a particular specialty. Subspecialty guidelines are now being developed in psychiatry. This paper examines the process undertaken by the Forensic Section of the World Psychiatric Association in developing a consensus paper for the conduct of Independent Medical Examinations. Methods: At the XIIIth World Congress of Psychiatry in Cairo in September 2005, the Forensic Section Committee of the WPA decided to develop consensus papers in 5 key areas. One of those area is the subject of this paper. The author was given the task of developing the structure of the guidelines and then consulting widely before final drafting of the consensus paper for wider dissemination.

Results: The guidelines describe the special process of independent medical examination and report writing. They describe the way the psychiatric report should be assembled and examine ethical issues surrounding the preparation of the report. The differences between treating and independent psychiatrist reports are discussed, and emphasis is placed on the need for transparency and for the reporter to be unbiased. The essential components of the report are described and the need for facts to be clearly separated from opinion is emphasized. Finally, advice is provided on how to avoid ethical breaches. Conclusions: Psychiatric reports need to be undertaken in an ethical manner, include all pertinent information and be presented in plain language.

WHO IS ILL ANYWAY? LEGAL FRAMEWORKS AND PROFESSIONALS' ATTITUDES ON MENTAL ILLNESS IN ENGLAND & WALES

INSTITUTIONS

1. University of Manchester, United Kingdom

AUTHORS

1. Birgit Völlm¹

Legal frameworks for the mentally ill or disordered vary widely even across Europe. Of particular relevance are concepts of mental disorder within these frameworks as they determine who may be subject to compulsory measures but also who has access to care.

The definition of mental disorder in the current mental health legislation in England & Wales differs in two important aspects from that of other European countries: Firstly, it is one of few frameworks within the EU which explicitly excludes individuals with drug and alcohol problems from it's definition of mental disorder. Secondly,

the definition of personality disorders requires "abnormally aggressive or seriously irresponsible conduct" in order for the Mental Health Act to be applicable. These restrictive definitions result in the exclusion of large numbers of patients not only from compulsory measures but also from voluntary treatment due to a lack of service provision.

The underlying assumptions of law and medical professionals resulting in these concepts of mental disorder as well as their ethical and legal consequences will be discussed.

INCONSISTENCY OF NCR ASSESSMENT ON INTOXICATION RELATED MURDER CASES

INSTITUTIONS

1. University of Calgary, Canada

AUTHORS

1. <u>L. Xie</u>1

It is noted that there has been inconsistency among forensic psychiatrists in the assessment of criminal responsibility, particularly in the cases of substance intoxication and automatism related cases. This article analyzes the criteria for NCR (not criminally responsible) defense in substance intoxication related issues by reviewing the relevant cases that writer has experienced in Canada, Japan and China. To highlight the point writer presented several cases of first-degree murder for which the defendant applied for NCR defense in Canada, Japan and China. To improve consistency of NCR assessment, we should analyze the timing of the onset of psychotic

symptom in relation to substance intoxication, the persistence of psychotic symptoms resulting from substance abuse beyond acute intoxication, the defendant's capacity of appreciating the nature and quality at the time of the offenses, whether the defendant is permanently out of his mind and so entirely incapable of reasoning, and what kind of treatment is available. It is recommended that WPA Section Forensic Psychiatry create some landmark case examples to help psychiatrists from different countries determine the criteria for the insanity defense on substance intoxication related NCR cases.

PSYCHOPATHY AND FRONTAL DYSFUNCTION IN MURDERERS - A STUDY IN BRAZIL

INSTITUTIONS

1. Institute of Psychiatry, Rio de Janeiro, Brazil

AUTHORS

- 1. F. Jozef¹
- 2. R. Adelino Rodrigues da Silva¹
- 3. M. E. Delgado Leite¹

We examined a random sample of 29 normal (non-psychotic) murderers detained on remand and classified them in two groups, using the PCL-R and PCL:SV: Psychopaths (n = 15) and Non-Psychopaths (n = 14). The whole sample of 29 was submitted to neuropsychological tests (Trail Making Test A and B and the WAIS subtests Block Design, Similarities and Digit Symbol) and the Hare PCL-R.

The WAIS subtest Block Design was a discriminator between the subgroups of this sample, with the Psychopaths scoring significantly better than the Non-Psychopaths ($X^2 = 5.37$; DF = 1; P < 0.05). As

Psychopaths had a higher alcohol / drugs dependence/ abuse diagnosis prevalence than Non-Psychopaths in our sample, this factor does not seems to account for the worse neuropsychological performance found in Non- Psychopath Murderers.

There is evidence that Frontal Lobe Dysfunction correlates positively with homicidal behaviour in Non-Psychopaths. We recommend a better forensic psychiatric evaluation of murderers in our country and the routine use of the PCL-R as a clinical and research tool in Forensic Psychiatry.

SECTION SYMPOSIA

CONSENSUS GUIDELINES IN PRISON PSYCHIATRY

INSTITUTIONS

1. Institute of Forensic Psychiatry, Charite University Medicine Berlin, Germany

AUTHORS

1. Norbert Konrad¹

In some regions of the world mentally ill prisoners are a growing population. Whether or not mentally disordered persons "belong" in prison is primarily a legal philosophical and political problem. The presentation aims to discuss a consensus paper on prison psychiatry. International resolutions and publications from important medical and psychiatric associations are searched for guidelines on

prison psychiatry. The United Nations International Resolutions, the Council of Europe, the World Medical Association, the World Psychiatric Association as well as the Oath of Athens (International Council of Prison Medical Services) have addressed prison psychiatry but lack more detailed guidelines in dealing with mentally disordered prisoners.

SeS-060

FORENSIC PSYCHIATRY: PREVENTION

INSTITUTIONS

1. WPA Scientific Section Forensic Psychiatry, Australia

AUTHORS

1. Alan D. Jager¹, Dr.

WPA Scientific Section "Forensic Psychiatry" Symposium 4 "PRE-VENTION"

The symposium will deal with several aspects of prevention in Forensic Psychiatry as well as qualification of experts.

IMPULSE-CONTROL DISORDERS AND THE LAW

INSTITUTIONS

1. Melbourne, Australia

AUTHORS

1. Alan D. Jager¹

Introduction: Impulse dyscontrol is a feature of several psychiatric conditions. It is also a variant of normal human behaviour. Many criminal offences result from impulse dyscontrol. The question of how courts deal with impulse dyscontrol is discussed in this presentation.

Method: 264 judgements using the term "impulse control" were examined, and criminal cases were selected from that group and the data analyzed for diagnosis, offence type and the effect of impulse dyscontrol and diagnosis on outcome.

Results: Impulse control disorders are infrequently raised as mitigating or exculpatory factors, but impulse dyscontrol is often raised, either in the presence or absence of a formal psychiatric diagnosis.

Judges sometimes find the presence of impulse dyscontrol to be a mitigating factor and sometimes an aggravating factor.

Conclusion: The presence of impulse dyscontrol is a medical concept used in a forensic setting to help explain bad behaviour. The presence of impulse dyscontrol can be a mitigating factor in sentencing, but can also be viewed as a negative prognostic indicator and trigger harsher sentencing. Judges are receptive to the notion that offenders who act impulsively should be allowed some leniency but that attitude does not consistently extend to individuals with mental illness or personality disorders, possibly indicating stigma against those with such conditions.

FORENSIC ASPECTS IN SCHIZOPHRENIA PATIENTS - THE SECURITY MEASURES IN PORTUGAL

INSTITUTIONS

1. Oporto Faculty of Medicine, Portugal

AUTHORS

1. S. Cunha¹

2. A. Palha¹

BACKGROUND AND AIMS: The present study was designed to investigate the aggressive behavior in a population of offenders with schizophrenia adjudicated as not guilty by reason of insanity and mandated to receive treatment in a Psychiatric Clinic of a Security Male Prison as a condition of release.

SAMPLE AND METHOD: A retrospective chart review was conducted for 31 offenders. A structured interview was conducted and the psychopathology was assessed using the PANSS. Aggressive behavior was evaluated the week before the crime and the year before the study, using the Overt Aggression Scale - Modified (OAS-M). **RESULTS:** A violent act was committed by 32% of the patients be-

fore the diagnosis. These patients were significantly more aggressive the week before the offence (p<0.011), against people (p<0.011) and objects (p<0.006), than the year previous the study. It was observed an association between clinical data and OAS-M as well as with the PANSS positive end negative scales.

DISCUSSION AND CONCLUSIONS: The existence of non delusional magical beliefs in these patients was associated with both negative and positive symptoms. Whereas schizophrenic patients often initiate the medical process by help seeking (voluntarily or not), schizophrenic offenders typically enter treatment for this mental disorder through the judicial system.

SECTION SYMPOSIA

SUICIDE AND LAW: CHANGING RELATIONSHIP

INSTITUTIONS

1. Institute of Human Behaviour & Allied Sciences, India

AUTHORS

- 1. Shridhar Sharma¹, Prof
- 2. Gautam Sharma¹, Dr.

The relationship between suicide, attempted suicide and law is both interesting and intriguing. The law is a normative discipline, while the sciences concerned with mental health, study and analyze objective phenomena. But the two share a common feature. The law regulates human conduct which itself is a manifestation of the human mind. The law in formulating its rules does take into account the normal mind and the abnormal mind. Suicide and attempted suicide are a state of mind, and remained a crime in many Western

Countries till few decade back. However to aid, abet, counsel or procure the suicide or attempted suicide of another person became a new offence created by the suicide Act. In India the law related to "Attempt to commit Suicide" is still punishable and its legal provisions have been debated by the Senior Judges of the Supreme Court of India

The paper will discuss these issues, which are of great relevance in suicide prevention programme.

TEACHING OF FORENSIC PSYCHIATRY: THE BRAZILIAN EXPERIENCE

INSTITUTIONS

1. Federal School of Medical Sciences, Porto Alegre, Brazil

AUTHORS

1. J. G.V. Taborda¹

In Brazil, forensic psychiatry deals with the fields of forensic practice as well as correctional psychiatry. Given the size of its population there are only few regularly certified forensic psychiatrists (less than 200 professionals for almost 200 million inhabitants). The author reviews the problems this imbalance has created and then describes the

efforts made by the Brazilian Association of Psychiatry to stimulate the teaching of forensic psychiatry. Finally, he describes the Program of Medical Residency on Forensic Psychiatry (the first one in Brazil) carried out by the Department of Psychiatry and Forensic Medicine of the Federal School of Medical Sciences of Porto Alegre.

SECTION SYMPOSIA

NEW DEVELOPMENTS IN PREVENTIVE DETENTION IN GERMANY

INSTITUTIONS

1. Department of Forensic Psychiatry, Psychiatric Hospital Munich-Haar, Germany

AUTHORS

1. H. Steinböck¹

After a short introduction to the history of preventive detention in Germany, a survey is given about both main pathways in German penal code, for healthy prisoners and for psychiatric ill persons having committed a crime. Then, there are given a few examples of

new developments of security laws and their consequences in the practice of forensic psychiatry. Finally, effects of this development in outpatient maintenance under probation are discussed.

SeS-061

THE GROWING VIOLENCE IN THE GLOBALIZED WORLD - A NEED FOR ACTION OF MENTAL HEALTH PROFESSIONALS

INSTITUTIONS

- 1. Institute of Mental Health, Serbia and Montenegro
- 2. Tel Aviv University, Israel

AUTHORS

- 1. Dusica Lecic Tosevski¹
- 2. Sam Tyano²

Symposium of the WPA task force on mass violence and mental health.

Violence is a major public health and societal problem, but only recently, it has been shown that violence in infancy has a developmental and psychopathological significance. Mass violence, affecting more than 50 countries and about one billion people prevents the normal development of children threatening their childhood, leaving scars on the psyche and causing development of personality disorders as well as predisposition to adult mental disorders. Mass violence causes civil casualties, migration and displacement of peo-

ple, and destroys economy and infrastructure. It results in a culture of poverty and insecurity thus affecting mental health in the lives of survivors and population at large. Mental health professionals should raise their voice against mass violence, show international solidarity and collaboration and help in reconciliation, which is needed for prevention of the transgenerational transmission of trauma. This symposium with deal with the violence in childhood, with the phenomena of violence in the field of individual psychology and its dyadic relatedness transferred to the relationship between mass and individual, and finally with the role of media and mental health professionals.

VIOLENCE IN INFANCY

INSTITUTIONS

1. Tel Aviv University, Israel

AUTHORS

- 1. Miri Keren¹
- 2. Sam Tyano¹

Violence is a major public health and societal problem, but only recently, it has been shown that violence in infancy has a developmental and psychopathological significance. It was once thought that infants cannot be violent because they lack the ability for intentionality. Tremblay et al (2004) have shown that the large majority of 17 months-old infants are physically aggressive towards siblings, peers and parents, and at 42 months, 28% showed little or no physical aggression, 50% showed modest aggression and 225 showed severe levels. The latter were at highest risk of serious violent beha-

vior during adolescence and adulthood. Indeed, the children with behavioral problems at age 3 or 4 have $\sim50\%$ chance of continuing problems in early adolescence. Violence in small children is often the sign of a significant multi-factorial problem that needs to be detected, diagnosed, and treated. Predicting factors of the high physical aggression trajectory group have been identified and should be used as targets for preventive intervention that must address adults, and not only children.

MASS VIOLENCE IN THE THEORETICAL FRAMEWORK OF PSYCHOANALYSIS

INSTITUTIONS

1. Training and Research Institute of the German Academy of Psychoanalysis, Germany

AUTHORS

- 1. Astrid Thome¹
- 2. Hellmuth Cox1

The terms "mass" and "violence" in Freud's "Mass psychology and ego analysis", wrongly translated as "group psychology and ego analysis", have been connected with each other in a compulsive manner. Freud emphasized the threatening of the ego's autonomy by the suggestive promise of a release of difficulties of a responsible acting of the mass. The human being is hindered to use its rationality by anxiety, guilt and shame. Instead of facing these feelings he searches for salvation in the mass. This mass psychological understanding remains firm and influential up to date in psychological, philosophical, sociological and generally human scientific concepts up to discussions in the context of analytic group psychotherapy. More or less continuously, the ontologization of destructivity and the ontologization of polarization of culture and mass have become dominant

concepts. It is one of the implicit, ideologically coloured aspects of these concepts that one cannot change destructivity. According to this thinking the onset of violent phenomena is fundamentally associated with procedures exclusively driven by instincts. It depends therefore on a specific interpretation of the unconscious, a crucial point in this discussion. Only few and weak objections have been raised against this formulation. The authors want to show that it has been made a generalization of *one* possibility of the relation mass and individual. Based on a drive theory and under neglect of a conception which comprehends group dynamics as constitutive for unconscious processes the complex competence and responsibility for violence phenomena are denied.

PSYCHOSOCIAL ASPECTS OF VIOLENCE AND MEDIA: IS THERE A PLACE FOR HOPE?

INSTITUTIONS

1. Istanbul Bilgi University, Turkey

AUTHORS

1. Levent Kuey¹

Scientific models constructed in our efforts to understand the human violence and aggression refer to an interaction of biological, psychosocial, sociocultural and political factors. The psychosocial reference group determines whether the aggressive behavior will be considered as anti-social, pro-social or socially permitted; so the description and classification of aggressive behavior is usually conceptualized in its sociocultural context. On the other hand, one of the crucial issues is whether aggression is a primary or a secondary phenomenon. Even if it is considered as being primary, still, its forms of expression and degree of severity are mostly determined

by the psychosocial features of the milieu. These features are internalized from the past, and cover the projections for the future, and shaped largely by the media. This presentation, using many images, will focus on the psychosocial aspects of violence. Human violence will be reviewed in its historical context and the effects of media coverage on violence will be searched. Furthermore, special emphasis will be given to the critics of the paradigm, "seize the moment", which is considered to increase the risk of detachment, of being imprisoned in a timeless milieu, and of the acceleration of the vicious circle of violence.

WHY WAR, AGAIN - THE QUESTION THAT NEEDS AN URGENT ANSWER

INSTITUTIONS

1. Institute of Mental Health, Serbia and Montenegro

AUTHORS

1. Dusica Lecic Tosevski¹

Many studies have documented that mass violence can have a devastating effect on mental health of the affected population as a whole, especially in the vulnerable groups such as children, adolescents, single mothers, elderly, refugees and detained people. Psychosocial consequences are frequent and many and manifest as stress disorders, including posttraumatic stress disorder, depression, psychosomatic disorders, aggression and violence among the young, somatization, substance abuse, suicide and burnout syndrome of medical staff dealing with traumatized persons, and in those giving psychological aid. Mass violence prevents the normal development of children threatening their childhood, causing development of personality disorders as well as predisposition to adult mental disor-

ders. Moreover, cumulated trauma, or severe and prolonged stress, if unresolved might lead to lasting scars of the psyche such as personality changes, malignant, pernicious memories as well as somatic, brain changes. In addition to that, unresolved hostilities lead to a spiral of violence which might be repeated in future generations through a mechanism of transgenerational transmission of trauma and a compulsive repetition of violence and aggression. Acting against mass violence might prevent this spiral which is endangering mankind as a whole. Mental health professionals should raise their voice against mass violence and put their effort to prevent the causes of mass violence instead of only dealing with prevention of their psychosocial consequences.

SeS-062

HEALING PRACTICES AND WORLD-VIEWS AMONG INDIGENOUS PEOPLE IN NORTHERN NORWAY AND BRAZIL

INSTITUTIONS

1. University of Tromsø, Department of Clinical Psychiatry, Institute of Clinical Medicine, Tromsø, Norway

AUTHORS

1. Tore Sørlie1

SAAMI COSMOLOGY AND PSYCHOTIC PHENOMENA

INSTITUTIONS

1. University of Tromsø, School of Social Science, Tromsø, Norway

AUTHORS

1. Jens-Ivar Nergaard¹, Mr., PhD, jensi@sv. uit.no

Aims

The presentation aims at accounting for how traditional Saami cosmology interferes with the experience of certain psychological phenomena that usually are seen as psychotic behavior in western psychiatry.

Methods

Based on a couple of case studies, Saami patients' psychotic experiences are analysed and discussed from the perspective of traditional Saami cosmology and current diagnostic criteria for psychotic disorders. The analyses of the case studies further aim to bridge the gap between these two positions and approaches by uniting them into one dynamic strategy that holds both for professional psychiatry and an adequate professional cultur analytical position.

Results

A decontextualized psychiatry may negatively interfere with patients with certain cultural backgrounds. Phenomena that are considered normal in the cultural context of the patients may be interpreted as expressions of psychopathology in the medical treatment context. The ability of these patients to cope with their problems by means of their cultural traditions may be strongly underestimated.

Conclusions

Cultural psychiatry focus in a large scale on complex cultural phenomena in the modern global community. The majority of studies apply models where the complexity of individual cases disappear. In this presentation the opposite is the case: The focus is on individual cases without any claims of generalizations. However, the presentation holds the view that more research in this field should lean to ethnografic studies and methods.

HEALING PRACTICES IN TRANSFORMATION - EXAMPLES FROM SAMI AND AMAZONIAN INDIAN TRADITIONS AND THEIR RELEVANCE TO PSYCHIATRY

INSTITUTIONS

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AUTHORS

1. Randall Sexton¹, Mr., MD, randallno@yahoo.com

Aims: A cross-cultural exploration of traditional healing practices, their modern transformations and relevance to psychiatry in Northern Norway and Brazil.

Methods:

a) A questionnaire based survey among nearly two hundred psychiatric patients in Northern-Norway, a multi-cultural region with Sámi, Finn and Norwegians, on their use of traditional healing practices and how this relates to their use of psychiatry.

b) Fieldwork and interviews with patients, healers, therapists and users of traditional healing in Northern Norway and Brazil on this use today, and what beliefs and experiences related to it are important for the practice of psychiatry.

Results: The questionnaire study showed that traditional healing modalities are still the most widely used treatments outside of psy-

chiatry. Users were less satisfied with the Western psychiatric services, and a majority of patients were positive towards including traditional healing within the psychiatric services. The interviews include important suggestions about how the psychiatric services might become more in tune with the Sámi culture in Norway.

The field-work study in Brazil shows that the traditional religious and healing uses of a powerful psychoactive brew, Ayahuasca, from the Amazon is finding new uses today, also by health professionals, and reaching wider populations throughout Brazil as well as Europe and North-America.

Despite differences in culture, there are parallels in the modern transformations of traditional healing and their potential implications for psychiatry in these two areas, which can also be of interest for those from other regions.

SPIRITUALITY AND REALITY - MENTAL HEALTH DISORDERS EXPRESSED THROUGH TRADITIONAL SAAMI **NARRATIVES**

INSTITUTIONS

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- 2. University of Cambridge, Scott Polar Institute, Cambridge, United Kingdom

1. Jens-Eirik Nergaard^{1,2}, Mr., jens_eirik@hotmail.com

The overall aim with this project is to contribute phenomenologically and theoretically to psychiatric and medical anthropological research with empirical material from Saami-Léstadian communities. The theme for this project is to explore the encounters between the Saami narrative tradition and psychiatry in Northern Norway. Narratives regarding restlessness, or unrest, in people's house constitute important ways of expressing emotional stress or interpersonal unrest in Saami culture. This form of expression is toned down in the encounter with the Norwegian majorities' health-care system for various reasons. The indigenous Saami culture has for many years been in a continuous revitalisation-process. Hence, many Saami - both young and elders, are experiencing much mental distress. Knowledge on this matter is very important in a time where the

Norwegian mental health-care system is in dire need of improvement on indigenous issues

Methods:

The project aims to combine clinical interviews with patients and healthcare personnel, as well as conducting anthropological fieldwork within the communities of the patients.

Results:

The fieldwork process is in progress. The project has established contact with a Saami healer. Through this healer, the research fellow has been welcomed into a fraction of this healer's network. Data will be presented for discussion.

SAAMI PATIENTS ENCOUNTERING NORWEGIAN **PSYCHIATRY**

INSTITUTIONS

- 1. University of Tromsø, Department of Clinical Psychiatry, Institute of Clinical Medicine, Tromsø, Norway
- 2. University of Tromsø, School of Social Science, Tromsø, Norway

- 1. Tore Sørlie¹, Dr., MD, PhD, tore.sorlie@unn.no
- 2. Jens-Ivar Nergaard², Mr., PhD, jensi@sv.uit.no

To study treatment language, use of traditional helpers, treatment, treatment satisfaction and treatment gain in Saami and Norwegian patients at one acute and one short term psychiatric ward.

Questionnaires were completed by patients and therapists at discharge from hospital. BPRS and GAF were assessed by external Saami bilingual raters at inclusion in project and at discharge from hospital. Sami and Norwegian patients were matched according to sex, age, diagnosis and duration of illness.

31 Saami and 37 Norwegian patients were included and 25 pairs were matched. The Saami patients considered themselves as bicultural Saami and Norwegian.

Half of the Saami patients had preferred to speak Saami with their therapists, only one did. An extensive use of traditional helpers was only partly recognized. Despite no differences in type and amount of treatment or symptom-change during the hospital stay, the Saami patients showed less satisfaction with quality of contact with staff, treatment alliance, information and global treatment-satisfaction. The Norwegian therapists evaluated working alliance and quality of contact as significantly better than their Saami patients did. There were no such differences in scores between the therapists and their Norwegian patients.

Poor congruence between the scores of the therapists and their Saami patients in alliance and contact scores was interpreted as a consequence of an adaptive effort in the Saami patients. This made their therapists think that they were more native Norwegian and satisfied than they actually were. Negative consequences of poorer treatment alliance and lack of possibility to use ones mother tongue are dis-

SeS-063

PSYCHIATRY FOR THE PERSON AND DYNAMIC PSYCHIATRY

INSTITUTIONS

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- 2. German Academy for Psychoanalysis, Munich, Germany

AUTHORS

- 1. Maria Ammon¹
- 2. Ilse Burbiel²

The WPA Institutional Program on Psychiatry for the Person (IPPP), established by the General Assembly in Cairo 2005, promoted by the president Juan E. Mezzich, affirms "the whole person of the patient within his context (as) the center and goal of clinical care and health promotion" (Mezzich, 2007). The authors' concern is to emphasize the importance of the psycho-social context for the persons development on the background of the group dynamic theory of Günter Ammon's Dynamic Psychiatry. According to this view, man, from birth on, experiences a number of conscious and unconscious interpersonal contacts in different groups, especially in groups of his

early childhood, which holistically form the biological, psychological, social, cultural and spiritual dimensions of his identity up to developmental processes in the brain. The individual internalizes the structure and the energetic quality of experienced group dynamic processes going along with social energetic networks and fields, which again are externalized in relationships of present groups by means of reflective phenomena. Furthermore the authors will show what integrative meaning this group dynamic view of human development can be for diagnostics and treatment of severe psychic diseases.

PERSONALITY ORIENTED DYNAMIC PSYCHIATRY

INSTITUTIONS

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AUTHORS

1. Maria Ammon¹, Dr., dapberlin@aol.com

The author gives a differentiated survey on theory and practice of Dynamic Psychiatry. Starting with its roots in Freudians psychoanalysis, ego-psychology, object school, system theory and group dynamic thinking the author contributes to the development of Günter Ammon's work. Of central importance are the concept of identity, the unconscious as area of creative possibilities, the personality structure model, the understanding of health and illness with

the gliding spectrum of archaic personality diseases, the concept of group dynamics and social energy, the multidimensionality and androgynity of man, and a multidimensional diagnostic and treatment concept. Man is seen in his wholeness and uniqueness with special consideration of his creative potentials and abilities. The treatment goal is the development of a multi-dimensional identity.

THE GROUP DYNAMIC PRINCIPLE AS AN IMPORTANT PERSON CENTERED ASPECT IN DYNAMIC PSYCHIATRY

INSTITUTIONS

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AUTHORS

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The authors' concern is, to emphasize the importance of the psychosocial context for the persons development on the background of the group dynamic theory of Günter Ammon's Dynamic Psychiatry. According to this view, man, from birth on, experiences a number of conscious and unconscious interpersonal contacts in different groups, especially in groups of his early childhood, which holistically form the biological, psychological, social, cultural and spiritual dimensions of his identity up to developmental processes in the brain.

The individual internalizes the structure and the energetic quality of experienced group dynamic processes going along with social energetic networks and fields, which again are externalized in relationships of present groups by means of reflective phenomena.

Furthermore the authors will show what integrative meaning this group dynamic view of human development can be for diagnostics and treatment of severe psychic diseases.

IDENTITY AND PSYCHOTHERAPY TODAY: AMMON'S CONCEPT OF IDENTITY THERAPY

INSTITUTIONS

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AUTHORS

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While the basic concept of psychiatry, like that medicine in general, implies the healing or alleviation of the disturbing symptom (restitutio ad integrum), psychoanalysis aims at the emancipation of the individual from restrictive conflicts. Ammon's concept of Identity Therapy goes a step further and sees therapy as a chance for developing the identity of the patient beyond the limitations of one-dimensional polarities such as "healthy/ill". It broadens and deepens the sense of identity to a therapeutic goal implying the freeing from

traditional roles and clichés, using individual development potentials and anchoring the individual in his chosen groups. Following a resumé of Ammon's concept of identity therapy, the author reviews recent psychoanalytic literature relating to the topic. Eventually, he outlines the relevance of the concept of Identity Therapy for our times - an epoch characterized by frequent narrow and hedonistic life styles and missing identification figures and constituting a favorable background for borderline conditions

CHRONIC FATIGUE SYNDROME: PSYCHODYNAMIC AND PSYCHOTHERAPEUTIC ASPECTS: A CASE STUDY

INSTITUTIONS

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AUTHORS

1. Gabriele von Bülow¹, Mrs., G.v.Buelow@t-online.de

The case study is about a 40 years old male patient 'being too tired to be depressive.' Etiologic background are neurotic guilty feelings concerning the death of his brother as well as a severe early attachment- and developmental trauma, caused by an insecure attachment to parents who themselves were traumatized as children during war. The lack of emotional presence of the mother led to a social-energetic deficit of the patient, who hardly felt up to the

challenges of an adult life - 'as if he was abandoned at the age of two'. His ability to contact was fundamentally disturbed: contact to himself, his feelings and needs (alexithymia), to people and things. By getting more and more receptive to the supply of social energy of an emotional present therapist and by developing his ability for ego demarcation the level of energy within the patient - his alertness - could increase.

INDIVIDUAL FOCUS IN ADOLESCENCE PSYCHOTHERAPY

INSTITUTIONS

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AUTHORS

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The author's purpose is to show, that we in child psychotherapy must not succumb to temptation of making the patient an object of the treatment.

Children have to be understood as active partners in psychotherapy. Their treatment doesn't follow just the expectations of the child's parents. It can't be managed without the - at least implicite - consent of the child.

To win the consent of the child, we have to win its trust. For that it is

necessary that we understand in a deep sense, what the child is suffering from, and that we help him to diminish this suffering. Examples for this shall be reported.

Dynamic psychiatry considers human being genuinely as a group being. In each individual therapy we do have the task, to understand the problem of the child or young person as a problem of its group dynamic situation in its life groups too. This understanding leads us to the core of its suffering and is a requirement of healing.

THE RUSSIAN MODEL OF PERSONALITY-ORIENTED PSYCHIATRIC-PSYCHOTHERAPEUTIC TREATMENT

INSTITUTIONS

1. Bekhterev Psychoneurological Research Institute, St. Petersburg, Russian Federation

AUTHORS

1. Nikolaj Neznanov¹, Prof., spbinstb@infopro.spb.su

One should treat not the disease but the patient, this statement of one of the prominent Russian clinicians of the XIX-th century became the main attitude in our medicine and in psychiatry as part of it. The elaborated in Bekhterev Institute by Prof. Myasischev system of personality-oriented reconstructive psychotherapy considers the disturbed relationship/attitude system of the individual as one of the major issues for the development of pathological process. The personality of the patient, his family dynamic and social environment play the central role for the psychosis treatment as well. The distortions and deficits in the ones relationship system develop early

in life in the family or so called prime group, according to dynamic psychiatry terminology, therefore it is important to involve family members in the diagnostic and therapeutic process. On the other hand therapeutic setting with the active use of group therapy gives patient the possibility to reconstruct his pathological relationship system under safe therapeutic conditions, work them through and gain new problem-solving strategies and coping skills. As well as G. Ammon in his dynamic psychiatry model we consider the conflict as the possibility for personal growth. The therapeutic system is divided in several stages depending on the severity of patient state.

SeS-064

WHAT MEANS ETHICS IN PSYCHOTHERAPY

INSTITUTIONS

- 1. German Academy for Psychoanalysis, Berlin, Germany
- 2. German Academy for Psychoanalysis, Munich, Germany

AUTHORS

- 1. Maria Ammon¹
- 2. Ilse Burbiel²

After an overview of the actual discussion of ethics in psychoanalysis and psychiatry, the authors line out the conception of ethics in Dynamic Psychiatry. Starting with Günter Ammon's view that ethics is the basis for a humanistic image of the world. In Dynamic Psychiatry, man is seen holistically as a unity of body, mind and spirit, as an individual human being striving towards identity and self-realization. The integration of man's multidimensionality with its various dimensions into the core of the personality and the liberation of man from the chains of concretism and thinking in categories is the most important ethical task in therapy. The holistic view of man includes

the dimensions of creativity, time and experience of time, illness, health, work and activity, androginity, body and body experience, death and dying, religion, sexuality, identity, thinking and much more. The therapeutic conception of Dynamic Psychiatry is based on the processual understanding of health and illness. Replacing the category of illness by a conception of dysregulation of the homeostasis of body, mind and spirit, the conflicts of a damaging dualistic thinking can be abolished. The ethical implications of good and bad are seen in a holistic, not in an absolute way.

ETHICAL ASPECTS IN PSYCHOTHERAPY

INSTITUTIONS

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AUTHORS

1. Maria Ammon¹, Dr., dapberlin@aol.com

After an overview of the actual discussion on the topics of ethics in psychoanalysis and psychiatry, the authors line out topics like ethical principles in science and research, abstinence-acting in psychoanalysis, empathy and ethics and ethics, morality and politics in psychiatry and psychotherapy and furthermore the conception of ethics in Dynamic Psychiatry. Günter Ammon's view that ethics is the basis

for a humanistic image of the world, the authors stress the meaning that the rights of man have to be higher than the cultural and ideological rights. In his scientific work, Ammon dealt with questions of guilt and guilt feelings as well as liberty and the ability for peace in mankind.

ETHICAL PREPOSITIONS IN PSYCHIATRY AND PSYCHOTHERAPIES

INSTITUTIONS

1. German Academy for Psychoanalysis, Berlin, Germany

AUTHORS

- 1. Daniel S. Kipmann¹, Prof., s.d.kipman@wanadoo.fr
- -1- Many of us are confusing, ethics, morality, deontology, and often ideology. Citizens' majority does the same confusion. And, also of course, many patients, and moreover the more litigants of them; The first question is how separate it.
- -2-The ethical questioning increases some complexity in our activities, practices, methods, all the more that rules, laws and guidelines adds often to confusion.
- -3- Perhaps we can differentiate, inside a set of ethics, -medic ethics, including durty of information, search of contentment without pressure or seduction.... -care ethics, based on quality of relationship, and what is a professional relationship including transference and

counter transference

- -4- Please, be sure that it is NOT some guidelines, but professional indications, far from pity, compassion and other arguments which have links with ideology, mot reality and religion, but to give a collective reality . I mean that they are internal rules of personal agreement, in a professional way, with, as a goal, help the patient to avoid anxiaty and sufferening, and to treat the illness.
- -5- In France, but probably all over the world, political decisions and speeches, we are in a position between decisions cj leaely against medical and psychiatric ethics, and more and more rules of conduct.

ETHICS AND MODERN CLINICAL PRACTICE

INSTITUTIONS

1. German Academy for Psychoanalysis, Berlin, Germany

AUTHORS

1. Florence Quartier¹, Dr., florence.quartier@worldcom.ch

In a fast-moving world where traditional landmarks are constantly changing and disappearing, it is not enough to let the question of ethics hang over practitioners as purely a consideration from outside. On the contrary, it should be embodied in modern clinical practice. Our aim is to open a discussion with the participants on this subject, based on a couple of brief examples:

1. Explaining to a patient what we know - and what we don't know - about the root of his problem, puts us at the centre of an ethical reflection on our role and our identity.

2. To define clearly what it is in our work that sometimes leads us to offer advice, holds us back from giving explanations, pushes us insidiously towards exerting influence, even attraction, results in a change in therapeutic dialogue: and this is in itself constitutes taking an ethical position.

The time has come to bring this reflection to the heart of our work, even when the solution seems evident; and to do this with and for the patient, his circle and all concerned in his treatment.

EMPATHY AS A CORE ETHICAL DIMENSION IN PSYCHOTHERAPY

INSTITUTIONS

1. German Academy for Psychoanalysis, Berlin, Germany

AUTHORS

1. Gabriele von Bülow¹, Mrs., G.v.Buelow@t-online.de

Empathy nowadays is understood to be an essential dimension of ethics. This is not trivial, but a new development of the philosophical discipline of ethics, which for a long time focused on the virtue of justice as a solely rational one. Fonagy et al. (2002) defined empathy or emotional resonance as the "accessibility of a mechanism, which enables the individual to take the perspective of another person and to infer his inner emotional state and to a certain degree to share it."

Without empathy on the part of the psychotherapist, no psychic healing of the patient is possible. Moreover this lecture wants to demonstrate that, given a certain phase of the therapeutic process, it is crucial for the development of mental health to encourage and demand the ability for empathy on the part of the patient - towards his significant others as e.g. his children and, sometimes, "even" the therapist.

SECTION SYMPOSIA

THE TRADITION OF INTERPERSONAL RELATIONSHIP AND DYNAMIC PSYCHIATRY

INSTITUTIONS

1. German Academy for Psychoanalysis, München, Germany

AUTHORS

1. Egon Fabian¹, Dr., efabian@klinik-menterschwaige.de

The author differentiates between the historical tendencies in the development of psychoanalysis since Freud: the intraindividual, conflict-centered, and the interpersonal, relationship-centered. The emphasis on the therapeutic rapport as an essential factor in psychotherapeutic treatment has its roots in the works of Ferenczi, Balint and Sullivan. The therapist whi treats patients with early disturbances must, as Ammon points out, show himself to the patient as a "whole person".

In this connection, Ammon's contribution is to have enlarged the scope of interpersonal relationship by the dimension of group dynamics and having conceived of the group as source of interpersonal ("social") energy. By propounding an image of man as an individual possessing the ability to develop at any age, Dynamic Psychiatry shows a basically optimistic attitude with important therapeutic and ethical implications.

SeS-065

RELIGION, SPIRITUALITY AND OLD AGE PSYCHIATRY

INSTITUTIONS

1. Meerkanten GGZ, Harderwijk, The Netherlands

AUTHORS

1. Peter J. Verhagen¹, mr., MD, verhagen.p@wxs.nl

This section symposium focuses on recent research on

- affective aspects of religiousness in later life

- quality of life, spirituality and religiosity and cognitive decline

- recognition of core psychiatric (psychotic) symptoms among chaplains

These insights may inform clinical practice.

GOD IMAGE IN OLDER ADULTS IN THE NETHERLANDS: RECENT RESEARCH FINDINGS

INSTITUTIONS

1. Altrecht Mental Health Care, emergency psychiatry, Utrecht, The Netherlands

AUTHORS

1. Arjan W. Braam¹, dr., MD, PhD, a.braam@vumc.nl

Affective or emotional aspects of religiousness are considered to be crucial in the association between religiousness and well-being, especially in later life. The emotional aspects of religiousness, can be understood as pertaining to the God image, or better defined as the God-object-relationship, corresponding to feelings of trust towards God or to religious discontent. In the current contribution, empirical findings are discussed about associations between God image, depressive symptoms, feelings of guilt, and personality characteristics, such as defined by the Five Factor Model of Personality.

Feelings of discontent towards God correlated positively with hopelessness, depressive symptoms, feelings of guilt, and also with

depressive symptoms assessed 13 years earlier; these findings pertained to Protestant participants in particular. Most facets of God image, positive, critical, and about punishment reappraisals, were associated with more feelings of guilt. A possible explanation for the most pervasive finding, that feelings of discontent towards God are related to depressive symptoms, is that both, throughout life, remain rooted in insecure attachment styles.

Neuroticism was associated to feelings of anxiety towards God as well as discontent towards God. Agreeableness was associated to perceiving God as supportive and to prayer. These findings persisted after adjustment for depressive symptoms.

CHAPLAIN'S MANAGEMENT OF RELIGIOUS DELUSIONS: A CASE VIGNETTE STUDY

INSTITUTIONS

1. De Grote Rivieren, Elderly Psychiatry, Dordrecht, The Netherlands

AUTHORS

1. Annemarie Noort¹, Mrs., MD, noort.a@planet.nl

Especially among members of religious congregations, the chaplain takes a crucial role in the first counselling of psychosocial problems. Among the range of presentations, psychotic symptoms may occasionally occur, sometimes with a religious or spiritual content. To explore the ability of chaplains to recognize the difference between psychiatric problems with a religious content and religious problems requiring the assistance of a chaplain, a vignette approach was employed. Selected in a region of the Netherlands with a population characterised by relatively high levels of orthodox Calvinist beliefs, 143 chaplains of several denominational traditions were interviewed. Thirty one chaplains belonged to strict Calvinist congregations (mostly vicars), 39 had moderately conservative Protestant back-

ground (mostly vicars), 36 were Roman Catholic (mostly priests) and 37 were elders from Evangelical congregations. The vignettes pertained to a young man with schizophrenic psychosis, a mystical/spiritual experience, a grief reaction with a religion-based moral dilemma, and a melancholic old man with religious delusions. One main result is that the last vignette was recognised both as a psychiatric case, as well as that the spiritual content should be addressed by the chaplain. Other results, pertaining to the denominational differences will be discussed. A main conclusion is that knowledge of psychiatry is also relevant for chaplains, and that some additional education on psychopathology for chaplains is warranted.

COGNITIVE DECLINE IN ALZHEIMER DISEASE: IMPACT OF SPIRITUALITY, RELIGIOSITY, AND QOL

INSTITUTIONS

1. Herzog Memorial Hospital, elderly psychiatry, Jerusalem, Israel

AUTHORS

1. Yakir Kaufman¹, Dr., MD, ykaufman@herzoghospital.org

To assess effects of quality of life (QOL), spirituality, and religiosity on rate of progression of cognitive decline in Alzheimer disease (AD). Methods: In this longitudinal study, we recruited 70 patients with probable AD. The Mini-Mental State Examination was used to monitor the rate of cognitive decline. Religiosity and spirituality were measured using standardized scales that assess spirituality, religiosity, and organizational and private religious practices. We conducted a simultaneous multiple linear regression analysis for factors contributing to rate of cognitive decline.

Results: After controlling for baseline level of cognition, age, sex, and education, a slower rate of cognitive decline was associated with higher levels of spirituality (p . 0.05) and private religious practices (p . 0.005). These variables accounted for 17% of the total variance [F(11,58) . 2.24, p . 0.05].

1. Kaufman Y, Anaki D, Binns M. Freedman M. NEUROLOGY 2007;68:1509-1514.

SeS-066

IMMIGRATION AND ACCULTURATIVE STRESS IN AN ERA OF FEAR OF TERRORISM

INSTITUTIONS

- 1. Brown University/Butler Hospital, Psychiatry and Human Behavior, Providence, United States
- 2. Centre for Transcultural Psychiatry, Rigshospitalet, Psychiatry, Copenhagen, Denmark
- 3. Hanover Medical School, Social Psychiatry and Psychotherapy, Hanover, Germany
- 4. Centrum '45 Centre for Treatment of Traumatised Refugees, Noordwijkerhout, The Netherlands
- 5. McGill University, Division of Social and Transcultural Psychiatry, Montreal, Canada
- 6. University College London, London, United Kingdom
- 7. University of Barcelona, Barcelona, Spain
- 8. Basel University, Switzerland
- 9. Minkowska Institute, Paris, France

AUTHORS

- 1. Ronald M Wintrob¹, Prof, MD, rwintrob@earthlink.net
- 2. Marianne Kastrup²
- 3. Wielant Machleidt³
- 4. Hans Rohlof4
- 5. Laurence Kirmayer⁵
- 6. Simon Dein⁶
- 7. Joseba Achotegui⁷
- 8. Mitchell Weiss⁸
- 9. Rachid Bennegadi9

During the past fifty years, there has been a surge of immigration to countries in North America, Europe, Australia and elsewhere. However, during the first decade of the 21st century, and especially since the terrorist acts of Sep 11, 2001, some of those same countries have changed their policies about immigration in the face of public pressure to ensure more secure borders and reduce the risk of terrorism.

This symposium, comprising two parts and nine presentations, addresses the changes in public sentiment and government policy

concerning the in-flow of migrants to countries in North America and Europe during this decade. These complex issues related to immigration are described and analyzed by presenters who have been actively engaged in these issues in Canada, USA, Britain, France, Spain, Germany, the Netherlands, Denmark and Switzerland. Their presentations will also address changes in acculturative stress and emotional distress among immigrants engendered by post-9/11 fears of terrorism.

YEARNING TO BREATHE FREE; IMMIGRATION TO THE USA SINCE 9/11

INSTITUTIONS

1. Brown University/Butler Hospital, United States

AUTHORS

1. Ronald Wintrob¹

Legal immigration to the USA has been increasing steadily in each decade since the 1970s. There has been strong public support for an immigration policy that welcomes legal immigrants, as well as refugees from war-torn regions of the world. That 'open-door' policy has been challenged, but not reversed, since the terrorist attacks of 9/11/2001.

Between 2000 and 2005 the numbers of legal immigrants to the USA has risen from 9.8% to 12.4% of the total US population. However, the number of refugees and asylum seekers has been declining since 2000.

The US Congress has deadlocked on efforts to revise immigration

policy since 9/11. Public sentiment has clearly favored secure borders and responded to fears of terrorism. Immigrants living legally in the USA have experienced mounting anxiety about discrimination and fear of being mistaken for illegal immigrants and deported.

These fears and experiences of discrimination since 9/11 have undermined the sense of security of large numbers of immigrants, and increased the incidence of psychiatric distress symptoms among them.

This presentation reviews data about these issues and discusses their implications for immigration policy and for the provision of mental health services for immigrants and refugees in the USA.

THE ERA OF TERRORISM: ETHICAL DILEMMAS AND EDUCATIONAL NEEDS

INSTITUTIONS

1. Centre for Transcultural Psychiatry, Rigshospitalet, Copenhagen, Denmark

AUTHORS

1. Marianne Kastrup¹

With the strong focus on terrorism in recent years there is an increasing concern that fundamental human rights may be violated in the interest to combat acts of terrorism. It is in particular in situations of interrogations that persons may be exposed to various kinds of interrogation techniques that go against international conventions.

According to Article 10 of the UN Convention of 1984 against torture and other cruel, inhumane or degrading treatment or punishment, states having signed the Convention shall ensure that education and information regarding the prohibition of torture are included in the training of e.g. medical personnel who may be involved in the custody, or treatment, of individuals deprived of their liberty. Unfortunately, few countries enforce this, implying that few psychiatrists receive any such education and thus have little knowledge on the

issue of organised violence in relation to terrorism.

Knowledge about the mental health consequences of state-perpetrated violence, including torture, is of clear clinical relevance for psychiatrists worldwide as a significant proportion of e.g. refugees and migrants have experiences of war, strife, persecution and torture and a large proportion of the world's population lives in countries that condone torture.

The paper will outline the psychiatric symptomatology following exposure to state-perpetrated violence and torture, preventive considerations as well as ethical dilemmas and educational needs for the psychiatric profession.

A LIGHT AT THE END OF THE TUNNEL; IMMIGRATION TO GERMANY BEFORE AND AFTER 9/11

INSTITUTIONS

1. Hanover Medical School, Social Psychiatry and Psychotherapy, Hanover, Germany

AUTHORS

1. Wielant Machleidt1

Germany, geographically located in "the heart of Europe", has been a host country for immigrants for centuries. The German constitution after World War II guaranteed immigration and asylum for everybody, especially for war refugees and those who suffered from political persecution and racism.

However, the increasing flow of immigrants from south-eastern Europe (Turkey and the Balkans) in the 1970s and 1980s generated increasing resistance to further immigration and led to discrimination against those foreigners. The attitude of hospitality toward migrants switched to hostility by the 1990s.

As a consequence, the German government revised its constitution and immigration laws to restrict immigration. When the terrorist attacks on the WTC towers took place on 9/11/2001, German immigration laws were already the most restricted the country has had

in its recent history.

Germany had not been a major focus of terrorist activities in recent years. But because it was a country in which terrorist attacks were planned, laws were passed allowing for increased surveillance of immigrants, and even of German citizens.

As a consequence, the annual number of immigrants did not increase since 1998, and for the first time since 1950, diminished significantly during the years 2004 and 2005. Nevertheless, Germany continues to have one of the highest percentages of citizens who are foreign-born (20%) among European countries.

Currently, there is an increasing acceptance of immigrants once again and a new policy to help in their integration has been introduced by the German government.

IMMIGRATION AND ACCULTURATION IN THE NETHERLANDS, IN THE LIGHT OF TERRORISM

INSTITUTIONS

1. Centrum '45 Centre for Treatment of Traumatised Refugees, The Netherlands

AUTHORS

1. Hans Rohlof1

The Netherlands is not an official immigration country: immigration is not encouraged and there is no official quota for immigration. Nevertheless, there are two groups that have immigrated to the country during the 1990s: families of former migrant workers from Turkey and Morocco, and refugees from Eastern Europe, Africa and Asia. The numbers of immigrating individuals increased because of possibilities of family reunion, because of the wars in Bosnia and other places, and because of growing possibilities to travel.

After the acts of terrorism in recent years, political right wing parties started a public debate focused on immigration as a danger for Wes-

tern democracies. This debate has become increasingly extreme and has had a direct effect on immigration policy and numbers: policy became stricter, numbers decreased.

After the murder on Theo van Gogh in 2004 we performed a study on the effects of this highly publicized event on patients in mental health care. The public paranoia and mistrust in different population groups was clear. A new target of mental health care is to help migrant patients adapt themselves to a multicultural society where there is a growing animosity between population groups. Clinical implications of this attitude will be discussed.

THE IMPACT OF THE WAR ON RECENTLY ARRIVED IRAQI REFUGEES TO SWEDEN-CLINICAL OBSERVATIONS

INSTITUTIONS

1. Orient Medical and Rehabilitation Center, Private Psychiatry, Stockholm, Sweden

AUTHORS

1. Riyadh Al-Baldawi¹, Dr., MD, PhD., r.baldawi@orienthalsan.nu

The war in Iraq, which started 2003, is still ongoing. Initially, the war provided the Iraqi people with the possibility to put an end to a dictator regime which used terror against its own people. However, the war also brought with it several disasters. Internal conflicts between different militant groups and alliance troops have caused an environment characterized by socioeconomic chaos. Bomb explosions have become a part of the daily life of the Iraqi people. Civilians are afraid to go to work or even to send their children to the schools due to the risk of kidnapping.

A small part of the refugees are provided with the possibility to seek asylum in different parts of Europe and other countries around the world. More than 60,000 Iraqi refugees have fled to Sweden since

2003. Approximately 45,000 of these have been provided with accommodations while the remaining refugees are still waiting.

The large number of Iraqi refugees entering Sweden has put the country and its health, social care services and school system in front of a large number of challenges.

This presentation will discuss the problems we experience when working with newly arrived Iraqi refugees that are admitted to our centre for treatment and psychological support. Long term exposure of stress, fear and accumulated traumatic situations influence the newly arrived refugees' psychosocial life and make it difficult for them to commence an active life in the new country.

SeS-067

IMMIGRATION AND ACCULTURATIVE STRESS IN AN ERA OF FEAR OF TERRORISM – PART 2

IMPACT OF THE GLOBAL CLIMATE OF FEAR ON THE MENTAL HEALTH OF NEWCOMERS TO CANADA

INSTITUTIONS

1. McGill University, Canada

AUTHORS

1. Laurence Kirmayer¹

This presentation will explore the impact of the current climate of fear about terrorism on the mental health of immigrants, refugees and visible minorities in Canada. Canada has been a nation of immigrants from its inception with about 18% of the current population born outside the country. Although migration policies have always been discriminatory, the post 9/11 climate of fear has fostered a new level of suspicion with increases in racism, discrimination and exclusion. In Quebec, a political debate on 'reasonable accommodation' focused on the extent to which the dominant society should adapt to the values and practices of newcomers. This debate singled out specific religious and cultural groups (Muslims, Jews and visible minorities) and allowed xenophobic and racist elements of society

to voice their fears and hostility toward whole segments of society. The heightened concern with security has had negative effects on the health and wellbeing of both children and adults among minority groups and newcomers as documented in surveys and clinical work. In addition to this impact on vulnerable groups, mistrust of the 'Other' damages the fabric of civil society with potentially negative effects for everyone. The dynamics of this mistrust will be illustrated with cases drawn from our cultural consultation service. The Canadian ideal of multiculturalism requires renewed commitment to counteract the stereotyping and exclusion that have resulted from the political manipulation of fear.

PSYCHOLOGICAL CONSEQUENCES OF THE FEAR OF TERRORIST ATTACKS

INSTITUTIONS

1. University of Barcelona, Spain

AUTHORS

1. Joseba Achotegui¹

The terrorist attacks on the trains in Madrid on 11th March 2004, with 194 deaths and over 1000 people injured, led to great social turmoil in Spain, but public manifestations of that distress did not occur. There was not one anti-immigrant demonstration or act of revenge. For the Muslim immigrants, however, it meant the breaking of a link, the start of a situation in which they have become permanently subject to suspicion, despite the fact that one third of the victims were immigrants and many were Muslims.

Faced with this situation, our immigrant mental health care department, SAPPIR, has noted a significant increase in paranoid-type problems.

I shall present the case of a young immigrant of Kurdish origin who, as a result of the terrorist attacks on 11th March 2004, started to have delusions of being followed. Mustafa is 29 years old, a teacher of Arabic and studies philosophy. He is married to a Spanish woman and speaks Spanish and Catalan fluently. Mustafá thinks that the greengrocer, the baker the mechanic and other shopkeepers are all police informers who are spying on him. When he travels by car, he is convinced that other vehicles follow him and cause him to make dangerous manoeuvres. He maintains his normal activity, but says that he is suffering great "moral harm" through being followed.

The relationship between his personal story, migratory stress, symptomatology and health care are analysed.

ISLAMOPHOBIA AND THE MENTAL HEALTH OF MUSLIM MIGRANTS IN THE UK POST 9/11

INSTITUTIONS

1. University College London, London, United Kingdom

AUTHORS

1. Simon Dein¹

There has been an escalation of anti-Muslim sentiment in the UK following 9/11 largely fuelled by the public perception of Islam as fanatical, and fundamentalist. "Islamophobia" is a term deployed to refer to forms of prejudice, exclusion and violence toward Muslims that have risen to new levels over the past 20 years. Islamophobia contributes towards health disparities among Muslim minorities in terms of both physical and mental health. Disparities are mediated by two processes: intersectionality and differential racialisation. "Intersectionality" refers to cases in which individuals or groups experience prejudice toward multiple attributes of their identity. Muslims in the UK and the US are differentiated by race, ethnicity, national origin, social class and immigration status, any of which can result in being the target of social bias.

"Differential racialisation" means that each minority or targeted

group becomes defined in relation to a given majority group, often in terms of being "more" or "less" similar. These issues are discussed in relation to new immigrants in the UK.

Religious discrimination has significant effects on mental health. Discrimination at work and "chronic daily hassles", including insults and assaults, can increase the risk of common mental disorders such as anxiety and depression. It can also influence access to and the use of health services.

The presentation ends by discussing how these cultural issues can be overcome in health-care related settings, particularly focusing upon the importance and limitations of cultural competency training.

SECTION SYMPOSIA

MIGRATION IN FRANCE: MYTHS AND REALITY

INSTITUTIONS

1. Minkowska Institute, Paris, France

AUTHORS

1. Rachid Bennegadi¹

In Europe, the long-term objective of the European Commission is to integrate all the elements of border management to be managed by a Europe-wide integrated service. As part of this strategy, it is intended to develop joint training and reciprocal personnel exchanges within the Schengen area. Europol will have an increasingly important role in addressing criminal activities in the Schengen area, and

moves to secure common standards in the use of technology and document security can be expected. What could be the link between this strategy and reinforced laws concerning immigration. A review of the media coverage of this topic will be presented and discussed relevant to immigration policy in France from 1950 through 2007.

CULTURE, POLITICS, AND SOCIAL CHANGE AFFECTING MIGRANT MENTAL HEALTH IN SWITZERLAND

INSTITUTIONS

1. Swiss Tropical Institute, Basel, Switzerland

AUTHORS

1. Mitchell Weiss¹

The politics of immigration rage with renewed vigour throughout the world. In Switzerland, such questions have long been topical in a setting characterised by resistance to social change and policies that may deny Swiss-born children of immigrants full social acceptance as citizens. In a recent political election, a campaign poster depicting 3 white sheep kicking out a black sheep sparked a national controversy, protest, and confrontation that became a focus of international attention. The campaign also linked criminality to foreigners living in Switzerland.

With a total population of 7.57 million in 2005, 1.66 million (21.9%) were classified as foreign residents, and the annual immigration was 99,091. The largest number of foreign residents was from Italy (303,455) and other European countries (1,412,987 from all of Europe). As the leading non-European country of origin, Turkey

constituted the fifth most common nationality of foreign residents (78,711). In addition to immigrants who provide labour, services, and technical expertise, foreign residents now also include asylum seekers from conflicted areas (e.g., 46,773 from Bosnia and Herzegovina).

This changing character of migration has renewed questions that were resolving from previous waves from neighbouring countries. Migration and mental health policy has been concerned with utilization of psychiatric services and questions of adjustment to an ambivalent reception that grows more hostile in an expedient political climate. This paper considers priorities for mental health policy, services, and research with reference to current needs and changing perceptions of migrants over the past several decades.

SECTION SYMPOSIA

SeS-068

INTER-RACIAL AND INTER-ETHNIC MARRIAGE

INSTITUTIONS

- 1. Brown University/Butler Hospital, Psychiatry and Human Behavior, Providence, United States
- 2. Taisho University, Tokyo, Japan
- 3. Rigshospitalet, Centre for Transcultural Psychiatry, Copenhagen, Denmark
- 4. Centre for Treatment of Traumatised Refugees, Noordwijkerhout, The Netherlands

AUTHORS

- 1. Ronald Wintrob¹, Dr, MD, rwintrob@earthlink.net
- 2. Fumitaka Noda², Dr, MD, PhD
- 3. Marianne Kastrup³, Dr, MD
- 4. Hans Rohlof⁴, MD

In this symposium, we describe the historical and social trends about inter-racial and inter-ethnic marriage in North America, Europe and Asia. Each presenter addresses the issues from both cultural and clinical perspectives; specifically for the USA, Denmark, the Netherlands and Japan.

INTER-RACIAL MARRIAGE IN THE USA

INSTITUTIONS

1. Brown University/Butler Hospital, Psychiatry and Human Behavior, Providence, United States

AUTHORS

1. Ronald Wintrob¹

For people who value cultural diversity, it is distressing to be made aware that racial prejudice continues to be manifest in everyday life in the USA, despite the progress in civil rights legislation over the past 40 years, since the assassination of Martin Luther King Jr.

It still comes as something of a shock to realize that until the 1960s, most southern US states had laws against inter-racial marriage. The landmark court decision overturning such laws was in 1967, in Virginia. But it took until 2001 for the last southern state, Alabama, to remove from its constitution the ban on inter-racial marriage.

The number of inter-racial marriages in the USA has increased from less than 50,000 in 1967, to more than 500,000 now; representing more than 8% of all US married couples. The numbers would be very much higher for inter-ethnic marriages.

This presentation reviews statistical data and demographic trends about inter-racial marriage in the USA over the past 40 years. Influences on de-stigmatization of inter-racial marriage will be considered, and some of the psychological, social, educational and political implications of inter-racial marriage will be discussed.

MY EXPERIENCE AS A CONSULTANT FOR INTER-MARRIAGE WORKSHOPS IN VANCOUVER CANADA

INSTITUTIONS

1. Taisho University, Japan

AUTHORS

1. Fumitaka Noda¹

As a psychiatrist who is interested in cross-cultural mental health, I have seen many cases of inter-racial marriage. I have seen both happy and unhappy sides of inter-marriage histories. Inter-marriage involves complex cross-cultural issues, i.e. issues of background, cultures, languages, difference of customs, relationships with in-laws and relatives, food preference, ways of raising children, etc.

The intermarriage workshop was initiated by a group of Japaneseborn women, living in Vancouver, Canada, in 1996. They were all women who were partners in inter-racial marriages, mainly with Canadian men who were white, English speaking and Canadian born

They felt that there was a considerable need among them to help each other. Until then, there was very little information about how many intermarried couples were living in the Vancouver area and how they were coping with their inter-racial marriages.

I was recruited as a consultant for this workshop. It was quite interesting to see that a substantial number of Canadian husbands became involved in the workshop, although it was originally planned to help and support Japanese women intermarried with Canadian men. Accordingly, the workshop gradually changed from being Japanese-oriented and mono-cultural to being bilingual and bicultural.

This series of workshops continued from 1996 to 2003 and made a positive contribution to supporting intermarried couples both socially and psychologically.

The workshops also played a great role in raising the awareness among unmarried Japanese women living in Canada about how demanding and difficult, but also how satisfying intermarriage can be.

PSYCHIATRIC PROBLEMS IN DESCENDANTS OF DIFFERENT ETHNIC BACKGROUNDS

INSTITUTIONS

1. Centre for Transcultural Psychiatry, Rigshospitalet, Copenhagen, Denmark

AUTHORS

1. Marianne Kastrup¹

A nationwide study was carried out comprising 50,877 persons, who in 2003 were registered in the Danish Psychiatric Register or the National Patient Register with a psychiatric ICD-10 diagnosis.

Of the population 4.0 % descendants with one Danish born parent and one migrant parent; 0.7 % descendants with both parents born outside Denmark; 87.1% were ethnic Danes; 7.8 % migrants, and 0.3% foreign adoptees.

The five groups had significant differences in diagnostic distribution

and utilization of psychiatric care.

Among the descendants of mixed background we saw particularly in young women a significantly higher contact rate for nervous disorders, personality disorders, and self-mutilating behaviour compared to young Danish women.

The paper will discuss possible explanations to these findings in terms of e.g. cultural identity, acculturation and gender issues.

INTER-ETHNIC MARRIAGE IN THE NETHERLANDS: FACTS AND CLINICAL IMPLICATIONS

INSTITUTIONS

1. Centrum '45 Centre for Treatment of Traumatised Refugees, The Netherlands

AUTHORS

1. Hans Rohlof1

In the Netherlands, 80% of all marriages are between individuals of original Dutch origin; after 10 years 17% of these couples have separated.

Marriages between individuals from Turkish origin have led in 20 %, of Moroccan origin in 30 %, and of Surinam origin in 40 % of the cases to a separation after 10 years.

Mixed marriages between Dutch citizens and an individual of Moroccan and Turkish origin have led to a separation in 70 % of the cases after 10 years. Problems with norms and values, religion, family interaction, and mutual understanding are some of the most common complaints in mixed marriages.

Although mixed marriages can lead to better communication between population groups, most marriages do not seem to be stable. The minority of stable mixed marriages is characterised by mutual respect and acceptance of cultural diversity.

In clinical practice, family therapy seems to be the answer to the problems mixed marriages have. In this therapy much attention should be given to the mutual understanding of each others' norms and values. In fact, a new family culture should be invented, which is a combination of the cultures of both parents. Examples of this family therapy will be presented.

SeS-069

PERINATAL MENTAL HEALTH AND INNOVATION

INSTITUTIONS

- 1. Erasmus Hospital, PErinatal Psychiatry, Antony, France
- 2. CHU Nantes, Infant Psychiatry, Nantes, France
- 3. Tel Aviv University, Infant Mental Health, Tel Aviv, Israel
- 4. Bobigny University, Child and family Psychiatry, Bobigny, France
- 5. Keele University, Perinatal Psychiatry, Keele, United Kingdom

AUTHORS

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- 2. Nicole Garret-Gloanec², Dr, MD, nicole.garret@wanadoo.fr
- 3. Miri Keren³, Dr, MD, ofkeren@internet-zahav.net
- 4. Tadeb Ferradji⁴, Dr, MD, taieb.ferradji@avc.ap-hop-paris.fr
- 5. John Cox⁵, Pr, MD, PhD, john1.cox@virgin.net,

This symposium will highlight the importance of the mental health of parents before, during and after childbirth.

The prevention and treatment of perinatal mental disorder are public health priorities in rich and poor countries. This symposium will highlight current knowledge about the diagnosis and management of ante-natal and post-natal mental disorder as they may affect the development of the foetus and the growth of the infant. The importance of perinatal mental health was recognised in the World Health Report 2005, 'Make every mother and child count', which drew attention to the lack of co-ordination between ante-natal and post-natal health services.

This symposium will show recent innovations in therapeutic set-

tings in maternal and infant mental and community health settings. Transcultural aspects will be detailed and management of both emergency health services and preventive care will be presented and discussed.

The speakers will reflect on the public health policy implications of new data in this field including the evidence, that supportive interventions during pregnancy in vulnerable families have beneficial effects.

This symposium will continue the WPA institutional programme launched in Melbourne in December 2007 on parent and infant mental health.

AN INNOVATIVE RESPONSE TO ANTENATAL AND IMMEDIATE POSTNATAL DISTORSIONS

INSTITUTIONS

- 1. Erasmus Hospital, Perinatal Psychiatry, Antony, France
- 2. University Denis Diderot Paris 7, Human Clinical Sciences, Paris, France

AUTHORS

1. Gisele Apter², Dr, MD, gisdanap@aol.com

Pregnancy is the time during which psychological preparation for mothering takes place. Self-depreciation and undermining of self-esteem may create situations where women feel unable to care for their newborn. This means that we need to reach out and offer specialized psychiatric care during this period. Physical follow-ups and maternal motivation during pregnancy facilitate acceptance of treatments. The antepartum and the peripartum are thus a blessed period for care.

Working with organized networks of health care including Ob-Gyn,

pediatricians, nursery nurses, midwives, psychologists, psychiatrists and GP's we have set up an itinerant emergency team that moves to mothers wherever they be during the peripatum and address their issues so as to directly organize care on one hand and manage specific issues on the other whether they be medical, psychological, and /or social.

This complex organization has necessitated years of learning to work between institutions and organizing public health means to enhance maternal and infant well-being. The setting will be described and clinical examples presented.

THE HOME: HOW TO PLAY WITH MOTHERS AND INFANTS IN AN ADAPTABLE INPATIENT SETTING

INSTITUTIONS

1. Nantes University Hospital, Infant Psychiatry, Nantes, France

AUTHORS

1. Nicole Garret-Gloanec1, Dr, MD, nicole.garret@wanadoo.fr

The HOME is part of the equipment that the infant psychiatric sector has to offer to patients. However it can only function linked to all of the other public health care that is organized around the mother and the infant during the peripartum.

In this paper this specific unit will be described and moreover how it is articulated among the general mental health care that is provided

for pregnant and young mothers in western ocean-side France. Both the specificities of the care delivered and the links with the general health system will be described. Its advantages and difficulties will be discussed. Its applications in other mental health systems open to debate.

WORKING TOGETHER WITH PARENTS TOWARDS PARENTHOOD

INSTITUTIONS

1. Tel Aviv University, Geha Infant Mental Health Unit, Tel Aviv, Israel

AUTHORS

- 1. Miri Keren¹, D, MD, ofkeren@internet-zahav.net
- 2. Sam Tyano¹, Pr, MD, styano@post.tau.ac.il

We will apply different concepts to formulate the dynamics of how we work with parents referred with their infants when having difficulty facing parenthood.

We will use different concepts to describe how are setting has relied on different theories to set up our clinical program. First, Winnicott describes the "maternal primary preoccupation" and Leckman has recently found neurobiological correlates linked to this very special psychic state that reflects transition to parenthood in the first two months after delivery, in fathers as well as in mothers. Second, Stern has contributed an additional dimension by describing the content of this psychic change under what he named "the maternal constellation". Finally, Raphael-Leff has observed the patterns of maternal and paternal reactions to the pregnancy itself.

Each of these concepts will be developed to show haw they can be used in a clinical setting to enhance parental skills and both parental and infant mental health .

BABIES, MOTHERS, CULTURES & MIGRATIONS: A CLINICAL PERSPECTIVE

INSTITUTIONS

1. Avicenne University Hospital, Infant Psychiatry, Bobigny, France

AUTHORS

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- 2. Marie-Rose Moro¹, Pr, MD, PhD, marie-rose.moro@avc.ap-hop-paris.fr

Ethno-psychoanalysis as part of transcultural psychiatry applied to infant mental health problems will be analysed in this paper. This discipline is formed by the association of Psychoanalysis and Anthropology with the aim to understand and treat situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed.

We will analyse therapeutic consultations during the perinatal period in situations of exile and migration. This period is particularly vulnerable for children and families. Cultural and family myths acquire great importance during this period, they can be denied or abando-

ned according to the requirements of the "new" culture, while being vividly present in the mind of the parents, even if unconsciously. The use of ethno-psychoanalytic principles as "complementarity" (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of consultation, for instance the clinical work with a group of therapists will be illustrated. Referrals to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies... How they are managed will be presented through clinical vignettes and management will be described in the specific care organization of an impoverished Parisian suburb.

SECTION SYMPOSIA

GENERAL DISCUSSION

INSTITUTIONS

1. Keele University, PErinatal Psychiatry, Keele, United Kingdom

AUTHORS

1. John Cox1, Pr, john1.cox@virgin.net,

In this general discussion we will reflect on the public health policy implications of new data in this field including the evidence, which has led to a new government initiative in the United Kingdom, that supportive interventions during pregnancy in vulnerable families can have beneficial effects on temperament and cognitive ability of

the growing child.

All papers will be discussed in view of the WPA will to disseminate information and promote mental health care in the perinatal field around the world.

SeS-070

SOCIAL INTEGRATION AND PSYCHIATRIC REHABILITATION

INSTITUTIONS

- 1. Medical University of Vienna, Department of Psychiatry, Vienna, Austria
- 2. NYU Medical Center, Department of Psychiatry, New York, United States

AUTHORS

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Beside traditional concepts of psychiatric rehabilitation we have learned that neuropsychological functions as well as the patients' social network are essential for avoiding societal exclusion. This sym-

posium will report research data and show its relevance for everyday clinical practice.

EFFICACY OF THE INTEGRATED NEUROCOGNITIVE THERAPY (INT) FOR SCHIZOPHRENIA PATIENTS: RESULTS OF AN INTERNATIONAL RANDOMISED CONTROLLED MULTI-CENTRE STUDY

INSTITUTIONS

1. University of Bern, Department of Psychiatry, Bern, Switzerland

AUTHORS

- 1. Volker Roder¹, PhD, roder@spk.unibe.ch
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Objectives: The NIMH MATRICS initiative established a consensus about separate neurocognitive and social cognitive domains relevant in the treatment of schizophrenia: speed of processing, attention/vigilance, verbal and visual learning and memory, reasoning and problem solving, working memory, emotional and social perception, Theory of Mind, social schema and social attribution. We designed a cognitive-behavioural group therapy program (INT) covering these treatment targets. INT is partly computer based and intends to compensate neurocognitive and social cognitive dysfunctions. It puts a strong focus on the patients' daily life context and facilitates intrinsic motivation and resources.

Methods: INT is evaluated in an multi-centre study in Switzerland, Germany and Austria. INT is compared with treatment as usual (TAU). INT patients receive 30 therapy sessions twice a week, lasting 90 minutes each. A comprehensive assessment battery is applied

before and after the rapy and at a 1-year follow-up. 130 outpatients participate in the study.

Results: INT patients obtain superior outcomes in neurocognitive and social cognitive variables, negative symptoms, insight and social functioning after therapy and at follow-up compared to TAU. Additionally, only the INT group shows higher correlations between self-rated deficits in neurocognition and objective psychometric test performance after the treatment phase. A SEM model supports evidence of social cognition as a mediating factor between basic neurocognition and functional outcome. Finally, a low drop-out rate of 9% of the INT patients during the study represents a high acceptance by the patients.

Conclusion: Results support the significance of this newly developed integrated therapy program within other rehabilitation approaches.

DIFFERENCES IN STIGMA PERCEPTIONS BETWEEN PATIENTS SUFFERING FROM EPILEPTIC, DISSOCIATIVE OR SOMATOFORM PAIN DISORDER

INSTITUTIONS

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- 5. Eva Lehner-Baumgartner², Dr., marion.freidl@meduniwien.ac.at
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Aim: The aim of this study was to survey the attitudes of 101 patients with epileptic, dissociative or somatoform pain disorders from either the Dept of Psychiatry or Neurology toward anticipated mental illness stigma. According to Link *et al's* (1989) "modified labelling theory", many psychiatric patients believe that "most people" devalue and discriminate against mental patients These believes may have negative consequences for the patient's self esteem and are also a risk factor for chronification.

Methods: 101 patients (age: 43 [\pm 11] years; 58 % female) were included. The assessment was based on Link's Perceived Stigma Questionnaire (1987). The 12-item scale assesses beliefs about the devaluation and discrimination directed toward persons who have mental illness. All data were analysed with SPSS-10 version for Windows.

Results: Nearly 60 % of all 101 patients believe that "most people" would not allow a mental patient "to take care of their children", would be "reluctant to date a psychiatric patient" and "most employers would pass over" the application of a psychiatric patient. 55 % of the respondents assume that "most people think less of a psychiatric patient" and that the general population thinks that psychiatric patients are "less intelligent, less trustworthy and that their opinion is taken less seriously by others". Fear of being stigmatized is still more pronounced among somatoform pain patients.

Conclusion: Fear of stigma may cause treatment delay, therefore further psychosocial interventions are necessary to reduce discrimination, especially for patients suffering from pain disorders.

THE NEEDS AND THE DEMANDS FOR INTERVENTIONS OF MOTHERS AND FATHERS OF SCHIZOPHRENIA PATIENTS

INSTITUTIONS

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- 7. Andrea Kucera¹, Mrs, kucera.andrea@chello.at

Aim: We planned to investigate the need for interventions among fathers and mothers of patients suffering from schizophrenia or schizo-affective disorders.

Methods: 101 patients suffering from schizophrenia or schizo-affective disorders and their mothers and fathers were investigated. The instruments included the "Carers' Needs Assessment for Schizophrenia" (CNA-S), the "Beck Depression Inventory", the CAGE, the "Involvement Evaluation Questionnaire" as well as the "Family Problem Questionnaire".

Results: Often fathers and mothers spend an equal amount of time caring for the patient. Mothers were more frequently depressed than

fathers, and fathers showed more frequently alcohol problems than mothers. Mothers' objective burden was significantly higher than the fathers' objective burden, but parents did not show differences concerning subjective burden. Despite the fact that mothers often have more problems and need more interventions than fathers, fathers very frequently show problems and need interventions, too. The number of problems and the need for intervention were highest during the first two years of the patient's illness.

Conclusion: This confirms the idea that fathers' as well as mothers' needs must be considered when planning psychiatric services. Our study shows that the traditional concept of "key relatives" should be seen with some caution

SeS-071

JOINT SYMPOSIUM ON SEVERE PERSONALITY DISORDER (PD & LD)

INSTITUTIONS

- 1. Imperial College, London, Psychological Medicine, London, United Kingdom
- 2. Queen Mary's and Westfield College, Forensic Psychiatry, London, United Kingdom
- 3. Medical Research Council Biostatistics Unit, Institute of Public Health, Cambridge, United Kingdom
- 4. King's College, London, Institute of Psychiatry, London, United Kingdom

AUTHORS

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- 2. Mike Crawford1
- 3. Tony Johnson³, tony.johnson@mrc-bsu.cam.ac.uk
- 4. Min Yang²
- 5. Nick Bouras⁴

Context:

Severe personality disorder is seldom mentioned in learned journals but is common in lay parlance and policy documents. We argue in this symposium that it can be recorded successfully in research investigations and is highly valuable in both predicting outcome of many common psychiatric disorders and in helping to manage them. We present here a series of papers that demonstrates the value of the term and argue for its adoption in new classifications.

Objectives

1. To describe the type of problems manifested by those with severe personality disorder in new pilot sites for personality disorder services in England.

 To describe the epidemiology of severe personality disorder in those of normal intelligence and those with intellectual disability
 To illustrate the impact of severe personality disorder on the outcome of depressive disorders

Key Messages

New data will be presented that should convince all present that severe personality disorder' conveys much more that 'personality disorder' ever can.

Conclusion:

Severe personality disorder is an excellent way of combining dimensional and categorical classification of personality disorders,

SERVICES FOR PATIENTS WITH SEVERE PERSONALITY DISORDER

INSTITUTIONS

1. Imperial College, London, Psychological Medicine, Division of Neuroscience and Mental Health, London, United Kingdom

AUTHORS

1. Mike Crawford¹, Dr

Background: Little is known about how services for patients with severe personality disorder (PD) should be organised and delivered.

Aims: To identify factors which promote successful engagement and treatment of people with severe PD.

Methods: A mixed-method approach involving collection and analysis of qualitative and quantitative data from 11 new community PD services in England.

Results: Qualitative data were collected from over 200 service users and providers. Basic demographic and clinical data were collected on over 1,400 people over an 18 month period. Despite marked differences in the structure of the 11 services, service users and providers identified a range of factors which they believed promoted high quality care. These include the need to combine psychological treat-

ments with social interventions and opportunities for peer support. There were however important differences in views about inclusion criteria, and assessment procedures.

Quantitative data revealed that people taken on by these services had high levels of personality disturbance and poor social functioning. Services varied in the proportion of they were able to engage (from 31% to 100%). Most people who engaged with services remained in contact with them. Men and those with higher levels of personality disorder were more likely to drop out of contact with them.

Conclusions: These data highlight factors which stakeholders believe constitute high quality care for people with PD. Dedicated services for people with PD need to pay particular attention to supporting clients during assessment and developing more effective ways to engage people with high levels of personality disturbance.

INFLUENCE OF SEVERE PERSONALITY DISORDER ON THE OUTCOME OF TREATMENT OF DEPRESSION

INSTITUTIONS

- 1. Institute of Public Health, MRC Biostatistics Unit, Cambridge, United Kingdom
- 2. Imperial College, London, Department of Psychological Medicine, London, United Kingdom
- $3.\ Mentrum\ Mental\ Health\ Organization,\ Amsterdam,\ The\ Netherlands$
- 4. Christchurch School of Medicine and Health Sciences, Psychological Medicine, Christchurch, New Zealand

AUTHORS

- 1. Tony Johnson¹
- 2. Giles Newton-Howes²
- 3. Jack Dekker³
- 4. Roger Mulder4
- 5. Peter J Tyrer²
- 6. Simone Kool³

Background: There continues to be debate about the influence of personality disorder on the outcome of depressive disorders and is relative interactions with treatment.

Aims: To determine whether severe personality disorder has a greater negative impact on the outcome of depression than milder degrees of personality abnormality.

Methods: Systematic electronic search of Medline, Clinhal and PsychInfo from 1966, 1982 and 1882 respectively until February 2007

was undertaken. Those papers in which severity of personality disorder was able to be recorded were included in the review.

Results: Data was synthesised using the Cochrane RevMan 4.2 programme. The comparative odds of severe compared with other levels of co-morbid personality pathology will be compared with those with no personality disorder.

Conclusions: These will be dependent on the results presented.

THE EPIDEMIOLOGY OF SEVERE PERSONALITY DISORDER

INSTITUTIONS

- 1. Queen Mary's and Westfield College, Forensic, United Kingdom
- 2. Imperial College, London, Psychological Medicine, Division of Neuroscience and Mental Health, London, United Kingdom

AUTHORS

- 1. Min Yang¹
- 2. Peter J Tyrer²

Background: Severe personality disorder, according to the criteria of Tyrer & Johnson (1996), has the potential to be recorded in all epidemiological surveys.

Aims: To reexamine the personality data from the British National Survey of Psychiatric Morbidity in which 8886 randomly selected adults completed a first-phase interview, a response rate of 69.5%.

Methods: Reanalysis of data presented previously in categorical and cluster format (Coid et al, 2006) but using the data obtained using the screening interview of the Structured Clinical Interview for DSM-II (First et al, 1997) and using the Tyrer & Johnson method to record severity of personality disturbance.

Results: Not yet fully known. Preliminary results suggest that

complex personality disorder (a lower level of severity) is present in 1.4% of the population and severe personality disorder in about one tenth of these, and that these are associated with major societal handicaps.

Conclusions: To be formulated later.

Tyrer P, & Johnson T. (1996) Establishing the severity of personality disorder. American Journal of Psychiatry, 153, 1593-1597. Coid J, Yang, M, Tyrer P, Roberts A, & Singleton N (2006). Prevalence and correlates of personality disorder among adults aged 16 to 74 in Great Britain. *British Journal of Psychiatry*, 188: 423-431. First, M. B., Gibbon, M., Spitzer, R. L., *et al* (1997) *Structured Clinical Interviews for DSM-IV Axis-II Personality Disorders*. Washington, DC: American Psychiatric Press.

SEVERE PERSONALITY DISORDER IN ADULTS WITH INTELLECTUAL DISABILITY

INSTITUTIONS

1. King's College London - Institute of Psychiatry, London, United Kingdom

AUTHORS

1. Nick Bouras¹

Background

The diagnosis of severe personality disorder in people with intellectual disability is important for clinical decision management. However its prevalence in a clinic population of people with intellectual disability remains uncertain.

Aims

This study was designed to explore the prevalence of the primary diagnosis of personality disorder in a large sample (N=806) of adults with intellectual disability referred to specialist mental health services in South East London.

Method

The eligibility criteria for the study were identical with the referral criteria, i.e. an ICD-10 diagnosis of mental retardation (F70-73) and

significant social impairment. Participants were between the ages of 16 and 86 years of whom 60% were male. Behavioural problems, as well clinical and socio-demographic characteristics, were examined in relation to clinical decision management. Two experienced psychiatrist agreed on the diagnosis by using ICD-10 clinical criteria.

Results

Data will be presented on the clinical characteristics including behavioural problems in those diagnosed with personality disorder and intellectual disability.

Conclusions

The data will inform on the service implications for people with intellectual disability who have personality disorder including those with severe personality disorder.

SeS-072

PHENOMENOLOGY AND PSYCHOSIS

INSTITUTIONS

- 1. Hannover Medical School, Germany
- 2. Anton Proksch Institute, Austria

AUTHORS

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- 2. Michael Musalek², Prof., MD

Phenomenological investigations of psychotic states of mind have changed our understanding of psychosis in the last hundred years. Starting with the early work by Karl Jaspers many psychiatrists like Wolfgang Blankenburg, Bin Kimura or Louis Sass drew on the phenomenological method in order to reach a more profound understanding of delusional realities, psychotic states of mind and schizophrenic experiences. While Jaspers claimed incomprehensibility as a paradigm for schizophrenic experiences, more recent investigati-

ons addressed this aspect in a new and challenging way. Furthermore these investigations showed the importance of other aspects like the difficulties for co-creating personal relationships, the loss of common sense or the taken for granted reality and the need for hyperreflexivity when striving for an understanding of the schizophrenic experiences. In this symposium we want to reflect on this tradition and show the possibilities and the problems for understanding psychotic experiences in a phenomenological way.

FROM A PARADIGM TO A MESSAGE: INCOMPREHENSIBILITY IN A PHENOMENOLOGICAL UNDERSTANDING OF PSYCHOSIS

INSTITUTIONS

1. Hannover Medical School, Psychiatry, Social Psychiatry and Psychotherapy, Hannover, Germany

AUTHORS

1. Jann E Schlimme¹, Mr, MD MA, Schlimme.Jann@mh-hannover.de

In 1913 Jaspers named incomprehensibility as the main qualitative characteristic of the schizophrenic experience. This paradigm was partially the result of his method, understanding incomprehensibility as the failing to comprehend the experiences of others thoroughly. Jaspers did not intend any disrespect and he assumed that the psychiatrist attempted to understand his patient, but there are at least two important assumptions in this paradigm that are open to discussion:

- 1. it is someone else who defines if somebody's experience is comprehensive or incomprehensive and
- 2. comprehensibility is meant as a reflective and explicit understanding.

On a hermeneutical level we can argue that the understanding of an experience is always open for improvement - meaning self-understanding as well as understanding of others. A more profound phenomenological critique of this paradigm points out that the prereflective basis has to be taken into account. In the schizophrenic experience many "taken-for-granted" aspects of our normal experiences are suspended. As Erich Wulff proposed, the incomprehensibility, as often prominent for the schizophrenic person in his experience, points to a primary givenness implicit in all that is given. This immediate, undeniable and nonobjectifying givenness - that we are given alive and as we are in our world - will not find an exhaustive description even for a phenomenological approach (Zahavi). Incomprehensibility of oneself or others can therefore be understood as a message that "life itself" is giving us. One important implication is the necessity for ongoing self-critique of an exaggerated confidence in our psychiatric knowledge.

DELUSIONS: A FROZEN REALITY

INSTITUTIONS

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AUTHORS

1. Michael Musalek¹, Prof., MD, michael.musalek@univie.ac.at

We all live in a world of allegories and metaphors. As cosmopoets we all create our world of symbols and images. One of the major metaphors in psychiatry are its diagnostic categories, definitions of mental disorders resulting in classification systems and complex scientific explanations with all their meanings for patients and therapies. In this way delusions represent as a result of our cosmopoetic work such allegories in a double meaning: the delusional ideas and their meanings are not only creations of the patients, but also those of the therapists. Giving a natural phenomenon "professional meaning" by our diagnostic procedures (definitions, descriptions of psychopathological phenomena, diagnostic attributions, etc.), diagnoses take meanings which go far beyond the primary meaning of

pure psychopathological definitions. It is the intention of this contribution to go into the matter whether the image of freezing - or better: of being frozen - fits more with the world of ideas and perceptions of deluded patients then current metaphors as for example the view that delusions as "false beliefs" represent the embodiment of a meaningless and senseless existence ("Sinnentleertheit des Daseins" = "Wahnsinn"). As the various meanings of delusions may also act as disorder maintaining factors in the pathogenesis of delusions and therefore provide the diagnostic basis of effective treatment planning, considerations on metaphors and allegories in delusional research are not only of theoretical psychopathological interest but also of utmost practical importance.

DEATH, SUICIDE AND PSYCHOSIS

INSTITUTIONS

1. University of Ljubljana, Psychiatry and Psychotherapy, Slovenia

AUTHORS

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In psychosis, this most overtly exotic of psychopathological processes, death constitutes one of the major sources of anxiety. According to Searles, the inevitability of death lies at the very heart of the schizophrenic world.

Suicidal ideation and behaviour form another major constituent of the lived world of psychosis. Not so much delusions, hallucinations or any other extraordinary experiences, not even the anxiety and horror of acute psychosis, but more the silent, gradual and constantly present dimensions of the psychotic world lead a patient towards suicidality. These hidden, but deeply painful dimensions are: the pati-

ent's inability to participate in human interactions, solitude, feelings of inferiority, guilt and abortiveness, among others.

So death, be it with its universal anxiety-provoking presence or in the form of a "promised land", walks with almost every step of a psychotic patient. The existential-phenomenological tradition in psychiatry has made us more aware - to have an ear to listen for this theme and a tongue to pass the bottleneck of expressing it linguistically. Having these enhanced senses crucially aid a therapist in opening up new ways of establishing or strengthening the therapeutic relationship with a psychotic patient.

LOSS OF COMMON SENSE: PHENOMENOLOGY AND SCHIZOPHRENIA

INSTITUTIONS

1. Hannover Medical School, Germany

AUTHORS

1. Erich Wulff¹, Prof. Dr.

Wolfgang Blankenburg developed in his important phenomenological approach to schizophrenia the concept of "loss of natural evidence" as an important concept for understanding the trouble generator of schizophrenia. Many persons suffering from schizophrenia experience this as the bottom and final reason of their helplessness and their failing intentional orientation in their world. In some passages of his work Blankenburg talks about the "loss of common sense"

and on first sight it seems to be used simply as another word for the "loss of natural evidence". Yet this does not seem to be true. Drawing on the analysis of confidence as put forth by Ludwig Wittgenstein, this paper shows the differences as well as the similarities and overlapping of the two different concepts "common sense" and "natural evidence".

SeS-073

FIBROMYALGIA FROM COMPLAINTS TO EVIDENCE

INSTITUTIONS

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AUTHORS

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Fibromyalgia (FIBROMYALGIA) is a clinical entity of unknown cause characterized by chronic diffused pain referred to the soft musculoskeletal tissues. Patients with FIBROMYALGIA also have allodynia, fatigue, sleep disorders, cognitive disturbances, psychological distress and headache. Important doubts subsist on the pathophysiological mechanisms of this disorder.

Fibromyalgia is highly prevalent in adults (2 to 13% of general population), females being five to nine times more affected than males, and constitutes a serious public health problem and major social

economical burden.

Subjective complaints are largely predominant and as a consequence FIBROMYALGIA diagnosis is essentially clinical. Complementary diagnosis tests are normal or negative. The absence of objective signs allied with the psychological need of organicity typical from today's medicine practice, turns FIBROMYALGIA existence controversial. Fibromyalgia is one of several causes of widespread chronic pain and probably is the end of a pain and tenderness continuum.

PATHOGENESIS OF FIBROMYALGIA

INSTITUTIONS

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AUTHORS

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The precise pathogenesis of Fibromyalgia remains unknown. Hypotheses include somatization and altered pain perception (central sensitization).

There are links between fibromyalgia and psychiatric disorders, although these are not straight forward. Fibromyalgia, like other pain conditions, is associated with depression. Likewise, muscle pain and poor sleep, key features of fibromyalgia, are increased in patients with depression.

Community and longitudinal studies show overlaps between risk

factors for psychiatric disorders and those for depression. Furthermore, fibromyalgia overlaps with other symptom defined conditions such as chronic fatigue syndrome, irritable bowel syndrome and others.

Numerous studies have demonstrated altered pain perception and central sensitization in Fibromyalgia. Patients experience pain at a lower nociceptive threshold than normal individuals. There are also suggestions that local pain may "spread" and become generalized in susceptible individuals.

TREATMENT OF FIBROMYALGIA

INSTITUTIONS

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It is not currently possible to retain one particular technique of evaluation, which can be said to be the "gold-standard" for fibromyalgia. The optional measure remains yet to be defined and will probably vary according to the patient, and therefore have to be adapted depending upon the individual case. It is also not yet possible to define the changes considered as clinically pertinent to affirm whether a treatment is efficient or not.

And finally, what seems to be the most important, is the patients' and their doctors' opinion of this dual approach, where the non-medical and the environmental factors are of a major importance. One should aim towards a composite index generated by the pati-

ents themselves, integrating not only the symptoms suffered by the patient but also how fibromyalgia affects his or her everyday life. In this context a new International Classification of Diseases (ICD), based upon the occupation, the activities and the environmental factors, is in the process of being developed and seems to be of interest: it allows for the integration of a bio-psycho-social model which is particularly pertinent to fibromyalgia. This classification should allow one to compare the different therapeutic approaches to this syndrome in various countries and also to compare fibromyalgia and its treatment to other chronic diseases.

EPIDEMIOLOGY OF FIBROMYALGIA

INSTITUTIONS

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AUTHORS

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As currently defined, fibromyalgia is not an uncommon disorder. The prevalence rate varies from 2% to 13% depending on the population studied and the definition used. It affects women more frequent than men with a ratio of 3:1. Whilst it is predominantly an illness of mid life, all ages including children can be affected, but it is very rare and perhaps should not be diagnosed before puberty. Complete remission in Fibromyalgia is rare and healthcare utilization in Fibromyalgia patients is high. The chief Medical Officer in the UK, Professor Liam Donadson wrote recently to all UK doctors highlighting the heal-

thcare burden of chronic widespread pain and fibromyalgia and the need for more information for doctors and patients.

It is also important to recall that all the symptoms that make up the fibromyalgia complex are dimensionally distributed in the community. Hence any prevalence or epidemiological data on Fibromyalgia alone runs the risk of imposing an arbitrary cut off on what is a dimensional process, but the exact choice of cuff off between, say, mild and moderate hypertension, is arbitrary.

SeS-074

WHAT FUTURE FOR WHAT TYPE OF PSYCHIATRY?

INSTITUTIONS

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The future of psychiatry seems to be closed off to many psychiatrists practising today: the rise in specialisation backed up by different theories, the lack of sufficient means, the explosion of the number of practices, the increase in demands which are too diverse; all this results in dizziness, immobility and sometimes discouragement.

We put the case here for an opening to clinical practice:

- which places or replaces the patient and his family at the centre;
- which combines psychiatry and psychotherapy leaving the patient's own words inspired by his particular history to speak for themselves; See Intervention D. Trojan et F. Ansermet,
- which is specifically psychiatric through its ability to use clearly-defined inputs from different fields of knowledge, the economy to

demography by way of neurobiology and psychoanalysis, without losing sight of what has already been achieved.

Today we can redefine delicate and relevant clinical practice so as to tackle the most diverse psychopathological challenges. See Intervention Dr. Fl. Quartier

The future of psychiatry seems to be assured on condition that all those involved can clearly (freely?) define their choices, set out their theoretical options, choose their methodology and employ it with care.S ee Intervention P. Giannakopoulos

This workshop is organized by the WPA Section "Psychoanalysis in Psychiatry".

PSYCHOANALYSIS AND PUBLIC PSYCHIATRY: AN INNOVATIVE PROJECT

INSTITUTIONS

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The place of psychoanalysis in the field of public psychiatry is a central debate both in the Psychoanalytical Societies and in the public psychiatric institutions. The myth of transparency seems to dominate society and to influence its thought. This has resulted in an absolute shift in the place of psychoanalysis during these last decades. New technologies of investigation, discoveries in neurosciences and new pharmacological therapies also open new perspectives. In such context, what role can psychoanalysis still play? In our opinion, an essential part in preserving the quality of care in public health. The Service of child and adolescent psychiatry of Geneva will open a Clinic of Psychoanalytic Treatments in a very near future. This outpatient clinic will cater to a population of any age, from the newborn to the adult and elderly person. It will offer a space for the practice of

psychoanalysis, for the various forms of psychoanalytical treatment and care

The training of the analysts will remain the competence of the Societies to which they are affiliated. The debate between psychoanalysts of different schools, as well as with all the actors in the public service, will allow for very precious openings. A psychoanalysis that remains alive in the institutions, which articulates itself with university education and opens up to the city, which dialogs with sciences, benefits from a "psychical growth", undoubtedly analog to the one that takes place in the analytical cure. We wish to open the dialogue with the participants about this innovative project.

TRAINING PROGRAM: OPENING TO THE FUTURE

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At present profound changes are affecting all those intervening in psychiatry, sometimes at the very heart of their professional identity. Let's discuss it. In our presentation we will start from a "Swiss made" experience based on a training program that links psychiatry and psychotherapy. Part of this program brings together psychiatry and psychoanalysis in a contemporary manner. This approach is promising:

- when it increases the efficiency of the clinical interview. This applies to all patients, whatever their age and the seriousness of their

condition. We will give some brief examples taken from daily practice

- when it renders attractive the training programs aimed at psychiatrists as well as to all those intervening in psychiatry. We will give some examples of seminars for general practitioners or prison personnel.

Réf: Quartier Fl., Freud clinicien, Pratiques cliniques contemporaines en psychaitrie et en médecine, Edition Doin, Paris, 2004.

POSTGRADUATE TRAINING IN OLD AGE PSYCHIATRY: TOWARDS A NEW PARADIGM OF COMPLEXITY?

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Two years ago, the federal authorities accepted the creation of a board certification in old age psychiatry and psychotherapy corresponding to a 2-year intensive training. Each candidate should have solid basic knowledge of psychopathology and clinical neurosciences. To avoid a too rapid over-specialization in old age psychiatry, the candidate should first obtain his certification on general adult psychiatry and psychotherapy. Clinical stage in old age psychiatry includes a 1-year obligatory stage in out-patient services pointing to the increasing need for community-based care for this age group. After completing a full psychotherapeutic training in adult psychiatry, and during the 2-year supplementary training in old age psychiatry, the candidate is exposed to a series of theoretical courses focusing on

the main psychotherapeutic schools for the elderly. He must attest of at least 40 hours of individual supervisions corresponding to at least 80 hours of psychotherapeutic work. Finally, the candidate has the opportunity to assist in several courses on biology, sociology and medical ethics related to the aging processes. The long-term process leading to the construction of a clear psychiatric and psychotherapeutic identity for old age specialists contrasts with the well-known tendency to decrease the years of postgraduate training in Europe. This presentation will address the medicoeconomical and social aspects of this choice and discuss the advantages and weaknesses of the Swiss model of training in old age psychiatry and psychotherapy.

SeS-075

ETHICS: A DRIVING FORCE FOR TREATMENT

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Using situations taken from our daily practice, we would like to offer the results of the reflections on adult and psychogeriatric psychiatry which emanated from a working party of psychiatrists trained in the French and Swiss systems and working in the private and public sectors. This situation forces us to define our own identity, to question the nature of our function and to link theory and practice as closely as possible during the course of every interview. Such an ethical

challenge is of the utmost importance for the future.

This workshop is organised by the Section "Psychoanalysis in Psychiatry"

Référence: Giannakopoulos P. Quartier Fl., Un avenir pour la vieillesse, pratiques cliniques contemporaines en psychiatrie de l'âgé et de l'adulte, Doin, Paris, 2007.

ETHICS: FAMILIES AND INSTITUTION

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In adult psychiatry and specially in psychogeriatrics, the request for assistance often comes from the families, an institution or other organization. It is raised the question, whose benefit the elderly person should be treated for?

Between a prescriptive demand, the lack of understanding of one or all for sometimes severe symptoms, the physician such as many other care providers pay particular attention to give his place to the elderly person and to flush out his suffering, such as helping the families to understand.

Currently exposed to heavy pressure from society, the care to the elderly person functions as a barometer for assessing the ethics of all those who work in the field of health.

About clinical examples derived from daily practice, we suggest a reflection arisen from working group in which members are healthcare professionals trained in France and Switzerland and practising in the public or private sector.

In this workshop we wish to engage in discussion with the partici-

PSYCHIATRY IN THE ELDERLY: A BAROMETER FOR THE ETHICS

INSTITUTIONS

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AUTHORS

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Currently exposed to heavy pressure from society, the psychogeriatrics functions as a barometer for assessing the ethics of all those who work in the field of psychiatry. For whose benefit and with what aim is an elderly person to be treated? It is a very important theme in which our identity as practitioner is involved.

About clinical examples derived from daily practice, we suggest a re-

flection arisen from working group in which members are healthcare professionals trained in France and Switzerland and practising in the public or private sector.

In this workshop we wish to engage in discussion with the participants.

ETHICS: THE PATIENT AS A PERSON

INSTITUTIONS

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Why and to what end is an adult patient to be treated? Psychiatrists (and other psychiatric personnel) find themselves caught between the demands of a normative order, i.e. society's lack of understanding of unusual behaviour and the patients' difficulty in seeing themselves as individuals in their own right.

This situation forces us to define our own identity, to question the nature of our function and to link theory and practice as closely as possible during the course of every interview.

Such an ethical challenge is of the utmost importance for the future of psychiatry.

About clinical examples derived from daily practice, we suggest a reflection arisen from working group in which members are healthcare professionals trained in France and in Switzerland and practising in the public or private sector.

SeS-076

RE-WORKING KNOWLEDGE, NEW THERAPEUTIC PERSPECTIVES

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Rupture, inconsistency, disappearance of strong reference points, these are the dangers which lie in wait for the psychiatrist. We need to specify on what theoretical bases we want to work. We need to stay alert to maintaining a certain consistency that the patient and his circle can identify as interesting and useful for an improvement. We will see how, during long and difficult treatments we create a dynamic with the multidisciplinary teams through meticulous work at the interview, walking a fine line between biology and relationship. Psychoanalysis today can contribute to a consistency in psychiatric treatment as long as it is used in a contemporary manner. The watchword is consistency.

At different times, all the participants at this workshop take on institutional responsibilities, keeping in direct contact with the daily rou-

tine. We will stay with this routine, that which has been developed over many years in most out-patient centres. We will pass from the detailed multidisciplinary work to the interview which is the principal pivot in a psychiatric treatment.

With the exception of certain limited domains, psychiatry can't be reduced to guidelines and we hope that through our brainstorming new ideas can come to the fore giving us a certain impetus to carry on our work which can at times be difficult and fascinating. This is why we want this workshop to be interactive to encourage as broad a discussion as possible.

This Worshop is organized by the WPA Section "Psychoanalysis in Psychiatry"

SECTION SYMPOSIA

MEDICAL PRESCRIPTION IN PSYCHIATRY AND ITS TRANSFERENTIAL STAKES

INSTITUTIONS

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In psychiatry, medical prescription is particularly complex, involving at the same time neurobiology and transference. It obliges us to have an objective view of the situation and to include ourselves as psychotherapists. An interrupted treatment worsens the symptoms and can imply a positive idealizing transferential movement. An annoying

secondary effect can raise a negative transferential movement. The case report we would like to discuss shows us how complexly the biological effects of a treatment can combine themselves with transferential fluctuations and how a psychiatric intervention can enhance the psychotherapeutic process and viceversa.

MULTIDISCIPLINARY WORK WITH PSYCHOTICS PATIENTS

INSTITUTIONS

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AUTHORS

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At the conclusion of this presentation, participants will become aware of the importance of psychoanalytical Approach in a psychiatrics' team. Our multidisciplinary approach permits the diffusion of heterogeneous patient to the psychiatrist, nurse, social-worker which

enables us to enter into their internal world, which is very often a perturb one .This helps us to assist heterogeneous patient more effectively to function in his pathology and daily. This theory will be proven by illustrative example.

SeS-077

RESEARCH IN CLINICAL PRACTICE: UNCOVERING AND MANAGING PERINATAL PSYCHOPATHOLOGY

INSTITUTIONS

- 1. University Denis Diderot Paris 7 Erasmus Hospital, PErinatal Psychiatry, Antony, France
- 2. University Denis Diderot Paris 7, Clinical Human Sciences, Paris, France
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In this symposium we will describe four different aspects of clinical research and observations in clinical settings in the perinatal mental health French public system. Longitudinal observations of infants of mentally ill parents, clinical research with visually handicapped mothers and their very young infants, and both clinical research of vocal interactions and therapeutic management of infants and their mothers with Personality disorders will be shown. Each of theses

different aspects of the impact of maternal difficulties on the infant and mother-infant development will be put into perspective. The scientific literature will be reviewed on each of these specific subjects. The manner in which each of these particular aspects of infant and perinatal mental health may serve to understand the management of mental health care in the perinatal field will be highlighted.

INTRUSIVENESS AND TEMPORALITY OF THREE MONTH OLD INFANTS AND THEIR BORDERLINE PERSONALITY MOTHERS

INSTITUTIONS

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Borderline personality disorder is a common psychiatric issue active during the childbearing yeras. This relationship-centered disorder is therefore put to test when motherhood appears. The specificity of mother-infant interactive patterns at three months have been studied in our research unit while these mothers were offered therapeutic programs in our clinical setting. We will show video clips illustra-

ting the sepcificity of theses early set patterns. The possible meaning for the infant of these maternal initiated interactions will be discussed in the light of developmental and clinical research. The specific therapeutic aspects of the clinical management of the mother and infant dyads and their follow-up at one year will be presented.

MENTAL HEALTH MANAGEMENT AND CARE FOR VISUALLY HANDICAPPED MOTHERS DURING THE PERIPARTUM

INSTITUTIONS

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For many years visually handicapped women have been negatively considered when accessing parenthood. Care was sparse and judgemental. The transition to motherhood for these women was in itself a major and difficult developmental change. The right to become mothers and care for an infant was not always considered positively both by the future mother and by her environment.

In this paper clinical care and follow-up of 40 visually handicapped mothers will be presented. How specific management was implemented and adapted both to the specific problems of loss of sight and other mental health issues such as postnatal depression will be described. How to implement long-term prevention and care will be discussed.

TURN-TAKING AND PROSODIC MATCHING IN VOCAL INTERACTIONS BETWEEN 3-MONTH-OLDS AND THEIR BORDERLINE MOTHERS

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From around the second month of life infants are known to engage in prolonged playful conversational exchanges, using variable acoustic dimensions such as pitch, intensity and timbre to modulate their vocal utterances. Our study of vocal engagement between 3-monthold infants and their mothers with borderline personality disorder is based on an analysis of types of vocal utterance according to the parameters of contour, pitch, intensity and velocity, and their temporal organisation. The first aim of the study was to evaluate the amount and degree of vocal matching between 'borderline' mothers and their infants as compared with 'unaffected' mothers and their infants. The second aim of the study was to explore a possible link between the amount of vocal matching and the length of turn-taking sequences between mothers and infants. Audio recordings of mother-infant interaction were taken from a large data sample collected

for a longitudinal study of mothers with personality disorder and their infants, carried out at a clinical research laboratory in France (PI: Dr. Apter-Danon). In this study, we compare a clinical sample of 15 mothers with borderline personality disorder and their infants with a control sample of 15 unaffected mothers and their infants. Two minutes of vocal interaction were selected for analysis. Analyses were performed using an acoustic analysis method providing measures of prosodic matching based on pitch contour, mean pitch, mean intentisty and velocity, as well as durations and types of turntaking sequences. Our findings show that the vocal utterances of 'borderline' mothers and their infants are less well matched on most dimensions related to prosody and that their turn-taking sequences are shorter than those of control mothers and infants.

THE PRIMITIVE SUFFERINGS IN THE MOTHER-BABY DYAD. RESEARCH IN A COMMUNITY OF A WELL-BABY CLINIC

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Trauma is not easy to detect in early infancy except when pain and defence mechanisms are so intense that psychopathology is diagnosed. Before this extreme level is reached, we believe that there are many micro-traumatic manifestations in the mother-infant dyad. We will underline the role of the primitive anxieties that indicate the eventual existence of traumatism (Bick, Fraiberg) that are diffused in a whole intersubjective context. It is particularly pertinent to observe these mechanisms during the post-partum.

Our research studies the efficiency of a network between Well-Baby clinic and Perinatal Psychiatry. The signs of sufferings of 52 dyads attending a community 'well-baby clinic' are assessed in the immedi-

ate post-partum, at 3 months, 6 months and one year with a double methodology, clinical (inspired from infant observation according to Bick and discussion) and scaled with standardized instruments - ADBB (A. Guedeney) for the baby, EPDS (J. Cox) for mother and PIPE (B. Fiese) for the interaction.

The results show the complexity of how to evaluate early distorsions, the numerous meanings and the instability of their expressions, the variability of the moment of their manifestations during the first year. Efficacious management depends on network facilities that allow interventions in primary, secondary prevention and then in a psychotherapy engagement.

SeS-078

BEST PRACTICE IN TRANSCUTURAL PSYCHIATRY IN EUROPE

INSTITUTIONS

- 1. Minkowska Center, France
- 2. Centrum '45 Noordwijkerhout, The Netherlands
- 3. S.A.P.P.I.R. Barcelona, Spain
- 4. Orient Medical and Rehabilitation Centre Stockholm, Sweden

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Immigration no longer concerns singular nations strictly. It has now become a concern at the European level. This symposium proposes a comparative approach to current mental healthcare practices, so as to tease out a common strategy which seeks to improve therapy for migrants and refugees, by means of looking for commonalities between different European institutions. Confronting our respective therapeutic practices and diagnoses will in effect allow for a new impetus to cultural competence, which has become necessary for all therapists at the European level.

AVOIDING THE STIGMATIZATION OF THE PATIENT OR THE THERAPIST: THE CLINICAL MEDICAL ANTHROPOLOGY APPROACH

INSTITUTIONS

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AUTHORS

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The author presents a clinical case in which the stigmatisation of the patient is induced by therapeutic references limited to culture-bound explanations, and in which the therapist -- whatever his theoretical orientations and his clinical experience -- finds himself caught in a mirror stigmatisation. How to avoid such situation at the same time as enabling oneself to accommodate the patient's needs? This is what this presentation will discuss.

MOROCCAN WOMEN IN PSYCHOTHERAPY

INSTITUTIONS

1. Centrum '45 - Noordwijkerhout, The Netherlands

AUTHORS

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Moroccan individuals are one of the three largest non Western population groups in the Netherlands: their total number is 332,000, of which 172,000 are males, and 160,000 females. In the latest years they have a growing demand for psychiatric treatment: the taboo of this kind of treatment seems to be finished.

Moroccan women in the Western society are tiered apart by very different cultures. On one side, there is the Western culture with all its opportunities. On the other side, there is the traditional culture, where women play an important role in the family.

In psychotherapy with Moroccan women the therapist should be aware of all the dilemmas Moroccan women encounter. He or she

should be culturally competent, but also have understanding for individual choices patients make. Next to this, the therapist should be aware of his own norms and values.

Case material with Moroccan women will illustrate these findings.

Objective:

To know more about the different choices in live migrants have to make.

To improve his or her own therapeutic skills with non Western women

THE MIGRATORY STRESS AND GRIEF ASSESSMENT SCALE

INSTITUTIONS

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The migratory stress and grief assessment scale is based in psychoanalytical and cognitive approaches and is characterized by:

1-the grouping of migratory stress factors into seven types of grief: family, langue, culture, earth, social status, group of belonging, physical risks

2-The classification of these types of grief into simple, complicated and extreme depending of their difficulty

3-The assessment of subject migratory vulnerability the intensity of stress migratory factors

The scale integrate the analysis of the elements 1, 2 and 3. Symptoms would be an element associated to these situations that may be correlated with the scale

INTEGRATION AND ACCULTURATION IN THE CONTEXT OF MIGRATION RELATED STRESS

INSTITUTIONS

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Integration and acculturation are two processes that individuals who migrate to a new country have to go throw. These processes create stress and other challenges for the individuals to overcome in order to stabilise a functional life in the host country. Success in these processes depend on several factors interacting with each other including the individual's resources, flexibility and willingness to change and the individual's social network in the new society as well as the receiving country's level of encountering and socioeconomic preparedness. The interplay between all of these factors has to be taken into consideration in order to avoid the failure of integration

with following social problems.

This presentation is based on extensive clinical experiences on working with immigrants from different parts of the world migrating to Sweden. The relation between migration related stress (MRS) and the way the immigrant deals with it is described in a theoretical way. Most immigrants succeed in their integration process by adopting a functional scheme to over win the stress and social challenges they encountered on their way while others failed by using a dysfunctional scheme.

SeS-079

VIOLENCE AGAINST WOMEN

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Objective: Violence against women is a major risk factor for the mental health of women all over the word. It can occur in many different forms, e.g. partner or domestic violence, sexual violence, violence in times of war or within harmful traditional practices or

as trafficking of women for the sex trade. Interventions on an individual and clinical level as well as on a more global, political level are urgently needed. The scope of the problem and potential interventions will be discussed in this symposium.

RESPONSE TO GENDER BASED VIOLENCE IN LATIN AMERICAN HEALTH SECTOR: INCOMPLETE, FRAGMENTARY BUT BRAVE

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As violence against the woman is a complex multifactorial problem, the responses to it have to be systemic and multidisciplinary. The health system, particularly mental health, should play an important role in responding to violence The aim of this review of the literature is to establish the extent and quality of state, NGO and private health providers to the needs of women subject to gender biased violence and to evaluate whether these responses keep up with legislative changes in the region. Method: a search of relevant state and regional laws and documents, such as practice guidelines and protocols emanating from Health Ministries (or equivalent) was performed. Results: normative changes in the health sector lag behind legislative and law enforcement response to GBV. In spite of the fact that women would prefer to receive help and respite from their primary

health providers, police are better trained and legislative changes have not been completely implemented in health establishments. Conclusions: a major change in attitudes is needed in authorities and providers for the health sector to adequately respond to the needs of women in this region.

Stewart DE. The international Consensus Statement on Women's Mental Health and the WPA Consensus Statement on Interpersonal Violence against Women. World Psychiatry 20065:1, 61-64 García Moreno et al. Multi country study on women's health and domestic violence: initial results on prevalences, health outcomes and women's responses. World Health Organization, Geneva, 2005

GENDER BASED VIOLENCE IN WOMEN IN THE MIDDLE EAST: INTERVENTIONS AND PREVENTION? A REVIEW

INSTITUTIONS

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Throughout the Middle East, the human rights of women are systematically denied in each of the countries in the region, despite the diversity of their political systems: this state of unequal legal rights associated with the multiplication of armed conflicts have led to the increase of Women's vulnerability to violence.

This presentation will review the available data on Gender Based Violence (GBV) as experienced by girls and women in the Middle East region: it will include domestic violence, sexual violence, violence in times of war and harmful traditional practices such as female genital mutilation

It will review the availability and implementation of the interventi-

ons designed to address and prevent the physical, mental and reproductive health consequences of Gender Based Violence on Women in the Middle East.

References

- 1- Good practices in combating and eliminating violence against Women - United Nations Division for the Advancement of Women - May 2005- Vienna- Austria
- 2- Surgeon General's Workshop on Women's Mental Health Dec. 2005- Denver- USA

VIOLENCE AND MENTAL HEALTH IN COLOMBIA

INSTITUTIONS

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Objective:

The objective of this review is to examine the real conditions of violence in Colombia and its impact in the mental health of Colombian people.

Method:

A review was undertaken of relevant articles. It was necessary to consult some government statistics about violence in Colombia and some reports of international agencies which work with Human Rights.

Conclusions:

The early part of the decade of the 90's was remarkable as a period characterized by a dramatic increase in the magnitude of violence, and the problems related to it, in Colombia. At the same time, there has been an increasing recognition, by very diverse voices, concerning the links between violence and mental health. They're talking about the emotional impacts, the potential harmful effects

on children, the seeming impossibility of change, the characteristics of those who are perpetrating the violence....and therefore they're demanding answers and intervention from those who provide mental health care to these rural areas. Consequently there has been progress in the understanding and identifying both successes and failures, with valuable results for the specialty, such as a body of organized disciplinary knowledge, and as advisors in the pedagogical task, research and assistance revolving around the mental health of Colombians.

Bibliography

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TRAFFICKING OF WOMEN FOR THE SEX TRADE

INSTITUTIONS

1. University Health Network, Women's Health Program, Toronto, Canada

AUTHORS

1. Donna Stewart¹, Mrs., MD, Dr.Donna.Stewart@uhn.on.ca

Objectives: To provide information on trafficking of women for the sex trade, health risks, suggested policies and clinical practices for prevention and amelioration.

Methods: A systematic literature review was conducted, key stake-holders interviewed.

Results: Trafficking of women is an international social, ethical and health challenge. The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons defines trafficking as "the recruitment or transportation of persons by means of threat or other forms of coercion for the purpose of exploitation, (incl. sexual exploitation, forced labor or services, practices similar to slavery, servitude or the removal of organs)".

Appr. 1 million individuals worldwide are trafficked annually. 80% are females trafficked for sexual exploitation. Most of these females originate in poor countries where they may be recruited, or sold to agents who often have links to organized crime. Some women/families know their ultimate employment as sex workers, others may re-

cruited falsely as "waitresses, entertainers or homemakers". Having arrived in the destination country, their passports are confiscated until their grossly inflated "travel debt" is repaid. They work in dreadful conditions, suffer serious physical and mental health problems. Prevention and best psychiatric practices will be described.

Conclusions: Systematic monitoring and enforcement of agreed upon standards require implementation. Mental Health services for this population need to be improved.

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- 1. Stewart DE, Gajic-Veljanoski O. Trafficking in women: the Canadian perspective. Canadian Medical Association Journal 2005; 173:25-26
- 2. Gajic-Veljanoski O, Stewart DE. Women trafficked into prostitution: Determinants, human rights and health needs. Transcultural Psychiatry 2007; 44:338-358.

SCREENING FOR PARTNER VIOLENCE AGAINST WOMEN

INSTITUTIONS

1. University Hospital Basel, Psychiatric Outpatient Department, Basel, Switzerland

AUTHORS

- 1. Anita Riecher-Roessler¹, Mrs., MD, ariecher@uhbs.ch
- 2. E. Nyberg¹

Background: Partner violence against women is a frequent problem all over the world. However, women often do not seek help and even in health settings the problem is often not recognized, although it can have devastating consequences for the physical and mental health of women.

Aims: We have therefore validated a short screening instrument for partner violence.

Methods: "Partner Violence Screen" (PVS) (Feldhaus et al. 1997) was translated into German, modified and validated. Also a lifetime version was developed. The interview was conducted by specifically trained psychiatric nurses with 112 female inpatients of a crisis intervention ward and compared to the 30 item self rating scale "Index of Spouse Abuse" (ISA) (Hudson + McIntosh 1981).

Results: The screening instrument was well accepted by the women. It showed a sensitivity of 0.80 and a specifity of 0.78 for partner violence as compared a sensitivity of 0.79 and a specifity 0.70 of the original version.

Conclusion: This screening instrument proved to be helpful for identifying partner violence. It can be accomplished with women in different health settings within very short time by trained nurses. Translation into other languages and a wide distribution in different health settings would allow the early recognition of partner violence in future.

Nyberg E, Hartman P, Stieglitz RD, Riecher-Rössler A. Screening Domestic Violence - A German-Language Screening Instrument for Domestic Violence Against Women. Fortschr Neurol Psychiatr 2008: 76: 28-36

SeS-080

WOMEN, WORK AND MENTAL HEALTH: A WORLD WIDE VIEW

INSTITUTIONS

1. Hospital E Rebagliati ESSALUD, Peru

AUTHORS

1. Marta B. Rondon¹, Prof, MD, mbrondon@gmail.com

Section on Women's Mental Health

Conventional gender analysis has identified certain areas which account for much of the inequality between men and women: their contributions, their conditions of work and life (measured by the access to resources and benefits), their different needs and their specific constraints and opportunities. In this symposium Unaiza Niaz, Marta Rondon, Saida Douki and Vivianne Kovess will examine how women's contribution in household tasks and reproductive roles, the limited access to capital, education, health care and employment and their lack of power to control labor conditions, as well as their needs for flexibility in hours during reproductive years, and for protection from harassment and other forms of violence at work contribute to gender inequality, which manifests, in mental health, as a higher

prevalence of depressive and anxious symptoms in women. We will also address the importance of social, religious and familial constraints further burden the working woman and we will argue, using data from developing countries, that decent work -as defined by ILO- is a must to insure that work is a source of self esteem, confidence and empowerment for women, and thus, protective of their mental health.

Mata-Greenwood, Adriana. **Incorporating gender issues in labour statistics**, ILO /Bureau of Statistics, Working Paper, available at http://www.oit.org/public/english/employment/skills/informal/gpe/download/resource/genderwpstatistics.pdf, accessed Feb 20, 2008

WORK AS AN IMPORTANT STRESSOR FOR WOMEN IN LATIN AMERICA

INSTITUTIONS

1. WPA Section on Women's Mental Health, Peru

AUTHORS

1. Marta Rondon¹

and to strengthen self confidence, to provide a source of positive identity and to empower women allowing them to contribute with the household finances and gain status. Economic adjustment plans in Latin American countries led to liberalization of labor laws. Women have been affected more severely than men by the resulting lack of social protection. A survey using the Personal Health Scale was held in Lima to explore the impact of informal work on the well being of women, based upon the findings of the Gender Sensitive

Mental Health Indicators Project which showed that employment

was correlated with higher rates of depression and suicide attempts

Access to work and its benefits is supposed to increase self esteem

in Peru but not in Canada. The results of this survey showed that women working outside the home feel overburdened by their domestic chores, which men are not willing to share and that they are overwhelmed by the negative impact of lack of "decent work" (by ILO definition), as demonstrated by the large number of "cases" using the Personal Health Scale (Mezzich). The conclusion is that labor laws have to change in order to provide social protection to women and to offset the deleterious effect of the double workload.

Diaz-Granados N, Stewart DE. Using a gender lens to monitor mental health.Int J Public Health. 2007;52(4):197-8

WOMEN AND WORK IN SOUTH ASIA

INSTITUTIONS

1. Section on Women's Mental Health, Pakistan

AUTHORS

1. Unaiza Niaz1, Prof, MD, drunaiza@gmail.com

Women's work is generally associated with better health. Nevertheless, as women in the work-force, have to bring changes in their traditional roles which contribute to negative outcomes such as marital strain .In particular, the multiple roles that they fulfil in society render them at greater risk of experiencing mental problems than others in the community. Many studies seem to show that female workers may be exposed to some gender related stressors which

could threaten their mental health and well-being. Professional women in South Asia, like elsewhere face professional rivalries, between men & most interestingly collusion of incompetent women at work, who find more useful to toe the competing men's line!!!. Secondly stress of In laws,& society on working women---to be the traditional little lamb!!! is still a major ordeal for high Professional women.

WORK AND WOMEN IN EUROPE

INSTITUTIONS

1. Section on Women's Mental Health WPA, France

AUTHORS

1. Vivianne Kovess¹, Prof, MD

Work in developed countries is related to diverse manifestations of stress, often conceptualized as depression, anxiety and substance abuse. Different work settings that are increasingly available to women as gender based job division disappears has given place to a variety of disorders such as depersonalization and PTSD.

Some risk factors, such as lack of autonomy and caring for others have been found to be associated with higher levels of stress. There

is also a reciprocal influence of personality and work. In this presentation, different therapeutic approaches to these complex problems will be discussed.

Wilhelm K, Kovess V, Rios-Seidel C, Finch A. Work and mental health. Soc Psychiatry Psychiatr Epidemiol. 2004 Nov;39(11):866-73

WORK AND WOMEN'S MENTAL HEALTH IN THE ARAB AND ISLAMIC WORLD: THE EXAMPLE OF TUNISIA

INSTITUTIONS

- 1. Faculty of medicine of Lyon, France
- 2. Faculty of medicine of Tunis, Tunisia

AUTHORS

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- 2. Fathy Nacef²

Occupation ranks sixth amidst the ten major risk factors for the global burden of disease 1990 that affect disproportionately women (WHO, 2000).

However, despite increases in women's labour force participation, gender differences in work-related health conditions have received little research attention.

Women's work is generally associated with better health. Nevertheless, the multiple roles that they fulfil in society render them at greater risk of experiencing mental problems than others in the community.

The authors present the results of a study carried out among 1100 subjects on extended sick leave assessed for fitness-to-work. 73% were women experiencing a job-related neurasthenia, according to ICD-10.

Some gender-related risk factors are discussed, such as excessive

workload, lack of control in lower status male-dominated occupations, lack of reward, violence at work, gender discrimination and role conflict. In Arab and Islamic countries, women are confronted to a specific challenge.

In conclusion, work is one of the critical determinants of mental health for both genders but women today are more exposed to its potential harmful effects.

Through their suffering, female workers point out the pervasive gender inequality and not the employment per se.

Through their suffering, working women call for better integrating personal and professional lives for both genders. Fostering a good work-life balance will improve the possibilities for women and men to enjoy both work and family, without being forced to choose between the two

SeS-081

ETIOLOGY AND MEASUREMENT OF PSYCHIATRIC COMORBIDITY IN ADDICTION

INSTITUTIONS

1. University of Pittsburgh, Pharmaceutical Sciences, Pittsburgh, United States

AUTHORS

1. Ralph E. Tarter¹

This symposium joins recent advances in etiology and intervention research to better inform clinical practice. Acquisition of psychological self-regulation, a primary task of child development, will be discussed in terms of its relation to addiction outcomes in adulthood. Techniques for measurement will be described that focus on comorbidity issues and intervention planning, particularly borderline personality disorder in women and antisocial personality in men. The symposium will conclude with a brief summary by the Chair pertaining to the role of prefrontal cortex maturation on the development of psychological self-regulation, and the need to focus on

these neural systems for effective treatment.

Discussion: Ralph E. Tarter - "How Neurobehavioral Development Interacts with Environment to Produce Addiction and Comorbid to Psychiatric Disorders": A brief summary will integrate the theme and findings of the four presentations with special emphasis on describing the neurodevelopmental antecedents of SUD and its variable pattern of psychiatric comorbid patterns. Toward this goal, the method of understanding these outcomes as the outcome of person-environment interactions will be discussed that is practical and amenable to use by clinical psychiatrists.

TRANSMISSIBLE AND NON-TRANSMISSIBLE COMPONENTS OF THE LIABILITY FOR ADDICTION: MEASUREMENT MODEL AND PREDICTION OF OUTCOME

INSTITUTIONS

1. University of Pittsburgh, Pharmaceutical Sciences, Pittsburgh, United States

AUTHORS

1. Levent Kirisci¹, Ph.D.

Recent investigations conducted at the Center for Education and Drug Abuse Research (CEDAR) have revealed that substance use disorder (SUD) can be partitioned into two components. First, a transmissible component was derived in children that has 80% heritability. And second, a non-transmissible component captures the facet of risk related to primarily environmental factors. These

two indexes at ages 10-12 and 16 predict diagnosis of cannabis use disorder by age 22 with approximately 70% and 85% accuracy respectively. This discussion will describe how these two risk indexes were derived and their relation to outcome that commonly occur in conjunction with SUD such as trauma, suicide attempt, sexually transmitted disease, psychiatric disorder, and crime.

THE DEVELOPMENT OF PSYCHOLOGICAL SELF-REGULATION IN RELATION TO ADDICTION AND OTHER PSYCHIATRIC OUTCOMES

INSTITUTIONS

1. University of Pittsburgh, Pharmaceutical Sciences, Pittsburgh, United States

AUTHORS

1. Ada Mezzich1, Ph.D.

This investigation extends the findings pertaining to the transmissible liability index. In particular, the measurement and predictive utility of psychological self-regulation, a main feature of the transmissible liability, will be discussed. A new simple scale will be

described as a potentially practical instrument for assessing risk. The cross-cultural analysis, in conjunction with predicting analysis, document the practical usefulness of the Dysregulation Inventory for risk assessment of SUD and comorbid outcomes.

QUANTIFYING ANTISOCIAL AND BORDERLINE PERSONALITY DISORDERS IN RELATION TO SUBSTANCE USE DISORDER

INSTITUTIONS

1. University of Pittsburgh, Pharmaceutical Sciences, Pittsburgh, United States

AUTHORS

1. Ulrike Feske¹, Ph.D.

Addiction or substance use disorder (SUD) consequent to consumption of illegal drugs is typically manifest by age 30, after which risk rapidly declines. Accordingly, theory supported by emerging genetic and developmental research, points to SUD as a developmental outcome. Research findings will be described showing that other disorders which are strongly related to SUD risk also have a developmental etiology related to a failure to acquire psychological self-regulation. This presentation will show that SUD, antisocial personality disorder (ASPD) and borderline personality disorder

(BPD) can be accurately quantified and measured on a scale using item response theory methodology. An advantage of this latter statistical approach is that it quantifies the importance of each symptom in the diagnosis. Using these new techniques, it will be shown that SUD, BPD, and ASPD are dimensional traits and are highly intercorrelated. In addition, this presentation will shown that gender socialization factors - BPD in females and ASPD in males - capture aspects of SUD risk consistent with failure to acquire psychological self-regulation.

RESEARCH CONDUCTED CLINICAL PRACTICE USING N=1 DESIGN TO DETERMINE TREATMENT EFFECTIVENESS

INSTITUTIONS

1. University of Pittsburgh, Pharmaceutical Sciences, Pittsburgh, United States

AUTHORS

1. Ty Ridenour¹, Ph.D.

A persisting problem pertains applying research to practice. This presentation builds on the prior presentations by showing that using the N=1 or single subject paradigm, the psychiatrist can adopt a research focus that has important applications in ongoing clinical practice. Examples of the methodology will be described along

with a discussion of how N=1 experiments can be used in clinical practice. The discussion concludes with a description of improving treatment based on individualized assessment and tracking, and the design of interventions that incorporate the spectrum of psychiatric disorders preceding as well as concomitant to SUD.

SeS-082

PSYCHIATRIC EMERGENCIES IN AN INCREASINGLY FAST CHANGING WORLD

INSTITUTIONS

1. San Luigi Gonzaga Hospital, University of Torino, Mental Heath, Torino, Italy

AUTHORS

1. Pier Maria Furlan¹, piermaria.furlan@unito.it

WPA SECTION ON EMERGENCY PSYCHIATRY

The authors present some important topics about the role of Psychiatric Emergencies in facing and coping with an increasingly fast

changing world, considering the management of patients with BPD, the correlation of the first-episode schizophrenia and substance abuse and the potential role of Internet websites as a source in approaching "anorexia nervosa".

PSYCHOANALYTIC PSYCHOTHERAPY AND VENLAFAXINE AMONG BORDERLINE PATIENTS REFERRED TO ER WITH SELF-INTOXICATION: A 3-MONTH RCCT

INSTITUTIONS

1. Geneva University Hospital Centre, University of Geneva, Crisis intervention and consultation-liaison services, Geneva, Switzerland

AUTHORS

- 1. Antonio Andreoli¹, Antonio.Andreoli@hcuge.ch
- 2. P. Ohlendorf¹
- 3. A. Berrino¹
- 4. M. Sartori¹
- 5. TH. Di Clemente¹
- 6. Y Burnand¹

Eighty acutely suicidal borderline patients who had been admitted to medical emergency room with self-intoxication and major depression were studied in a 3-month controlled clinical trial comparing the efficacy of psychoanalytic psychotherapy and nurse psychodynamic crisis intervention. Bipolar disorder, psychotic disorder and severe substance dependence were exclusion criteria. Subjects were randomized at GH discharge after being briefly hospitalized (<5 days) in the same emergency psychiatric service. All patients were simultaneously assigned to the same venlafaxine protocol. Therapists utilized treatments manuals and both quantity of treatment and quality of treatment delivery were carefully controlled in the two treatment groups. Repeated, reliable, blind assessments were conducted at intake, 1-month and treatment discharge (3-months)

on a battery of instruments taping global functioning, severity of depression, clinical global improvement and social adjustment. Presence of borderline personality disorder diagnosis was assessed with the IPDE. At the end of the study patients were assigned to continuation treatment (supportive psychotherapy +venlafaxine) under semi-controlled conditions and a further evaluation was collected at 6-month follow-up. The field phase of the study is completed and the results of treatment comparisons are actually under scrutiny. Outcome comparisons and comment will be provided.

Key words: borderline personality disorder, psychoanalysis, psychotherapy, crisis intervention, RCCT, outcome, follow-up

INTERNET: A SOURCE OF NEW PSYCHIATRIC EMERGENCIES? THE CASE OF "ANOREXIA NERVOSA"

INSTITUTIONS

1. San Luigi Gonzaga Hospital, University of Torino, Mental Heath, Torino, Italy

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Healthcare is one of the major area of Internet activity both as a source of information and for its exchange. This can lead to psychiatric emergencies because of exchange of incorrect information and advice, inappropriate treatments, scaremongering..., but most of these home pages, web sites, chat lines, online user groups try to provide relief for psychology and help their users/members.

However, there is one psychopathological field where much of the "interaction" seems intended to attract new recruits, to make pathology appear attractive and where the advice is oriented to highligh-

ting (and aggravating?).

The main features of the pathology: Anorexia Nervosa.

Exploring these sites, we have entered a world sometimes jealously defended, often seductive and not without its dangers. Indeed carrying out this study two young researchers (both female psychologists) had a severe crisis which lead to a temporary interruption of their duty.

A number of different viewpoints analysing the stance of the site creators and dominant members are presented and discussed.

AN HOLISTIC EMERGENCY MANAGEMENT PROGRAM FOR A PATIENTS WITH BORDERLINE PERSONALITY DISORDER

INSTITUTIONS

1. University of the Basque Country, School of Medicine, Bilbao, Spain

AUTHORS

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- 2. Forencio Moneo¹
- 3. Naiara Ozamiz¹
- 4. José A. Fernandez¹
- 5. Aizpea Boyra¹

Too commonly patients with BPD in crisis end up being concentrated at the emergency services of the general hospitals where they receive momentary help, frequently only medication, and then return home. On other occasions the crisis are dealt with at the hospital although a not insignificant percentage of cases do not remain long enough in order to obtain the desirable benefit.

The authors present an holistic emergency program organized in 2003 in Bilbao providing a "call center", one extra-hospital crisis unit and three short term stay day centres. Concerning BPD patients,

a substantial reduction of hospitalisations occurred. The authors focus on the results obtained in a sample of 70 of these patients attending five days a week, four hours a day a dynamically oriented day center with an average hospital stay of 50 days. Favourable results has been found in patients with borderline personality disorders at the discharge and in a one year follow-up when compared to those of patients with other diagnoses. Co-morbidity, substance abuse, early onset of the symptoms, bad social adjustment and other clinical and social variables were detected as poor outcome predictors.

FIRST EPISODE SCHIZOPHRENIA AND SUBSTANCE ABUSE

INSTITUTIONS

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- 2. University of Torino, ASLTO2, Mental Heath, Torino, Italy

AUTHORS

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- 2. Pier Maria Furlan¹, piermaria.furlan@unito.it
- 3. Chiara Marmo¹
- 4. Sara Venturello²

Aims/Objectives: The correlation between the onset of a psychotic disorder and substance use is a very debated topic in the literature, particularly in its sociodemographic and psychopathological features and in its aspects of course of the disease, prognosis and treatment. With respect to this, we conducted an open prospective study to evaluate the profile of a subgroup of patients abusing substances among patients with first episode of schizophrenia hospitalized in the Psychiatric Service of Diagnosis and Treatment (SPDC Unit), San Luigi Gonzaga Hospital-University of Torino.

Methods: 130 patients were included in the study. Inclusion criteria were: age between 18 and 65 years old, first-episode schizophrenia. All the subjects underwent a clinical evaluation using a semistructured interview assessing clinical and sociodemographic data, and the

following self-report tools: the Brief Psychiatric Rating Scale (BPRS), the Positive and Negative Syndrome Scale (PANSS), the Hamilton Anxiety Rating Scale (HARS) and the Clinical Global Impression (CGI) scale. The evaluations were conducted at T0 (admission to the ward), at T1 (after one week) and at T2 (discharge). The subjects were divided into two groups on the basis of the presence of the substance abuse and the two groups (54% of the subjects abusing substances vs 46% of subjects not abusing substances) were compared. Results/Conclusions: The study supports the results shown in the literature. Patients with first-episode schizophrenia with substance abuse show more severe psychopathological features and a major resistance to the treatments, in particular referred to positive symptoms and to the "hostility" dimension.

SeS-083

NEW TECHNOLOGIES FOR A THERAPEUTIC IMPROVEMENT IN PSYCHIATRY

INSTITUTIONS

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AUTHORS

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WPA SECTION ON INFORMATICS AND TELECOMMUNICATIONS IN PSYCHIATRY

The authors present some important topics about the use of technology in Psychiatry in order to obtain a therapeutic improvement:

a careful evaluation on the telecommunications in psychiatry and mental health in the developing countries; a new support tool for teaching and learning psychopathology; a new "carebook" philosophy based on Internet services, as an electronic agenda for the care planning and care governance of the patients.

A NEW TOOL FOR TEACHING AND LEARNING PSYCHOPATHOLOGY

INSTITUTIONS

1. San Luigi Gonzaga Hospital, University of Torino, Mental Heath, Torino, Italy

AUTHORS

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- 2. Francesco Oliva¹
- 3. Rocco Luigi Picci¹, rocco.picci @unito.it

Aims: Teaching psychiatry, especially in the presence of patients, involves a wide range of implications.

- -Issues of privacy: to publicize patient's mental disorder can lead to traumatic repercussions;
- -This issue is complicated by the impossibility to be totally certain that patients have actually given their consent;
- -The examination and investigation of patient's symptoms is always a delicate procedure; asking about delusions, soliciting the recall or reproduction of feelings, sensations or even episodes could be considered unethical

This limitation implies a high reliance on the verbal description of complex behaviour or subjective feelings which rarely achieves a scientifically satisfactory level of objectivity and uniformity.

Methods: To overcome these restrictions, we created a DVD which

enabled us to combine written descriptions and visual material. 130 scenes from 57 motion pictures featuring the whole spectrum of psychopathological symptoms have been identified. We devised in the home page menu a complete psychopathological framework describing every disturbance of each mental condition, all of which are classified and described in their subtypes. Clicking on one of these disturbances or subtypes, starts a short film clip, while a drop menu lists all the subtypes of the main disturbances, together with a complete list of other illnesses where the symptoms might be present as well as the DSM-IVR classification. Another possibility is to browse within correlate syndromes. Returning to the screen short subtitles occasionally appear in order to pinpoint particular concepts.

Results/Conclusions: The product is a valid teaching and learning tool for trainees, general practitioners and students.

ELECTING MEMBERS FOR ONLINE SUPPORT GROUPS

INSTITUTIONS

1. University of Chicago, Psychiatry, Chicago, United States

AUTHORS

1. Robert Hsiung¹, dr-bob@uchicago.edu

Members of online support groups educate as well as support each other. Some, however, benefit more than others. Screening measures may help prospective members decide whether to invest their time and energy in a group. The Group Selection Questionnaire was developed for groups of trauma-exposed adolescents in Bosnia and

tested on college students in the US. It assesses expectations, interpersonal openness, and potential for "group deviancy".

Preliminary data on the use of the GSQ in an online support group are presented.

TELE-PSYCHIATRY IN DEVELOPING COUNTRIES

INSTITUTIONS

1. Ain Shams University, Institute of Psychiatry, Faculty of Medicine, Psychiatry, Cairo, Egypt

AUTHORS

1. Tarek A. Okasha¹, tokasha@internetegypt.com

Tele-psychiatry may prove to be more useful in developing than developed countries. The lack of mental health resources, whether human resources, mental health professionals, inpatient or outpatient facilities and even community care is becoming a problem that is in need of an immediate solution.

Remote areas in developing countries in which transport is difficult and the centralization of services exists only in big cities, makes the next revolution in promoting mental health services in developing countries become the use of telecommunication, to reach the remote areas giving advice about diagnosis, management and reassurance to primary care physicians or mental health professionals.

An evaluation of telecommunication in psychiatry and mental health in developing countries will be discussed as well as potential drawbacks

AN ELECTRONIC DIARY APPROACH TO INTEGRATED CARE DELIVERY

INSTITUTIONS

1. Keele University, University Centre for Health Planning and Management, Darwin Building, Health Information Strategy, Keele, United Kingdom

AUTHORS

1. Michael J. Rigby¹, m.j.rigby@hpm.keele.ac.uk

Integrated community care delivery can too easily be based on empty wishes and false promises. A new "CareBook" philosophy based on internet services is proposed, comprising a patient electronic diary as the vehicle of cross-organisational care planning and care delivery. It would also enable coordination with other important elements such as regular family member visits.

Coupled with this, the care delivery objectives could be holistically developed and entirely visible to the patient and their immediate carers. This would avoid the risk of one element encouraging a patient to think of being able to self-care, whilst a partner service might be seeking to persuade them to accept a move into residential care. A shared CareBook would enable all agencies to integrate into the common pattern - or instigate discussions if they felt a change was

necessary.

Such an electronic diary could also provide the co-ordination for care delivery, particularly where domiciliary delivery is concerned, with its difficulty of physical monitoring. The schedule of care delivery requirements could be re-visualised as a worker-specific schedule, making it much easier to arrange an alternative provider if the scheduled carer is unavailable.

Modern web services have advanced rapidly, as has the concept of "Software as a Service". Such technologies open up the feasibility of controlled but reliable broker-based real time reading of records such as the CareBook diary.

SECTION SYMPOSIA

SeS-084

DIAGNOSING DEPRESSION IN ATHLETES; EDUCATING TRAINERS IN USING A NEW SCREENER

INSTITUTIONS

1. Temple university, psychiatry, Philadelphia, United States

AUTHORS

1. DAVID BARON¹, PROFESSOR, MSED, DO, DBARON@TEMPLE.EDU

Although the incidence of Depression in elite athletes is not well established, the impact it has on athletic performance and overall life satisfaction post competition is significant. The increase in suicide noted in retired football players has prompted the establishment of programs to treat depression in retired players. An emerging concern is the lack of attention to mood symptoms first experienced during the pre-retirement years. One issue is the attitude of coaches, trainers, and athletes themselves concerning mental illness. Mood symptoms have been linked to substance use, as a form of self-medication, and the ending of promising careers. This symposium will present a program in development which trains coaches and trainers

how to recognize and refer athletes in need of mental health care before the problem worsens. Members of the WPA Sports Section will present the program and a depression screener being developed for athletes.

Speakers:

Ferenc Turek (Hungary) - Eating Disorders in Athletes
David Baron (USA) - Diagnosing Depression in Athletes: New
Techniques
Abdol Magd (Egypt) - Substance Use Disorders in Athletes

SeS-085

PSYCHIATRIC ASPECTS OF ELITE ATHLETES

INSTITUTIONS

1. Temple University, Psychiatry, Philadelphia, United States

AUTHORS

1. David Baron

This symposium will cover Psychiatric Aspects of Elite Athletes. Presented by members of the WPA Section On Sports in Psychiatry

DEPRESSION IN ELITE ATHLETES

INSTITUTIONS

1. University of Cairo, Egypt

AUTHORS

1. Samir AbdolMagd1

Depression is one or the leading causes of morbidity and mortality worldwide. It is present in all people of every age, although its phenotype varies across multiple demographics. The precise incidence of mood disorders in elite athletes is not known, however its existence is well documented. Part of the problem is the ongoing prejudice,

lack of awareness by coaches and trainers, and the symptoms vary somewhat from those classical seen and described in the psychiatric literature. This presentation will review the diagnosis and offer suggestions on how to better address this problem.

ADHD IN THE ELITE ATHLETE

INSTITUTIONS

1. Temple University, Psychiatry, Philadelphia, United States

AUTHORS

1. David Baron¹

ADHD is the most common neuropsychiatric disorder of children and was thought to be outgrown until the late 1970's. It is now known to be one of the most genetically loaded forms of psychopathology and persistent into adulthood in over 60% of effected children. Beyond the core symptoms of impulsivity, hyperactivity, and distractibility, ADHD effects all aspects of the patients life and is

associated with numerous life difficulties. It impact on athletic performance is now being better appreciated. This paper will present data from a survey sample of elite athletes screening for ADHD and discuss appropriate treatments, given the ban on stimulants, as well as effective screening tools for coaches and trainers.

SECTION SYMPOSIA

ETHICAL ISSUES AND DOPING IN SPORT

INSTITUTIONS

1. University of Vienna, Austria

AUTHORS

1. Thomas Wentzel¹

There is no topic more discussed in the world of sports than Doping. Doping issues have become more prominent the results of competition in sports pages across the globe. This paper will provide an overview of Doping in Sports and discuss the subject from an ethical

perspective. An historical perspective will be offered and discussion of the role of psychiatrists in educating the public and the sports world on this complicated, highly controversial topic.

PSYCHIATRY AND THE BEIJING OLYMPICS

INSTITUTIONS

1. University of Beijing, China

AUTHORS

1. <u>Li Jing Zhu</u>1

The Chinese government has expressed an interest in psychiatrists working at the 2008 Games. Despite claims of insensitivity they are planning to invite psychiatrists from around the world to partici-

pate. Prof. Zhu will discuss these plans and the role of psychiatry during the Games.

SeS-086

GLOBAL DISASTERS: LESSONS LEARNED FROM POST KATRINA NEW ORLEANS

INSTITUTIONS

1. The George Washington University School of Public Health, Washington D.C., United States

AUTHORS

1. Eliot Sorel 1 , esorel@gmail.com

WPA Conflict Management & Resolution and Psychiatric Dimensions of Disasters Sections Symposium

In late summer 2005 a powerful hurricane Katrina hit directly the city of New Orleans and its surrounding metropolitan area with resultant massive flooding, loss of lives, property destruction, major displacements of people and activities, inclusive of the area's public and private health care systems. It was the largest natural disaster to ever hit the continental United States.

In the autumn of 2007, the WHO Commission on the Social Determinants of Health held its United States of America workshop in New Orleans, vividly illustrating these dimensions in the context of the post Katrina New Orleans.

Since the devastating days immediately following that hurricane, significant, creative, public/private, academic/community partner-

ships have emerged rebuilding the city's devastated infrastructure and health systems. The lessons learned in this context may have relevance to other similar events in other areas of the world.

The authors of this symposium present survivors' experiences, regionally coordinated hurricane responses and services utilizing information technology and telemedicine, academic/community partnerships illustrations, and address health policy initiatives buttressing integrated, primary care, mental health and public health in a neighborhood based model.

References

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LESSONS LEARNED AND SUCCESSES ACHIEVED: ADVICE FOR GENERAL LIFE SKILLS FROM DISASTER VICTIMS

INSTITUTIONS

 $1. \ Clinical \ Services \ & Employee \ Health, \ New \ Orleans \ Health \ Department, \ New \ Orleans, \ United \ States$

AUTHORS

1. Evangeline Franklin¹

AIMS/OBJECTIVES

The lessons learned from persons experiencing phases of disaster, return, relief and recovery can be a helpful source of information.(1) Many individuals not on the front line have very important instructive experiences. This presentation aims to describe the effect of disaster on survivors' coping skills from the successes that they achieved during and shortly after Hurricane Katrina.

The self reported experiences of twenty persons across the Gulf Region including City of New Orleans Health Department leadership were collected. These essays include a description of experiences from pre-storm evacuation planning, return to devastation to working in relief and recovery.

RESULTS

Disaster survivors shared what they learned and how they succeeded in mitigating their traumatic experiences in Hurricane Katrina.

From this perspective they identified what was important from their experience as advice for others.

CONCLUSION

Disaster victims/survivors have intense and continuing stresses which can lead to significant despair. However, positive storytelling can extract advice for others that can at once mitigate the negative effects of the experience and provide insight into the coping skills and strategies important to improve life skills in times of normal life and disaster.

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- 1. Shinfuku, N. World Psychiatry, 2002; 1:158-9.
- 2. Gillio, R. and Franklin, E. (eds). Lessons Learned: Successes Achieved-Be Prepared for Disaster: Advice from Katrina Survivors. New York: iUniverse, Inc. 2007.

TELEHEALTH AND PRIMARY CARE - AN INTEGRATED APPROACH TO ADDRESSING MENTAL HEALTH DISPARITIES AFTER A NATURAL DISASTER

INSTITUTIONS

1. Morehouse School of Medicine, Regional Coordinating Center for Hurricane Response, Atlanta, United States

AUTHORS

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AIMS/OBJECTIVES

Populations exposed to natural disasters may experience a multitude of factors that impact their mental health.(1) This session aims to describe how telecommunications technologies are being used in post-Katrina New Orleans and surrounding areas to support mental health care, public health practice, and patient and professional mental health education in underserved communities.

METHODS

The Regional Coordinating Center for Hurricane Response (RCC) developed an age-appropriate, culturally competent, collaborative model of telebehavioral healthcare delivered within primary care environments.(2) Collaborations with primary care providers and administrative staff at federally qualified health centers were established to manage the escalating service need. Additional partnerships were initiated to enhance training and professional support for physicians, psychologists, and therapists in community-based and school-based settings.

RESULTS

The model has increased efficiency and added mental health service capacity. Obstacles and solutions associated with physician licensure and malpractice insurance were identified. Local collaborator support and integration into the primary care environment have remained constant.

CONCLUSION

An integrated approach involving primary care, mental health, and public health practice may produce a sustainable and reproducible telehealth care model to address mental health needs in the aftermath of a natural disaster.

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- 1. Satcher D, Friel S, Bell R. Natural and manmade disasters and mental health. J Amer Med Assoc. 2007; 298(21):2540-2..
- 2. Mack D, Brantley K, Bell K. Mitigating the health effects of disasters for medically underserved populations: Electronic medical records, telemedicine, research, screening, and surveillance. Journal of Health Care for the Poor and Underserved. 2007. 18:432-442.

A COMMUNITY-ACADEMIC MODEL TO MOBILIZE MENTAL HEALTH RESOURCES FOLLOWING A MAJOR DISASTER

INSTITUTIONS

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- 2. University of California, Los Angeles, United States
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AUTHORS

1. Ben Sppringate^{1,2,3}

Purpose: Community-academic coalitions that follow participatory principles commonly take action to benefit a community, but mobilizing such partnerships for mental health post-disaster have rarely been described.

Background: A high proportion of adults and children demonstrate symptoms of depression or post-traumatic stress disorder following the Katrina disaster.(1) Access to and utilization of appropriate mental health services has been extremely limited.(2)

Methods: We developed a community-academic coalition in New Orleans to address pressing population mental health and health needs. We effectively engaged diverse primary care, faith-based and other stakeholders for necessary action, to leverage resources, to enhance infrastructure, and to develop sustainable leadership. The process utilized community-based participatory research principles and rapid assessment procedures.

Results: Addressing public health concerns across the life span, and commitment to improving access to care, were shared values for coalition development.

Infrastructure was stabilized through in-kind local resources, with support from academic partners and philanthropy outside of damaged areas. Supporting leadership and sustainability were key priorities during the partnership's evolution.

Conclusions: Community-based participatory research principles can provide sustained leadership for emergence of effective community-driven solutions to mental health needs following a major disaster.

- 1. Springgate B. Down in New Orleans. *Health Affairs*. Volume 26, no. 3. September/October 2007.
- 2. Kaiser Family Foundation; (Local contributors: DeSalvo, Karen; Springgate, Benjamin; Williams Clayton; Bergson Susan; Stone Gregory; Cerise, Fred). Health Challenges for the People of New Orleans: the Kaiser Post-Katrina Baseline Survey. Kaiser Family Foundation. July 2007. Available at http://www.kff.org/kaiserpolls/upload/7659.pdf

SUSTAINING MULTI-DISCIPLINARY APPROACHES TO PRIMARY CARE THROUGH POLICY REFORM IN POST-KATRINA NEW ORLEANS

INSTITUTIONS

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AUTHORS

1. Karen B. DeSalvo¹

Aims/Objectives:

The August 2005 destruction of the New Orleans health system by Hurricane Katrina created an unexpected and unprecedented opportunity to think and reform the antiquated and ineffective system into one emphasizing effective multi-disciplinary community based primary care.

Methods:

From the early days post-Hurricane, those on the front lines of health care have pulled together in unprecedented ways to build broad, yet effective coalitions. These planning groups have focused on changing culture and policy to support a paradigm of health that supports and sustains the primary care focus.

Results:

From makeshift first aid stations, the community created a distributed network of neighborhood clinics to replace what was a centralized and hospital focused system.

These clinics offer sophisticated, multi-disciplinary primary care that can attend to the mental, physical and social determinants of health. To support this network, policy and advocacy groups have focused on securing bridge funding as well as long term solutions to ensure sustainability. Together they have raised \$100 million in bridge funding and developed a health reform plan designed to reinvent health care in New Orleans.

Conclusion:

Post-Katrina New Orleans is an excellent model of community leadership for transformational change in the health sector.

SeS-087

THE PERSON, THE FAMILY, THE COMMUNITY, AND POPULATIONS' HEALTH

INSTITUTIONS

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AUTHORS

1. Eliot Sorel¹

The WPA launched in 2005 the Institutional Program on Psychiatry for the Person. The tributaries of such an initiative are multiple commencing with the traditional healing practices, across cultures and the humanistic tradition of western medicine, dating back to millennia as well as by the challenges posed by extraordinary scientific advances and recent concerns with and challenges of populations' health.

Our symposium addresses these challenges from multiple perspectives including those of the WPA Program on the Person; the dialectics between the person, the family and carers/clinicians; the person and community health; and populations' health and health systems. Particular attention is also paid to cultural and other contexts specificity, addressing what is humanly universal and culturally

specific.

The challenge posed to the person, the family, communities and populations regarding rapidly evolving technologies, changes in health systems and continuing global inequities and disparities that require concerted attention and involvement of professionals, families and persons is also presented.

References

Mezzich, J., Positive health: Conceptual place, dimensions and implications. Psychopathology 38 (4): 177-179 2005

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THE PERSON: OVERVIEW OF THE WPA INITIATIVE

INSTITUTIONS

- 1. Hellenic Center for Mental Health and Research, Athens, Greece
- 2. University of Warwick Medical School, United Kingdom
- 3. Institute of Mental Health, Belgrade University, Serbia and Montenegro
- 4. International Center for Mental Health, Mount Sinai School of Medicine, New York University, United States

AUTHORS

- 1. George Christodoulou¹
- 2. KWM Fulford²
- 3. Dusica Lecic-Tosevski³
- 4. Juan Mezzich⁴

The WPA Institutional Program on Psychiatry for the Person was established in 2005 following a decision of the WPA General Assembly in response to the recent developments in clinical care and public health. Considerations arising from these developments suggest the high relevance of a comprehensive understanding of health and the centrality of the person in such understanding.

It is increasingly recognized that Modern Medicine is dominated by fragmentation of care and hyperbolic dependence on technology. The Hippocratic dictum "nothing in excess" is applicable in this case. Overspecialization deprives the physician of the biopsychosocial approach and excessive dependence on technology threatens reduction of the physician from "equal to God" (professed by Hippocrates) to that of a mere technologist.

The need for holism in Medicine has been strongly advocated by Ancient Greek philosophers and physicians, in fact ethicists of their times, like Socrates, Plato and Aristotle and these ideas are re-emerging in our times.

A different, more comprehensive, more humanistic, more holistic and more person-centered perspective is needed. Additionally, a more person-centered approach concerning the physician is necessary.

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Plato: Harmidis Dialogue, 156E, Papyros, Athens, 1975

THE PERSON IN COMMUNICATION WITH CARERS AND CLINICIANS BEYOND ROLE STEREOTYPES

INSTITUTIONS

1. Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

AUTHORS

1. Michaela Amering¹

Context - Community mental health care strives for person-centeredness and resource-orientation. Person-centered care needs well functioning collaboration between mental health workers of different backgrounds with service users and their families and friends.

Objectives - Challenges and chances of new forms of communication and collaborations between users of services, their families and friends and mental health workers will be presented and discussed.

Key messages - Conflicts of the promotion of new roles and responsibilities for patients, carers, and clinicians include the areas of patient self-determination and coercive interventions, confidentiality and family engagement as well as quantitative and qualitative methods of generating evidence. Noticeable consent exists about the need for improvements with regard to access to psychosocial interventions, successful models of vocational rehabilitation, and alternatives for crisis intervention. There is growing interest towards

interventions helping users, carers and professionals to collaborate and appreciate each other as equally entitled "experts by experience" and "experts by training", like the Trialogue-model.

Conclusions - Person-centered care will profit from broadening the evidence-base for mental health policy through the inclusion of multiple perspectives and multiple research methods.

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Rose D, Thornicroft G, Slade M (2006) Who decides what evidence is? Developing a multiple perspectives paradigm in mental health. Acta Psychiatr Scand 113 (Suppl 429) 109-114.

THE PERSON AND COMMUNITY HEALTH

INSTITUTIONS

1. University of Melbourne, Australia

AUTHORS

1. Helen Herrman¹

Mental health is promoted through population-based public health measures as well as health system change. Improving community mental health requires change in public policies affecting health care, as well influence on other sectors such as education, commerce, employment, housing, child and family welfare, and justice. The focus on the needs and dignity of the person form the basis of action at the population or community level as well as at the clinical level.

Poor mental health is associated in high- and low-income countries with social disadvantage, human rights abuses, and poor health and productivity. Effective population-based interventions to promote mental health are possible across the lifespan, and they take place at several levels. Some are distal from the individual, such as policies to improve housing; others closer to the individual, such as combining

psychosocial interventions with childhood nutrition programs, and activity programs for older adults. Social and health priorities such as HIV prevention, maternal and child health, violence, substance abuse, and gender equity require interventions focusing on appropriate participation, in turn related to mental health. The presentation will consider the need for wider research and evaluation of public mental health interventions, and the use of subjective measures of mental health as well as community indicators.

References

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THE PERSON, THE FAMILY AND HEALTH SYSTEMS: 21ST CENTURY CHALLENGES

INSTITUTIONS

1. The George Washington University School of Public Health, Washington D.C., United States

AUTHORS

1. Eliot Sorel1

The person, the family and health systems are involved in multiple and complex transactions in traditional as well as in modern health systems. They are challenged by the paradoxes of extraordinary scientific discoveries and miraculous medical interventions contrasting with remarkably expanding disparities and inequities.

The challenges posed by this paradox require concerted, focused and consequential health policy innovations that will enhance access, quality and eradicate inequities and disparities.

The author presents the work done collaboratively by policymakers, educators, researchers, practitioners, and civil society, in August 2007 in Buenos Aires, Argentina in revisiting the Alma Ata Declaration of 1978 on *Health for All* and developing $21^{\rm st}$ century health systems based on equity with a primary care focus, providing basic

health care packages to all persons and families.

Such systems, equitable, primary care focused and mindful of persons, families and communities integrate a continuum of health promotion, protection, and illness prevention with that of primary care mental health and public health integration. The challenging role of professional organization in this process is presented.

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Sorel, E, Modernizing Health Systems, an Essential 21st Century Prerogative, World Congress of Public Health, Rio de Janeiro, August 2006

SeS-088

WPA SECTION ON AFFECTIVE DISORDERS: THE **BOUNDARIES OF DEPRESSION AND BEYOND**

1. University of Toronto, Psychiatry, Canada

AUTHORS

1. Sagar V. Parikh¹, Dr., M.D., sagar.parikh@uhn.on.ca

OFFICIAL SYMPOSIUM OF THE WPA SECTION ON AFFECTI-VE DISORDERS

This symposium looks at depression in its broadest context, and highlights how depression research and treatment is expanding beyond conventional boundaries. The first presentation by Dr. Roger Pinder (Boundaries of Depres-

sion: Overlap of Anxiety and Depression) highlights the overlap between treatments for anxiety and mood disorders and speculates on the overlap neurobiologically. The second presentation by Dr. Cornelius Katona (Boundaries of Depression in Old Age)

demonstrates the extended boundaries of depression in the elderly,

and how depression interacts with multiple medical and psychiatric comorbidities. The third presentation by Dr. Sid Kennedy (Boundaries of Depression with Neurosurgery: Subcallosal cingulate gyrus deep brain stimulation for treatment resistant depression) takes the boundaries of depression to neurosurgery and presents the work of the world pioneers in deep brain stimulation in the treatment for severe depression. The final presentation by Dr. Sagar Parikh (Boundaries of Depression: Internet Screening and Treatment) looks to expand the boundaries of depression beyond the outpatient office, by examining the role and efficacy of the internet in identifying and facilitating treatment of depression.

BOUNDARIES OF DEPRESSION: OVERLAP OF ANXIETY AND DEPRESSION

INSTITUTIONS

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AUTHORS

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There is considerable overlap between anxiety and depressive disorders in symptomatology, treatment modalities and possible causalities. Many symptoms are common to both types of disorder, while relatively few differentiate the disorders from each other. Many antidepressant treatments, both pharmaco- and psycho-therapeutic in nature, are effective in treating the various anxiety disorders. Indeed, the SSRIs in particular are so well established that anxiety disorders are generally believed to have a serotonergic origin. On the other hand, anxiolytic drugs are relatively ineffective in the treatment of depressive disorders, except as augmenting agents for treatment resistance in the case of buspirone or as a means to combat early insomnia and anxiety induced by some antidepressants in the case of the benzodiazepines.

Evidence is emerging that some depressive disorders, particularly

psychotic depression and severe melancholia, are characterized by loss of hippocampal volume.

There is as yet no evidence that successful antidepressant treatment restores hippocampal volume to normality, although in experimental animals all antidepressant modalities seem to stimulate neurogenesis in the dentate gyrus. Speculation about the role of a dysfunctional HPA axis resulting in excess levels of neurotoxic glucocorticoids has led to the development of selective antagonists of glucocorticoid receptors as putative antidepressants. Within the anxiety disorders, PTSD also involves loss of hippocampal volume which can be restored by treatment with SSRIs or the antiepileptic phenytoin.

It is likely that some depressive and anxiety disorders have a common biological causality in terms of changes in brain plasticity.

BOUNDARIES OF DEPRESSION IN OLD AGE

INSTITUTIONS

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Depression is common and disabling in older people, often with other psychiatric or physical morbidity and significant psychosocial difficulties. Such co-morbidity may impede diagnosis and management of the depression.

I will examine depression at its boundaries - at the extremes of age, with other morbidities (physical, anxiety and dementia), with being a carer and with immigrant status, using data from a series of cohort studies carried out by my colleagues and myself in the London Borough of Islington. The first of these (Islington 1) was of 700 people aged 65 and over, and the second (Islington 2) included 1085 people. The third study, the London And South East region Study (LASER) involved 224 people with Alzheimer's Disease (AD) purposefully recruited to be representative of the range of dementia severity found

in the community.

Conclusions include a demonstration that mood is the main determinant of quality of life in dementia and that this relationship holds even when cognitive impairment is severe. Depression is more strongly associated with subjective complaints of cognitive impairment in the absence of dementia than with established dementia. Lack of exercise is associated with depressed mood in people with AD. High rates of both depression and anxiety are found in carers of people with dementia, and are particularly related to carers' physical health, to neuropsychiatric problems in the person with dementia and to the quality of their relationship. Depression in carers is also predicted by lack of emotion focussed coping strategies.

BOUNDARIES OF DEPRESSION WITH NEUROSURGERY: SUBCALLOSAL CINGULATE GYRUS DEEP BRAIN STIMULATION FOR TREATMENT RESISTANT DEPRESSION

INSTITUTIONS

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AUTHORS

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Studies on the neurocircuitry of depression support hyperactivity in the SCg25, which is ameliorated by disparate antidepressant interventions including pharmacotherapy and neuromodulation treatments. The efficacy and safety of Deep Brain Stimulation, particularly for patients with Parkinson's Disease has been established over several decades. Hence, it is not surprising that this technique is being evaluated as an option for the substantial percentage of depressed patients who meet rigorous criteria for treatment resistant depression.

The Neurosurgery and Psychiatry team at the University of Toronto, University Health Network has a five year experience involving 30 or more patients who have received SCg25 DBS and been closely followed. At the time of writing, the initial rates of response and remission (Mayberg et al, 2005) have been sustained. This presentation will address selection criteria, clinical and functional outcomes, predictor variables and ethical considerations for this group of pati-

ents. Results will be compared with other published data on DBS to alternative brain targets.

Funding Sources: Support has been received from National Alliance for Research in Schizophrenia and Affective Disorders (NARSAD)-Helen Mayberg Principal Investigator and Advanced Neuromodulation Systems Inc.

References:

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BOUNDARIES OF DEPRESSION: INTERNET SCREENING AND TREATMENT

INSTITUTIONS

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AUTHORS

1. Sagar V. Parikh1, Dr., MD, sagar.parikh@uhn.on.ca

Depression reigns as the principal psychiatric cause for disability worldwide, yet multiple factors prevent diagnosis and treatment. Stigma at the level of society, patient, and provider reduces screening for this condition, while resource and access issues restrict availability of treatment. The internet offers potential solutions. Internet interventions provide ease of access, privacy and target varied learning styles. New mental health screening tools such as Feelingbetternow. com provide confidential (anonymous) access to potential diagnoses and sites such as MoodGym and Myselfhelp.com provide self-help treatments, primarily via on-line cognitive behaviour treatment. A number of randomized controlled trials for depression-specific symptoms have been conducted and one with guided self-help for depression (with limited therapist contact) has been successfully delivered over the Internet. Overall, the findings of such interventions are positive both in efficacy and in revealing the ability to overcome

various resource and geographic access barriers.

This presentation will summarize the most effective depression screening tools available on the internet and review key websites offering self-help treatment, together with a summary of the evidence supporting the use of such tools to improve depression treatment. The internet can expand the reach of depression treatments beyond the boundaries of the outpatient office.

References

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SeS-089

SYMPOSIUM OF THE SECTION 'IMMUNOLOGY AND PSYCHIATRY': THE IMMUNE SYSTEM IN PATHOPHYSIOLOGY AND TREATMENT OF MAJOR DEPRESSION AND SCHIZOPHRENIA

INSTITUTIONS

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Objective

The field of immunological research in psychiatry, especially regarding schizophrenia and major depression, is markedly progressing. This progress is based on several facts including the availability of well established animal models, the modelling of convincing hypotheses explaining the possible pathophysiological mechanisms and

finally the intriguing results of recent clinical trials, demonstrating the therapeutic efficacy of immunomodulating therapy in both, schizophrenia and major depression.

The symposium of the section 'Immunology and Psychiatry' will cover all these aspects by the following presentations.

SCHIZOPHRENIA LIKE ABNORMALITIES FOLLOWING PRENATAL MATERNAL IMMUNE SYSTEM ACTIVATION: PREVENTION IN UTERO AND DURING ADOLESCENCE

INSTITUTIONS

1. University of Tel Aviv, Dep. of Psychology, Tel Aviv, Israel

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Maternal exposure to infection during pregnancy is associated with increased liability to schizophrenia in the offspring, and it has been proposed that elevation of pro-inflammatory cytokines in the maternal host in response to infection is the key factor for fetal brain maldevelopment. The latter has inspired the development of the prenatal immune challenge model of schizophrenia in which the synthetic cytokine releaser polyinosinic-polycytidilic acid (PolyI: C) is used to activate the maternal immune system. Adult offspring of poly I:C treated dams exhibit behavioral abnormalities reflective of schizophrenia which respond to antipsychotic drug treatment. Here we report that: 1. Adult offspring of dams injected with Poly I:C (4mg/kg) on gestation day (GD) 15, exhibited loss of attentio-

nal selectivity and enhanced sensitivity to amphetamine phenotypic of schizophrenia; 2. These deficits were prevented by the co-administration on GD 15 of the antioxidant and glutathione precursor N-acetylcysteine (NAC, 15mg.kg); 3. Administration of the atypical antipsychotic clozapine (7.5 mg/kg) during prepubertal days 34-47 prevented the emergence of these deficits. These results support the hypothesis that immune activation during pregnancy may in part be responsible for the interaction between maternal infection during pregnancy and schizophrenia. Furthermore, they provide the first demonstration that the long term behavioral abnormalities resulting from pregnancy complicated by maternal infection can be prevented, possibly via effects on the immune system.

IMMUNE-RELATED PATHOPHYSIOLOGY OF SCHIZOPHRENIA

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A large body of evidence points to the involvement of an immune process in the pathophysiology of schizophrenia. Although there is a controversial discussion regarding the type of immune activation, a mild chronic immune process in the CNS may anyway be related to the progressive reduction of brain volume in schizophrenia. The endogenous NMDA receptor antagonist kynurenic acid was discussed to induce psychotic symptoms. Kynurenic acid is mainly produced by activated astrocytes.

We have performed several studies on the immune system and on the kynurenine pathway intermediates including their relationship with the astroglial marker S100B in the CSF.

Our data indicate a predominance of the Th2 system of the specific

immune system, while additionally the monocytic system seems to be also activated. We found a strong relationship between kynurenines and S100B in CSF. In contrast to data on CSF and post mortem brain, kynurenic acid appears to be reduced in peripheral blood of schizophrenic patients.

Our data underline the observations of an active immune process in schizophrenia and indicate a functional relationship between the kynurenine pathway intermediates and astroglial function. Previous studies of schizophrenia have demonstrated a significant elevation of KYNA in postmortem pre-frontal cortex and in CSF. These may be related to altered astrocytic function. These data indicate that immune dysfunction in schizophrenia is not just an epiphenomenon, but may be directly related to the pathomechanism of the disorder.

IMMUNE-RELATED PATHOPHYSIOLOGY OF MAJOR DEPRESSION

INSTITUTIONS

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AUTHORS

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Major depression is a complicated disease with the pathophysiology which involved different biological mechanisms such as immune response, neuroendocrine regulation, energy metabolism and response to oxidative stress. The first hypothesis was the monoamine hypothesis which emphasized the serotonin availability which was proposed to be linked with tryptophan breakdown. It was linked to the enhanced immune response which is associated with increased pro-inflammatory activity that could in turn increase the tryptophan breakdown into kynurenine by the enzyme, indoleamine 2,3-dioxygenase. Based on the facts (1) that the hypothalamo-pituitary-adrenal axis is hyperactive in major depression, (2) that there were

reports demonstrating the hippocampal atrophy in major depression, and (3) that the kynurenine can be further degraded into neuroprotective kynurenic acid and neurotoxic 3-hydroxykynurenine and quinolinic acid, the neurodegeneration hypothesis was proposed. This hypothesis emphasized the imbalance between neuroprotective and neurodegenerative capacity in the neuro-endocrine-immune interactions as the key pathophysiology of chronic major depression. This imbalance is also associated to the energy metabolism and response to oxidative stress. These associations could further explain the consequent medical and neurological diseases and disorders following or coexist with major depression.

CYCLOOYGENASE-2 INHIBITORS AS TREATMENT OPTION IN MAJOR DEPRESSION AND SCHIZOPHRENIA

INSTITUTIONS

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COX-2 inhibition seems to balance the type-1/type-2 immune response and it reduces proinflammatory cytokines. Moreover, COX-2 inhibition has an impact to the glutamatergic neurotransmission and influences the tryptophan/kynurenine metabolism. These components may be involved in the pathophysiology of psychiatric disorders, particularly in schizophrenia and major depression.

Due to increased proinflammatory cytokines and PGE2 in depressed patients, antiinflammatory treatment would be expected to show antidepressant effects.

Accordingly, an antidepressant effect of rofecoxib was found in patients with osteoarthritis. An own clinical trial using the selective COX-2 inhibitor celecoxib in MD showed a significant therapeutic effect of the COX-2 inhibitor on depressive symptoms. Although those preliminary data have to be validated, these results are encouraging for further studies dealing with the inflammatory hypothesis

of depression with regard to pathogenesis, course and therapy. Secondly, we and other groups have performed several studies of COX-2 inhibitors in schizophrenia. The first clinical trial with celecoxib add-on to risperidone in acute exacerbation of schizophrenia showed good therapeutic effect, especially regarding cognition in schizophrenia. Based on data of a second clinical trial, the efficacy of a COX-2 inhibitor seems most pronounced in the first years of the schizophrenic disease process, which is in accordance with animal

It has to be considered, that therapy with COX-2 inhibitors is currently under discussion due to cardiovascular side-effects. Regarding the possible role of inflammation in schizophrenia, depression and possibly other psychiatric disorders, anti-inflammatory therapy should be taken into the focus of further research.

SeS-090

RELIGIOUS PSYCHOPATHOLOGY

INSTITUTIONS

1. Meerkanten GGz, Outpatient Clinic, Harderwijk, The Netherlands

AUTHORS

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The objective of this Section Symposium is to inform the attendees about research on religious psychopathology. The main topics are religious content of schizophrenic symptoms (visual hallucinations,

delusions), and the impact of religiousness on suicide. At the end attendees should be aware of the importance of religious and spiritual issues in psychopathology.

VISUAL HALLUCINATIONS AND RELIGIOSITY IN **SCHIZOPHRENIA**

INSTITUTIONS

- 1. Vilnius Mental Health Center, Vilnius, Lithuania
- 2. Psychiatric University Clinic, Vienna, Austria

AUTHORS

- 1. Palmira Rudaleviciene¹, Mrs, MD
- 2. Thomas Stompe², Dr., MD, PhD

The aim of this study is to identify and assess visual hallucinations for patients with schizophrenia, as well as to identify the relation of hallucinations to sex, age of patients and their age at the onset of schizophrenia, religious faith and personal importance of faith. Examination was conducted on 301 patients (average age - 42.4 (SD 9.8) years; women - 51.5%) of Vilnius Psychic Health Centre. The

examination was based on structural international cultural psychiatry study survey. The study was approved by the Lithuanian Bioethics Committee.

Visual hallucinations were observed in 39.1 percent of examinees and no statistically significant difference was established among men and women in terms of frequency of manifestation of this type hallucinations. The majority of examinees specified having religious

faith - men considerably more often than women (91.8% and 83.2% respectively), and there were considerably more men than women who admitted personal importance of faith. Relation between hallucinations, faith and personal importance of faith has been identified. Almost one half (42.7%) of the examinees for whom their faith was personally important saw visual hallucinations; however their number among those whose faith was not personally important for them was twice less (21.3%).

It was established that adjusted for age and gender the onset of the disease at an earlier age (before 20) and personal importance of faith are independent factors of manifestation of visual hallucinations for patients with schizophrenia.

RELIGIOSITY AND APOCALYPTIC DELUSIONS IN SCHIZOPHRENIA

INSTITUTIONS

- 1. Vilnius mental health Center, Vilnius, Lithuania
- 2. Psychiatric University Clinic, Vienna, Austria

AUTHORS

- 1. Palmira Rudaleviciene¹, Mrs., MD
- 2. Thomas Stompe², Dr., MD, PhD

Religious idea of the world end given in the Sacred Scripture is being found in the content of delusions but is added with inclusion of modern signs and description of apocalypse, produced in delusional thinking of nowadays patients suffering from schizophrenia and related disorders.

Data were obtained from the research, which was conducted in 2006 at the Vilnius Mental Health Center, with permission of the Lithuanian Bioethics Committee.

Inclusion criteria were a clinical diagnosis of schizophrenia already established in patients between 18 and 80 years of age, male and female, who were capable of participating in a productive interview according to their mental state. Structured Clinical Interview was used to perform this study. Examination was conducted on 295 patients. For this study a question about world end was asked to the patients.

Thorough statistical analysis was applied. Continuous or ordinal data were analysed using t test. The quantitative evaluation of the impact of the studied determinants on the development of the end of the world delusions was performed using logistic regression (odds ratio, 95% confidence interval). Level of statistical significance was set at 5%.

Results: 69.8% reported apocalyptic delusional themes (lifetime-prevalence), both religious and culture-sensitive. Investigation of the influence of personal importance of their religious beliefs on the content of (Apocalyptic) delusions was made. The conclusion may be drawn that schizophrenia patients for whom their faith is of personal importance feel the coming end of the world more often than those for whom it is not.

THE MYSTERY OF RELIGIOUS DELUSIONS IN SCHIZOPHRENIA

INSTITUTIONS

1. Medical University, Clinic for Psychiatry and Psychotherapy, Vienna, Austria

AUTHORS

1. Thomas Stompe¹, Dr., MD, PhD

The fact of the existence of religious delusions even in secular Western societies is still unexplained (e.g. Stompe et al 1999, 2001, 2007). Exploring religious delusions by means of statistical analysis reaches its limits when the "anthropological matrix" (Weitbrecht 1963) is taken under consideration. As quantitative study designs fail to provide further insight in this problem, we analyzed the delusional plots of 78 psychotic patients with religious contents using the structure-dynamical approach of Werner Janzarik and phenomenological concepts. The existence of religious delusions seems to depend primarily on dynamic instability, an affective condition

very similar to the experience of numinosity described by Rudolf Otto. Our phenomenological analyzes additionally pointed out that religious delusions are no homogenous phenomena. We further distinguished two acute (apocalyptic and visionary experiences) and two chronic forms of religious delusions (value-centered delusions, chthonic-archaic delusions). While acute religious delusional ideas are a nosologically unspecific product of cognitive processing of dynamic derailments, chronic forms are resulting from the interaction between dynamic derailments and basic structural disturbances.

RELIGION AND SUICIDE: IS CATHOLICISM A PREVENTIVE FACTOR AGAINST SUICIDE?

INSTITUTIONS

1. Kaunas University of Medicine, Department of Psychiatry, Kaunas, Lithuania

AUTHORS

- 1. Virginija Adomaitiene¹, Mrs., MD
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Objective: to assess the situation of suicide rates and the suicide risk factors in the clinics of somatic diseases, to estimate protective factors of suicides, to assess the correlation between suicide rate and religiosity.

Method: the patients from the departments of somatic diseases, who have attempted suicide and the patients, who had depression associated with severe somatic pathology and who had very increased risk of self-harm were assessed with suicide risk assessment interview, the Adult suicidal Ideation Questionnaire, also it was asked about religiosity of the patients. The population included the patients over

18 years old.

Results: Female were greater risk for suicide and parasuicide in somatic clinic. The high rate of suicide associated with adaptation disorders. The patients used the method of suicide - self-poisoning (intoxication of medication).

Conclusion: There were association between religiosity and suicides - the suicide acceptance depends not only on personal but also on contextual levels of religious belief.

SeS-091

NEUROIMAGING RESEARCH IN SCHIZOPHRENIA: AN UPDATE

INSTITUTIONS

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AUTHORS

1. Antonio Vita¹, Md, PhD

The WPA Section of Neuroimaging propose a Section Symposium with the title "Neuroimaging research in schizophrenia: an update". The symposium will provide an update of study findings on the most relevant topics of neuroimaging research in schizophrenia, in particular: - changes in grev and white matter and their clinical co-

rrelates; - structural brain characterization of deficit vs nondeficit schizophrenia;

- the present status of the debate about progressivity over time of brain changes in schizophrenia and its clinical correlates.

THE CONCEPT AND SIGNIFICANCE OF PROGRESSIVE BRAIN CHANGE IN SCHIZOPHRENIA

INSTITUTIONS

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AUTHORS

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Kraepelin originally defined Dementia Praecox as a progressive brain disease, although this concept has received various degrees of acceptance and rejection over the years since his famous published textbooks appeared. An historical perspective on the current renewal of Kraepelin's concept in brain imaging literature is important to understand what foci are important for future research. Progressive brain change has now been documented in schizophrenia from its earliest stages through its chronic course although it is certainly not linear and not at the same rate of change as that seen in Alzheimer's

Disease. Its significance has also been contested by a failure to consistently show any clinical utility to its detection and the notion that neuroleptic medication could have secondary and nonsignificant effects on brain structure. Nevertheless, it is concluded that a great deal of future research is needed focusing on the longitudinal course of change, the extent to the regions of change within each individuals and the underlying mechanism and implications of brain change through functional and neurochemical imaging, combined with structural studies in the same individuals

PROGRESSIVE BRAIN ABNORMALITIES IN SCHIZOPHRENIA: CLINICAL RELEVANCE

INSTITUTIONS

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AUTHORS

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Brain imaging studies have consistently demonstrated brain abnormalities in patients with schizophrenia. These changes are largely confined to decreases in gray matter volumes and enlargement of the lateral and third ventricles. To date schizophrenia has been considered to result from abnormalities in neurodevelopment, with brain changes to be static. However, schizophrenia has long been thought to be a progressive or a degenerative disorder. Indeed, Kraepelin considered the progressive clinical deterioration to be the hallmark of the disorder. Lately, others have re-emphasized the importance of the decline in functioning in schizophrenia as a clue to its pathogenesis, suggesting that the brain abnormalities in schizophrenia could be expected to reflect this clinical progression. Indeed, we and others have reported brain abnormalities to increase over

time in schizophrenia. Interestingly, not all patients show changes in brain volumes over time: the changes are particularly pronounced in those patients with a poor prognosis in the first years of illness. Moreover progressive changes are most pronounced in the frontal and temporal areas as postulated by Kraepelin over a hundred years ago. Interestingly, white matter did not change over time. Finally, the progression in these frontal brain changes appeared to be attenuated by treatment with atypical, but not by typical antipsychotics. Thus, brain changes are progressive in schizophrenia and are clinically relevant since they are related to outcome. Questions such as whether these changes can be reversed with early pharmacological intervention and whether there is a point at which the brain changes become irreversible, become pertinent.

GRAY MATTER CHANGES IN SCHIZOPHRENIA: HETEROGENEITY AND CLINICAL IMPLICATIONS

INSTITUTIONS

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- 8. Jiri Vanicek1

Introduction and objectives: findings of the gray matter changes in schizophrenia are quite heterogeneous (Honea et al., 2005). If the heterogeneity in the results reflects the heterogeneity of the illness we might try to use the morphological assessment for the search for clinically distinct schizophrenia subgroups.

In this sense Wilke et al. (2001) found a link between the level of functioning and gray matter volume in the left prefrontal cortex in chronic schizophrenia patients. The aim of our present study was to find such relationships between baseline gray matter morphology and consequent global functioning in a group of first episode schizophrenia patients.

Methods: VBM of the baseline gray matter (at the time of the first episode) with the regression analysis with the GAF score (measured one year after the first episode) and a group comparison between good-, poor-functioning patients (GAF score cut-off = 60) and healthy controls.

Results: there was a positive correlation between the baseline prefrontal gray matter volume and the GAF score. The poor-functioning patients had a significant extent of gray matter volume loss in the prefrontal cortex when compared with the healthy subjects, whereas no such relationship was found for good-functioning patients.

Conclusions: the baseline morphological analysis can find differences between two clinically defined subgroups of schizophrenia. Further work is desired to find the ways how to translate such results into the clinical practice.

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THE ROLE OF WHITE MATTER PATHOLOGY IN SCHIZOPHRENIA

INSTITUTIONS

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AUTHORS

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Aims/Objectives White matter connectivity disturbances have been suggested to play a major role in schizophrenia. To this extent, diffusion weighted imaging (DWI) is a relatively new technique examining subtle white matter microstructure organization. In this presentation, the role of white matter pathology as a potential intermediate endophenotype in schizophrenia will be debated.

Methods evidence from post-mortem, imaging, and genetic studies exploring white matter pathology in schizophrenia will be presented.

Results there are consistent findings from different lines of investigations providing evidence that white matter communication is impaired in schizophrenia (1,2), possibly representing a common endophenotype for major psychoses.

Conclusions The literature supports the hypothesis that there is

a cortico-cortical and transcallosal altered connectivity in schizo-phrenia, which may be relevant for the pathophysiology and the cognitive disturbances of the disorder. Future longitudinal diffusion and functional imaging studies targeting brain communication together with genetic investigations should further characterize white matter pathology in schizophrenia and its relevance for the development of the illness.

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STRUCTURAL MRI ABNORMALITIES IN DEFICIT AND NONDEFICIT SCHIZOPHRENIA

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- 14. Arturo Brunetti²
- 15. Mario Maj¹, MD, PhD

The diagnosis of Deficit Schizophrenia (DS) identifies a clinically homogeneous subgroup of patients characterized by the presence of primary and enduring negative symptoms. Findings of brain structural abnormalities in patients with DS as compared with those with Nondeficit Schizophrenia (NDS) and Healthy

Comparison Subjects (HCS) have been mixed. The present study included 34 patients with DS, 32 with NDS and 31 HCS. The Schedule for the Deficit Syndrome was used to categorize patients as DS or

The two patient groups were matched on age and gender and did not differ on any clinical variable, except for higher scores on the negative dimension and more impaired interpersonal relationships in DS than in NDS subjects. Lateral ventricles were not enlarged in patients with DS, as compared with HCS, while were larger in NDS than in HCS. NDS, but not DS patients, as compared with HCS, had smaller cingulate gyri. Volumes of DLPFC and temporal lobes were smaller in both patient groups than in HCS; however, DS patients had significantly less right temporal lobe volume as compared to NDS patients. These findings do not support the hypothesis that deficit schizophrenia is the extreme end of a severity continuum within schizophrenia.

SeS-092

THE INTEGRATION OF NONVERBAL PSYCHOTHERAPEUTIC WORK IN PSYCHIATRY AND PSYCHOTHERAPY

INSTITUTIONS

- 1. German Academy for Psychoanalysis, Berlin, Germany
- 2. German Academy for Psychoanalysis, Munich, Germany

AUTHORS

- 1. Maria Ammon¹
- 2. Ilse Burbiel²

The authors introduce Dynamic Psychiatry as a discipline which integrates psychotherapy, psychoanalysis, group dynamics and psychiatry and which is in a continuous development for the sake of treatment. This means the treatment methods for personality disorders, psychoses, comorbid diseases and all early traumatized patients has to integrate creative, healthy and constructive areas of the human being and has to understand the person as a multidi-

mensional, holistic being with creative potentialities. Recent brain research results, attachment theory, transgenerational transmission and early traumata effects on the personality will be considered, as well. The treatment methods have therefore to integrate expressive creative group psychotherapy methods like dance-, theatre-, music-, art therapy - especially milieu therapy and others.

SECTION SYMPOSIA

CREATIVE THERAPY IN DYNAMIC PSYCHOTHERAPY

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Dynamic Psychiatry considers man as a holistic being with creative and constructive potentialities. Psychic Illness is understood as a destructive and deficitary personality development with the possibility of disintegration in life situations of loss, psychic stress a. o. Therefore the author stresses the necessity of working with the creative

dimensions of the patients in psychiatry and psychotherapy first for stabilization and second for a further development of the personality of the patient. Nonverbal creative therapies will be demonstrated for treatment.

A GROUP CONFLICT IN DANCE THERAPY - ATTEMPT OF A GROUP DYNAMIC INTEGRATION

INSTITUTIONS

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AUTHORS

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For many years the authors have been leading a dance therapy group according to the dynamic psychiatric concept of Günter Ammon. Dance therapy is a successful nonverbal facet of the therapeutic network of Dynamic Psychiatry in addition to the predominantly verbal individual and group psychotherapy.

The author's concern is to show, how a so called "committer-victim" conflict, which had been developed in a dance session, can be wor-

ked through and finally solved by means of group dynamic processes within verbal and dance therapy. The conflict was solved by revealing it to the group so that all group members had the opportunity to participate and gain from it. A committer-victim conflict changed into a group conflict. The fear to be excluded from the group, experienced by committer and victim likewise, as well as the experienced sense of shame and guilt can be diminished in this way.

DANCE THEATRE - SELF-AWARENESS AND PSYCHOTHERAPY

INSTITUTIONS

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AUTHORS

1. Gabriele von Bülow1, Mrs., G.v.Buelow@t-online.de

Dance theatre is a form of group dynamic self-awareness that developed from human-structural dance, integrating elements of theatre work in the context of human-structural theatre therapy as well as psychoanalytical group dynamics. In this, the dance theatre project functions as a third object that, on the one hand, reflects the group dynamic process while, on the other, spurring it on. It pro-

vides a nonverbal and group dynamic extension of the outpatient treatment spectrum, especially for patients with severe structural deficits. The process of a ten-day dance theatre project, which worked on scenes from "The Creatures of Prometheus" by Ludwig von Beethoven will be described and illustrated by video excerpts.

ANALYTIC MILIEU THERAPY AND GÜNTER AMMON'S CONCEPT OF CREATIVITY

INSTITUTIONS

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AUTHORS

1. Monika Dworschak¹, Mrs., monika.dworschak@gmx.de

Günter Ammon's basic concept of analytic milieu therapy is the basic treatment method in the Dynamic Psychiatric Hospital Menterschwaige for the last 30 years. This specific treatment method includes many aspects of creativity as developed in Günter Ammon's concept of creativity.

Ammon understands creativity not only in the sense of producing

creative artistic work but also as processes or activities of a person in daily life in the sense of basically new dimensions in acting, thinking, behaving etc.

The author describes this concept of creativity in every day processes in analytic milieu therapy which has been used very effectively in the treatment of early disturbed patients.

INDICATIONS AND THERAPEUTIC EFFECT OF HUMAN-STRUCTURAL INPATIENT MUSIC THERAPY

INSTITUTIONS

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AUTHORS

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The present paper describes music therapy as practiced in the Dynamic Psychiatric Hospital Menterschwaige in Munich. Following a short historical outline, the authors describe human-structural inpatient music therapy as a nonverbal therapy, characterized by specific features differentiating it from other forms of psychotherapy. It is particularly apt, by making use of free improvisation, to render group-dynamic processes >>audible<<, to diminish anxiety and to facilitate interpersonal contact and relationships in the here-and-now situation of the group. These features are of advantage in the therapy of symbiotic, anxious, autistic and paranoid patients. The

therapeutic effect of human-structural music therapy can be deduced from the patients' own answers on questionnaires and from the therapists' interventions on several possible levels, taking into consideration the present unconscious group dynamics, as well as individual transfer and counter transfer phenomena, and using both metaphoric interpretations of the group atmosphere and music-theoretical interpretations. Thus, without using a specific technique for each diagnostic category, it allows therapeutic work with a wide range of pre-oedipally disturbed patients, when integrated in the global therapeutic milieu of the hospital.

SeS-093

IMPULSE CONTROL DISORDERS: HOW SHOULD THEY BE CLASSIFIED?

INSTITUTIONS

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- 2. Yale University School of Medine, Psychiatry, New Haven, United States
- 3. Stockholm University/ Karolinska Institute, Psychology, Stockholm, Sweden
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- 5. Christopher Reist⁴, Professor, M.D., chris.reist@va.gov

There is ongoing discussion regarding how Impulse Control Disorders should be classified in future editions of The Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD). The purpose of this symposium

from the Impulsivity and Impulse Control Disorders Scientific Section is to discuss potential methods that could be used to classify these disorders and the data that supports these methods.

BASIC NEUROBIOLOGY OF BEHAVIORAL INHIBITION AND DECISION MAKING AS A METHOD OF CLASSIFICATION OF IMPULSE CONTROL DISORDERS

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Objective: The impulse control disorders not otherwise classified have been grouped together based on similar symptoms and diagnostic criteria. There is a growing body of literature on the basic neurobiology of behaviors associated with these disorders that could be used in future diagnostic classifications.

Methods: Data will be presented from functional magnetic resonance imaging (fMRI), and diffusion tensor imaging (DTI) combined with behavioral laboratory tasks that are designed to measure basic components of behavioral inhibition and decision making in sub-

stance dependent subjects and controls.

Results: This data supports a link between impulse control and decision making to specific brain regions and neurotransmitter function, including dopamine and serotonin.

Conclusions: These results will be discussed in light of similar findings in patients with impulse control disorders to show that the underlying neurobiology of these behaviors could be used as a tool in the classification of these disorders.

OVERVIEW OF DIAGNOSTIC CATEGORY DISCUSSIONS FOR IMPULSE CONTROL DISORDERS

INSTITUTIONS

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AUTHORS

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Impulse control disorders (ICDs) include pathological gambling, intermittent explosive disorder, kleptomania, pyromania, trichotillomania and ICD not otherwise specified. These disorders are currently categorized together in the category of ICDs Not Elsewhere Classified. These ICDs, as well as others under consideration in the domains of shopping, sex, computer use and nail-biting/skin-picking, have been conceptualized in several non-mutually exclusive manners, including as obsessive-compulsive spectrum disorders and as "behavioral" addictions. In workgroup meetings sponsored by the American Psychiatric Association, National

Institutes of Health and World Health Organization, Dr. Potenza has participated in clinical and scientific discussions on obsessive-compulsive spectrum disorders and substance use disorders, respecti-

vely, in anticipation of DSM V and ICD 10. Specifically, Dr. Potenza's role focused on the current understanding of the relationships between impulse control disorders, obsessive-compulsive disorder and addictions. Comprehensive analyses of multiple domains (phenomenology, epidemiology, co-occurring disorders, family histories, genetics, neurobiology, pharmacology, behavioral and drug treatments, and culture) were performed. These analytic reviews identified heterogeneities within and across ICDs, with some ICDs showing close similarities with substance use disorders and others like trichotillomania showing closer ties to obsessive-compulsive disorder. Implications of these findings for DSM V and ICD 10 will be discussed.

CHILDHOOD BEHAVIOR AS A METHOD OF CLASSIFICATION OF IMPULSE CONTROL DISORDERS IN ADULTHOOD

INSTITUTIONS

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The focus is on the possible influence of childhood hyperactive behavior on adult psychopathy, and how adult, clinically rated, psychopathy tendencies are related to self-reported personality. The sample comprised 152 male subjects, including young lawbreakers (n=98) and controls (n=54), prospectively studied over their life time. Ratings of childhood behavior were obtained from a psychiatrist and data on adult personality (using the Karolinska Scales of personality and a shortened form of the Eysenck Personality Questionnaire) and psychopathy were obtained using the Psychopathy Check List (PCL).

Subjects with high PCL as adults (n= 36) scored higher than low PCL subjects (n= 116) on the majority of the personality dimensions studied, even when controlling for criminality. Former childhood hyperactive subjects (n= 26) displayed higher impulsivity and hostility than nonhyperactive subjects (n= 126) when criminality was

controlled for. Among the high PCL group subjects there was an overrepresentation of childhood hyperactive males. They displayed significantly higher impulsivity and verbal aggression than their respective nonhyperactive counterparts and were characterized by extreme scores on several psychopathy-related personality scales. Further, there was a significant interaction effect between hyperactivity and PCL on the narrow/noninclusive form of impulsivity. The findings of the present personality-based approach were in favour of childhood hyperactivity being crucial as risk indicator in the development of impulse control disorders in adulthood. This was also confirmed by results of significantly higher frequencies of individuals characterized by a pattern of childhood hyperactive behaviour, early alcohol problems, and violent offence. Hyperactive behaviour and violence in turn were found to be significantly associated with decreased serotonergic function as measured at adult age.

NEUROBIOLOGICALLY BASED CLASSIFICATION OF IMPULSE CONTROL DISORDER: ROLES OF COMORBIDITY, TIME COURSE, AND RESPONSE TO TREATMENT

INSTITUTIONS

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Impulsivity, resulting from a failure of the balance between the initiation and screening of action, is present in a wide range of psychiatric illnesses. As would be expected from its central role in the initiation of action, impulsivity is a multifaceted entity. Its neurobiology can be related to regulation of limbic arousal, attention, or motivation, each of which has different neurobiological substrates and pharmacological sensitivities. For example, some aspects of impulsive behavior appear to be sensitive to drugs that enhance serotonergic function, while others are not. Further, the time course of impulsivity can be complex, with state- and trait-like mechanisms. Disorders of pathological impulsivity must be classified according

to these characteristics as the basis for rational diagnosis and treatment. In addition, impulsivity can be a prominent part of a more general disturbance, like substance use disorders, affective disorders, or schizophrenia, or can be the central feature, as with intermittent explosive disorder. We propose a scheme whereby disorders of impulse control are classified according to 1) primary or secondary role of impulsivity, 2) pharmacological sensitivity, largely based on response or lack of response to serotonergic agents, and 3) time course. We will summarize pharmacological, genetic, and neruobehaivoral evidence supporting this schema.

UTILIZING RESPONSE TO TREATMENT AND GENETICS AS A METHOD FOR CLASSIFYING IMPULSE CONTROL DISORDERS

INSTITUTIONS

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AUTHORS

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Currently the Diagnostic and Statistical Manual (DSM-IV-TR) recognizes a number of distinct impulse control disorders (ICDs) including pathological gambling, kleptomania, pyromania, intermittent explosive disorder, and trichotillomania. Criteria for other ICDs (compulsive shopping, problematic internet use, compulsive sexual behavior, and compulsive skin picking) are currently under consideration. Despite significant advances in our understanding of

the neurobiology and pharmacotherapy of ICDs little of this information has been taken into consideration as classification strategies evolve. This session will examine the value of existing genetic data as well as patterns of response to pharmacotherapy for identifying distinctions between ICDs. Particular focus will be given to genetic variants in dopamine, noradrenergic, and serotonergic neurotransmitter pathways.

SeS-094

EMERGING ISSUES IN URBAN MENTAL HEALTH

INSTITUTIONS

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WPA SECTION ON URBAN MENTAL HEALTH

Half of the world population lives in urban areas. The rapid growth of urban agglomerates is often accompanies by social, environmental and cultural changes that have a significant impact on health and mental health. This symposium deals with some of the emerging field of research in the field. First epidemiological evidence that being

in an urban is associated with higher incidence of schizophrenia in urban area will be reviewed. Second urbanization and patterns of substance abuse in the UK will be summarized. Lastly, international trends of suicide will be discussed with a particular emphasis of urban vs rural rates. These presentations will be followed by a discussion.

URBAN BIRTH OR URBAN RESIDENCE AND THE RISK OF MENTAL DISORDER

INSTITUTIONS

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AUTHORS

1. Giovanni de Girolamo¹

Several epidemiological studies have tried to clarify the relationship between urban birth or residence, and incidence and prevalence rates of various mental disorders. There is robust and consistent evidence showing that urban birth is a risk factor for schizophrenia and other psychotic disorders. Whereas the relative risk for people who live in urban areas is modest (about two fold compared with rural birth), the attributable risk is high: 30% of the variance in the incidence of schizophrenia can be explained by urbanicity. The number of people exposed to this risk is high and it will increase rapidly as urban populations are increasing in both developed and

developing countries. More specifically, urbanicity is a risk factor when the exposure is from birth to at least the 15th birthday. Urbanrural differences in the risk of schizophrenia are rooted entirely in the family; all findings of studies published so far are consistent with this hypothesis. Also prevalence rates of common mental disorders (e.g., depressive and anxiety disorders, substance and alcohol abuse) show an urban-rural gradient. In this presentation the results of the most recent studies in these areas will be reviewed and suggestions for future research will be presented.

URBANIZATION AS A RISK FACTOR FOR DRUG USE AND MISUSE

INSTITUTIONS

1. University of Hertfordshire, School of Pharmacy, Hatfield, Herts, United Kingdom

AUTHORS

1. Fabrizio Schifano¹

More than half of the world population is living in urban areas, but the evidence about urban-rural differences in drug use is not clearly defined

During the talk, a literature review focussed on the role of both urbanization and other socioeconomic parameters in influencing drug use and misuse will be offered.

Most recent modifications of drug supply/purchase associated with the Internet revolution will be reviewed as well. Although it has been suggested that the drug misuse is typically a characteristic of large urban areas, the urban context may offer a relative proximity of health services and prompter emergency intervention in case of overdose. Furthermore, our data showed that vending websites, which include online pharmacies, are becoming increasingly popular. Clinicians are all too familiar with the drug abuse and its associated consequences in the socioeconomically deprived patient population. However, since the Internet access is more typically available to the privileged sections of society, our stereotypical image of the 'drug abusing, metropolitan' patient may need to change.

SECTION SYMPOSIA

URBANIZATION AND SUICIDE: GLOBAL TRENDS

INSTITUTIONS

1. New Jersey Medical School, Psychiatry, Newark, United States

AUTHORS

1. Giovanni Caracci¹

Suicide rates have been increasing globally overall the past few decades. It is predicted that by the year 2020 approximately 1.53 million people will die from suicide.

Aims: To review global trends in suicide rates.

Methods: Review of the literature on global trends of suicide

Results: There are major differences in suicide rates between urban and rural population. In addition gender, age, religious and cultu-

ral factors have a major impact on suicide rates worldwide. Current evidence addressing the reasons for higher suicide rates existing in some countries will be presented.

Conclusions: we will address the implications of our findings for prevention and policies.

Bertolote JM and Feischman A: A global perspective of the epidemiology of suicide Suicidology. Arg,7, nr.2

SEVERE PERSONALITY DISORDERS IN URBAN AREAS

INSTITUTIONS

1. Mental Health Department, Local Health Unit, Bologna, Italy

AUTHORS

1. Mariano Bassi1, Dr., MD, tarpon8349@libero.it

Severe personality disorder is common in the community, especially in urban areas. People with severe personality disorders come up against more unfavourable course and outcome and more difficult treatment. This problem is increasing in the urban areas.

People meeting criteria are well represented in mental health facilities, with estimates of 10-12% at community mental health centers and 20% in emergency or inpatient units.

The female patients are more represented in the community mental health centers (70%), on the other hand the male patients are more represented in substance use centers (40%) and in the justice system (30% in jail or in seclusion wards). Psychiatrists working every day in big cities are finding on an increasingly more frequent basis that they must diagnose and treat a particular type of patient. These pa-

tients meet with psychiatrists when they are urgently admitted or in the emergency room, whether they are examined at a Community Mental Health Center or in the emergency room of a general hospital in a big city. More frequently, psychiatrists encounter these "new patients" while providing psychiatric consulting services at so-called "borderline areas". These are young patients, prevalently male, affected by a "impulsive cluster" personality disorder, with a history of various duration of substance dependence or abuse, previous episodes of clear anti-social behavior and consequent problems of criminal nature, which have been examined for the first time by services for substance-related disorders, social services for homeless people or health services which are responsible for treating people in jail.

SeS-095

SELECTED TOPICS IN PSYCHIATRIC EPIDEMIOLOGY AND PUBLIC MENTAL HEALTH

INSTITUTIONS

1. Michigan State University, Epidemiology, East Lansing, United States

AUTHORS

1. James C. (Jim) Anthony¹, Professor Dr., M.Sc., Ph.D., janthony@msu.edu

This symposium is sponsored by the WPA Section on Epidemiology and Public Health. Its focus is selected topics in psychiatric epidemiology and public mental health, including psychiatric disturbances

of the elderly. Each speaker will present evidence from recent epidemiological and public mental health research.

UNMET NEEDS OF CANNABIS SMOKERS - AN EPIDEMIOLOGICAL INQUIRY AND TYPOLOGY

INSTITUTIONS

- 1. Technical University of Dresden, Institute of Clinical Psychology and Psychotherapy, Dresden, Germany
- 2. Center for Clinical Epidemiology and Longitudinal Studies, Dresden, Germany

AUTHORS

- 1. Hans-Ulrich Wittchen 1,2, PhD
- 2. Silke Behrendt^{1,2}

AIM: To provide a quantitative estimation and evaluation of unmet needs for treatment among cannabis smokers, with a focus upon a typology of cannabis problems and needs.

METHODS: Referring to recent findings on cannabis use disorders (CUD) from the European Monitoring Center for Drugs and Drug Addiction, data are presented from a community sample of over 3000 subjects aged 14-24 at initial recruitment (among which n=1395 were cannabis users), followed up for three repeated assessments over 10 years. Latent class analyses were used to identify clinically meaningful classes of cannabis use-related problem profiles.

RESULTS: In general, European countries report an increase in the number of CUD clients in treatment. The main drug compounds used by clients seeking treatment at the participating centers were

opioids, followed by cannabis, cocaine, and amphetamines (with marked between-country variation), and with polydrug use as the rule (83%). With respect to trends over time, levels of heroin use and cocaine use seem relatively stable, but levels of cannabis smoking seem to be increasing, at least for some countries. Experts complain that they do not know what to do with 'primary' CUD patients. Latent class analyses revealed six meaningful classes of longitudinal cannabis use problem profiles that could provide some guidance for rational planning of treatment for cannabis disorders.

CONCLUSION: The reported results highlight several issues that deserve our attention: (1) lack of established treatments, (2) need for more detailed inquiry into the needs of patients and potential targets for intervention.

EPIDEMIOLOGICAL EVIDENCE ON MENTAL HEALTH BURDENS IN UKRAINE

INSTITUTIONS

1. Stony Brook University, Stony Brook, United States

AUTHORS

1. Evelyn Bromet¹, PhD, evelyn.bromet@stonybrook.edu

AIM: This paper describes recent epidemiological evidence from the World Mental Health Survey conducted in Ukraine, with a focus upon population-level estimates of mental health burdens, and with comparison to evidence from other countries of Eastern Europe.

METHOD: The data on Ukraine were gathered during 2002. A nationally representative sample of 4725 adults in Ukraine was interviewed with the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI). The assessment covered demographic characteristics, trauma, smoking, and parental and personal psychiatric disorders. Current functional impairments and recent service utilization also were assessed.

RESULTS: Close to one third of the population experienced at least one Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) disorder in their lifetime. Roughly 18% experienced an episode in the past year, and 10-11% had a current disorder. No male-female differences were found. In men, the most common diagnoses were alcohol disorders 26-27% lifetime) and mood disorders (9-10%% lifetime); in women, they were mood disorders (20-21% lifetime) and anxiety disorders (7-8% lifetime). Age of onset was primarily in the teens and early 20s.

DISCUSSION: The discussion of these results will cover conceptual and methodological issues, as well as comparisons with pertinent data from other countries of Eastern Europe.

THE GERIATRIC DEPRESSION SCALE (GDS) - A META-ANALYSIS OF ITS VALIDITY

INSTITUTIONS

1. Medical University of Vienna, Austria

AUTHORS

- 1. Johannes Wancata¹, Dr., MD
- 2. Fabian Friedrich¹
- 3. Maria Weiss¹
- 4. Barbara Marquart1

AIMS: The objective was to provide analyse the screening accuracy of both versions of the Geriatric Depressions Scale (GDS-30, GDS-15) and to compare the validity indices of the GDS with those of other screening instruments.

METHODS: MEDLINE, other electronic search tools and previously publishes reviews were used to search for published studies. The following studies were excluded: samples with less than 50 participants, no clear external case criterion, telephone-versions and psychiatric samples.

RESULTS: Of the 173 papers read, 45 studies fulfilled the above mentioned criteria and could be included for detailed analyses. For both GDS versions similar mean validity indices were found (GDS-30: sensitivity 0.753, specificity 0.770; GDS-15: sensitivity 0.805, specificity 0.750).

Using pooled samples we could find significant differences between the two versions of the GDS. For the GDS-15, the mean sensitivity in nursing homes was significantly higher than among outpatients, while we could not find significant differences between specificities. For the GDS-30, the mean sensitivity as well as the mean specificity were significantly higher among inpatients than among outpatients. Using comparative studies based on identical samples, both GDS versions showed significantly better validity indices than the "Yale1-question" screen, but did not differ from the "Center for Epidemiological Studies Depression scale" (CES-D).

CONCLUSIONS: A large proportion of validity studies had to be rejected because of methodological flaws. Considering that often persons with marked cognitive impairment had been included, both versions of the GDS might be useful for screening purposes in clinical work

DIRECT COSTS ASSOCIATED WITH MILD COGNITIVE IMPAIRMENT

INSTITUTIONS

- 1. University of Leipzig, Department of Psychiatry, Public Mental Health Research Unit, Leipzig, Germany
- 2. University of Leipzig, Department of Psychiatry, Health Economics Research Unit, Leipzig, Germany

AUTHORS

- 1. Steffi G. Riedel-Heller¹, Prof.
- 2. Melanie Luppa¹, Mrs.
- 3. Hans-Helmut Koenig², Prof.

Background: The purpose of the study was to examine whether MCI is associated with an increase in direct costs, as cost increases have been shown for mild dementia disorders in previous studies. To our knowledge, this is the first study investigating the association of direct costs and MCI according to recent diagnostic criteria from a societal perspective.

Methods: A representative sample of 452 primary care patients aged 75+ from the Leipzig, Germany (AgeCoDe-Study), were investigated in face-to-face interviews regarding MCI according to the current diagnostic criteria of the International Working Group on MCI, resource utilisation and costs (cost diary), as well as chronic medical

illness (Chronic Disease Score). Resource utilisation was monetarily valued using 2004/2005 prices.

Results: Mean annual direct costs were € 4,443 for patients with MCI (N=39) and € 3,814 for patients without MCI (N=413) (p=0.34). Looking at the cost components, patients with and without MCI only significantly differed regarding pharmaceutical costs (€ 1,210 vs. € 1,062; p<0.05) not caused by antidementive drugs.

Conclusion: Direct costs of individuals having MCI are not significantly increased in comparison to direct costs of individuals without cognitive deficits.

SeS-096

GAMBLING AND DRUG DEPENDENCE PROBLEMS

INSTITUTIONS

1. Michigan State University, Epidemiology, East Lansing, United States

AUTHORS

1. James C Anthony¹, Dr., PhD, janthony@msu.edu

This Section-sponsored symposium is organized around the theme of gambling, impulsivity, and drug dependence problems, including alcohol dependence. Each speaker will present recent evidence from

clinical or epidemiological studies on these topics. The symposium is jointly sponsored by the Section on Epidemiology and Public Health and the Section on Addiction Psychiatry.

THE ALBERTA LEISURE, LIFESTYLE, LIFECYCLE COHORT: RISK PREDICTORS IN GAMBLING

INSTITUTIONS

- 1. University of Calgary, Canada
- 2. University of Alberta, Canada
- 3. University of Lethbridge, Canada
- 4. Alberta Gaming Research Institute, Canada

AUTHORS

- 1. Nady el-Guebaly¹, Dr., MD, DPH, DPsy, FAPA, Nady.El-guebaly@CalgaryHealthRegion.ca
- 2. David Casey1, PhD
- 3. David Hodgins¹, PhD
- 4. Garry Smith², PhD
- 5. Don Schopflocher², PhD
- 6. Rob Williams³, PhD
- 7. Vickii Williams⁴, Ms.
- 8. Rob Wood³, PhD

AIMS: To review the need for prospective studies on gambling problems. To appreciate the rationale for the selection of biopsychosocial resources. To identify the characteristics of the at-risk gambling population. To report results from a recent prospective study of risk and protective factors resulting in gambling problems.

METHODS: The methods included the recruitment of 5 age cohorts through random digit telephone dialing in Alberta's urban and rural areas. Ages 13-15 N=435; 18-20 N=315; 23-25 N=342; 43-45 N=403; 63-65 N=313. The cohorts involve a general population sample and an at-risk group determined by a 70^{th} percentile cut-off in gambling expenditure (more than \$10 per month), frequency (at least a couple of times/month) and a problem screening instrument. The selection of bio-psycho-social measures and instruments will be reviewed. A 5 year follow-up is planned: Y1 was face-to-face, the other follow-ups are to be by telephone or email.

RESULTS: A comparison of the general (N=897) vs at risk (N=911) populations will be presented including demographic characteristics, correlations with gambling behavior as well as the prevalence of psychiatric comorbidities and physical health.

CONCLUSIONS: Implications for policy, services planning, and future research will be discussed.

REFERENCES:

- 1. Barnes GM et al. Gambling and alcohol use among youth: Influence of demographic, socialization and individual factors. Addictive Behaviors 24:749-767, 1999.
- 2. Winters KC et al. A prospective study of youth gambling behaviors. Psychology Addictive Behaviors 16:3-9, 2002.

A NESTED CASE-CONTROL STUDY OF PATHOLOGICAL GAMBLING

INSTITUTIONS

1. Michigan State University, United States

AUTHORS

- 1. Mirjana Radovanovic¹, MD, MSc, mradovanovic@epi.msu.edu
- 2. James C. (Jim) Anthony¹, Professor Dr., M.Sc., Ph.D., janthony@msu.edu

AIM: To estimate the effects of drug use and dependence on the occurrence of pathological gambling.

METHODS: Data are from the United States

Epidemiological Survey on Alcohol and Related Conditions (NE-SARC), a two-wave epidemiological study with a probability sample of community respondents assessed at baseline in 2001-2 and followed up roughly three years later. More than 2200 of the 43.093 community respondents reported to have experienced at least one gambling related problem ever, and more than 150 qualified for DSM-IV pathological gambling in a year prior to assessment. These cases were combined into risk sets with local area-matched non-cases, and the conditional form of multiple logistic regression was used to estimate covariate-adjusted associations.

RESULTS: Estimated associations between pathological gambling (PG) and drug dependence (DD) were most pronounced in cross-

sectional analyses; the evidence of a causal link from DD to PG was much less robust in the prospective analyses. There is some interesting evidence supportive of male-female differences in the prospectively ascertained patterns of association, in some respects akin to cross-sectional evidence reported by Desai & Potenza (2007).

CONCLUSIONS: The evidence seems most consistent with a conceptual model of reciprocity, with drink/drugs having an influence on PG and with PG having an influence on drugs/drinking, but this model will require multi-wave prospective research for clear resolution.

REFERENCES:

1. Desai RA, Potenza MN. Gender differences in the associations between past-year gambling problems and psychiatric disorders, 2007; Soc Psychiatry Psychiatr Epidemiol. (in press). PMID: 18080792

A STUDY OF GENETICS OF IMPULSIVITY IN ALCOHOL-DEPENDENT PATIENTS

INSTITUTIONS

- 1. Medical University of Warsaw, Psychiatry, Warsaw, Poland
- 2. University of Michigan, Addiction Research Center, Ann Arbor, United States
- 3. University of Michigan, Molecular and Behavior Neuroscience Institute, Ann Arbor, United States

AUTHORS

- 1. Marcin Wojnar^{1,2,3}, Dr., MD, PhD, marcin@psych.waw.pl
- 2. A. Jakubczyk1
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- 7. A. Klimkiewicz¹
- 8. A. Wnorows¹
- 9. M. Burmeister³
- 10. K. J. Brower³

BACKGROUND & AIM: Impulsiveness is a personality characteristic, which is associated with high levels of substance use, may predispose to development of specific types of addiction, and linked to poor treatment outcomes in alcohol or drug dependence. The objective of the study was to identify genotypes associated with impulsivity in alcohol dependent patients.

METHODS: The study entailed 154 patients treated for alcohol dependence in addiction treatment programs in Warsaw, Poland. By means of self-report questionnaires (Barratt Impulsiveness Scale (BIS-11), NEO-Personality Inventory) and Stop-signal Task (a measure for response inhibition), impulsiveness among all patients was assessed. Blood samples for DNA isolation were collected. DNA samples were analyzed in respect of polymorphisms of genes involved in synthesis and activity of serotonin system (TPH2, 5HTTLPR)

for associations with level of impulsiveness.

RESULTS: The genetic analyses showed that alcohol dependent patients with the L/L genotype in the 5HTTLPR gene polymorphism (higher 5HTT transcription activity) had higher BIS-11 total scores (p=0.040) and BIS Attentional Impulsiveness factor scores (p=0.0002) than patients with S allele (S/L or S/S genotypes - intermediate or lower 5HTT activity). Moreover, associations between the G/G genotype in TPH2 gene polymorphism and lower levels of response inhibition in the "Stopping Task" (p=0.036) and higher NEO impulsiveness facet scores (p=0.017) were found. CONCLUSION: Serotonin transporter and tryptophan hydroxylase genes polymorphisms are associated with the level of impulsivity among alcohol dependent patients.

DRINKING PATTERNS AND RELATED PROBLEMS AMONG ADULTS IN SÃO PAULO, BRAZIL: TEN-YEARS TRENDS

INSTITUTIONS

1. University of Săo Paulo, Brazil

AUTHORS

- 1. Laura Andrade¹, Dr., MD, PhD
- 2. C M Silveira¹, PhD
- 3. Y-P Wang¹, PhD
- 4. M C Viana¹, PhD
- 5. A G Andrade¹, Professor Dr., MD, PhD

AIM: To compare and contrast epidemiological trends in drinking patterns and problems across a 10 year span.

METHODS: Two community probability sample surveys (Sǎo Paulo-Epidemiologic Catchment Area Study 1, data collection in 1995-6 N = 1,464; Sǎo Paulo Megacity in 2005-6 = 5,237) were conducted in the Sao Paulo metropolitan area, 10 years apart, with essentially the same assessment protocol and methods. The epidemiological estimates and comparisons are based upon these two independent samples of area residents, aged 18 years or more.

RESULTS: To illustrate the findings, there was an increasing trend in relation to heavy episodic drinking (interim analysis) increasing from 17.5%2 to 25%, in a 12-month period in lifetime. This increment is mainly due to the engagement of females in this pattern of

drinking. In the first study, 10.9% of women reported heavy drinking, increasing to 17.8% ten years later, while heavy drinking rates for men remained stable with little variation across the years. There was a gender convergence in the amount of problems when heavy drinking patterns were considered, and this pattern remained stable in the period considered.

CONCLUSION: The pattern of drinking in São Paulo became more detrimental, mainly in women, with almost two-fold increment in heavy-drinking in this gender. These findings, which are now being used to help refine plans for public health action and alcohol treatment service improvements in Sao Paulo, highlight the importance of prevention actions addressed specifically for heavy-drinking at non-dependent level in both genders.

IS LEVEL OF GAMBLING PROBLEMS RELATED TO DECREASED USE OF COCAINE AMONG COMMUNITY RECRUITED WOMEN?

INSTITUTIONS

1. Washington University at Saint Louis, Psychiatry, Saint Louis, United States

AUTHORS

- 1. Linda B. Cottler¹, Professor, PhD, MPH, cottler@epi.wustl.edu
- 2. Arbi Ben Abdallah¹
- 3. Susan Bradford¹
- 4. Catina OLeary1

AIM: These data explore whether women with gambling problems are less likely to have reduced their crack-cocaine use at 4 and 12 months post-intervention in a large sample (n=450) of predominately African-American women recruited by street outreach for a NI-DA-funded HIV prevention study (DA11622).

METHODS: All participants were women 18-67 years of age (mean 38.2±7.0); 49% had not completed high school nor GED, 43% had no paid employment in the past 12 months and 63% had never been legally married. All reported lifetime crack or cocaine use; 56% of users met DSM-IV diagnostic criteria for cocaine dependence. Gambling problem is defined as at least one positive symptom in DSM-IV criterion A for pathological gambling, which was present in 99 (22%) of the sample who reported 1-10 symptoms (mean: 3.7±2.6)

RESULTS: There was no difference between group means (Tukey) in frequency of crack/cocaine use at baseline. The 126 non-gamblers used crack/cocaine 8.5±10.8 of the last 30 days at baseline. The 225 asymptomatic gamblers used crack/cocaine 9.6±10.7 of the last 30 days at baseline, and the 99 problem gamblers 11.9±12.0 days. Rates of prior 30 days crack/cocaine use will be examined at 4 and 12 month follow-up periods for all three gambling groups. This sample will also be examined for any relationship between gambling and reduction in risky sexual behaviors such as sex trading and multiple sex partners.

CONCLUSIONS: Co-occurring gambling problems and cocaine use among women is an understudied topic; this study suggests some new directions and refinements for future research.

SeS-097

SCIENCE AND HUMANISM: FOR A PERSON CENTRED PSYCHIATRY

INSTITUTIONS

- 1. Private Practice, Private Practice, Nairobi, Kenya
- 2. University of Kampala, Psychiatry, Kampala, Uganda
- 3. University of Limpopo, Psychiatry, Pretoria, South Africa

AUTHORS

- 1. Frank Njenga¹, Dr.
- 2. Fred Kigozi²
- 3. Solomon Rataemane³, Prof., srataema@mweb.co.za
- 4. David Basanwa², Dr.

African Perspective WPA Zone 14 Symposium

Psychiatry for the person is based on a comprehensive assessment of the life situation of a patient. It draws from scientific principles of evaluation and includes broad humanistic elements in determining the mental disease process afflicting the person. Management of the patient takes into account the belief system and cultural milieu that has shaped the individual's development. In this context, African Psychiatry goes further to seek information from family, traditional

healers and spiritual leaders who may have attempted to assist the index patient. Inclusion of these spheres of influence in the management of our patients is mandatory for a person centred approach. The following presentations are an effort to demonstrate psychiatric practice in Africa with reference to the use of scientific and humanistic approaches in evaluation and management of patients. The presentations will also contextualize the person centred approach in the day to day practice of Psychiatry in Africa with specific reference to cultural, social, economic, political, training and research domains

PERSON CENTRED PSYCHIATRY: AFRICAN PERSPECTIVE: CULTURE AND PSYCHIATRY IN AFRICA

INSTITUTIONS

1. African Association of Psychiatry & Allied Professions, President, Nairobi, Kenya

AUTHORS

1. Frank Njenga¹, Dr, MD, fnjenga@africaonline.co.ke

African culture is often stated to have a positive influence and impact on the outcome of disease in general and chronic mental illness in particular. In earlier studies on schizophrenia, developing countries were thought to show a more favorable outcome because of their greater social support systems, and less stigma to mental disorders. More recent and more rigorous studies do not support this view but the earlier findings nonetheless form a good starting point for discussion on the role of culture on mental health and disease. It

is for example well known that Anorexia Nervosa is a common cause of morbidity in the west while its prevalence in Africa is virtually non-existent. What cultural factors are at play in this and other mental disorders is unclear. Conversion disorders were very common in many parts of Africa in the fifties and sixties. They have seen a steady decline in Africa over the last few decades. It is not clear if this is a cultural, social or medical change.

MENTAL HEALTH RESEARCH IN AFRICA

INSTITUTIONS

1. Butabika National Mental Hospital, Psychiatry, Kampala, Uganda

AUTHORS

1. Fred Kigozi¹, Dr, MD, buthosp@infocom.co.ug

Mental and neurological disorders are responsible for 13% of the global burden of disease. In Africa as well, there is widespread recognition that mental disorders make a significant contribution to the burden of disease particularly with extra challenges resulting from the civil wars and their effects as well as the HIV/AIDS pandemic amidst very scarce resources. Despite this evidence, mental health is a neglected and an under-researched area of public health. Little is known regarding the mental health systems in African countries south of the Sahara desert, including the policy and legislation framework, mental services, human resources, monitoring and evaluation of the interventions.

As part of capacity building for research in Africa, a consortium of mental health professional from four representative African countries undertook a broad 5-year research study that aims to analyse mental health policy development and implementation in low income countries, provide researchable interventions to assist in the development of implementation of mental health policies in those countries.

The aim of the study was to conduct a cross-sectional survey of mental health systems in four Africa countries with various levels of mental health service provision; Ghana, South Africa, Uganda and Zambia, using the World Health Organisation Assessment Instrument for Mental Health Systems (WHO-AIMS) version 2.2 and the WHO Mental Health Legislation Check List.

Preliminary results will be presented and discussed with suggestions for the implication in mental health care provision.

SECTION SYMPOSIA

TRAINING OF PSYCHIATRISTS IN AFRICAN UNIVERSITIES

INSTITUTIONS

1. University of Limpopo (MEDUNSA), Psychiatry, Pretoria, South Africa

AUTHORS

1. Solomon Rataemane¹, Prof., MD, srataema@mweb.co.za

Training of Psychiatrists in African Universities is a difficult task considering the low level of interest in this specialty. There are few psychiatrists in almost all African states with some states surviving at one or no indigenous Psychiatrist. Psychiatrically trained nurses, social workers and Psychologists do most of the mental health work. The next level is that of Medical Officers with limited exposure in Psychiatry but with some interest in taking care of the mentally ill. Such medical officers have a daunting task of advising nurses, psychologists and social workers. They may last have had exposure to

Psychiatry at undergraduate medical training level.

Innovative measures have to be adopted to increase knowledge about mental disorders; empowering medical officers with basic knowledge of psychiatry; encouraging medical officers to do a diploma course in psychiatry (where available) and increasing advocacy for postgraduate training posts in Psychiatry. This presentation will review existing programs and also highlight the complexity of training Psychiatrists in the African context.

PROBLEMS OF SUBSTANCE ABUSE IN AFRICA

INSTITUTIONS

1. Ministry of Health, Psychiatry, Kampala, Uganda

AUTHORS

1. <u>David Basangwa</u>¹, Dr, dbasangwa@utlonline.co.ug

Consumption of psychoactive substances comprises a serious public health problem that affects many people with a wide range of physical, social and psychological problems.

The United Nations office on Drugs and Crime (UNODC) estimates that the number of drug users worldwide is about 185 million. In Africa, drug abuse was initially limited to only traditionally produced substances like cannabis. However, of late the drug abuse culture has grown to include even the non-traditional products like heroin and cocaine.

Factors that include civil strife, HIV/AIDS pandemic and the rampant culture of copying non-traditional life styles are probably responsible for the escalating problem.

While the different countries of the region are at different levels in this challenge, the overall picture is a source of concern.

The paper reviews the situation in some African countries and also looks at the strategies for control.

SeS-098

MENTAL HEALTH DISPARITIES IN A GLOBAL SOCIETY

INSTITUTIONS

1. Kyoto Bunkyo University, Clinical Psychology, Kyoto, Japan

AUTHORS

1. Satoru Shima¹, Professor, MD, PhD, shima@iomhj.com

The aim of the section symposium is to shed light on mental health disparities derived from rapid globalization of our society which in-

clude highly advanced Information technology.

WORK STRESS AND QUALITY OF LIFE OF AIRCRAFT MAINTENANCE PERSONNEL IN A BRAZILIAN MILITARY INSTITUTION

INSTITUTIONS

- 1. Don Bosco Catholic University, Master in Psychology, Campo Grande/MS, Brazil
- 2. State University of Campinas, Faculty of Medical Sciences, Campinas/SP, Brazil

AUTHORS

- 1. Liliana A.M. Guimarăes^{1,2}, Professor, MD,PhD, lguimaraes@mpc.com.br
- 2. D.A. Martins^{1,2}, Professor, MD

Aircraft maintenance system requires a high level of competency, is intolerant to errors, and is characterized by high levels of mental workload. This study examined the relationship between Work Stress (WS) and Quality of Life (QoL). Eight-two male aircraft maintenance workers of a Brazilian military institution answered two questionnaires (the ERI - Effort-Reward Imbalance and the WHOQoL-bref. The occurrence of ERI was 33% (p=0.00), suggesting the existence of WS; Over commitment (OC) 10% (p=0.00). The WHOQoL-bref: mean scores (12.4) on Environment Domain (ED) was significantly lower than the on other domains (p<0.05). Socio-demographic variables (SD) were not significantly linked to ERI and WHOQoL-bref. (p>0.05). OC was significantly associated with income (p=0.05). The OC subscales were significantly linked

to SD: competitiveness and working hours *per* week (p=0.01); latent hostility and income (p=0.02). Inability to withdrawal from work (IWW) was significantly correlated with income, age, level of occupation and shift work (pŁ0.02). MLR yielded that QoL domains (Physical Health domain (PHD), ß=-0.05; ED, ß=-0.04) accounted for 33.9% of the variance of ERI (p<0.05). ERI accounted for 28.3% of the variance of PHD and 24.7% of the variance of ED. These findings suggest that the perception of QoL is more related to organizational variables than worker's individual characteristics and mean that unfavorable organizational conditions can be a burden for military aircraft maintenance workers and when their adaptive energy begins to succumb, mistakes may occur thus becoming an important risk factor for the flight safety.

SECTION SYMPOSIA

MENTAL HEALTH AND WORLD MINDEDNESS: TOWARDS A PSYCHOLOGICALLY SUSTAINABLE GLOBAL VILLAGE.

INSTITUTIONS

1. University of South Australia, School of Psychology, Adelaide, Australia

AUTHORS

1. Jacques Metzer¹, Associate Professor, PhD, Jack.Metzer@unisa.edu.au

Rapid work and social changes and the emergence of new technological societies have brought favourable developments to many parts of the world, but have not come without mental health costs. From Karoshi and Karojisatsu in Japan to work burnout, family conflict, social alienation and unemployment in other parts of the world, together with epidemics of anxiety and depression in many developed nations, indicate the negative aspects of demands for instant communication and the "do by yesterday" phenomenon. In the 1970s, Toffler predicted that we would have to live in a Society which expected constant and rapid change; he termed the result on people, "future shock". In this paper, it is argued that many old ideological and unresolved social conflicts would resurface and thrive under the

conditions of future shock: racism, religious intolerance, economic domination by multinationals, authoritarian governments and wars for dominance over dwindling resources. In a technologically sophisticated society with excellent communication, work and social life would be increasingly dominated by such unproductive global movements and take their toll on mental health. It is also argued that there are countermeasures at an individual level which can be taken to arrest these divisive social forces: they constitute the psychological constructs of world mindedness, connectedness and sustainable living. Some examples from the psychological literature are cited and discussed.

MENTAL HEALTH IN SMALL ORGANIZATIONS IN JAPAN

INSTITUTIONS

1. Kyoto Bunkyo University, Clinical Psychology, Kyoto, Japan

AUTHORS

1. Satoru Shima¹, Professor, MD, PhD, Shima@iomhj.com

One of occupational mental health disparities is the size of organizations. In general mental health system is better in a large organization than in a small organization. It would be the same case for the levels of mental health in their employees. Accordingly we conducted a survey on mental health system and employees' mental health status focusing on suicide in several small organizations as a part of an intervention study. Subjects consisted of 2,890 employees in 87 organizations. We administered a set of questionnaires to employers as well as employees to ask a current mental health system, their needs, and employees' mental health status. Although 72.7% of

employers thought they had better implement a mental health system, only 23.6% had a system. During the last 12 months, 7.3% of organizations had experienced suicidal cases. Also, 10.3% and 2.2% of employees had experienced suicidal ideas and had committed suicidal behaviors respectively. Employing the CESD as an indicator of depression, 25.6% of employees were regarded as depressive. Those figures indicate that small organizations are facing serious mental health problems and that they need support from professional bodies in order to implement effective mental health system.

WORK-RELATED STRESSORS: DIFFERENCES AMONG BRAZILIAN MALE AND FEMALE WORKERS

INSTITUTIONS

1. International Stress Management Association in Brazil, Porto Alegre, Brazil

AUTHORS

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Objectives: To identify the perception of professional men and women from two large cities in Brazil regarding the sources of stress at the workplace.

Methods: A sample of 600 workers was randomly selected from three large nationwide organizations in two large cities in Brazil. The subjects selected answered a two-folded questionnaire: (1) question one listed 12 work stressors and asked participants to identify those situations that caused them the most stress at work (2) a follow-up question asked them to rank those they had identified based on the number of problems the situations had caused in accomplishing their work in the past 30 days.

Results: The results indicate that there is a general agreement on the most dysfunctional causes of work-related stress. However, there are some differences between the perception of males and females workers in terms of sources of occupational stress.

Conclusions: The study suggests that Brazilian male and female workers experience occupational distress which in turn limits their effectiveness in performing their jobs mainly regarding their productivity. It extends the claim that work-related stressors impact on the workers' well-being as well as on their performance at work and that every effort should be made to reduce occupational stress.

THE ASSOCIATION OF WORK STRESS WITH WELL-BEING IN RELATION TO LIFE ASPIRATIONS

INSTITUTIONS

1. Semmelweis University, Institute of Behavioural Sciences, Budapest, Hungary

AUTHORS

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- 2. Tamás Martos¹, Dr, MD
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RESEARCH QUESTION: The aim of this study was to analyse the association of work stress with well-being in relation to intrinsic (e.g. personal growth and relationships) and extrinsic (e.g. financial success and appearance) life aspirations.

METHODS: The economically active sample was taken from the Hungarostudy Epidemiological Panel 2006, which is a cross-sectional sample representing the Hungarian society in gender and age (n=2100). Work stress was measured by the shortened version of the Effort-Reward Imbalance (ERI) questionnaire, life aspirations by the Shortened Aspiration Index and well-being by the WHO Well-being Scale. Binary logistic regression adjusted for sex, age and education attainment was used to determine the effect of work stress on well-being.

RESULTS: The results showed higher ERI and over commitment

significantly predicted lower well-being (OR=2,1-2,41; p<0,01). Significant interactions between work stress and life aspirations were found on well-being (p<0,01). Those who reported both high work stress and more intrinsic aspirations had higher chance to have lower well-being (OR=3-3,2; p<0,01) compared to those who had work stress and mainly extrinsic aspirations.

CONCLUSION: The results suggest that work characteristics are much more relevant to well-being among employees with intrinsic aspirations. Workers with intrinsic life aspirations may have more emotional investment in their work, leading to stronger effects of work stress on well-being. This finding is somewhat in contradiction with previous findings and indicates that workers with predominantly intrinsic life aspirations may be more prone to suffer from negative effects of the actual work setting.

A STUDY OF 66 WORKPLACE HARASSMENT CASES FOR WHICH WORKERS' COMPENSATION WAS CLAIMED FOR UNDER THE INSURANCE SYSTEM

INSTITUTIONS

1. Sakura Medical Center, Toho, Psychiatric Medicine Research Department, Narashino, Japan

AUTHORS

1. Norio Kuroki¹, Professor, MD,PhD, nkuroki@ca.mbn.or.jp

In Japan power-related harassment has been defined by Yasuko Okada as: "harassment that is backed by official power, verbal abuse and unacceptable behavior and actions by people in positions of authority and power over other employees; creating an emotionally and physically unbearable working environment an making the employee anxious about his/her employment status." However, its contents, degree, and background seem to vary case by case. According to The Labor Bureau's guidelines for determining whether accidents were caused by work-related mental disorders, workplace harassment is categorized as "relationship problems," and actually corresponds to "problems with the boss (or a colleague)" and "sexual harassment." The following are the results of a study involving 337 cases I studied for which workers' compensation had been applied for during a 5-year period from September 2002 through August 2007: 1) There were 87 cases of suicide-related applications, of which

29 were accepted and 58 were rejected. On the other hand, there were 250 cases of mental disorder-related applications, of which 37 were accepted and 213 were rejected. 2) Applications filed based on suicides attributable to power-related harassment accounted for 14% (4 cases) of the 29 accepted cases of suicide-related applications. 3) Applications filed based on suicides due to problems with the boss or other employees accounted for 7% (4 cases) of the 58 rejected cases of suicide-related applications. 4) Among the 37 accepted cases of mental disorder-related applications, 6 (16%) were considered to be associated with power-related harassment. 5) Among the 213 rejected cases of mental disorder-related applications, 64 (30%) were attributable to problems with the boss.

At the congress, I will report a detailed analysis of cases of relationship problems with some speculations.

DISPARITIES IN WORK-RELATED STRESS BETWEEN OCCUPATIONS AMONG JAPANESE WORKERS

INSTITUTIONS

- 1. Tokyo Medical University, Department of Preventive Medicine and Public Health, Tokyo, Japan
- 2. Toshiba Corporation, Yokohama Factory, Health Promotion Center, Yokohama, Japan

AUTHORS

- $1. \ \underline{Teruichi\ Shimomitsu}^1, Professor, MD, PhD, tshimo@tokyo-med.ac.jp$
- 2. Yuko Odagiri¹, Associate Professor, MD,PhD
- 3. Yumiko Ohya Yumiko Ohya¹, Dr., PhD
- 4. Toshio Hayash², Dr., MD,PhD

The number of Karoshi (death by overwork) and Karojisatu (suicide by overwork) is increasing in Japan. According to the 2006 Government report, the number of work compensation of psychiatric disorders was 205 which has dramatically increased by 61.4% compared with the number of the previous year. If the number of claims was included, it was 819 and also showed an increase. The prevalent occupation of the sufferer was professional/technical occupation (29%) such as system engineer. According to this report, it is clear that disparities regarding mental health exist between occupations in Japan. We conducted a study to compare the scores of stress reactions including depression, irritability or fatigue etc., as well as work-related stressors and social support using Brief Job Stress Questionnaire for 3 occupations, professional/technical, service/sales, and skilled trade. The numbers of subjects in each occupation

were 1682, 9544, and 1971, respectively. The results showed that the subjects in professional/technical occupation had higher mean scores of depression, somatic stress responses, qualitative demands, control and lower social support from supervisors and colleagues compared with other two occupations. Multiple regression analysis by occupation revealed control was strongly negatively related to anxiety or depression only among professional/technical occupation. This means that among professional/technical occupation, control is generally higher compared with other occupation, however, if it is low, it has a negative impact on depression or anxiety. These results indicate that we have to focus on mental health disparities among occupations and pay attention to specific stressors of targeting occupation when considering countermeasures.

DELIVERING RACE EQUALITY IN MENTAL HEALTH SERVICES

INSTITUTIONS

1. North East London Mental Health Trust, London, United Kingdom

AUTHORS

1. Annie Lau¹, Dr., ND, PhD, Annie.Lau@nelmht.nhs.uk

"Delivering race equality in mental health care", DRE, January 2005, is a five year action plan for tackling inequalities and discrimination in mental healthcare for Black and Minority Ethnic (BME) users and communities, and based around three main building blocks; 1. More appropriate and responsive services.

2. Community engagement, through engaging communities in planning services. This was to be supported by new funding for Community Development Workers. 3. Better information, from improved monitoring of ethnicity, and an annual census of mental health patients. The case for clinical engagement How can psychiatrists and their teams most usefully engage with this agenda in a way that is relevant, creative and meaningful? There has been much heated

debate in the profession, with regards to whether or not psychiatrists are institutionally racist, and where the fault lies with regards to poor access, and experience, of mental health services by BME patients and their families. New opportunities are to be found for clinical engagement in the following areas. 1. Improving access 2. Influencing informed PCT commissioning of services 3. Early Intervention in Psychosis services (EIP) 4. Improving access to talking therapies/safe inpatient environments 5. The forensic care pathway 6. Involving patients and carers. 7. Findings from new research

This presentation will also include good practice examples.

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QUALITY IMPROVEMENT INITIATIVES: FROM RESEARCH TO SYSTEM REFORM

INSTITUTIONS

- 1. Heinrich-Heine University Düsseldorf, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany
- 2. University of Rochester, Psychiatry, Rochester, NY, United States
- 3. Unity Health System, Psychiatry and Behavioral Health, Rochester, NY, United States
- 4. Therapeia Inc., Reykjavik, Iceland
- 5. CiMH, Santa Cruz, United States

AUTHORS

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- 2. J Richard Ciccone², Dr., MD, jrichard_ciccone@urmc.rochester.edu
- 3. John S McIntyre³, Dr., MD, jmcintyre@unityhealth.org
- 4. Högni Óskarsson⁴, Dr., MD, hogni@humus.is
- 5. Neal Adams⁵, Dr., MD, nadamsmd@gmail.com

Over the last several decades great advances have occurred in the development of effective treatments for mental illnesses. However, there are significant issues with the access to care and frequently the care that is delivered does not include the treatments that have been shown to be effective. This symposium will focus on five quality improvement initiatives that address these issues.

The initial presentation presents recent results in benchmarking focusing on schizophrenia, depression and alcoholism at nine psychiatric hospitals in Germany.

The 2nd presentation reports on a current study in the United Sta-

tes of patients who have died while in restraints. Several issues have been identified.

The $3^{\rm rd}$ presentation focuses on the development, dissemination and use of evidence- based practice guidelines. The challenges and new initiatives in this area will be explored.

The 4^{th} presentation focuses on a train-the-trainer model of expanding an initiative in Iceland to decrease the incidence of suicide.

The 5th presentation looks at learning collaboratives in California that promote practice change and transformation of systems by enhancing the quality improvement capacity and infrastructure at the local level.

SECTION SYMPOSIA

BENCHMARKING IN CLINICAL PSYCHIATRY: CONCEPTS, METHODS AND RESULTS

INSTITUTIONS

1. Heinrich-Heine-University Düsseldorf, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

AUTHORS

1. Wolfgang Gaebel¹, Professor, MD, wolfgang.gaebel@uni-duesseldorf.de

Benchmarking is a well established method for quality management in somatic medicine, however rarely applied in psychiatry. Besides administrative reasons, this is mainly due to problems in operationalizing and evaluating quality indicators, and their implementation into clinical practice.

In Germany, the Federal Ministry of Health (BMG) initiated 10 benchmarking projects, two of them in psychiatry. In one project, 9 psychiatric hospitals of the Rhineland Regional Council ('Landschaftsverband Rheinland'; LVR) developed and implemented quality indicators enabling benchmarking as part of a comprehensive quality management strategy. The main objective was to assess the

effects of benchmarking on outcome quality indicators at the end of the inpatient treatment period.

We documented more than 300 treatment processes in three diagnostic groups (alcoholism, depression of the elderly and schizophrenia). Comparing the outcome quality indicators before and after implementing benchmarking procedures, we observed effects of the intervention for both single hospitals and the overall sample.

Conclusion: Benchmarking is a feasible and effective procedure for quality management in psychiatry.

A STUDY OF DEATHS IN RESTRAINTS: LESSONS LEARNED

INSTITUTIONS

2. University of Rochester Medical Center, Psychiatry, Rochester, NY, United States

AUTHORS

1. <u>J. Richard Ciccone</u>², Professor, MD, Rciccone@rochester.rr.com

Equip for Equality, located in Illinois, USA, is part of the federally mandated Protection and Advocacy System that is charged with protecting the rights and safety of people with physical and mental disabilities. In 1998, a report documented 142 restraint deaths had occurred in the previous ten years. To better understand the causes of restraining deaths and develop "best practices" policies and procedures to reduce the risks and mortality associated with restraints, Equip for Equality undertook a national review of restraint related

deaths. A study was designed to explore the relationship between restraint and individual deaths, the degree to which application of the intervention met applicable standards, and the specific risks with the use of restraints in each instance. Data has been systematically collected and a number of interesting themes have emerged. The data and several recommendations regarding reform of restraint policies and practices will be discussed.

FROM RESEARCH TO PRACTICE: RECENT INITIATIVES IN PRACTICE GUIDELINES

INSTITUTIONS

1. Unity Health System, Psychiatry and Behavioral Health, Rochester, NY, United States

AUTHORS

1. John S McIntyre¹, Professor, MD, jmcintyre@unityhealth.org

Great advances have occurred in the development of treatments that are effective for mental illnesses. However, many patients do not receive these evidence-based treatments. Practice guidelines are evidence-based patient care strategies developed to assist physicians in clinical decision making. The American Psychiatric Association Practice Guideline project, now nearing its 20th year of operation, has published 14 different guidelines (and seven revisions). Several

challenges exist including the effective dissemination of the guidelines, keeping the guidelines current, developing recommendations in areas where the research data is not robust, attending to issues of cultural and ethnic differences, addressing individual patients goals and preferences and dealing with real or perceived conflicts of interest in the development of the guidelines. This presentation will focus on strategies to address these 6 challenges.

TRAIN THE TRAINER: RESULTS OF AN ICELANDIC PUBLIC HEALTH INITIATIVE

INSTITUTIONS

- 1. Icelandic Alliance Against Depression, Directorate of Health, Iceland
- 2. Therapeia Inc., Reykjavík, Iceland

AUTHORS

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- 3. S. P. P. Palsson¹
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- 5. A. Ingthorsdottir¹
- 6. M. Olafsdottir¹
- 7. W. Nordfjord1
- 8. S. Gudmundsson¹

Aims/Objectives

To train healthcare professionals and community facilitators to educate professionals and lay people about depression and suicide risk, and assess the impact of training.

Methods

The project is part of a European depression and suicide prevention program. In 2003-6 a nation-wide education program was run for over 3000 professionals in primary healthcare, social services, school systems, clergy and police. A public education campaign and out-reach to high-risk groups was initiated. Starting in 2006, 17 workshops with 250 participants were conducted, including those mentioned above. A survey was performed at the end of each workshop and a follow-up focusing on the experience of the participants in the ensuing six-months.

Results

Due to contact difficulties the follow-up relied on feedback from key persons in each of the workshops. The general consensus was that the workshops were useful. Participants used their experience and our DVD education material to train their co-workers; working with difficult clients had become easier; our approach to include in each workshop participants facilitated later collaboration, particularly in rural communities. Need was expressed for specific education and training and for follow-up training.

Conclusion

The Train the trainer workshops have had a significant impact on the behavior of professionals working with difficult clients. The workshops need to be more tailor-made for specific needs and regular follow-up education may be needed to sustain the impact.

LEARNING COLLABORATIVE: INNOVATIVE APPROACHES TO BUILDING QI CAPACITY AND SUSTAINED CHANGE

INSTITUTIONS

1. California Institute for Mental Health, Special Projects, Sacramento, United States

AUTHORS

1. Neal Adams¹, Dr., MD, nadamsmd@gmail.com

Aims/Objectives Many studies in the US and other countries have established the urgent and compelling need to dramatically reform mental healthcare delivery systems and improve the quality of care provided. However, achieving the necessary changes is proving to be difficult and many systems lack the quality improvement infrastructure and ability to succeed in creating sustainable change that improves the process and outcomes of care. Learning collaboratives in the general health sector have become an established strategy for change that has had little application to mental health systems/practice change. This study examines the potential of a learning collaborative to promote transformative change in the California public mental health system.

Methods

Eight county mental health programs participating in a 20 month learning collaborative in which each county initiated a local change initiative consistent with the quality aims identified in the Institute of Medicine's quality chasm report in order to build QI infrastructu-

re, develop innovative change strategies and find methods to diffuse successful change.

Results

The counties reported a high level of satisfaction with their participation in the learning collaborative along with developing overall QI/change management capacity and had considerable success in completion of their individual local projects.

Conclusion Learning collaboratives adapted for public mental health systems offer a promising approach towards fostering and supporting much needed systems/practice level change and supporting transformation

- 1. Ovretveit, J., et al. Quality Collaboratives: Lessons from Research. *Quality and Safety in Health Care*, 2002; 4:345-351.
- 2. Adams, N. et al. *International Pathways to Mental Health transformation*. California Institute for Mental Health, 2007.

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PHILOSOPHICAL RESOURCES FOR PSYCHIATRY FOR THE PERSON

INSTITUTIONS

1. University of Central Lancashire, Institute for Philosophy, Diversity and Mental Health, Preston, United Kingdom

AUTHORS

1. Tim Thornton¹, Prof, PhD, tthornton1@uclan.ac.uk

THE PHILOSOPHY OF PSYCHIATRY SECTION SYMPOSIUM

The World Psychiatric Association's ongoing Institutional Program for Psychiatry for the Person raises philosophical issues alongside clinical and empirical matters.

The WPA's programme coincides with a period of flourishing of the philosophy of psychiatry with both philosophers and psychiatrists (and others) examining the conceptual foundations of mental health care. This symposium considers some philosophical resources which may help develop a psychiatry for the person.

A SECRET HISTORY OF ICD AND THE HIDDEN FUTURE OF DSM

INSTITUTIONS

1. University of Central Lancashire, Institute for Philosophy, Diversity and Mental Health, Preston, United Kingdom

AUTHORS

1. KWM (Bill) Fulford¹, Prof, MD, PhD, k.w.m.fulford@warwick.ac.uk

The development of symptom-based classifications has been widely attributed to a ground-breaking report by the English psychiatrist, Irvin Stengel, to the WHO in the early 1960s. In fact, behind Stengel's report is a secret, or at any rate largely forgotten, history in which Aubrey Lewis and Norman Sartorius have leading roles.

In this paper I describe this secret history of the ICD and outline some of its implications for understanding both where we have got to with current psychiatric classifications and also their future development in the early years of the 21st century. These implications relate particularly to: 1) methodology - the need for a two-way working relationship between philosophy and psychiatry, 2) the role of the philosophy of science - Hempel's logical empiricism modelled

on physics was hugely fruitful for psychiatry and we need to build similarly on models particularly of validity derived from the physical sciences (e.g. in the work of Arthur Fine), 3) the role of philosophical value theory - Lewis's careful restriction of symptom-based classifications to the particular purposes of epidemiology and statistical reporting leaves the door wide open for other approaches to classification for other purposes, and the importance of this in the clinical context is illustrated by the ways in which values come into such areas as judgements of clinical significance, and, 4) the overall shape of future diagnostic classifications in psychiatry as forming a family of classifications rather than any one classification becoming dominant.

PSYCHIATRY AND THE PERSONAL DIMENSION

INSTITUTIONS

1. University of Florence, Department of Philosophy, Florence, Italy

AUTHORS

1. Carlo Gabbani¹, Dr, PhD, c.gabbni@tiscali.it

The relationship between the personal level and the sub-personal levels of analysis of our mind is a classic topic in the philosophy of mind. In my paper I deal with the relevance of the debate concerning the personal dimension and the common sense psychology for psychiatry. My analysis will be developed from an epistemological point-of-view.

I will argue for the thesis that (also) for psychiatry a kind of autonomous, personal level of analysis is essential. And conscious phenomena, that can make a difference, and have a genuine and original relevance in our causal explanations, really are on view only adopting a personal level perspective. Personal and sub-personal levels of analysis, therefore, seem in principle not to be reducible to each other (while at the same time they are complementary).

I will also try to discuss the contrast between the reference to this personal level of analysis, and the projects whose aims are to produce a completely naturalized and physicalistic psychiatric knowledge (that is, a type of knowledge which is based on the reference to subpersonal agencies and modules alone).

I hope in this way to show that the defence of the personal dimension and the common sense psychology, is associated with a certain kind of interpretation concerning the nature and the *locus* of mental disorders, and the proper correlates of psychiatric taxonomies.

For this reason, I will also examine how having a personal level of analysis may influence the debate regarding the validity of our actual and/or possible psychiatric nosographies.

SECTION SYMPOSIA

EMPATHY AND PSYCHIATRY FOR THE PERSON

INSTITUTIONS

1. University of Central Lancashire, Institute for Philosophy, Diversity and Mental Health, Preston, United Kingdom

AUTHORS

1. Tim Thornton¹, Prof, PhD, tthornton1@uclan.ac.uk

According to Karl Jaspers, founder of modern psychopathology, empathy lies at the heart of psychological psychiatry. His brisk account suggests that it amounts to more than mere access to other minds and includes an element of identification. In this paper, I examine the model of empathy that would make it both substantial and central to psychiatry.

One model that appears to fit the bill is simulation theory from recent philosophy of mind which connects knowledge of other minds to a form of imagination and hence identification with others. But in this paper I consider an alternative which I believe is more plausible on independent grounds (although I will not argue for that here).

I argue that the model of access to other minds via the experience of their behavioural expression is also a form of empathy because it presupposes a substantial background condition. The expression of others' mental states can only ground an experience incompatible with the absence of their mental states in those with not only the right mental state concepts but also a shared background of natural expressions and reactions. This includes not only expressions of mental states (looking 'inwards') but also (looking 'outwards') shared reactions to evaluative aspects of the social world. Although not Jaspers' own, this model would help explain the central role of empathy for an approach to psychiatry for the person that is sensitive to the role of values in mental health care.

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INTERNATIONAL GUIDE TO USING PSYCHOTROPICS IN INTELLECTUAL DISABILITIES

INSTITUTIONS

1. University of Birmingham, Department of Psychiatry, Birmingham, United Kingdom

AUTHORS

1. Shoumitro Deb¹, Clinical Professor, MBBS, FRCPsych, MD, s.deb@bham.ac.uk

The aim of the symposium is to introduce an international guide to using psychotropic medication to manage behaviour problems in adults with intellectual disabilities. The guide has been adapted from

a national guide in the United Kingdom. Furthermore, perspectives from different continents will also be discussed.

A GUIDE TO USING PSYCHOTROPICS IN INTELLECTUAL DISABILITY

INSTITUTIONS

1. University of Birmingham, Division of Neuroscience, United Kingdom

AUTHORS

1. Shoumitro Deb¹, Professor, MBBS, FRCPsych, MD, s.deb@bham.ac.uk

guide to using psychotropic medication for the management of behaviour problems among adults with intellectual disabilities (ID). **Methods:** The current guide is adapted from the UK guide. A Guideline Development Group (GDG) comprising a multi-professional team was established for the UK guide. The GDG examined all the literature based evidence for the effectiveness of medications for the management of behaviour problems among adults with ID. A consensus was obtained by consulting a large number of psychiatrists in the field of ID in the UK and a number of stakeholder organisations. The carer's perspective and the input from the adults with ID were provided directly to the GDG.

Aims: To develop an evidence and consensus based international

Results: Some important recommendations are that a) the indi-

viduals with ID and their carers should be central to the decision making process, b) where appropriate an interdisciplinary approach should be taken to decision making, c) all management options including the use of medication should be considered simultaneously, d) an appropriate assessment of the behaviour, its causes and effects should be carried out prior to initiating treatment, e) The outcome and adverse effects, particularly the impact on the person's quality of life should be monitored regularly using objective methods.

Conclusion: On the basis of the current evidence it is not possible either to recommend or to refute the use of psychotropics for the management of behaviour problems among adults with ID but certain safeguards should be put in place if medication is considered. www.ld-medication.bham.ac.uk

PSYCHOPHARMACOLOGY IN ADULTS WITH INTELLECTUAL DISABILITIES: AMERICAN PERSPECTIVE

INSTITUTIONS

1. University of North Carolina School of Medicine, United States

AUTHORS

1. Jarrett Barnhill¹, Professor, MD, DFAPA, FAACAP

Aims: To review trends in the United States affecting psychotropic use for individuals with intellectual disabilities.

Methods: There are many state and federal regulations affecting psychotropic use in the United States. These regulations are based on the level of intellectual disability, severity of challenging behaviors, co-occurring mental disorders, setting of care provision, and source of funding. For most, the regulation stipulate: a thorough behavioral analysis; psychiatric assessment; quarterly reviews to determine and quarterly reviews of the efficacy, safety, and continued need for medication. Unfortunately the rapid changes in clinical neuropharmacology frequently outpace the ability of regulatory agencies to adapt reasonable safeguards.

Results: The lack of a national health insurance program impacts individuals with ID. Private insurers provide a portion of care for

many middle class Americans but are less helpful for individuals with chronic disabilities or for 40 million Americans unable to afford coverage. The majority are covered by federal-state programs for the elderly, disabled and low income individuals, mostly Medicare and Medicaid. But there is a growing trend to contain costs of these cost programs by limiting services, creating medication formularies, limiting payments on medications not approved by the Food and Drug Administration (off-label use), and reducing payments to health care providers.

Conclusion: Without a national health care system in the US, rising costs may limit the flexibility of clinicians to provide state of the art treatment to individuals with intellectual disabilities. Trends towards cost containment by federal-state programs may eventually limit access to rapidly expanding advance in neuropharmacology.

PSYCHOPHARMACOLOGY IN ADULTS WITH INTELLECTUAL DISABILITIES: HONG KONG PERSPECTIVE

INSTITUTIONS

1. Kwai Chung Hospital, China

AUTHORS

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- 2. E Chui¹, kwokwmh@ha.org.hk

Aims: To describe and examine the pattern of utilization of psychotropic medication for treatment of problem behaviours.

Methods: The Psychiatric Unit for Learning Disabilities in Kwai Chung Hospital, Hong Kong, is a specialist unit providing mental health care for people with intellectual disabilities above age 16. Problem behaviour is the commonest reason for seeking treatment at its out-patient clinic. The subjects of the study consisted of out-patients under active medication treatment for such problem behaviours. A simple checklist was designed for data collection. All the medication prescriptions were retrieved from the computer database and analyzed.

Results: The different classes and dosages of psychotropic medication prescribed would be presented. Factors affecting the prescription pattern would also be explored.

Conclusion: The rate of using psychotropic medication for the treatment of behaviour problems is high. Since the evidence base for the effectiveness of these medications is not yet conclusive, guidelines should be developed and implemented to ensure that medications are used appropriately for each individual under the best clinical practice.

PSYCHOTROPIC MEDICATION AND INTELLECTUAL DISABILITIES: CANADIAN PERSPECTIVE

INSTITUTIONS

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- 2. University of Toronto, Department of Psychiatry, Toronto, Canada

AUTHORS

1. Elspeth Bradley^{1,2}, Professor, MBBS, PhD, FRCPC, e.bradley@utoronto.ca

Aims: To survey Canadian patterns of psychotropic medication utilization and service developments in response to complex needs.

Methods: Review of Canadian research, clinical practice and service developments.

Results: Most persons with intellectual disabilities in Canada now grow up in their own communities, access generic health services with the family doctor being the first point of access. Few physicians are trained specifically to work in this area and increasingly there is much reliance on informed care providers working collaboratively with generic health services to identify and address special needs. The emergency room is often the first point of contact to manage behavioural problems and Canadians with intellectual disabilities continue to be over medicated, yet remain under-treated. The decision to medicate is complex being influenced by many factors

(including knowledge and training of physicians, absence of alternative approaches) and embedded within social, cultural and other considerations. Across Canada there is increasing recognition that complex health needs are best served by building capacity in local communities through interdisciplinary approaches. Specialized training and standards of care are developing through National and Provincial networks of concerned clinicians, researchers and consumers. Canadian Primary Care Guidelines for Adults with Intellectual Disabilities are now available.

Conclusion: There is a need in Canada for medication guidelines that include careful consideration of the complex circumstances that result in a decision to medicate.

Guidelines that include an on-going process that considers risks and benefits of such decisions from individual, system and other perspectives might ensure that individual needs are optimally addressed.

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AN UPDATE IN HUMAN SEXUALITY ISSUES

INSTITUTIONS

- 1. Universidad Central Venezuela, Forensic Psychiatry, Caracas, Venezuela
- 2. University of Porto, Psychiatry, Porto, Portugal
- 3. Universidad Miguel Hernandez, Medicina Clinica, Alicante, Spain
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HUMAN SEXUALITY has been and still remains in obscure, myths and false beliefs despite enormous and sensationalistic news and views. After 1998 the field changed. Sexual Medicine appeared and other medical disciplines took over the main areas. Psychiatry, at the beginning developed the main stream, but for many reasons that will be discussed abandoned the field. WPA, since 1999 (WPA Hamburg) developed successfully a Sexual Health Educational Program under the leadership of Prof Juan E Mezzich, and a Section was formally created. Many Congresses. Courses. Workshops. and

Symposia has been presented worldwide.

We will update in a Symposium format the knowledge base and with a difference in perspectives will present to the audience new issues and the future of this crucial area. Attitudes of caretakers of nursing homes towards the sexuality of older residents, Statistics regarding services of sexual health clinics. The importance of religions in sexuality concepts and the relevance of chronic pain in human sexuality will be reviewed.

ATTITUDES OF CARETAKER'S OF NURSING HOMES TOWARDS THE SEXUALITY OF OLDER RESIDENTS

INSTITUTIONS

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There is a paucity of research in attitudes of care staff in residential homes regarding sexuality and older people in Portugal.

Aims: to investigate the attitudes of care staff in residential homes regarding resident's sexuality.

Design: A descriptive questionnaire survey using the attitudinal part of Aging Sexual Knowledge and Attitudes Scale (ASKAS). Participants and setting: care staff in all residential homes in Porto city

Results:. So far 126 valid research questionnaires were return giving a response rate of 62%; only 1% of total staff has some specific formation on sexuality; 66% of staff are care assistants, the mean total ASKAS score was 60 which reflects moderately positive and permissive attitudes toward later life sexuality. There was no difference in

ASKAS score between doctors and nurses; doctors and nurses were more positive and permissive than care assistants (p<0.001). So far having little experience working with older people was predictive of positive attitudes (p<0.001) and age showed a positive correlation with ASKAS score (p<0.001), reflecting more negative and restrictive attitudes towards later life sexuality, as care staff are older and have more years of experience working in the field.

Conclusions: A young age and less than 5 years working experience with older people are predictive of more positive and permissive attitudes towards later life sexuality in this sample. Doctors and nurses have more positive attitudes than care assistants. Later life sexuality should be included in all educational and training programmes for care staff in residential homes.

SEXUAL HABITS IN MEDICINE FEMALE STUDENTS IN A EUROPEAN COUNTRY

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- 6. José M de la Fuente⁴, Dr, MD

Aims/Objectives

In this study it has been evaluated the usage of contraceptives and how sexual processes like excitation, satisfaction and having an orgasm could be influenced by some variables such as: having a steady relationship, kind of practised sexual activity, possible diagnosed illnesses, sexual appetite, and relevant others

Methods

For this purpose, 114 young female university students were given the FSQ questionnaire, whose answers were studied. The average is 20,6 years (s 0,95)The FSQ

"Feminine Sexuality Questionnaire" is a self-administrated 34 items original questionnaire.

Results

The results obtained with SPSS statistical analysis reveal some relevant aspects, for instance the fact that male condom is the most common contraceptive method and that "having more frequent sexual intercourse" and "increasing their capability to have an orgasm" are two aspects that they would like to change the most in their sexual lives.

Conclusion

As a conclusion, it could be said that some statements, such as the existing positive relation between using condoms and having a non-steady/lasting relationship or between using the pill and having a steady relationship -which were so defended in former studies-were not so significative in this sample.

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PREVALENCE OF SEXUAL DISORDERS IN A THIRD WORLD COUNTRY POPULATION

INSTITUTIONS

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Objectives: To identify and classify the sexual disorders of a population that requested services at the Institute of Human sexuality in the Dominican Republic.

Method: The Clinical history of 4,501 patients was analyzed to determine the reasons for referral to the clinic. The sample contained 2,581 (57.3) males and 1920 (42.6%) females. Al clients were evaluated and treated by a sex therapist, but other professional of the multidisciplinary team could be involved in the intervention.

Results: Sample of female excluded 298 cases with depression. In the remaining 1622 anorgasmia was overrepresented with 641 (39.5%) followed by 427 (26.3%) conflicts with the spouse, 251 (15.4%) had hypoactive sexual desire, 77 (4.7%) had vaginism, 74 (4.5%) requested sexual education. 152 (9.3%) presented other diagnosis. The male sample excluded 75 depressed cases. In the remaining 2581, impo-

tence was overrepresented 1,055 (40.8%) followed by 959 (37.1%) praecox ejaculators, 142 (5.5%) conflicts with the spouse, 75 (2.9) with hypoactive sexual desire, 77 (2.9%) sexual identity disorder, 41 (1.5%) retarded ejaculation, 232 (8.9%) had other diagnosis. Low sexual desire and depression were more common in females than in males but sexual identity disorders are by far more common in males than females.

Conclusions: Prevalence of sexual disorders seems to be equally distributed in developed as well as underdeveloped countries. Sexual desire disorder seems to be lower but not absent. Physician should be aware that sexual problems are highly prevalent in all cultures (1).

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SeS-104

SEQUELAE TO WAR AND SOCIAL VIOLENCE

INSTITUTIONS

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AUTHORS

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POLITICAL VIOLENCE- AN OVERVIEW ON THE PRESENT STATE OF KNOWLEDGE AND RECENT DEVELOPMENTS

INSTITUTIONS

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Political violence can be seen as a growing problem- and also of a problem with growing awareness of the involved social, medical and psychiatric risks. Psychiatric risks and impact affect not only the victim and survivors, but also the social environment- family members up to third generation effects,

The presentation - that will introduce the subject of the section sponsored symposia -summaries the development of the field since the last world conference on Psychiatry and the activity of the WPA section during that period.

Developments include the more complex understanding of social and biological factors mediating the impact of violence.

Some areas, such as suicidality, and the impact of social psychological factors - have been explored insufficiently so far, reasons and implications of that limitation of the present knowledge will be explored in the presentation. Reconsiliation and justice as signs of the reconfirmation of standards and the "contracte social", and the dignity of -often defamed victims - against impunity - can be exemplified in situations such as the Nanjing massacres or Abu Ghraib.

SeS-105

THE CORBERI INSTITUTE: A NEW REHABILITATIVE PROJECT.

INSTITUTIONS

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AUTHORS

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Aims: The Corberi Institute is a rehabilitative hospital situated in the northern suburbs of Milan, which started its activity in the sixties. Anybody with intellectual disabilities and psychiatric disorders under the age of 18 was admitted there. In the last fifteen years admissions and discharges have consistently decreased and now 160 adult patients are permanently in the institute. Here I present a new rehabilitative program with two goals:

- 1) Reorganize the assistance to people who had been there for a long time.
- 2) Organize a new service for adult patients with intellectual disabilities and psychiatric disorders.

Methods: From December 2006 to March 2007 an epidemiological and clinical study about all the patients was realized. A multipro-

fessional team as collected the following information: socio-demographic data, diagnosis, social and psychological abilities, IQ, family situation, drug treatments, present rehabilitative interventions, quality of relationship between staff and patient's relatives.

Results: Based on the results of the study which will be shown, new activities have been implemented: - Training course for all the members of the staff (about 200 people). - Opening of a Day Centre for rehabilitative projects for people between 18 and 35 years old who live with their families. - Opening of centre for out-patients where a multiprofessional team (Psychiatrists, a psychologist, a Social worker, Nurses) works.

Conclusions: The project is in progress and the proposal for the new residential facilities will be presented.

SeS-108

REBALANCING CARE ACROSS EUROPE: ECONOMIC CHALLENGES AND OPPORTUNITIES

INSTITUTIONS

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Objective: As part of the two year 32 country EC supported Mental Health Economics European Network (MHEEN), comparative information were obtained first to identify barriers and opportunities to the reform of mental health systems in central and eastern Europe and then to assess the extent to which different economic incentive mechanisms have and/or can be used to help to promote change.

Methods: Collation of information through a series of bespoke questionnaires on economic factors, augmented by a secondary rapid review of published and grey literature. Areas of analysis included approaches to funding; exploration of interfaces between health and other sectors; and the role that played by different economic incentives in system innovation and reshaping the balance of care.

Results: The challenges faced in much of central and Eastern Europe are particularly acute; in contrast to the old Member States, in many countries little progress has been made. Where progress has been made innovative economic incentive structures can be identified.

Conclusions: Rigid financing mechanisms, a lack of flexibility in how resources are allocated to services that best meet the needs of people with mental health problems, an increased reliance on private health insurance, and resistance to the closure of long stay institutions with a consequent loss of jobs are key factors hindering reform. Economic levers such as transitional funding of both new and existing services alongside mechanisms which allow funds to follow service users are among those mechanisms which have helped to promote change in some countries.

SeS-109

POLITICAL CONFLICTS AND MENTAL HEALTH

INSTITUTIONS

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Regretfully the second half of the 20^{II} century was burdened by a multiplicity of political conflicts and unrest between as well as within Nations. The Psychosocial and economic tolls on individuals afflicted by these conflicts have been substantial, ranging from acute stress situations to post traumatic stress disorders to chronic adaptive and mal adaptive strains.

The broad geographical spectrum of conflicts and the diversity of their nature provide for "naturalistic" observation perspectives for cross-cultural expressions of conflicts as well as adaptational mechanisms, epidemiologic data and vulnerabilities, threshold for breakdown, clinical presentations of communities, families and indivi-

duals. The impact of political conflicts is not limited to situations in which they deteriorate to violence. Uncertainty and continuous threats effect people in seemingly "peaceful" prosperous countries.

Issues at focus are illuminated by examination of the Middle East (Fuad Antun), Eastern and Central Europe (Peter Gaszner), the Balkans (Marijana Bras), Latin America (Moti Benyakar) as well as Isreal (Arie Shalev), Kenya, South Africa, Sudan, Pakistan, and other focal points as well as Western Europe and the USA. The National data are a basis for common denominators and cultural discriminators.

IMPACT OF POLITICAL TURMOIL IN THE MIDDLE EAST ON MENTAL HEALTH

INSTITUTIONS

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AUTHORS

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- 2. Thallein Antun¹

The Middle Eastern area has seen a great deal of ethnic and geographic changes since the start of the twentieth century. This took form in change of borders and creation of countries some on purely demographic basis, not taking consideration of the ethnic component. This has created over the year's conflicts within the same country but among ethnic groups who were located or relocated without any considerations with their social and religious backgrounds.

The Middle Eastern area composes the main monolithic religions which with time took political identities that were the seeds for con-

flict.

The western powers played a big role in parceling the geographic area with different countries or political entities purely based on their economic and political interests.

The present decade has seen a wide image of conflicts in many Middle Eastern countries with eruption of violence which is still continuing. We will expand further on the effect of such changes and conflicts on the mental health of areas the Middle Eastern region.

IMPACT OF POLITICAL CHANGES IN THE FORMER CENTRAL EUROPEAN COMMUNIST COUNTRIES ON MENTAL HEALTH

INSTITUTIONS

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AUTHORS

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The last 18 years was a time of far reaching changes in Central Europe. The changes caused new problems in Czech Republic, Slovakia, Hungary, Romania, Bulgaria and Slovenia. We had contributions from all these countries. Similar problems came to light in Poland and other Central European countries. The changes generated problems even in neighbouring Austria. After the previous decades of hindered development this two decade became the decades of freedom, but this new freedom caused many new problems, too.

These countries have achieved their freedom, but their economy could not keep pace with the political changes. For this reason the countries' medical services are starved of funding. Naturally this also applies to psychiatry and the education of psychiatrists. In this respect there is much hope for the medium and far future, but the outlook for the immediate future is rather uncertain.

There are also new legal problems. The principal task is to extend the basic human rights, which are a consequence of the political changes. There is a need for new legislation to define and protect the special rights of psychiatric patients. This may be a lengthy undertaking, nevertheless it must be tackled as soon as circumstances permit.

The most difficult area is the mental health. In the formal socialistic countries has not enough money, no new methods and try to learn the freedom.

Reference:

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SeS-110

RESEARCH ON PREJUDICE IN THE COMMUNITY

INSTITUTIONS

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AUTHORS

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SYMPOSIUM OF THE SECTION ON MASS MEDIA AND MENTAL HEALTH of WPA $\,$

In this culture of late modernism we may think that not only the modernism "is dying". Also many young people make a suicide attempt as the latest unsuccessful opportunity to decide about their lives. What ever be, the successful suicide represent a new copy of TV movies, a sad repetition of feelings of despersonalization. We say again that the suicide is a new failure of human creativity.

The match point...

Through the electronic media, the power seeks to restrict the physical contact of bodies, reducing trips, avoiding gatherings, causing people to stay permanently at home-i.e: the control space for the bodies wherein subjects are "locked up" of their own free will so that collective meeting situations are prevented.

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SeS-111

SLEEP DISORDERS MEDICINE IN RELATION TO PSYCHIATRY

INSTITUTIONS

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AUTHORS

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Recent progress into basic sleep physiology and pathology, as well as in clinical research on several psychiatric disorders gave a considerable new momentum to sleep medicine during the last decade. In this context, fundamental issues such as brain plasticity and memory consolidation during sleep have been tackled, and the underlying molecular mechanisms of sleep regulation have been

further clarified. These promising insights potentially will provide novel treatment approaches to sleep disorders, which range from the widespread problem of insomnia to the less frequent of hypersomnias and certain parasomnias. These developments concern not only psychiatrists but they may be of interest to any scientist or physician who endeavors to understand an essential aspect of human life.

PHYSIOLOGY AND PATHOLOGY OF MEMORY PROCESSES AND SLEEP

INSTITUTIONS

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AUTHORS

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- 2. C. Nissen¹

Evidence on the molecular, cellular and system level suggests that a main function of sleep is the activity-dependent reorganization of neural networks, including the formation of new memories. Thus, sleep after learning has been demonstrated to enhance procedural memories for skills and declarative memories for fact-based information, the storage of which involves the hippocampus. Animal and human research supports the concept that newly acquired memories are replayed and further processed during sleep and that this process contributes to brain plasticity ultimately underlying long-term me-

mory formation.

Based on studies on healthy sleep, the current presentation focuses on emerging insights into processes of disrupted brain plasticity and memory consolidation under conditions of disturbed sleep, including sleep and psychiatric disorders. This line of research might ultimately lead to the development of novel therapeutic strategies to improve sleep and brain plasticity processes - two integral parts of health and functioning.

NEUROPSYCHIATRIC PERSPECTIVES IN THE DIAGNOSIS AND MANAGEMENT OF SLEEP DISORDERS

INSTITUTIONS

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AUTHORS

1. Thomas Paparrigopoulos¹

Some neurological patients present with somnolence whereas others exhibit sleeplessness and some others a disruption of the normal circadian alternation of sleep and wakefulness. On the other hand, certain primary sleep disorders such as fatal familial insomnia, narcolepsy, and REM sleep behavior disorder are often associated with neuropathological or neurophysiological alterations and are accompanied by neuropsychological manifestations. Also, neurodevelopmental aberrations are strongly suggested in many cases of

sleepwalking and night terrors. Finally, serious cognitive and psychosocial consequences of curtailed or otherwise disturbed sleep are often observed in sleep deprivation, chronic insomnia, obstructive sleep apnea syndromes and narcolepsy. Consequently, to optimize the management of patients with various sleep disorders, it is important to specify the exact nature and the degree of any coexisting neuropsychiatric manifestations.

PSYCHIATRIC ASPECTS OF INSOMNIA: DIAGNOSTIC AND TREATMENT IMPLICATIONS

INSTITUTIONS

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AUTHORS

1. Dimitris Dikeos¹

Primary insomnia is the condition of reduced or unsatisfactory sleep, in the absence of any other apparent reasons for the sleep impairment.

Insomnia symptoms, however, are quite usually present in various psychiatric conditions and should be taken into account by the treating clinicians. On the other hand, patients who present with the 'sole' complaint of insomnia often have underlying psychiatric disorders and/or dysfunctional personality characteristics, which are often concealed by focusing on the problem of sleep difficulties. A comprehensive diagnosis of insomnia should, therefore, include

the evaluation of all other associated psychiatric diagnoses and any relevant psychological characteristics. The management of insomnia and in general of any sleep difficulty ideally addresses all those areas and should not be limited to the prescription of sleep-promoting agents. The latter are valuable compounds for the treatment of sleep problems, but they must always be used as part of a wider therapeutic strategy addressing the needs of the individual patient, based on a thorough understanding of his/her psychopathology and on a well established doctor-patient relationship.

THE FUTURE TREATMENT OF SLEEP DISORDERS IN PSYCHIATRIC PATIENTS

INSTITUTIONS

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Insomnia, the most commonly reported sleep problem, affects about one third of the adult population. Recent research into the pathophysiology of insomnia has brought a shift in the approach to treatment. Insomnia rarely occurs in isolation and is typically comorbid with other conditions. Beside treating the primary disorder, now there is a push to acknowledge the existence of chronic insomnia as a psychiatric disorder that itself merits treatment. This recognition is due to the identification of pathophysiologic changes and associated morbidity, which can be substantial.

Several lines of evidence that indicate a majority of psychiatric disorders being accompanied by circadian malfunctions and related insomnia have stimulated the development of treatments addressing both, sleep and the related psychiatric disease. In particular, considerable research supports a strong association between physiological mechanisms of antidepressants and antipsychotics and their

ability to improve sleep and biological rhythms.

An increased diversity of future available hypnotics with different potency, pharmacodynamic and pharmacokinetic profiles and improved side effect profiles will provide more flexibility in designing individual treatment strategies. Mechanisms of action of these agents include GABA modulators and GABAA partial agonists, GABAA2 delta ligands, extra synaptic GABAA4 agonist, dopamine D2 receptor antagonists, GAT-1 transport inhibitors, H1 antagonists, herbal agents, and others.

Promising data of long-term proven benzodiazepine-receptor agonists, 5-HT2A and 5-HT2C antagonists, melatonin agonists and orexin antagonists suggest these drugs to be the future most exciting agents exhibiting new mechanisms to improve sleep in psychiatric patients.

SeS-112

MENTAL HEALTH CARE IN DEVELOPING AND LOW INCOME COUNTRIES

INSTITUTIONS

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This Symposium of the Section on psychiatry in Developing and Low income countries the newest section of the WPA will discuss the findings and Initiatives of the section in the populous region of Asia, some work in Latin America and other low income and developing regions. With the very limited resources and large needs with in Mental health care new innovative models are called for to sustain the care for these regions Invited speakers will include the executive of the Section the President Elect of WPA who will map out the

plans for the care in Developing countries and Low income regions during his term of Presidency. The Secretary Sections will also be an invited speaker from his working with this section in the many regions of the world. The Chairman of the section and the Section executive will present a program of capacity building in teaching and training with self funded resources, innovative models that have shown made a difference to theses populations.

RS-01

FAMILIAL AND CLINICAL ASPECTS OF ALEXITHYMIA

INSTITUTIONS

- 1. University of Greifswald, Germany
- 2. University of Tampere, Finland

AUTHORS

- 1. Hans J Grabe¹
- 2. Matti Joukamaa²

Interest in the alexithymia construct has expanded considerably since the introduction of the concept thirty years ago resulting in more than 8000 publications (Medline) on alexithymia in the fields of psychosomatic medicine, psychiatry, internal medicine and epidemiology. This symposium aims to present models about developmental pathways that might lead to deficits in affect differentiation and communication and thereby resulting in alexithymic personality traits and about psychophysiological and neurobiological pathways, linking alexithymia as a risk factor to mental and physical disorders. Data will be presented about transgenerational effects and genetics of alexithymia, of its association with psychoathological states, depression and psychosis. Further, recent findings on the functional

neuroanatomy of alexithymia will be presented and discussed.

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ALEXITHYMIA AND DIAGNOSTIC MEASURES OF DEPRESSION

INSTITUTIONS

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- 3. National Public Health Institute, Helsinki, Finland
- 4. National Public Health Institute, Department of Health and Functional Capacity, Laboratory for Population Research, Turku, Finland
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- 5. Simo Saarijärvi^{5,6}
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- 7. Riitta-Liisa Mielonen^{5,6}
- 8. Matti Joukamaa^{1,2,3}

Objective: Numerous studies have suggested an association between alexithymia and depression, which has typically been measured with self-report scales. Our aim was to study how the outcomes of a structured diagnostic interview for depression are related to the results of a self-report scale in alexithymic and non-alexithymic groups.

Methods: Our sample comprised 4805 subjects from general population, aged 30-97 years. They completed the 20-item Toronto Alexithymia Scale and the 21-item Beck Depression Inventory (BDI). Major depression and dysthymia were diagnosed with the Munich version of the Composite International Diagnostic Interview (M-CIDI). The distributions of BDI scores were compared between alexithymic and non-alexithymic subjects in groups with and without a combined diagnosis of major depression and dysthymia. The areas under the curve and ideal cut-off points for BDI were assessed by

Receiver Operating Characteristic analyses with M-CIDI diagnosis for depression as a gold standard.

Results: Both in the groups with and without an M-CIDI depression diagnosis the BDI scores of the alexithymic participants were significantly higher than those of the non-alexithymic participants. The ideal cut-off points for BDI were essentially higher in the alexithymic group (18/19) compared with the whole sample (9/10) and with the non-alexithymic group (8/9) while the performance of the BDI was also better in the alexithymic group (p=.019).

Conclusions: A substantial proportion of alexithymic subjects without a depression diagnosis could be rated as depressive if the only criterion is the score of a self-report scale. Furthermore, alexithymic individuals may require higher cut-off points in a self-report depression scale than other people.

FAMILIAL TRANSMISSION AND GENETICS OF ALEXITHYMIA

INSTITUTIONS

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AUTHORS

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- 2. Jessie Mahler¹
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- 4. Henry Völzke1
- 5. Harald J Freyberger¹

Background: Alexithymia represents a risk factor for psychiatric and psychosomatic disorders and is associated with less favourable outcome in various treatments modalities. With a prevalence rate up to 30% in subjects seeking psychiatric or psychotherapeutic treatment, there is an urgent need for a better understanding of the psychobiology of alexithymia. Previous studies have described an association between alexithymic traits of mothers and their offspring but did not investigate the fathers' contribution. Therefore, psychological mechanisms like the mother-child bonding may exclusively explain the observed association. The aim of the present study was to extent this research strategy to fathers, too.

Methods: The familial transmission of alexithymia was assessed in 86 child-parents trios. Hierarchical regression analyses were adjusted for age, gender and education. Alexithymia was assessed with the Toronto-Alexithymia Scale (TAS-20).

Results: Hierarchical regression analyses revealed that the mothers' TAS-20 scores (standardized beta: 0.3; p= 0.003) and the fathers' TAS-20 scores (standardized beta: 0.27; p= 0.007) independently contributed to their children's TAS-20 total scores. The difficulties identifying feelings (DIF) factor scores of both parents explained 28 % (p<0.001) of the variance of the DIF scores of their children.

Conclusion: Our results strongly support the hypothesis of a familial transmission of alexithymia. As both parents contributed to the TAS-20 score of their offspring, psychological and genetic factors may be responsible for the observed association. Thus, in addition to the research of psychological factors influencing affect development and differentiation the search for genetic mechanisms contributing to alexithymia should be started.

IS ALEXITHMIA A PRODROMAL FEATURE OF PSYCHOSES?

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Objectives: The recognition of prodromal symptoms of schizophrenia and other psychoses has eagerly been studied. As far as we know no earlier studies have dealt with alexithymia in this context. We wanted to explore if alexithymia could be a feature which should be taken into account when assessing the occurrence of prodromal symptoms among adolescents.

Methods: This study forms part of the Northern Finland Birth Cohort 1986 Study. The original material consisted of all live-born children (N=9432) in the provinces of Lapland and Oulu in Finland with an expected delivery date between 1.7.1985-30.6.1986. In 2001, when the subjects were 15-16 years old, a comprehensive follow-up survey was conducted. The 20-item version of the Toronto Alexithymia Scale (TAS-20) was the measure of alexithymia. As a scre-

en for prodromal symptoms of psychoses was used the Prod. It is a questionnaire with 21 items. Altogether 5,750 subjects filled in both instruments correctly.

Results: Of the boys 7% and of the girls 10% were alexithymic with no gender difference. The corresponding figures for Prod-screen positives were significantly higher, 15% and 16% respectively. With only one exception all the single Prod items were significantly associated with alexithymia.

Conclusion: Assessment of alexithymic features is an important complement when trying to find prodromal symptoms among adolescents. It is especially recommended because the method, TAS-20, is short and easy to fill in and has been shown to work properly in more than 20 languages.

ALEXITHYMIA: A REVIEW OF THE NEUROCOGNITIVE AND BRAIN IMAGING EMPIRICAL STUDIES

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Aim/Objective: Alexithymia is defined as deficit in the cognitive processing of emotions and is thought to be one of several potential explanatory mechanisms for the onset of several "so called" psychosomatic diseases and psychiatric disorders. As alexithymia represents a deficit in cognitive processing and regulation of emotions, two ideal methodologies for examining this fundamental assumption are experimental cognitive designs and neuroimaging procedures. In this presentation, we examine the extant body of literature using cognitive and neuroimaging methods in the examination of the alexithymia construct.

Methods: Published scientific works on alexithymia using cognitive and imaging techniques were identified using PUBMED and PSY-CHINFO search engines.

Results: A number of studies using different cognitive paradigms, including: lexical decision making tasks, incidental emotional learning, emotional stroop, perception of affect, sequential priming,

automatic processing/affective priming were identified. The results across these six paradigms converge on a consistent picture generally supportive of deficit model of alexithymia. Several studies using imaging techniques, including MRI, fMRI and PET procedures were also found in the published literature. Nearly all imaging studies find alterations in ACC function during processing of different emotional information, although there were some inconsistency in lateralization and signal changes across studies depending on the stimuli and type of experimental task used when subjects were being scanned.

Conclusions: Results from these investigations largely support the underlying assumption that alexithymia represents a deficit in the cognitive processing of emotions.

References:

Taylor, G. J., & Bagby R. M. (2004). New trends in alexithymia research. *Psychotherapy and Psychosomatics*, 73, 68-77.

RS-02

GENE-ENVIRONMENT INTERPLAY IN MOOD DISORDERS AND ANXIETY, NEW TREATMENT MECHANISMS

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This symposium presents the current state of knowledge regarding the long-term consequences of gene-early life environment interaction for development of affective disorders. Both human data and experimental animal data will be shown. Possible pathophysiological mechanisms and treatments are discussed.

EARLY LIFE GENE-ENVIRONMENT INTERACTION AFFECTS DEVELOPMENT OF HUMAN PSYCHOPATHOLOGY.

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Depression and personality disorders are etiologically heterogeneous group of brain disorders with complex and partially overlapping genetics, probably underlying the co-morbidity between both conditions. Definitions of clinical phenotypes however are not rooted in neurobiology, and animal models of behavioral despair and anxiety have considerable limitations. Simplistic models cannot explain the apparent complexity, so that current research focuses on epistatic and epigenetic factors in the etiology of these disease states. Although this research is still in its infancy, several milestones have already been reached: Variation in gene expression was confirmed to play a predominant role in individual differences in complex traits including personality and behavior; gene x environment as well as gene x gene interactions were established in humans and the nonhuman primate model. Genotype-phenotype correlations were substantia-

ted by functional neuroimaging. Pertinent research thus supports the notion that both genes *and* environmental factor impact on brain development and, in doing so, set the stage for the susceptibility to depression. Investigation of subtle alterations in the expression of genes of the serotonergic pathway, such as the serotonin transporter (5HTT), of

correlations between 5HTT genotype and brain activity, and of environmental variables interacting with 5HTT variants currently strengthen research on the genetics of depression. Given the etiological and psychobiological complexity of depression, it is not surprising that the identification of vulnerability genes and elucidation of their interaction with environmental stressors is extremely difficult and continues to be among the last challenges of genomics, behavioral neurosciences, and psychiatry.

EARLY LIFE ADVERSE EVENTS: INFLAMMATION AND MEDIATORS

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Patients with major depression who are otherwise medically healthy have been observed to have activated inflammatory pathways, manifested by increased proinflammatory cytokines, increased acute-phase proteins and increased expression of chemokines and adhesion molecules. Increased concentrations of interleukin (IL)-6 and/or C-reactive protein in serum and/or plasma have been most frequently observed, although elevations in IL-1-â and tumor necrosis factor (TNF)-â have also been described, both in the peripheral blood circulation and in the central nervous system.

Consistent with the notion that stress may provide a link between depression and inflammation, a number of reports indicate that psychological stress activates proinflammatory cytokines and their signaling pathways. In laboratory animals, psychological stressors increase the proinflammatory cytokines, including IL-1â and TNF-

á, in brain regions involved in emotional regulation. Therefore, prenatal programming may significantly influence the inflammation response in the adults, and thereby also susceptibility to development of disease.

The association between depression and inflammation is apparent across the adult lifespan and is evident even in the presence of mild symptoms. These findings suggest that targeting proinflammatory cytokines and their signaling pathways might represent a novel strategy to treat depression, and may be significantly linked to the stress

This presentation focuses on recent discoveries on early life adverse events and the inflammatory pathway in treatment and prophylaxis

EARLY LIFE STRESS EFFECTS ON NEUROGENESIS AND ADULT EMOTIONALITY: INTERACTIONS WITH THE GENETICS FOR HIGH OR LOW ANXIETY

INSTITUTIONS

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Early life environmental factors including prenatal and postnatal stressful events are established from both animal and human research to affect adult emotional and neuroendocrine stress parameters. Repeated exposure to stress in utero (prenatal stress) or to periodic maternal deprivation in the immediate post partum period has been shown to chronically increase anxiety- and depression-related behaviours and hormonal responses of the hypothalamo-pituitary-adrenal (HPA) axis, and to impair cognitive functions and hippocampal neurogenesis, among others. Interactions of early life stress and the genetic predisposition are likely, but less well understood. Here, I will provide evidence for genetic factors determining the consequences of early life experiences comparing Wistar rats selectively bred for high (HAB) and low (LAB) anxiety-related behaviour, respectively.

Exposure of HAB and LAB rats to prenatal stress between pregnancy days 4 and 16 or to postnatal stress between postnatal days 2 and 14 resulted in differential, partially opposite, effects on adult anxiety with HAB offspring becoming less and LAB offspring becoming more anxious compared to unstressed controls. As a result, early life stress attenuated not only the extreme behavioural traits in both lines, but also the line-dependent differences in adult HPA axis

reactivity. The neuronal basis for the differential effects of prenatal stress on adult stress responsiveness are likely to be line-dependent alterations of neuropeptide expression patterns, i.e. of vasopressin and corticotropin releasing factor within the hypothalamic paraventricular nucleus. Moreover, prenatal stress further reduced the relatively low level of hippocampal neurogenesis found in HAB juvenile rats, which is likely due to a failure to increase placental 11â-hydroxysteroid dehydrogenase type 2 activity after stress rather than to different maternal corticosterone or behavioural responses. In contrast, neurogenesis activity was not affected in LAB juvenile by prenatal stress.

In summary, the genetic predisposition of the animal to either high or low anxiety level determines the vulnerability to early life stress. The evolutionary advantage of these opposing effects of early experiences may be to sustain the genetic variability among individuals of a species while allowing flexible and adequate responses to stressful and potentially dangerous stimuli in adulthood.

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GLUCOCORTICOID RECEPTOR MUTANT MICE AS A MODEL FOR DEPRESSION.

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Impaired glucocorticoid receptor (GR) signaling is a postulated mechanism for the pathogenesis of major depression. Since *in vivo* expression and functional studies of GR are not feasible in humans, we have generated mouse strains that over- or under express GR: i) GR heterozygous mice (GR+/-) with a 50% GR gene dose reduction; and ii) GR transgenic mice (YGR) with a 100% gene dose elevation. GR+/- mice exhibit normal baseline behaviors, but demonstrate after stress exposure increased helplessness, a behavioral correlate of depression in mice. Similar to depressed patients, GR+/- mice have a disinhibited HPA system and a pathological DEX/CRH test.

Thus, they represent a murine depression model with good face and construct validity. YGR mice, in contrast, show reduced helplessness after stress exposure, and an improved HPA system feedback regulation. Therefore they are a model for a stress-resistant strain. These models can be used to study plasticity changes underlying the pathogenesis of depressive disorders. As first potential molecular correlate we identified a downregulation of BDNF in the hippocampus of GR+/- mice. Translational approaches, i.e. how to use these models specifically for clinically relevant questions, will be discussed.

MOLECULAR NEUROPLASTICITY IN MOOD DISORDERS AND DRUG ACTION: LESSONS FROM A GENE-ENVIRONMENT ANIMAL MODEL

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The influence of adverse early-life events on genetic vulnerability in the development of mood disorders was recently highlighted (1). Moreover, stress can profoundly alter synaptic plasticity.

We employed an innovative experimental design, reproducing the combination of environmental adverse events and genetic susceptibility. We used the Flinders Sensitive Line (FSL) rats, a well-validated genetic model of depression, displaying distinct features of pathology. To reproduce early-life stress events the FSL rats and their controls, the Flinders Resistant Line (FRL) rats, were subjected to a standard maternal separation protocol. Moreover, FSL and FRL rats, with or without early-life stress, were treated with escitalopram. Aspects related to pathology and antidepressant efficacy were assessed: behavioural despair (Porsolt swim test), hippocampal synaptic plasticity in vivo and synaptic signaling. In the Porsolt swim test,

while escitalopram reduced immobility in basal FSL rats, the efficacy of the antidepressant in maternal separated FSL rats was reduced. Moreover, our data show that early-life stress has a different influence on synaptic plasticity in FSL vs. FRL rats and suggest that maternal separation may induce a lifelong enhancement of NMDA receptor-dependent synaptic plasticity in vulnerable rats. Indeed, early-life stress has a strong impact on the molecular machinery regulating plasticity, particularly evident in the FSL rats, in which the combination of early-life stress with genetic background produces functional and molecular lifelong modifications. Our results may contribute to characterization of the molecular effectors of plasticity that mediate vulnerability to stress and response to antidepressants.

1. Caspi A, Moffitt TE, Nat Rev Neurosci, 2006; 7:583-590.

RS-03

ANTIDEPRESSANT DRUGS SAFETY IN PREGNANCY

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The symposium will try to clarify the blurred aspects of the use of antidepressants during pregnancy and to give sensible and up-todated guidelines for the treatment of psychiatric disorders with antidepressants during pregnancy.

THE "TRUE" PREVALENCE OF DEPRESSION AND THE REAL USE OF ANTIDEPRESSANTS IN PREGNANCY

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Although pregnancy has typically been considered a time of emotional well-being, recent studies show that pregnancy is a relatively high risk time for psychiatric disorders in women, particularly for those with pre-existing psychiatric illnesses. Epidemiological studies report that psychiatric disorders were present in 15-25% of pregnant women, with affective disorders being the more prevalent. However, it is important to note that the literature on psychiatric disorders during pregnancy is frequently complicated by the use of various methodologies, procedures and study populations, and inconsistencies in the postpartum time frame (up to 6 months after delivery) complicate the interpretation of epidemiological data. Recent papers show lower rates of psychiatric problems and pharmacological treatment in pregnant women. This might reflect underreco-

gnition or undertreatment. Moreover, a considerable percentage of diagnosed patients treated introduced substantial modifications in their treatments regime in the moment they knew their pregnancy. In this presentation, the several factors explaining the low percentage of women reporting depression and using antidepressants will be discussed.

Bennett HA, Einarson A, Taddio A, Koren G, Einarson TR. Prevalence of depression during pregnancy: systematic review. Obstet Gynecol 2004; 103(4): 698-709.

De las Cuevas C, Álvarez de la Rosa M, Troyano JM, Sanz EJ. Are Psychotropics Drugs Used in Pregnancy? Pharmacoepidemiol Drug Saf 2007, 16(9): 1018-1023.

ARE ANTIDEPRESSANTS SAFE DURING PREGNANCY?

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The effects of antidepressants in pregnancy could be classified in several main categories: the teratogenic possible effects; the effects on the normal development of the brain and neuropsychological functions; the effects on birth weight and/or early delivery; the risk of increased bleeding on the mother during delivery; the neuropsychological behavior and adaptation after delivery, including not only neonatal withdrawal syndromes but also pain reactivity and increased parasympathetic cardiac modulation during recovery after an acute noxious event and in a wide range of neurobehavioral outcomes; and medium- to long-term effects in neurocognitive functions

in those children. These areas will be reviewed according to the most recent published cohort-controlled studies and prospective surveys regarding antidepressants use in pregnancy.

Sanz EJ, De las Cuevas C, Kiuru A, Bate A, Edwards R: Selective serotonin reuptake inhibitors in pregnant women and neonatal withdrawal syndrome: a database analysis. Lancet 2005, 365: 482-487. De las Cuevas C, Sanz EJ. Safety of Selective Serotonin Reuptake Inhibitors in Pregnancy. Current Drug Safety 2006, 1(1): 17-24.

TREATMENT OF DEPRESSION IN PREGNANT WOMEN REQUIRE "DELICATE BALANCE"

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Although there is a tendency to avoid psychiatric medications during pregnancy, the high prevalence of affective disorders in pregnant women means that women and their psychiatrists often face impromptu decisions regarding the initiation or continuation of antidepressant therapy during pregnancy. The management of psychiatric problems and pharmacologic treatment in pregnancy is complex and burdened with many biologic and personal factors. Psychiatrist need to consider the impact of untreated illness on the mother and the fetus, as well as the possibility of increased risk for obstetric complications and congenital malformations associated

with pharmacological treatment. Antidepressants should be initiated or maintained when the disorder is severe and the efficacy of the psychopharmacologic approach has been demonstrated, giving attention to non-pharmacological alternatives in order to prevent the relapse of the disease in the mother.

Sanz EJ, De las Cuevas C. Psychopharmacologic Therapy In Pregnancy: Effects on Newborns. Psychiatric Times 2006, 23 (6): 74-78. Misri S, Kendrick K. Treatment of perinatal mood and anxiety disorders: a review. Can J Psychiatry 2007, 52(8): 489-98.

RS-05

SPECIFIC ISSUES IN PATIENTS WITH BIPOLAR DISORDER

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- 4. University of Palermo, Neuroscience, Buenos Aires, Argentina
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- 4. Gustavo Hector Vazquez⁴, Dr., MD
- 5. Roumen V. Milev⁵, Dr., MD, milevr@providencecare.ca

This symposium brings five presentations dealing with some more specific issues in Bipolar Disorder patients. It examines some conceptual issues in defining the diagnoses of Bipolar Disorder and Schizophrenia and their overlap in the light of the newest research approaches, continues with a focus on comorbidities and their role in the outcome of juvenile bipolar patients. Another presentation focuses on the effects of the reproductive cycle on the course of Bipolar

Disorder. The possible use of the affective temperaments as a potential endophenotype for bipolar disorders is dealt next. Last but not least some new data in the research of stigmatizing and discrimination against Bipolar Disorder patients is presented. Speakers from 5 different countries and three continents bring different perspectives and form the base for discussion of many specific issues in Bipolar Disorders patients.

DISCRETE AND CONTINUOUS APPROACH IN THE CONCEPTUALIZATION OF PSYCHOSES

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The diagnostic distinction of bipolar affective disorder and schizophrenia in current classification systems ICD-10 and DSM IV is based on Kraepelin's definition of "dementia praecox" and "maniodepressive psychosis". However, the validity of the diagnostic distinction is challenged by various independent findings. The authors review the similarities and distinctions between both disorders in a range from psychopathology to neuroimaging methods with an emphasis on genetic findings as a major source of evidence of an overlap between bipolar disorder and schizophrenia.

Both bipolar disorder and schizophrenia demonstrate several similar psychopathological and epidemiologic characteristics. Both disorders are strongly influenced by genetic factors: results of linkage studies show a partial overlap of susceptibility loci. Two relatively common chromosomal aberrations are associated with both bipolar disorder and schizophrenia. Association studies of candidate genes

in either disorder identified several genes involved in both disorders, such as NRG1, DISC1, and G72/G30. Emerging gene functions possibly involved in both disorders include neurogenesis, synaptogenesis, myelinization, and neurotransmition. Bipolar disorder and schizophrenia also demonstrate some similarities in neurotransmitter dysfunction and share some, but not all, pharmacological mechanisms. Cognitive impairment in schizophrenia is well established during acute episodes as well as during remission and is more obvious compared to bipolar disorder. Moreover, children who developed schizophrenia in adulthood are characterised by cognitive, social, emotional, and behavioral impairments, in contrast to an impairment of a lesser degree found in children who later developed bipolar disorder. Also, patients with schizophrenia have more extensive structural brain abnormalities than those with bipolar disorder.

CO-MORBIDITIES AND TREATMENT CHALLENGES IN MANAGING CHILDREN AND ADOLESCENTS WITH BIPOLAR DISORDER

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Juvenile BD is reported to be more treatment-resistant than adult BD, and to show poorer outcome. Predictors of treatment non-response in early onset BD are not well defined. Age, gender and age at onset of BD can affect both clinical presentation and pattern of comorbidity, and pharmacological response.

Some features, which in adult patients are considered predictors of poor treatment response, (severity, mixed states, psychotic symptoms, and co-morbid substance abuse) are particularly frequent in youths, and they also may influence pharmacological response in children and adolescents as well.

We explored the role of lifetime comorbid externalizing and internalizing disorders as possible predictors of treatment non-response, in bipolar children and adolescents with manic or mixed episodes in a 3 year study. Non-responders had more frequently co-morbid conduct disorder and/or ADHD. Furthermore, they were globally more

severe at baseline and required more frequent addition of antipsychotic medications than treatment-responder patients. Co-morbid anxiety disorders did not predict treatment resistance. Interestingly, anxiety disorders and CD were inversely related, with the number of anxiety disorders significantly lower in subjects without CD comorbidity. The use of antipsychotics was associated with treatment non-response, and it was probably related to the severity of the subjects who received these drugs (i.e. higher prevalence of impulsivity, psychomotor agitation, behavioral problems, psychotic symptoms). Different mechanisms can be involved in treatment-resistance of bipolar subjects with co-morbid externalizing disorders. BD plus externalizing disorders may represent a specific subtype, with earlier-onset and resistance to traditional anti-manic and mood stabilizing drugs.

THE EFFECT OF FEMALE REPRODUCTIVE CYCLE ON THE COURSE OF BIPOLAR DISORDER

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The purpose of this talk is to review the literature and our studies concerning impact of female reproductive cycle on the course of bipolar disorder.

The literature concerning following topics is reviewed: the relation between menstrual cycle and mood fluctuations (the impact of puberty on the onset of the illness, the relation between specific menstrual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode, prevalence of premenserual cycle phase and specific mood episode phase and

strual syndrome among women with bipolar disorder); the impact of pregnancy and postpartum period on the course of bipolar disorder; and whether menopause is a risk factor for bipolar women or not. The data suggest that hormonal fluctuations are associated with increased risk of mood fluctuations and mood episodes in women with bipolar disorder.

THE SOFTEST END OF THE SPECTRUM: AFFECTIVE TEMPERAMENTS AS A POTENTIAL ENDOPHENOTYPE FOR BIPOLAR DISORDER

INSTITUTIONS

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AUTHORS

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Different family and genetic studies of bipolar disorder suggest that both the phenotype and the genotype of the illness extends from extremely psychotic mania (schizoaffective bipolar disorder) that usually requires hospitalization to prevalent temperamental dysregulation that remains largely ambulatory and untreated in the general population.

At the heart of the debate on the boundaries of the bipolar spectrum is whether the soft expressions of bipolar disorder can be reliably identified in epidemiologic and clinical populations, and once identified, which are the potential clinical implications that they should have.

We have recently examined the prevalence of affective temperaments between clinically unaffected relatives of bipolar patients and investigated the impact of these "subaffective" forms on their quality of life (QoL).

We administered the scales TEMPS-A Buenos Aires and Quality of Life Index-Spanish version, to a sample of 229 non-ill first degree relatives of bipolar disorder patients ("cases") and controls without family history of affective illness.

Our results confirms that healthy relatives of bipolar probands exhibit a higher degree of temperamental dysregulation, and also a clear impact of QoL domains, than normal controls and demonstrates that affective temperaments can serve as an endophenotype for bipolar disorder as judged by the fact that "clinically well" relatives show these traits at a statistically significantly higher than appropriately chosen controls, impacting directly on their quality of life.

STIGMATIZING EXPERIENCES IN PATIENTS WITH BIPOLAR DISORDER

INSTITUTIONS

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AUTHORS

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Background: Bipolar Disorder is amongst the most common and disabling psychiatric conditions, with chronic course and significant burden of disease. Patients with Bipolar Disorders experience a significant amount of stigmatizing and discrimination because of their illness.

Method: We have developed an Inventory of Stigmatizing Experiences. It is a questionnaire, which includes both a frequency and an intensity scale, and measures the prevalence and frequency of stigma experiences, with the underlying assumption being that the total score reflects the pervasiveness of stigma experienced across different life domains.

Results: Eighty-four patients attending a specialized tertiary service for patients with Bipolar Disorders were screened with the Invento-

ry of Stigmatizing Experiences. The results show that the experience of stigmatizing events and discrimination because of mental illness is very high and occurs almost universally.

Gender does not seem to have significant impact, but those who are employed experience a lot more perceived stigma. Patients who were hospitalized experienced more stigma as well.

Conclusion: Stigmatizing experiences and discrimination is common in patients with Bipolar Disorders, and requires significant work towards reducing it.

Reference:

Stuart H, Milev R, Koller M. The Inventory of Stigmatizing Experience: its development and reliability. World Psychiatry 2005; 4:S1

RS-06

FORENSIC PSYCHIATRY AND PRISON MENTAL HEALTH

INSTITUTIONS

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- 3. Global Initiative-Vilnius, Vilnius, Lithuania
- 4. Bon Futuro Prison, Willemstad, Netherlands Antilles
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Forensic psychiatry and prison mental health are among the most invisible and under developed parts of mental health care services, in particular in countries that do not belong to the wealthiest in the world. And even in the wealthy ones there is still a lot to be desired. Besides, changing the usual repressive characteristics in forensic psychiatry and prison mental health will contribute to a more preventive criminological policy by the authorities on the longer term. Global Initiative has been active in this area for the past seven years and has developed a wide range of projects in this field in Eastern Europe and the former Soviet Union, and is expending its work also

to other parts of the world. The goal of most of the initiatives is to develop a consecutive chain of services for forensic psychiatry and prison mental health, and to promote inter-sectorial collaboration. In Europe, prison mental health has become a priority issue, recognizing the much higher prevalence of mental illness among the prison population. Forensic psychiatry deserves equal attention. This symposium will provide the audience with an update on recent initiatives, obstacles, failures and successes, and will argue for more attention to this field of work.

DEVELOPING MODERN FORENSIC PSYCHIATRIC TREATMENT IN LITHUANIA

INSTITUTIONS

- 1. Rokiškis psychiatric hospital, Rokiškis, Lithuania
- 2. Global Initiative Vilnius, Vilnius, Lithuania

AUTHORS

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Modern forensic psychiatric treatment is a set of services widely acknowledged as the most appropriate for effective implementation of: 1) compulsory medical treatment measures, which can be prescribed by the court to persons who are recognized as being of diminished capacity or incapacitated; 2) psychosocial rehabilitation, which enables a mentally disabled person to reach the optimal level of his/her functioning in the community and 3) re-socialization, which is a synonym of crime prevention. The main purpose of this presentation is to describe the modern forensic psychiatric treatment services already implemented in Lithuania, to be more specific, in Rokiškis forensic psychiatric hospital, and outline the principal guidelines for further development. The three fundamental components of the modern forensic psychiatric treatment are the following: 1) differentiation of patients into several levels; 2) multi-

disciplinary team work; 3) risk assessment instruments, which help to develop individual plans for treatment, prepare adequate reports to the court, organize the follow up of the patient. These components were successfully incorporated into the scheme of in-patient forensic psychiatric treatment.

Currently the out-patient forensic psychiatric care is not very well developed in Lithuania. The inter-ministerial task force has prepared the document which emphasized the need of co-operation at least between the Ministry of Health and Ministry of Social Affairs and described how the ambulatory forensic psychiatric care should be organized. Unfortunately this document has not come into force yet. On the other hand the society is not prepared to accept forensic psychiatric patients.

PRISON MENTAL HEALTH IN A CARIBBEAN SETTING: OBSTACLES, CHALLENGES AND SUCCESSES

INSTITUTIONS

1. Bon Futuro prison, Willemstad, Netherlands Antilles

AUTHORS

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Fifteen years ago a prison mental health department (FOBA) was established AT Bon Futuro prison on the Dutch Antillean island of Curacao. The development was made possible with help from colleagues from The Netherlands. In the course of the years the situation in the prison deteriorated and the FOBA ran into trouble due to lack of staff, lack of materials and possibilities for a day time program, use of the department for prisoners who had no mental health pro-

blem but had to be isolated for other reasons, etc.

Since 2006 a new initiative has started with help of Global Initiative on psychiatry. Staff is being trained, materials have been purchased and plans are being drawn up to develop a consecutive chain of forensic and prison mental health services on the island. We have along way to go and much still needs to be done, but the enthusiasm is back and there is hope again for the future

DEVELOPING A CONSECUTIVE CHAIN OF FORENSIC PSYCHIATRIC AND PRISON MENTAL HEALTH SERVICES IN GEORGIA

INSTITUTIONS

- 1. Global Initiative Tbilisi, Tbilisi, Georgia
- 2. National Forensics Bureau, Tbilisi, Georgia

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The presentation addresses 3 interlinked fields - pre-trial forensic examination and assessment component, forensic/compulsory treatment services and prison mental health development in contemporary Georgia.

We present the factors that conditioned the underdevelopment of the forensic psychiatry in Georgia:

- deficits in legislation
- fragmented and insufficient services with unclear "patient trajectory"
- narrow assessment and treatment modalities
- educational and motivational aspects
- closed and rigid system

and their influence on the delivered care and everyday interactions with patients.

The paper will provide the analysis of the recent context and explain carefully targeted interventions at micro (technical facilities, servi-

ces), meso (professionals, education) and macro (law and policy) levels. We will describe an importance of cross-country fertilization (Dutch and Lithuanian experience sharing) and gradually changed understanding and how this is reflected in new buildings for pre-trial psychiatric forensic examination in Tbilisi and compulsory treatment hospital in Qutiri, West Georgia with a new "care concept" behind their architecture and design, a modern training module for multi-professional teams, including guards; and new treatment and care guidelines, etc.

Special attention will be given to penitentiary system and ongoing work there, including ToT (Trainings of Trainers) for prison staff, reforming a psychiatric ward, juvenile justice issues, etc.

We will highlight the forensic psychiatry's and prison mental health role and place in Georgian mental health sector, current reform's potentials and risks and present future strategies for advancement of a consecutive chain of above described services.

REFORM OF THE SERVICES FOR MENTAL HEALTH CARE AND FORENSIC PSYCHIATRY IN SERBIA

INSTITUTIONS

- 1. International Aid Network, Belgrade, Serbia and Montenegro
- 2. Gornja Toponica psychiatric hospital, Nis, The Netherlands

AUTHORS

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- 4. S Vladejic², Dr, MD

As a result of the cooperation between Global Initiative on Psychiatry (GIP) and International Aid Network (IAN) there are two ongoing projects on mental health care which are realizing in Serbia. During joint work mutual interest for reform of services for mental health care in prisons and different organization of centers for forensic psychiatry had occurred.

Initial ideas for changing treatment of persons with mental health problems in prisons and at the departments for forensic psychiatry appeared after joint visits of GIP and IAN teams to Central Prison Hospital in Belgrade and to center for Forensic Psychiatry of Special Psychiatric Hospital Gornja Topaonica near Niš.

After analysis of the situation conducted with the management of

the Special Psychiatric Hospital, we came to a common conclusion that the main problems are: lack of cooperation between sectors, insufficient number of centers for forensic psychiatry in Serbia, inadequate space and absence of overall pharmaceutical and psychosocial rehabilitation treatment a priori in Central Prison Hospital.

Ideas of reforming of services for forensic psychiatry were considered and it had been concluded that the result of the reforms should be establishing of network of the contemporary centers for forensic psychiatry that should be closely related to regional services for community mental health care with goal to enable therapeutic continuance and successful re-socialization and reintegration in community for some persons who were hospitalized by the court order.

DEVELOPING FORENSIC PSYCHIATRIC AND PRISON MENTAL HEALTH SERVICES IN RUSSIA

INSTITUTIONS

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Over the past seven years Global Initiative on Psychiatry has been involved in projects to improve prison mental health care services in Russia

Starting in St. Petersburg in 2001, the foundation is now active both in the Kresti pre-trial prison in St Petersburg and in Kaliningrad region. The projects constitute of a physical and attitudinal part: the living conditions for the prisoners are improved up to humane living standards, and a training program is directed at changing the attitudes of the prison personnel to prisoners with mental health problems. Also the medical staff is trained in contemporary prison

mental health care delivery.

In practice the improvement of the physical environment for the prisoners with mental health care problems can be accomplished. However, attitudinal changes are much more difficult to obtain, in particular at a time when the political climate is becoming more repressive and old approaches and methods are reintroduced.

In the field of forensic psychiatry work has started in the high security forensic psychiatric hospital in Kaliningrad region. The first results are very positive and give hope that modern approaches to forensic psychiatric treatment can be introduced.

RS-07

COMMUNITY MENTAL HEALTH IN COUNTRIES IN TRANSITION

INSTITUTIONS

- 1. Global Initiative on Psychiatry, Hilversum, The Netherlands
- 2. Eating Disorders Center Vilnius, Vilnius, Lithuania
- 3. Psychiatric Hospital Gornja Toponica, Nis, Serbia and Montenegro
- 4. Vasaros Psychiatric Hospital, Vilnius, Lithuania
- 5. Ministry of Health of Georgia, Tbilisi, Georgia
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Many of the countries in Central & Eastern Europe and the New Independent States had an almost exclusively institutional mental health care system when the communist system came to an end. In most of the countries many steps have been made in the direction of the de-institutionalization of mental health care services.

In some country much effort has been put in developing consecutive chains of mental health care service, trying to provide persons with mental illness with a network of mental health care services that meet their needs in the best possible way. These attempts are very much dependent on political will, financial possibilities, legal changes to make them sustainable, and the presence of a critical mass of

reform minded mental health care workers.

The reform process is hampered or obstructed when this political will is not there or withers away, when the necessary financial means are not provided to make the new services sustainable, and in many of the new EU member states by the fact that increasing numbers of mental health professionals emigrate to the old EU member states. At this symposium a number of active reformers from Central and Eastern Europe will tell their story about how they deal with the tension between what is needed and what is possible, what obstacles need to be conquered and what successes can be reported.

DEVELOPING SERVICES FOR EATING DISORDERS IN EASTERN EUROPE

INSTITUTIONS

1. Eating Disorder Center Vilnius, Vilnius, Lithuania

AUTHORS

1. Brigita Baks1, Dr., MD, brigitab@yahoo.com

In recent years eating disorders have become a much debated issue both within the mental health community and among the general public. One can hardly open a popular journal without finding an article on anorexia or one of the other eating disorders, with instructions how to prevent it, or how to detect a developing eating disorder, or where to go for adequate treatment. In particular during the past two years the issue has repeatedly reached the front pages and covers of publications after the fashion industry started to respond to growing protests and eventually issued restrictions on the use of underweight models. Finally, it seems, the issue has acquired the attention it desires, although still many people do not realize that eating disorders are more lethal than schizophrenia, and more people

suffer from them.

Unfortunately, in most countries in Eastern Europe and the ex-USSR attention is still scarce and treatment of persons with eating disorders does not differ very much with that of twenty years ago. The disorder is repeatedly diagnosed as a form of schizophrenia, and treatment with neuroleptics or forced feeding is no exception.

Most of the patients are young girls, adolescents and sometimes even younger. The illness seriously endangers their development as women, threatening their ability to bear children at a later age. Many patients who still can be treated and cured, become chronic patients, and will as a result remain a permanent burden both on the family and on the health care system.

DEVELOPMENT OF COMMUNITY MENTAL HEALTH SERVICES IN THE COUNTRY RECOVERING FROM THE WAR

INSTITUTIONS

1. Gornja Toponica, Nis, Serbia and Montenegro

AUTHORS

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- 3. S Stanojkovic¹, Dr, MD
- 4. Z Stanojkovic¹, Dr, MD

During the last decade of the 20th century Republic Serbia was exposed to civil war that ended in disintegration of former SFRJ and with NATO bombardment. International economic sanctions lasted more than three years. Approximately 500.000 refugees in Serbia is one of the consequences of the civil war. Those events had negative impact on mental health of the nation, and led to deterioration of services for mental health care.

Since 2000 Republic Serbia is in transition process, and since 2003 process of reorganization started, mainly reorganization of institutionalized, psychiatric services in terms of development of community services for mental health care.

Process of service transformation run by National Committee for Mental Health started with analysis of demographic data, economic situation and condition of services and human resources. Reform which had started in Niš led to significant changes in Special Psychiatric Hospital where number of beds for asylum patients had been reduced in half and specific model of implementation of community mental health care principle within hospital significantly changed atmosphere in institution. First community mental health care center was established in Mediana, the biggest municipality in Niš.

Project for development of collaboration between mental health services and social care services started a year ago, and partner participants are NGOs GIP and IAN, Ministry of Health, Ministry of Labor and Social Welfare and Special psychiatric Hospital. Establishing of the new community mental health care centers and first protected homes in four municipalities in Serbia should be the result of this project.

CRISIS INTERVENTION IN EASTERN EUROPE: A NEW APPROACH

INSTITUTIONS

1. Vasaros psychiatric Hospital, Crisis Intervention Center, Vilnius, Lithuania

AUTHORS

1. Tamara Kuntelja¹, Dr, MD, tkuntelija@centras.lt

The aim of this presentation is to describe how western models of community mental health services and namely crisis intervention are being implemented in two Eastern European countries - Lithuania and Georgia - with different socioeconomic, legal and cultural backgrounds. Mental health system in these countries undergoes period of significant changes. Projects enhancing emergency psychiatric service delivery, based on community mental health, are being developed. During this process the Dutch model of crisis in-

tervention service was introduced and partially implemented firstly in Lithuanian mental health system.

Obstacles and mistakes were analised and gave possibility to use this Lithuanian experience in arranging the new concept of crisis intervention service in Georgia in transitional period. This presentation will analyse different aspects of crisis intervention service delivery within these two countries in transition.

DEVELOPING A FINANCIAL BASIS FOR COMMUNITY PSYCHIATRY WITHIN THE FRAMEWORK OF THE 100 HOSPITAL PLAN

INSTITUTIONS

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AUTHORS

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The structure of Georgian National Health Accounts shows a big portion of out-of-pocket payments from the population. Provisional figures of 2006 give overall expenditure of up to 10% of GDP, where private expenditure is up to 80%. These are mostly household out-of-pocket payments for private insurance. According to several surveys the society recognizes the health risk management issues being second by their importance after employment.

In 2007 the GoG started a mayor Health System Reform (HSR) to improve the access of the population to the quality health care services (OHCS)

There are two main objectives within this strategy:

a. New privately owned hospital and PHC infrastructure will be created. The expected result is that by the end of 2009 almost all the hospitals and PHC facilities in Georgia will be privately owned and

newly constructed/rehabilitated.

b. Healthcare financing model, based on Private Health Insurance will be developed The vision is that the government will purchase health insurance on the private market for people in need and improve access to affordable insurance products for all the others.

In 2007, Government of Georgia started making structural changes to the system. The main idea is that the Government funds will be directed primarily to the vulnerable population. Moreover, Government will switch the traditional state-agency-administered health programs to the private insurance market. During the four forthcoming years the existing "health care programs" of "heath service purchasing" will be replaced with "insurance purchasing".

On June 29, 2007, the Parliament of Georgia approved changes in the Georgian law on "healthcare".

ESTABLISHING A COMMUNITY PSYCHIATRY MODEL IN A **BULGARIAN SETTING**

INSTITUTIONS

1. Global Initiative - Sofia, Sofia, Bulgaria

AUTHORS

1. Valentina Hristakeva¹, Ms, vhristakeva@gip-global.org

The presentation will discuss some difficulties in implementing a community psychiatry practice in a Bulgarian setting. On the background experience of GIP-Sofia of two similar projects using same resources but implemented with different management mechanism, the importance of local "ownership" and clear mechanism of collection of feedback and evidence of the effectiveness of the change process will be discussed. Some obstacles encountered in attempting to set up community psychiatry programmes as well as practical examples of how did we tackle this problems will be described,

RS-08

MENTAL HEALTH AND DEVELOPMENT AID

INSTITUTIONS

- 1. Global Initiative on Psychiatry, Hilversum, The Netherlands
- 2. World Health Organization, Mental Health & Substance Abuse, Geneva, Switzerland
- 3. Basic Needs, Leamington Spa, United Kingdom
- 4. London School of Hygiene & Tropical Medicine, Goa, India
- 5. Professional University of Arnhem/Nijmegen, Nijmegen, The Netherlands

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- 4. Vikram Patel⁴, Prof., PhD, vikram.patel@lshtm.ac.uk
- 5. Rob Keukens⁵, Mr., rkeukens@gip-global.org
- 6. Aleksandras Avramenko¹, Mr., aavramenko@gip-global.org

Development aid has become an integral part of the budgets of most developed nations. The European Union has set a financial norm for the member states, and also new EU members are developing their own development aid program. Most of the older EU member states as well as USA and other major international donors have a development aid policy with a history of almost half a century. They are facing the challenge to decide on priorities, both with regard to thematic issues and target countries.

The Millennium Development Goals (MDGs) serve as milestones for donor countries in setting priority with regard to international development; however mental health as such is not mentioned in the MDGs. As a result in virtually none of the development aid programs mental health has been included on its own accord. In most cases it is neglected, and when a mental health component is included it is related to trauma care. As a result, trauma care programs are often set up without linking it sufficiently to the development of a structural, sustainable mental health care system, and as a result when foreign aid organizations move away much of what has been built up crumbles and eventually disappears.

In many of the countries in the under developed world mental health care is either virtually non-existent or in bad shape. This can be changed, and needs to change, so that mental health programs would become integral part of developmental policies worldwide. This symposium highlights the predicament we face.

REGULAR SYMPOSIA

MENTAL HEALTH, DEVELOPMENT AND DEVELOPMENT **AGENCIES**

INSTITUTIONS

1. World Health Organization, Mental Health & Substance Abuse, Geneva, Switzerland

AUTHORS

1. Benedetto Saraceno¹, Dr., MD, saracenob@who.int

Development is an organized effort to help a society improve its social, economic, political and health conditions in a manner that is sustainable. This presentation will try to demonstrate the importance and relevance of the field of mental health to development, and to describe the most important linkages between mental health and key development areas highlighted by development agencies. These include (i) Democracy, good governance & human rights; (ii) Economic Growth and development; (iii) Health and development and (iv) Disasters, conflict and development. It then demonstrates and describes how the field of mental health can strengthen development interventions and outcomes in each of these areas.

A special emphasis will be given to the mental health consequences of disasters which have long been recognized by development agencies, but the actual development programs put in place have not been adequate. The immediate response is often to set-up widespread vertical, trauma focused programmes. These programs are costly and do not address the wider development issue of establishing a mental health system capable of addressing a) short term mental health needs of a disaster, 2) longer term mental health needs following disasters and 3) the needs of vulnerable groups affected by disasters.

FIELD EXPERIENCES OF INCOME GENERATION AND USER MOVEMENTS IN DEVELOPING COUNTRIES: A PRACTICE BASED TALK ON MENTAL HEALTH AND DEVELOPMENT

INSTITUTIONS

1. BasicNeeds, Leamington Spa, United Kingdom

1. Chris Underhill¹, Mr, chris.underhill@basicneeds.org.uk

Development has many meanings. The most common use of the word in association with mental health is developmental psychology, the study of childhood disorders. Those with a more global focus associate the word with the developing world, but tend to think of it in terms of providing standard psychiatric care in a developing world context. Within the arena of global aid, however, development refers more generally to poverty reduction and other social indicators of change (education, gender equality). Though seemingly more distant from questions of mental health, poverty reduction can, in

fact, be a major determinant of mental health outcomes. This talk will draw on examples of field work by BasicNeeds, an NGO with eight years of experience coordinating economic and social as well as clinical interventions for over 45,000 people with mental disorders in the developing world. The talk will cover the following: How to put a programme in the field

Non-medical approaches to health

Working with mental health service users on the ground 4 Policy implications of a developmental approach to mental health

MENTAL HEALTH NURSING AS A KEY TO MENTAL HEALTH CARE DEVELOPMENT IN UNDERDEVELOPED COUNTRIES

INSTITUTIONS

1. Professional University of Arnhem/Nijmegen, Nijmegen, The Netherlands

AUTHORS

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Many mental health needs in underdeveloped countries are unmet, mainly due to insufficient numbers of mental health professionals. For example, the median number of psychiatrist in Africa is 0.04 per 100 000 population, the median number of mental health nurses is 0.2 per 100 000 population. In comparison, the median number of nurses in mental health settings is in Europe 26.76 per 100 000 population.

In many countries, nurses are the largest group of professionals working in health care. In principle, through adequate education and support, nurses can provide mental health care to individuals and communities. The management and treatment of mental disorders in primary care and general hospitals is a fundamental step which enables the largest number of people to get easier access to services. For this to happen, however, general health personnel, in this case

general nurses, need to be trained in the essential skills of mental health care.

But, while training facilities for some other professionals have been developed, the country has neglected creating training facilities for (mental health) nurses. In many countries there is no specific mental health training for nurses.

Therefore, mental health issues should be incorporated into nursing education with mental health concepts introduced early, reinforced and expanded throughout the curricula and developed through experiential learning opportunities. The recognition that mental health is an essential component of primary health care and general hospitals is articulated in developing basic mental health nursing modules and implement these modules into the already existing curricula for general nurses.

PUTTING MENTAL HEALTH ON THE DEVELOPMENT AID AGENDA

INSTITUTIONS

1. Global Initiative on Psychiatry, Hilversum, The Netherlands

AUTHORS

1. Aleksandras Avramenko¹, Mr., aavramenko@gip-global.org

This presentation will focus on how mental health needs are being met in the least developed countries and possibilities how these needs can be presented to the public in general and donor communities in the West. The linkages between the Millennium Development Goals and mental health will be discussed, emphasising disproportional attention form the Official Developmental Aid agencies to the several developmental issues.

Developmental Education (DE - raising awareness in the Western countries about developmental issues), is currently seen as a tool to advocate for solidarity and support to poorest and most suffering

people. DE also plays big role in setting priorities by the international donors. Mental health issues so far has been poorly advocated for as a part of the developmental aid and were virtually ignored by the donors. The ways how big international health and mental health organizations (WHO, MHE, EUPHA, WPA etc) and national health N(GO) could lobby for bigger attention towards mental health issues as a part of development aid will be discussed.

GIP initiatives on promoting Mental Health as a developmental issue will be briefly presented.

RS-09

MENTAL HEALTH AND HUMAN RIGHTS

INSTITUTIONS

- 1. Global Initiative on Psychiatry, Hilversum, The Netherlands
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- 3. Global Initiative Vilnius, Vilnius, Lithuania
- 4. GGZ-Nederland Dutch Mental Health Foundation, Amersfoort, The Netherlands
- 5. International Aid Network, Belgrade, Serbia and Montenegro
- 6. Ain Shams University, Institute of Psychiatry, Cairo, Egypt

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Mental health care is a mirror of society. The more humane and civil a society, the more chance there is for a humane, user-oriented mental health care system in which human rights are respected.

However, a civil society does not automatically produce a humane and consumer-oriented mental health care system. In spite of the fact that a large portion of society is affected by mental health problems, consumers typically remain stigmatized, invisible, and often neglected, and as a result mental health services are often underfinanced and under-rated. People with mental illness are often segregated - psychologically and, in many cases, also physically and legally - from the rest of society.

Violations of the rights of persons with mental illness, as well as

outright abuse of psychiatry for non-medical purposes, take place in many countries. The abuses cover a wide range of issues and vary from political abuse of psychiatry in various countries such as China, to maltreatment of prisoners in US prison mental health facilities, from the absolute lack of quality of life and human rights violations in social care homes in Eastern Europe and the Middle East, to carefully orchestrated infringements on the mental health of prisoners in Guantanamo Bay.

This symposium does not mean to provide all the answers, or wishes to cover all the instances when abuses take place. It is meant to stimulate a discussion that is a vital element in upholding ethical standards of the psychiatric profession.

MONITORING HUMAN RIGHTS VIOLATIONS IN CLOSED INSTITUTIONS - OBSTACLES, CHALLENGES AND RESULTS

INSTITUTIONS

1. Vilnius University, Vilnius, Lithuania

AUTHORS

1. Dainius Puras¹, Dr., MD, Dainius.Puras@mf.vu.lt

Effectiveness of mental health reforms depends to a large extent on what is the level of commitment for changes among major stakeholders - general public, users of services and their relatives, psychiatrists and other professionals, politicians.

Countries of Central and Eastern Europe are still in dramatic and challenging traditions in many different fields of public life, including the field of mental health policy and services. One of the ways to better identify obstacles and opportunities for change is to facilitate open public discourse about past, present and future of the field of mental health in each country specifically, and in the whole region in general. He best way for such kind of debate appears to be

debate around human rights situation and perspective.

Several attempts have been undertaken during recent years in Lithuania and neighbouring countries to monitor human rights in psychiatric institutions. Initiative was usually coming from nongovernmental organizations, and after results were reported, other stakeholders were responding with different views. Analysis of the discourse, generated by human rights monitoring reports and responses from different stakeholders will be presented. In this context, perspectives of further development of system of values among psychiatrists, politicians and general public in the new European democracies will be discussed.

MENTAL HEALTH ISSUES WITH REGARDS TO DETAINEES IN GUANTANAMO BAY:

INSTITUTIONS

1. Institute of Psychiatry - Ain Shams University - Cairo, Cairo, Egypt

AUTHORS

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The continuing detention without fair trial of prisoners is unacceptable in terms of human rights, but it is also ineffective in terms of counter-terrorism.

Guantánamo Bay exists outside the law: torture and ill-treatment, indefinite detention, a presumption of guilt and the absence of fair trials. Detainees designated "enemy combatants" are not allowed even the basic right to challenge the lawfulness or conditions of their detention.

Governments as diverse as the United Kingdom and Saudi Arabia have called for closure. United Nations experts and monitoring bodies have made it clear that the facility undermines fundamental human rights protections. Yet some countries remain silent on the conditions at Guantánamo Bay nor has it taken any significant action to protect the rights of their own detainees. The US administration says it would like to close Guantanamo Bay if there was an alternative, Amnesty International believes the alternative is clear: Human rights for all. No exceptions.

The paper will discuss the mental health violations and suicides happening among detainees and the violation of human rights in what assumingly is one of the most democratic countries.

HUMAN RIGHTS ISSUES IN MENTAL HEALTH IN POST-WAR SERBIA

INSTITUTIONS

1. International Aid Network (IAN), Belgrade, Serbia and Montenegro

AUTHORS

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Years of war and economic sanctions in nineties have had lasting effects to health care system in Serbia. Overall context for development of mechanisms for protection of human rights has been impeded, and political tensions in a last several years, only made things worse. Reforms of the mental heath care system started in 2003, initiated by the Ministry of Health. After five years we can say that there have been many obstacles, and these will be discussed in this presentation. First of, challenges to human rights of mentally ill are stemming from current organization of services. Secondly, there

is a lack of adequate legislation, together with lack of monitoring of procedures in existing legislative framework. Thirdly, there is no concentrated effort (political, financial, and managerial) toward implementation of proclaimed principles of national mental health policy. Fourthly, there is unrecognized role of nongovernmental sector, and lack of creative dialogue between sectors of the society. Still, this situation is also bearing many possibilities for positive development, which will be also discussed.

POLITICAL ABUSE OF PSYCHIATRY - STILL A MEANS OF STATE REPRESSION?

INSTITUTIONS

1. Global Initiative on Psychiatry, Hilversum, The Netherlands

AUTHORS

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Over the past years, political abuse of psychiatry has remained on the agenda of the international psychiatric and human rights community.

Information on continued abuse of psychiatry for political purposes in the People's Republic of China has reached the West, suggesting that the Chinese government is continuing the systematic state policy of using psychiatry for political purposes. New individual cases of political abuse of psychiatry in Russia have also been widely publis-

hed. In this case it seems that there is no central governmental policy in this respect, but that the worsened political climate has given local authorities the feeling that using psychiatry as a means of repression is again possible. Also in some of the Central Asian republics cases of political abuse of psychiatry have been reported.

This presentation will discuss the latest evidence on these abuses, and discuss what the international community can do to help bring these abuses to an end.

THE DEFENCE OF PATIENT RIGHTS IN THE CCEE/NIS AS AN INTEGRAL PART OF MENTAL HEALTH SERVICE REFORM

INSTITUTIONS

- 1. GGZ-Nederland, Amersfoort, The Netherlands
- 2. Global Initiative Vilnius, Vilnius, Lithuania

AUTHORS

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Sovereignty, diversity, indivisibility of the person, preservation of a social network and civil rights, positive image of the ill and illness, medical-technical standards, equal access are user values.

In this contribution the argument will be made that these values are equally important for the mental health system reform as such as that it is used as a tool for reform in many western countries. In the CCEE/NIS countries however the process of implementing these values is facing extra difficulties. The contribution will focus on that but will also bring about that patients rights are human rights and thus universal applicable.

The user-movement has gone a long way. Started and worked from a "splendid isolation" to more and more co-operation with professionals.

That is never a self-evident case, but always happens under the conditions of the user-movement. This may seem pedantic, isn't though

Mental health policies and strategies are rarely adopted by governments in the CCEE/NIS countries. If they are, the implementation is rather formal, lacks of sufficient funding. Human rights and patients' advocacy issues are not always included into the policies.

In a situation in which coercion and oppression still play important role it is important that the people really concerned, are able and enable to loudly articulate their own conditions.

This contribution will fuel that discussion.

RS-10

MENTAL HEALTH AND HIV/AIDS

INSTITUTIONS

- 1. Professional University of Arnhem/Nijmegen, Nijmegen, The Netherlands
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- 3. AIDS Foundation East West (AFEW), Moscow, Russian Federation
- 4. Global Initiative Tbilisi, Tbilisi, Georgia
- 5. MAIDS Expert Center-Serbia, Belgrade, Serbia and Montenegro
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People with HIV are more likely to experience a range of mental health problems. Neuropsychological disorders, such as dementia, occur with late-stage illness and remain among the most challenging manifestations of HIV. Moreover, receiving an HIV diagnosis, bereavement, the breakdown of relationships, resulting financial or employment difficulties can result in feelings of deep unhappiness which are difficult to manage and may interfere with the ability to function in daily life. Depression appears to be more common in people with HIV than in the general population.

People with HIV/AIDS who suffer from mental health consequences of the infection are, in fact, double victims. Almost invariably stigmatized because of the disease, they have to deal with the trauma of carrying a potentially fatal illness and of facing an environment

that fears losing them. Focusing attention on the important, but often overlooked, interplay of mental health and HIV/AIDS is one way to strengthen the participation of those affected by HIV/AIDS, help defend their interests and counter stigma. Training mental health personnel and those involved in addressing the impacts HIV/AIDS will also build better support systems and help diminish spread of the disease.

In 2005, Global Initiative on Psychiatry initiated an innovative program on Mental Health & HIV/AIDS in 9 countries in Central Asia, the Caucasus and Southeast Europe. The symposium will present key findings and challenges faced in this work and elaborate on the scope of the problem in Africa and in Russia.

BETTER UNDERSTANDING THE INTERSECTION OF HIV/ AIDS AND MENTAL HEALTH IN AFRICA & GLOBALLY

INSTITUTIONS

1. South Africa

AUTHORS

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The interconnections and intersections between mental health and HIV/AIDS are multi-facetted and multi directional. For example mental health is an important risk factor for contracting HIV and often plays a role in the course and progression of the disease - not least linked to adherence to medication. On the other hand for many people the HI virus has both physiological impacts on the brain as well as having psychological consequences resulting from being HIV positive.

The vast majority of PLHA, especially in low and middle income countries, receive no care and treatment for their mental health pro-

blems. The HIV pandemic also has profound consequences on the mental health of others not directly infected. For example children orphaned or otherwise made vulnerable by HIV have been found to show high rates of mental disorder. In addition family and carers as well as health workers often become highly psychologically stressed by having to deal with PLHA. This presentation will summarise available research evidence of the mental health impacts of HIV/AIDS with a special emphasis on African research. An argument will be made that the cumulative mental health impacts on societies with high prevalence of HIV/AIDS is greater than the sum of the parts.

THE IMPORTANCE OF AN INTEGRATED APPROACH TO HIV/AIDS AND MENTAL HEALTH IN THE NETHERLANDS, EASTERN-EUROPE, THE CAUCASUS AND CENTRAL ASIA

INSTITUTIONS

1. Centre and Treatment team, GGZ Buitenamstel/VUMC, Amsterdam, Amsterdam, The Netherlands

AUTHORS

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Objectives

The HIV-epidemic is a big problem in almost every part of the world. In many countries, like in Eastern-Europe, the Caucasus and Central Asia, the amount of new HIV-infections is growing rapidly. An important part of the HIV-infected people have mental health problems such as depression, anxiety, addictive disorders, personality disorders and cognitive disorders. For example, HIV-positive women have a four times greater change of a depressive disorder then HIV-negative women (1)

It is very important that mental health problems among people living with HIV and AIDS are recognised and treated. Depressive symptoms are associated with the worsening of the HIV-infection (2) Method

Some case studies of patients with HIV/AIDS and mental health problems will be presented. Specific difficulties in making a diagnose and the pharmacological and psychotherapeutic of these patients will be discussed. There will be special attention for the treatment situation of people living with HIV/AIDS and mental health problems in Eastern-Europe, Caucasus and Central Asia.

Conclusion

Treatment of mental health problems among people living with HIV/AIDS is very important, and it is often a forgotten and neglected part of the treatment of HIV/AIDS.

Morrison, MF et al. Am J Psychiatry, 2002, 159, 785-796 Ickovics, JR et al. JAMA, 2001, 285, 1466-1474

MENTAL HEALTH PROBLEMS OF PEOPLE LIVING WITH HIV/AIDS (PLHIV) IN SOUTH CAUCASUS

INSTITUTIONS

1. Global Initiative - Tbilisi, Tbilisi, Georgia

AUTHORS

1. <u>Jana Javakhishvili</u>¹, Dr, MD, jjavakhishvili

GIP established Expert Centers on Mental Health and HIV/AIDS in Armenia, Azerbaijan, Bulgaria, Georgia, Moldova, Kyrgyzstan, Kazakhstan, Serbia and Tajikistan focusing on improving the quality of life of PLHIV. This presentation will explain the results of research done by these Centers in 2007-2008 in the South Caucasus.

According to the research results, mental health policies and services in the countries are underdeveloped. By comparison, HIV/AIDS legislation and services are more developed. There is also lack of coordination and an underdeveloped referral system between the two fields. VCT services are not equally developed in the three countries, but research shows that all three countries need a more efficient system of mental health education for VCT providers.

Additionally, the research confirms significant mental health problems among PLHIV. The initial stage of adjustment to the diagnosis is characterized by "shock", accompanied by anxiety, fear of death, guilt, depression and suicidal thoughts. More severe mental health problems can occur on the AIDS stage, where neurological manifestations of the disease can cause cognitive impairment. Interesting differences and similarities are found between the three countries. For example, study results in Georgia show more acute mental health problems among IDU PLHIV, while Armenian IDUs adjust better to the diagnosis due to services that "prepare" them for a positive diagnosis. Also revealed was that PLHIV feel they experience greatest degree of stigma and discrimination from health care providers. Factors contributing to these and other research outcomes and possible solutions will be discussed.

HIV/AIDS, SUBSTANCE ABUSE AND MENTAL HEALTH IN RUSSIA

INSTITUTIONS

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AUTHORS

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Development of the HIV-epidemic in Russia has been linked historically with opioid addiction. Opioid addiction is one of the main mental health disorders that correlate with HIV-infection and it requires specialized treatment.

Research shows significant differences in the standards of medical care for patients with a double diagnosis of HIV-infection and drug addiction at the narcological dispensaries and AIDS Centers in terms of double stigmatization of patients, narrow specialization of psychiatric (narcological) infectious diseases services, low awareness among psychiatrists-narcologists about HIV-treatment and lack of substitution treatment.

In this regard, narcological and infectious diseases clinics should address the need for complex treatment in order to attract and keep drug users with HIV in therapy programs. One urgent problem to be addressed in providing care to patients with double diagnosis is assuring continuity and effective collaboration between AIDS centers and narcological services.

The quality of medical services for people with double diagnosis can be improved by:

- increasing access to psychiatric help through infectious diseases clinics taking into account the needs of the affected community
- increasing access to ARVs for HIV-patients at psychiatric clinics
- providing additional training for medical personnel
- supporting NGOs and self-help groups
- helping people with double diagnosis
- attracting the involved community into monitoring and evaluating the quality of medical and social services

MENTAL HEALTH CARE FOR PEOPLE LIVING WITH HIV AND AIDS IN SERBIA

INSTITUTIONS

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The Serbian expert center on mental health and HIV is a part of the Network initiated by GIP. During implementation of the activities mental health of PLHIV was addressed, through training of professionals, research activity, publications and advocacy. The results of center engagement and research studies reveal that in Serbia mental health of PLHIV is neglected field. Holistic approach in treatment and care is lacking, as participation of PLHIV in advocacy efforts for their entitled rights.

Research shows that numerous stressors have a negative impact on the quality of life and mental health of PLHIV, as well as their ability to cope with the problems.

The most frequent problems with mental health for PLHIV are grief and depressive feelings, followed by anxiety, restlessness and side effects from the use of ART.

PLHIV do not approach existing mental health services, which are underdeveloped and not specialized to meet psychological needs of PLHIV. High level of stigma among health workers presents a great barrier to approaching health services for PLHIV and provokes worry and stress about getting medical treatment when they are in peed.

Mental health services and HIV treatment in Serbia are not connected. It seems that the need for linking these services is not recognized among AIDS treatment center, mental health services and PLHIV themselves. The doctors who treat HIV are solely responsible for psychiatric treatment of AIDS patients. There is a need to sensitize all three sides in order to achieve better response.

RS-11

ACUTE INPATIENT CARE IN EUROPE: PROBLEMS AND PERSPECTIVES

INSTITUTIONS

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AUTHORS

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The phasing out of mental hospitals and the gradual expansion of General Hospital Psychiatric Units (GHPUs) as main setting for inpatient acute care has created new problems and new needs. Recently important studies and development projects have attempted to investigate the main problems faced by GHPUs and have proposed

a number of solutions.

The aim of this symposium is to present important experiences done in the area of acute inpatient care in four European countries (e.g., Germany, Italy, Norway and the U.K.).

ACUTE PSYCHIATRIC HOSPITAL CARE IN GERMANY - DOES IT MEET THE NEEDS?

INSTITUTIONS

1. Central Institute of Mental Health, Mental Health Services Research Group, Mannheim, Germany

AUTHORS

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Germany turned towards community-based mental health care in the mid seventies, when deinstitutionalisation of mental hospitals and asylums started. From 1970 up to now, the number of psychiatric beds was cut by roughly half to less then 80.000 today. The process was affected but not stopped by the reunification of East and West Germany in 1990, when the East German mental health care system had to be integrated and improved. In 2003 psychiatric beds in Germany numbered a mere two thirds of the capacity in 1991, the first year as a re-unified Germany, when psychiatric beds in East and West Germany.

Although very few mental hospitals have been closed down during this process, most of them have decreased significantly in size and changed their focus towards regionalised acute hospital care alongside a growing number of psychiatric wards at general hospitals. Currently there is, approximately, a 50:50 divide in terms of the overall numbers of inpatient care episodes between acute psychiatric units at general hospitals and mental hospitals. Though mental hospital beds still outnumber general psychiatric ward beds, psychiatric hospitals in Germany today have less in common with the old-fashioned asylums of the pre-reform days, and are well-equipped and well-staffed facilities providing specialised psychiatric care. However, a key characteristic of the German system - the wide gap between inpatient and outpatient services, which are usually funded separately and staffed by different teams - is still prevailing. The presentation describes and discusses advantages and pitfalls of this situation.

INPATIENT CARE IN ITALY: OVERVIEW OF THE FINDINGS OF A NATIONAL SURVEY, THE PROGRES-ACUTE PROJECT

INSTITUTIONS

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AUTHORS

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Aims: In Italy, all Mental Hospitals have been replaced by a full range of community- based services, including General Hospital Psychiatric Units and other inpatient facilities. This presentation will summarize the results of the PROGRES-Acute project, a national survey of all Italian public and private acute inpatient facilities.

Methods: In Phase 1 structured interviews were conducted with each facility's head psychiatrist in all regions. In Phase 2 socio-demographic, clinical, and treatment information were collected for approximately 3,000 patients admitted to or discharged from 130 public and 36 private inpatient facilities during an index period in the year 2004. All patients were also rated using the 24-item BPRS and the GAF rating scales.

Results: Overall, Italy (except Sicily) has a total of 4,108 public inpatient beds in 319 facilities, with 0.78 beds for every 10,000 inhabi-

tants, and 4,862 beds in 54 private inpatient facilities, with 0.94 beds per 10,000 inhabitants. Many inpatient facilities showed significant limitations in terms of architectural and logistic characteristics. Staffing showed a great variability among facilities. In phase 2 it was found that non-affective psychoses (36%) were the most common diagnoses and accounted to a large extent for compulsory admissions

Conclusions: In Italy the number of acute beds per 10,000 is one of the lowest in Europe. Despite the crucial role of inpatient care, many features of care are unsatisfactory, and many problems still await appropriate solutions. Family support represents an important resource for most patients, and interventions specifically addressed to relieving family burden are warranted.

CHARACTERISTICS OF PATIENTS AND WARDS IN EMERGENCY PSYCHIATRIC DEPARTMENTS, AND POSSIBILITIES FOR REDUCTIONS IN UTILISATION OF ACUTE INPATIENT SERVICES

INSTITUTIONS

1. Akershus University Hospital, Division of Mental Health Services, Oslo, Norway

AUTHORS

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Objectives: Multi-centre study of acute psychiatry (MAP) in Norway was done by a network of acute mental health services, supported by the National Board of Health, and coordinated by SINTEF Health Research. The aim was to get more systematic data on acute psychiatric services, acute treatments and patients receiving these treatments.

Methods: The study is a prospective, explorative and comparative study. Data on all admissions during three months in 19 of the 23 acute psychiatric departments in Norway were included. 3506 patients were followed from admission to discharge with data collection on admission process, socio-demographics and clinical state at admission, assessments, treatments, contact with other services, coercion, suicidality, violence, clinical state at discharge and the discharge

ge process. HoNOS and split version of GAF were rated at admission and discharge. Data were also collected on resources, competence and clinical practice for each ward.

Results: Analyses show significant variations among acute wards regarding patient characteristics at discharge, length of stays, coercion, outcome, resources and clinical practice. One of four patients was admitted within 30 days after a previous stay, and one in five could probably have managed with an alternative type of care, but there were significant variations between wards regarding these figures.

Conclusions: Reductions in the utilisation of acute psychiatric inpatient services may be possible by implementing actions based on the results shown by multi-centre study.

STRENGTHS AND WEAKNESSES OF ACUTE PSYCHIATRIC WARDS: THE FINDINGS OF A NEW ACCREDITATION PROGRAMME

INSTITUTIONS

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AUTHORS

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In response to concerns about the poor quality of acute psychiatric wards in the UK, the Royal College of Psychiatrists established a professionally led system for accrediting acute inpatient mental health services (AIMS). This was done in partnership with the UK professional bodies for nurses, occupational therapists and psychologists. We developed a set of standards relating to service organization and delivery based on best available evidence and national guidance. Participating wards undertake a self-review, which includes structured feedback from staff and patients, against these standards and

then receive a visit by an external, multi-professional, peer-review team that includes a patient. By the end of 2007 more than 100 acute wards had enrolled for the accreditation programme.

Despite being self-selected, many wards fail to meet the standards and have to take corrective action to achieve accreditation. This presentation will describe the accreditation system and summarise the aggregated findings of the wards that have completed the accreditation cycle.

RS-12

MENTAL HEALTH SERVICES IN NORTHERN EUROPE: PROBLEMS AND CHALLENGES ZONE 7

INSTITUTIONS

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AUTHORS

1. Marianne c Kastrup¹, Dr, Ph D, marianne.kastrup@rh.regionh.dk

The Northern European Region is characterised with its longstanding tradition to a welfare model with emphasis on public services. Despite similarities the various countries in the region have in the development of their mental health services chosen different models.

The symposium will provide an overview of the situation in Zone 7 $\,$

- 1. the various organisational models, their advantages and shortcomings and
- 2. the main issues in the current debate related to the provision of mental health services as well as

REGULAR SYMPOSIA

MENTAL HEALTH SERVICES IN FINLAND: PROBLEMS AND CHALLENGES

INSTITUTIONS

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AUTHORS

1. <u>Jyrki Korkeila</u>1, Dr, MD, jyrki.korkeila@fimnet.fi

In Finland the mental health service system underwent a rapid and partly uncontrolled transition within the last twenty years. Three fourths of the beds were closed down. Patients are expected to use outpatient services. Thousands of patients with chronic severe mental disorders live in housing services based on private entrepreneurship, but that may lack adequate resources for treatment. The changes in the act of specialized health care and the primary health care act a decade ago transferred the responsibility for organizing health care to local authority municipalities across the country. This led to a highly decentralised system unable to guarantee continuity of treatment. The decentralisation has led to various models of service provision and regional inequities. The development of mental

health outpatient care was been hampered by economic recession in the beginning of the 1990s, and by financial problems of municipalities. There is a lack of psychiatrists in the public care. Efforts to warrant treatment for people suffering from non-acute illnesses has set challenges for the whole health care system in 2005, but this has not been for the benefit of psychiatric patients. A national project - Mind 2009 - to establish some form of stipulated criteria for high quality service provision is being carried out. Another project will seek for means to cut down disabilitie pensions due to major depression. Major depression has been the leading singular cause for new disability pensions.

SWEDISH PSYCHIATRY CHANGES

INSTITUTIONS

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AUTHORS

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The number of psychiatrists in Sweden will diminish during the forthcoming years both because of the aging of the psychiatrists and because many psychiatrists leave their positions for other jobs. In many parts of Sweden there are also problems to recruit psychiatric trainees.

Recent political decisions will result in changes in psychiatry in Sweden. Until now practically all psychiatric services have been provided by county owned clinics.

Politicians in several important regions/counties (Stockholm, Malmoe) are now preparing for privatization.

Changes in the Compulsory Psychiatric Care Act (LPT) are planned so that persons with serious mental disorders can be treated in out patient care according to this law.

Quality registers are growing. Right now there are four registers in use: Bipolar disorders, eating disorders, schizophrenia and ADHD. Many providers demand that the patients be registered. This means that we soon will have quite good data to present from the registers of eating disorders and bipolar disorders in particular.

MENTAL HEALTH SERVICES IN ESTONIA: PROBLEMS AND CHALLENGES

INSTITUTIONS

1. Estonian Psychiatric Association, Estonia

AUTHORS

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- 2. Veiko Vasar¹

The mental health system in Estonia has survived the difficulties of the 90s that can be described as transformation to a new model of service provision. We are now sharing the most common problems of the European health care services: lack of physicians and long waiting lists.

We are still long behind the numbers of psychiatrists compared to the Nordic countries (12-13/100000 of population). The number of trainee posts has doubled over the last years; however the majority of the newly trained psychiatrists prefer to seek for jobs outside (in 2006 100 % of the graduates left Estonia). The main motivator is the salary, but also work environment and possibilities for further specialisation.

There is a rise in the number of outpatient visits. The leading causes

for seeking specialist care in psychiatry are depression and anxiety disorders. It should however be noted, that some 53 % of the patients with depression are diagnosed by family doctors and only 36% by psychiatrists. There is a 1,5 fold increase in the prescriptions of antidepressants from 2002 - 2006.

Suicides among men are still worrying, although numbers have gone down the last years. We are still ranking high with our neighbouring countries.

Lacunae in mental health legislation and differences between regions in financing and service provision are problems for the political level of decisionmaking.

Psychiatry keeps on fighting for its place in the sun with other specialties.

LITHUANIAN MENTAL HEALTH CARE REFORM: ACHIEVEMENTS AND CHALLENGES

INSTITUTIONS

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AUTHORS

1. Nijole Midttun Gostautaite¹, Dr, MD, nogomi@hotmail.com

The objective of this analysis is to present the development of mental health care system in Lithuania (1991-2007) and reflect on the role of Lithuanian Psychiatric Association in this process. Methods include analysis the statistical data and policy documents.

Mental health reform in Lithuania has started in 1994 and resulted in improved access to services, expanding outpatient services and preventive activities. The most recent developments include The National Mental Health Strategy and Action plan (2007). There are several important challenges rooted in history of Lithuania and recent joining of European Union, such as: deteriorating mental health indicators, reform of primary health care system (removing competition between GP's and mental health services for per capita financing), improving integration of services and responding to growing shortage of mental health specialists. Lithuanian Psychiatric Associ-

ation has played active role in the reform, as institution and through individual members. It continues to engage in this debate through partnership with Lithuanian Health Care Ministry.

Lithuania and other new European Union members are facing similar challenges; therefore sharing experiences and comparing outcomes could provide guidance for further progress in psychiatry in Europe

National Program on the prevention of mental illnesses. Adopted by Lithuanian Government in 20 Dec 1999. *News of Government* 1999, No109-3186.

Law on mental health care, Parliament of Republic of Lithuania, I-924. Adopted 6 Jun 1995.

PRE-EMPTIVE PSYCHIATRY: STRATEGIC DEVELOPMENTAL CORNERSTONES

INSTITUTIONS

1. Norwegian Psychiatric Association, Norway

AUTHORS

1. Jan Olov Johannessen¹, Dr, MD, jojo@sus.no

Norway has had an 8-year plan for strengthening the psychiatric services (2000-2008). The major elements has been to desentralise the services, and build a community-based psychiatry.

As this plan-period now comes to an end, the Norwegian Psychiatric Association has launched a 10-point strategic program for the future development of the psychiatric services in Norway. The major elements of this proposal will be outlined and discussed. In summary, the 10 points are:

- 1. A long-term national strategy for antistigma and public information
- 2. Psychiatric disorders can be prevented. A strategy for the prevention of serious psychiatric disorders.
- 3. Obligatory education on mental health in high-schools.

- 4. A national plan for early detection and intervention in serious psychiatric disorders in young people.
- 5. Easy access/low threshold services, available when you need them.
- 6. A national plan for development of professional skills.
- 7. Secure and expand the place for psychotherapy and other psychosocial treatment modalities.
- 8. Reduction in involuntary admissions and compulsory treatment.
- $9.\ Users ``participation/the \ right to \ meaningful \ employment.$
- 10. The measure for quality is our treatment results and patients' satisfaction (focus on *result* quality indicators like DUP (duration of untreated psychosis)).

MENTAL HEALTH SERVICES IN DENMARK: STATUS AND CHALLENGES - AN UPDATE

INSTITUTIONS

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AUTHORS

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- 2. Dorte Sestoft², Dr, MD, PhD, dorte@sestoft.dk

The presentation is an overview of the Danish Mental Health system including the organisation of outpatient treatment of non-psychotic psychiatric disorder, community psychiatry, specialised treatment in the psychiatric wards, legislation and forensic psychiatry.

Psychiatry today is in a paradoxical position: Its integration into the medical frame of reference is challenged by the community at the same time as the biomedical/molecular approach to pathogenesis of disorders is increasingly successful.

A major challenge is how to improve the image of psychiatry among in the population in general and especially among doctors and patients. Main issues are: decreasing the use of coercion to an absolute minimum, stopping an ongoing explosion in the number of forensic patients, focus on medical professionalism, involving patients in evaluating of the mental health system and plans for handling serious problems with recruitment within psychiatry.

CULTURE, CONTEXT AND PSYCHIATRIC DIAGNOSIS

INSTITUTIONS

- 1. Stockholm County Council, Transcultural Centre, Stockholm, Sweden
- 2. McGill University, Division of Social and Transcultural Psychiatry, Montréal, Canada
- 3. Rigshospitalet, Vidensenter, Copenhagen, Denmark
- 4. Stockholm County Council, Transcultural Centre, Stockholm, Sweden
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AUTHORS

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- 3. Marianne Kastrup³, Dr, MD, marianne.kastrup@rh.regionh.dk
- 4. Marco Scarpinati Rosso⁵, Dr, MD, marco.scarpinati-rosso@sll.se

Objective of the Symposium

The challenge for diagnostic systems and methods to respond to diversity and context will be discussed. Research on developing pa-

tient-centred methods for considering culture in psychiatric diagnosing will be presented.

UNIVERSALITY VERSUS LOCAL ADAPTATIONS OF CULTURAL SYSTEMS

INSTITUTIONS

1. Rigshospitalet, Vidensenter, Copenhagen, Denmark

AUTHORS

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Do diagnoses give meaning in the specific cultural setting and are they compatible with the cultural values of the patient as well as the psychiatrist?

In recent years, we have witnessed an upsurge in the attention paid to the limitations in the international classifications as inadequately reflecting the cultural dimensions of the condition. Several reasons may be given to this concern including the increasing recognition and respect of the cultural background of the patient, though some find focusing on the cultural differences a hindrance for understanding the disease process

In the discussion of the universality of diagnostic systems some adhere to the universality of diagnostic systems independent of cul-

tural context and the need and possibility to develop a set of categories and guidelines applicable and acceptable around the world. They tend to see the condition to be diagnosed as a reflection of a universal psychopathology. Others are of the opinion that cultural adaptations of the diagnostic categories are useful and needed. They reflect a cultural relativismand tend to see conditions arising from a given cultural setting.

The DSM-IV cultural formulation is an example of a way to combine a diagnostic classification system with a cultural dimension.

The Chinese adaptation of the ICD-10 is an example of a way to take an international classification system and adjust it according to a given cultural setting.

RETHINKING PSYCHIATRIC ASSESSMENT FROM INDIGENOUS PERSPECTIVES

INSTITUTIONS

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AUTHORS

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This presentation will review ethnographic studies of resilience among Indigenous peoples in Canada to identify issues relevant to psychiatric assessment and diagnosis. Focus groups and life narrative interviews with participants from several First Nations and Inuit groups identified cultural models of suffering, resilience, and healing. Collective experiences of colonization, sedentarization, cultural suppression. and forced assimilation have given rise to forms of suffering that are increasingly understood as manifestations of ,historical trauma. This attribution locates individual suffering in larger social and political contexts.

Cultural variations in the concept of the person based on traditional ontologies influence illness explanations and illness experience. Many indigenous people have a relational notion of the self that locates the origins of mental health problems and their solutions in

connections to other people, the environment or a spiritual level of experience. For some communities living close to the land, the person is understood as being in constant transaction with the natural environment; hence, the condition of the land is closely linked to individual wellbeing. Many individuals find strength in forms of spirituality that affirm cultural identity. Certain symptoms may be recognized as indicating ,spiritual' problems. Systematic attention to these dimensions of indigenous history, identity, and experience can guide assessment in ways that lead to more accurate diagnosis and appropriate treatment. Indigenous models of resilience may provide a potentially useful supplement to psychiatric nosology. Clinical examples from a cultural consultation service will illustrate how these diverse perspectives can be integrated through a process of cultural assessment and formulation.

CONSTRUCTING A MANUAL IN SWEDISH FOR USING THE CULTURAL FORMULATION IN DSM-IV

INSTITUTIONS

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AUTHORS

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Objective

To present background and experiences of formulating a manual in Swedish to support clinical application of the Outline for a Cultural Formulation in DSM-IV (OCF).

Methods

The OCF is a model to support a systematic review of culture and context in psychiatric diagnosing. The model is ideographic, suggesting an ethnographically inspired narrative approach to interviewing for exploring the individual patient's perspective on culture, context and clinical interaction. To be a structured model for clinical use, it needs to be developed into practical guidelines for clinicians. With the aim of producing guidelines in Swedish, a qualitative research project was conducted. Interview questions were formulated, and reformulated, in interaction with clinical application of the OFC for 30 patients; the

responses were subjected to a content analysis (n 23).

Results and Conclusion

The constructed manual will be presented. Results of the application point to the value of ethnographically inspired interviewing in psychiatric diagnosing as a method for obtaining an insight into the patient's cultural life context and perspective on illness and treatment. This can contribute to a better overall understanding of distress, besides improving the validity of nosological categorisation. The further work on implementing the manual in clinical practice will be discussed.

Bäärnhielm, S., & Scarpinati Rosso, M. (in revision). The cultural formulation - a model to combine nosology and patients' life context in psychiatric diagnosing, Transcultural Psychiatry.

APPLICATION OF THE CULTURAL FORMULATION IN SWEDEN

INSTITUTIONS

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AUTHORS

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Objective

To present results of the clinical application of the Swedish Manual for Cultural Formulation.

Methods In accordance with to the DSM-IV's Outlines for Cultural Formulation, a semi-structured question manual has been developed and adapted to the Swedish social context. The Manual has then been applied to 23 immigrant patients newly referred to an Outpatient Psychiatric Clinic located in a multicultural suburban area of Stockholm. The enrolled patients have been interviewed in two steps - traditional assessment (including SCID I, clinical version) and cultural formulation oriented interview - by two different clinicians. The cultural formulation interviews have been tape recorded and analyzed with the content analysis technique. The information obtained has been systematically analyzed (quantitatively and qualitatively) in order to evaluate the contribution of the Cultural Formulation interview.

Results

The clinical data have been discussed by the clinicians with a view to considering eventual modifications of diagnosis, treatment plan and/psychosocial interventions.

Preliminary results show that cultural factors play an important role not only in the diagnostic assessment but also in the process of building the therapeutic alliance and addressing the treatment on an individual basis.

Conclusions

It seems that the cultural formulation can function as a bridge between the needs of a systematic diagnostic categorization and a deeper comprehension of the patient in the stream of Person Centered Psychiatry.

References

1- Bäärnhielm S., Scarpinati Rosso M., & Pattyi L. (2007) "Kultur, kontext och psykiatrisk diagnostik - Manual för intervju enligt kultur-formuleringen i DSM-IV". Stockholm, Transkulturellt centrum

RS-14

THE INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION ADVOCACY INITIATIVE

INSTITUTIONS

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Non Governmental Organizations are recognized as more sensitive to local and regional realities and they frequently are more compromised to produce changes. The mission of the International Psychogeriatric Association is "to improve the mental health of older people everywhere through education, research, professional development, advocacy, health promotion, and service development." Some of the IPA vision principles support the advocacy mission and sets the way to develop it:

- multidisciplinary approach,
- regional representation,
- consultancy programs,
- dissemination of knowledge and information,
- the use of technology to disseminate information,
- focus on operating issues,
- providing the healthcare community with the service provisions and

guidelines,

provide information and assistance to patients and caregivers.

The goals of the present symposium are to :

I. Present two recent IPA activities related to its advocacy mission:

I.1. the Focus Groups Project to explore the differences in the diagnosis and treatment of dementia in various regions of the world, and to examine the barriers to dementia care. The results of two regions will be presented (Asia and Europe);

I.2. the collaborative project between Alzheimer's Disease International (ADI) and the International Psychogeriatric Association (IPA) in order to improve the diagnosis and treatment of AD throughout the world.

II. Promote a debate on the advocacy role of NGOs in the field of Mental Health in Old Age.

REGULAR SYMPOSIA

DIAGNOSIS AND TREATMENT OF DEMENTIA IN ASIA

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A recent study estimated that there were 24 million people suffering from dementia in the world in 2001, and this would increase rapidly in the coming years (1). However, services for people with dementia are not very well developed in many places, especially developing countries. Hence dementia care will soon become a major public health issue in many countries. As part of the Advocacy Initiative to improve dementia care, the International Psychogeriatric Association (IPA) has organized several focus groups in Europe and Asia. The aim of the focus groups is to explore the differences in the diagnosis and treatment of dementia in various regions of the world, and to examine the barriers to dementia care. This paper will present

the findings of the Asian Focus Group. In general, awareness of dementia is low. There are long delays in the process of diagnosis and treatment and various barriers to dementia care in many countries in Asia. In addition, there is a wide variation in prescription of antidementia drugs and atypical antipsychotics as well as provision of community facilities. The findings of the focus groups are discussed in the light of how to improve care for people with dementia.

1. Ferri CP et al. Global prevalence of dementia: a Delphi consensus study. Lancet 2005, 366: 2112-2116

DIAGNOSING AND TREATING OF ALZHEIMER'S DISEASE (AD) IN EUROPE: THE RESULTS OF FIVE IPA CONDUCTED FOCUS GROUPS

INSTITUTIONS

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AUTHORS

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Surveys show consistent agreement among clinicians, government and consumers (patients and caregivers), that AD patients deserve prompt diagnosis and the best available treatment. What the parties disagree is on what prompt diagnosis means and what the best available treatment is. To answer this question IPA in conjunction with our corporate partner Myriad Pharmaceuticals conducted five focus groups with representative care providers from five European countries (Spain, France, Germany, Italy, and the UK). The focus groups included 5 to 10 participants. The methodology allowed for some introductory remarks followed by broad questions aimed to stimulate discussion on the topic of interest. The groups showed vast differences in the diagnostic approach and type of treatment provi-

ded in each of the countries. The general tendency was to delay diagnosis and restrict treatments. This tendencies were always driven by budgetary concerns. Some of the counties show more open access to diagnosis and treatment such as Germany and France and others show more limitations such as the UK.

It was concluded that in order to address all party needs action should be taken o identify cost sensitive approaches to improve diagnosis and treatment of AD in this countries. This information jointly with similar survey data presented by Alzheimer's Disease Europe prompted for the public policy initiative that will be here presented.

IMPROVING THE DIAGNOSIS AND TREATMENT OF ALZHEIMER'S DISEASE THROUGHOUT THE WORLD

INSTITUTIONS

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In the last years, several surveys among consumers of dementia care and their health care professionals have been carried out, clarifying the problems they experience. The nature of these problems show that there is little agreement on diagnosis and treatment of dementia in various regions of the world, and several barriers to dementia care. A common concern is cost containment, dealt with in different ways by different political and cultural systems. Access to care is expected to become more restrictive. The conclusion can be drawn that only a well-coordinated public policy initiative could impact the system.

Therefore, Alzheimer Disease International (ADI) and the International Psychogeriatric Association (IPA) decided to collaborate on a public policy initiative to improve the diagnosis and treatment of AD throughout the world. For the IPA, this initiative embroiders on the focus group approach.

The public policy initiative will be aimed at:

- a) Bringing together consumers and providers in different regions of the world
- b) Jointly collect information relevant to a specific area
- c) Establish, adapt and disseminate best practices

Influence decision makers to implement the established best practices

In this presentation the project will be introduced. The so-called ,breakthrough method' will be used to help countries to close the gap between what we know and what is done regarding the diagnosis and treatment of dementia. A structure will be created in which participants can easily learn from each other and from recognized experts in topic areas where they want to make improvements.

GENERAL AND SPECIFIC PRINCIPLES GUIDING ADVOCACY INITIATIVES IN MENTAL HEALTH & AGING

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Advocacy can be defined as a strategy for credible defense of interests. WHO-WPA (1) recognized that patient advocates may be important, as may reference to advance directives in order to protect the legal rights and financial and other personal interests of old persons with mental disorders, mainly those who are not able effectively to represent their interests, manage their affairs or agree to what is proposed for them.

A successful advocacy efforts require, among others, to:

- 1. motivate the decision-makers,
- 2. empower consumers, families and NGOs,
- 3. organize and launch anti-stigma programmes,
- 4. collaborate with the media,
- 5. promote programmes leading to reduce the burden of the selected disorders,
- 6. authoritatively inform decision-makers regarding the mental health impact of economic and social policies.

WHO recently pointed that (3):

- 1. awareness of dementia is very low in all world regions, a problem leading to stigmatization and inefficient help-seeking,
- 2. governments, NGOs working in the area of Alzheimer and other dementias, professionals and carers need to work together to raise awareness, counter stigma and improve the quality and coverage of care services.

This communication will address the principles guiding advocacy initiatives in Mental Health & Aging and present some of these initiatives developed by different NGOs.

1. WHO-WPA Technical Consensus Statement: Organization of services for the elderly with mental disorders. WHO, Geneva, 1997 2. WHO. http://www.who.int/mental_health/advocacy/en/. WHO. Neurological Disorders: Public Health Challenges. WHO, Geneva, 2007. Pp.: 42-55

TOUCHING THE ELEPHANT - THE DIFFERENT BUT COLLABORATIVE OVERLAPPING ROLES OF INTERNATIONAL ORGANIZATIONS IN IMPROVING DEMENTIA CARE

INSTITUTIONS

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Dementia Care demands a comprehensive multidisciplinary approach and commitment to collaboration and cooperation of the persons with dementia (PWD), their carers and advocates, health professionals and policy makers.

While each group may only see an aspect relevant to its primary objective (as in the parable of the blind touching different parts of the elephant) the care of the PWD can not, and should not be parcel up into isolated and compartmentalised disconnected bits.

Therefore, the collaboration of all groups - ADI representing PWD,

carers and their advocates; IPA with its multidisciplinary focus; and WPA Section in Old Age Psychiatry of psychiatrists committed to the practice of Old Age Psychiatry, can work together to ensure the best quality of life and the best quality of care for all PWD and their carers.

This paper will address this issue and highlight some historical and recent examples to demonstrate such a working relationship. Some future directions will also be offered.

RS-15

FROM TREATING AN ILLNESS TO CARING FOR THE PERSON - IMPLICATIONS FOR CLINICIANS, USERS, CARERS AND PUBLIC POLICY

INSTITUTIONS

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In order to move beyond a reductionistic model of mental illness towards including a focus on health promotion and recognizing the centrality of the person with regard to diagnosis, care, research and public health action all interested parties need to cooperate. This symposium will highlight ideas for a development from treating an illness towards caring for the person from different perspectives.

The WPA Institutional Program on Psychiatry for the Person (IPPP) has set out to affirm the whole person of the patient in context as the centre and goal of clinical care and health promotion, at both

individual and community levels. Juan Mezzich, President of the WPA, will start with an overview on ways to address positive health in addition to ill health and their implications for a person-centered approach to diagnosis and mental health care. Sigrid Steffen from EUFAMI will present perspectives on the carers' interest and involvement in such an approach. Peter Lehmann ENUSP will suggest and discuss the value of supports towards enabling people to care for themselves. Finally, Helen Herrman will highlight the crucial role of ethics with regard to research under the consideration of caring for

REGULAR SYMPOSIA

THE ROLE OF POSITIVE HEALTH IN CARING FOR THE PERSON

INSTITUTIONS

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Context: Medicine at large and psychiatry in particular are professions committed to helping people restore and promote their health. In fact, health promotion, in addition to health restoration (disease cure, alleviation or management), is increasingly recognized as a proper an important task of clinical care.

Objectives: Concepts of positive health, as opposed to ill-health, will be examined as well as some of its dimensions and its implications for comprehensive diagnosis and care.

Key messages: Health, a precious human concern, constitutes a wide-ranging condition and experience. Positive health combines

with pathology or illness to yield a broader concept of health, ety-mologically anchored on the concept of wholeness and enshrined in WHO's constitution. The most recognized aspects of positive health include functioning/resilience, resources/supports and quality of life. Systematic assessments of positive health can be incorporated into comprehensive diagnostic models that by attending to the totality of the person who consults may enhance effectiveness and ethics in diagnosis and care.

Conclusion: Interaction with the whole person - including positive as well as ill aspects of health - is a core feature of a person-centered approach to mental health care.

THE NEED FOR THE INVOLVEMENT OF FAMILIES IN A NEW CARE ENVIRONMENT

INSTITUTIONS

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There is a definite need for a new care environment - away from the conventional long term hospital model to a more community and mobile care centred model. In addition, there is a need for a more total holistic encompassing all aspects of the patient's health. With concepts like Empowerment and Recovery new responsibilities and roles arise, for clinicians, users, cares and public policy. This implicates new requirements to the abilities and possibilities of these affected parties.

EUFAMI is leading the campaign to ensure that families are listened to and that the large knowledge base which families has built up from years and years of ,on the spot' experience of living with mental illness is shared by all of the care team; hence the need to have families officially as an integral part of any care team.

Also there is a need for a review of how professional staff are trained in order to include ,family training on the official training curriculum.

FROM CARING FOR THE PERSON TO SUPPORT PEOPLE TO BE ABLE TO CARE FOR THEMSELVES

INSTITUTIONS

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Context: Caring for a person who is disabled to care for him- or herself is a human approach, which cannot be appreciated enough. Making people disabled and helpless first and then starting to discuss how to care for them is an approach, which seems not optimal. Objectives: This lecture will raise awareness about the problem, that on the one hand disability can be produced by traumatization through forced treatment, by administering electroshock and psychiatric drugs which can alter the personality and produce a lot of dangerous effects on the long run. On the other hand, support systems should be known, started, financed and supported, which do not disable people with emotional distress.

The speaker will highlight a number of alternative initiatives which are current in places like France, e.g. *La Maison d'Espérance* as well

as a project in the South of France.

Key Message: World-wide there are a lot of proven support systems and approaches which enhance self-help abilities and provide social and juristic support to enable people to care for themselves, for example the Personal Ombudsman in Skåne. And there are a lot of functioning alternatives like Windhorse, Soteria for people with emotional stress which prevent disability and support recovery from emotional distress and iatrogenic diseases or even, like the Open Dialogue, to prevent forced psychiatric treatment, mostly the starting point of traumatization and iatrogenic disability.

Conclusion: Forced psychiatric treatment should be abolished. And - fitting to a society with claims to be democratic - freedom of choice and alternatives beyond psychiatry should be available.

THE ETHICS OF PSYCHIATRIC RESEARCH AND CARING FOR THE PERSON

INSTITUTIONS

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Research and its dissemination are important to improving and maintaining standards of care for people living with illness and disability and their families. Psychiatric research involving vulnerable persons that is expected to offer little or no individual benefit remains a controversial and difficult problem.

Psychiatric research shares these concerns with health and medical research in general. People may be vulnerable because of

- Legal ,incompetence deriving from medical conditions such as dementia, intellectual disability or some instances of severe mental illness, or
- Adverse social and economic conditions that increase the risk of coercion, lack of fully informed consent or personal hazard from involvement in the research.

International policies lead by the Declaration of Helsinki provide

essential guidelines for researchers, users, families and governments and the development of policy and regulations in countries. The paper will consider a framework to review a research project's

- Scientific soundness
- Informed consent and
- Privacy, safety and wellbeing of participants and consider examples from psychiatric and mental health research in high- as well as low-income countries.

The extreme example of the experience of the involvement of medical researchers in crimes against humanity in National Socialist Germany, particularly the murder and forced sterilisation of people categorised as chronically mentally ill, leads to consideration of our current knowledge about the mechanisms of becoming involved in such unethical behaviour.

SUICIDE PREVENTION IN ASEAN: 10 YEARS AFTER ASIAN ECONOMIC CRISIS

INSTITUTIONS

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According to the WHO, there have been more than five million suicide deaths worldwide in this century. Large increases in suicide rates have been seen in the last decade not only in the West but also the East, especially in those Asian countries which were affected by the 1997 economic crisis. This crisis started in Thailand before spreading to Indonesia and other countries. The rising suicide rates have been of growing concern for the communities and governments in the ASEAN countries. Many suicide prevention strategies have been implemented in Thailand, Malaysia, Singapore and Philippines. In this symposium, participants will learn about various interventions including the early detection and treatment of mental disorders, increases in access to mental health services, increases in mental health literacy and public education, reduction in access to means, media strategies, and crisis support service from a multi-discipli-

nary team.

Results of national suicide prevention programmes of each country will be discussed.

There will be 4 topics and speakers in the symposium as following:

Pichet Udomratn (Thailand) - Suicide Prevention in Thailand Hussain Habil (Malaysia) - Managing Suicidal Patients: A Malaysian Experience

Hong Choon Chua (Singapore) - Suicide Prevention in Singapore: The National Response

Felicitas I. Artiaga-Soriano (Philippines) - Suicide Prevention in Philippines

RS-17

DEVELOPMENT OF CARE IN EUROPE - CURRENT HOT TOPICS FROM THE PERSPECTIVES OF POLICY MAKERS, USERS, AND CARERS

INSTITUTIONS

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The Health Ministers of the WHO European zone held a conference about mental health in Helsinki, from the $12^{\rm th}$ to the $15^{\rm th}$ of January 2005. A declaration and an action plan concluded the conference. Two of the five priorities pointed out in these documents concern:

"Design and implement comprehensive, integrated and efficient mental health systems that cover promotion, prevention, treatment and rehabilitation, care and recovery" and "recognize the experience and knowledge of service users and carers as an important basis for planning and developing services."

The latest developments and most important topics of discussion re-

garding these European goals with a focus on a participatory approach towards the planning and development of care will be presented and discussed by policy makers - Matt Muijen, WHO Europe and psychiatrists - Michaela Amering, and Gabor Gombos representing of the European Network of (ex-) Users and Survivors of Psychiatry, the Global Alliance of Mental Illness Advocacy Networks with Pedro Montellano and Stanislas Filliol from the European Federation of Associations of Families of People with Mental Illness (EUFAMI). Presentations will highlight experiences and challenges with regard to current chances and limits of the essential roles which the Helsinki conference has sketched for all partners.

WHAT THE WHO IS DOING TO SUPPORT THE BURDEN OF CARING

INSTITUTIONS

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The WHO Regional Office for Europe is developing activities aiming to support the burden of caring following the Helsinki Declaration. The awareness of the burden of disease due to mental disorders is high, the highest contributor in many Western countries. This ignores the burden of caring. The cost of caring forms a very substantial proportion of cost of mental illness to society. The response of mental health services is not always adequate. A particular challenge in

addition to the burden of caring is the stigma and discrimination experienced by family members. Mental disorders of individuals can therefore lead to a cycle of social exclusion and depression extending beyond the individual. Mental health systems have to develop adequate models of treatment and support, building on some good practice examples.

THE SPECIAL ROLE OF THE FAMILY IN THE CARE PLAN OF USERS

INSTITUTIONS

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A declaration and an action plan concluded the WHO sponsored Health Ministers' conference in Helsinki in January 2005. Two of the five priorities identified the design and implementation of integrated mental health systems and the need to recognise the importance of the experience and knowledge of users and carers. The plan also defined the term carer.

In other words, and to stick to concerns which are common to all, advances are expected regarding access to treatment and care, as well as an end to partitioning with, as a result, cooperation (or coordination) between professionals belonging to different disciplines and between these professionals, users and carers.

Treatment and care are actually unfeasible without the family circle's presence, action and proposals. Clinical and medico-economical

studies relating to long term illnesses show that the family circle is not an opportunistic, more or less useful variable; it is an unavoidable component of treatment and care, observance and adaptation (not re-adaptation) to a new life.

EUFAMI fights for the implementation of those aims (access and end to partitioning). They stress that in most of the cases families care for people with mental illness, that their role should be recognised and that they should be helped. The associations are more and more listened to but, actually, their requests are far from being satisfied. This might be qualified as far as attention given to disability caused by mental illness moves faster than psychiatric practice. Militant action from the part of families, and carers in general, remains a unique incentive.

DEVELOPMENT OF CARE IN EROPE: CURRENT HOT TOPICS FROM ENUSP'S POINT OF VIEW

INSTITUTIONS

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AUTHORS

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Context: There has been a broad consensus over the past decade on the need to involve users in all aspects of mental health policy and legislation.

This agreed principle, however, has not always resulted in meaningful practical steps. User involvement and human rights in mental health care thus have remained as particular and stand alone agenda items instead of being mainstreamed in the core development planning.

Objectives: The current presentation will focus on hot topics in mental health in Europe from the human rights perspective as identified by the European Network of (ex-)Users and Survivors of Psychiatry (ENUSP). Particular emphasis will be given to the right to liberty, the right to be free from torture and ill treatment, the right to informed consent and physical and mental integrity, the right to be reco-

gnised as persons with identity and agency who decide on their care and who are given support to make decisions if they require so.

Key messages: Coercion is still wide spread and hundreds of thousands of European citizens are deprived of their legal capacity. In many countries long term institutionalisation is still a routine. Internationally recognised human rights cannot be respected without the meaningful involvement of users. User involvement is a right itself.

Conclusions: Respect for human dignity and mental health are intimately interrelated. User involvement is not an issue of political correctness but a principle that can help both the implementation of human rights norms and the development of humane approaches to give support to those experiencing mental health crises.

DEVELOPMENT OF CARE IN EUROPE - COMMENT FROM A USERS PERSPECTIVE

INSTITUTIONS

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AUTHORS

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Gamian Europe represents the interests of many thousands of users of mental health services across the European countries.

A large consensus has been growing in Europe, about the importance of the User's Associations in the overall support of patients suffering from mental illness. These organisations are generally based in people that, in many different ways, have a self-experience with the

illness

This characteristic provides these organisations a very peculiar knowledge and different perspective in the relations with the users, from which results important advantages in dealing with some very relevant aspects of their recovery, such as stigma.

QUESTION MARKS CONCERNING OF SPECIAL NEEDS FOR TREATMENT OF DEPRESSION

INSTITUTIONS

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The symposium will focus on special needs of long term treatment of unipolar and bipolar depression. The questions of long term treatment, need of comedication, problems of different age groups and pharmacoresistency and we shall also focus on non/pharmacological issues of treatment of depressive disorders.

IS MONOTHERAPY IN THE LONG-TERM TREATMENT OF MDD POSSIBLE?

INSTITUTIONS

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AUTHORS

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Most of the nowadays published guidelines stress the need of monotherapy in the treatment of depression. The novel antidepressants were developed to improve the treatment of depression and to make it more accessible and easier.

We analysed long-term treatment at our out-door unit to find out what are the domains that differ the patients with monotherapy from those who use combinations for the treatment of recurrent major depressive disorder.

Overall treatment of 185 patients was analysed from the point of monotherapy, combinations, psychiatric comorbidity, age, duration of the disorder, gender, education, acceptance of the MDD, com-

pliance, number of episodes, employment and the type of antidepressant used.

Monotherapy had been preferentially used in patients under 35 years of age, with shorter duration of the MDD - less than 7 years, with patients compliant to treatment regime, acceptance of the disorder, employed and high school education. 70% of monotherapy patients were on SSRIs a these results will be discussed.

Results of this study can be used in developing strategies for the long-treatment, however cultural differences would be also interesting for future comparison.

HEART RATE VARIABILITY CHANGES IN PATIENTS WITH MIXED DEPRESSIVE-ANXIETY DISORDER

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Background: Anxiety disorders are associated with autonomic dysregulations. Heart rate variability is caused by autonomic regulation of sympathetic and parasympathetic activity. During the anxiety or depression appears the neurovegetative dysregulation with increased sympathetic and decreased parasympathetic activity, which could be measured by HRV.

Aim: To assess the level of HRV changes in patients associated with the mixed depressive-anxiety disorder.

Method: 20 patients from the Psychiatric department JFM CU with the diagnosis of mixed depressive-anxiety disorder were included to the study. 33 students of medicine represented the control group. Short - time HRV analysis (15 minutes) was performed in the target and control group.

Results: The acquired results were divided in two groups - the first one is created by the results of the control group and the other one presents target group. Conforming the results of STA1 - X questionnaire in control and target group there was a statistic very significant difference (STAI-X1 33,75 vs. 51,25, $p < 0,001, \, STAI-X2 \, 37,75 \, vs. 56,25, <math display="inline">p < 0,001).$ In rMSSD (the root-mean square of the difference of successive R-R intervals mean values were in the target group significant decreased (74,42 vs. 36,65, p < 0,005) and in pNN 50 index mean values was the decrease in the target group very significant (31,36 vs. 4,4, p < 0,001).

Discussion: The results of our study suggest significant decrease of parasympathetic markers in patients with anxiety disorders; markers of sympathetic system were not changed uniformly.

TREATMENT OF PHARMACORESISTANT DEPRESSION IN CLINICAL PRACTICE

INSTITUTIONS

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Objectives: Despite significant psychopharmacologic advances, roughly one third of the patients with major depressive disorder do not response to conventional treatments, and as many as 50% show only partial response. Aim of the study was to evaluate the use of available basic strategies for treatment of pharmacoresistant depression under routine clinical conditions

Method: A retrospective analysis of charts of patients consecutively hospitalized between January 2005 and December 2006 at the Department of Psychiatry with the diagnoses F32-F33 (according to the ICD 10) was performed.

Results: During this period totally 78 patients with the diagnosis of depressive episode (F32) were hospitalized 85 times and 122 patients with recurrent depressive episodes 146 times. The most frequent strategy was augmentation of antidepressants with atypical

antipsychotics and combinations of two antidepressants. In patients treated with a combination of dual-acting antidepressants (venla-faxine/milnacipran and mirtazapine) the psychopathology and cognitive function were assessed in more details. The preliminary results have shown not only the improvement of depression but also of cognitive function.

Conclusions: Theoretical knowledge about mechanism of efficacy and various interests - from the site of patients, and their families as well as financial reasons are important for application of an AD combination and augmentation. Augmentation with atypical antipsychotics especially with quetiapine and olanzapine has increased despite of the fact that controlled studies are missing.

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EFFICACY AND TOLERABILITY OF ELECTROCONVULSIVE THERAPY IN THE ELDERLY

INSTITUTIONS

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Epidemiological data show that the prevalence of depression in old age is high, is often underdiagnosed and undertreated, has a high rate of recurrence and is associated with significantly increased mortality. Because the prevalence of suicidal ideation is also relatively high in the old age, effective suicide prevention is especially needed for this age group. In addition, older patients experience more and longer major depressive episodes together with increased general medical comorbidities. Considerable comorbidity exists with dementia, stroke and Parkinson's disease, where patients often suffer from depressive symptoms.

ECT has been shown excellent clinical effectiveness in geriatric patients. Despite specific side effects such as greater cognitive impairment, efficacy is greater in older than in younger patients. Recent improvements in the use of ECT include methods to maintain good

therapeutic efficacy together with better tolerability concerning cognitive disturbances. Modified ECT techniques, including unilateral and bifrontal brief pulse wave stimulation and anesthesia with muscle relaxation substantially further enhance safety and tolerability. A reduced mortality in comparison to other treatments has been shown. Therefore to date on the long term no absolute medical contraindications to the use of modified ECT in geriatric patients, particularly in patients at specific medical risks. The chart analysis of more than 5000 electroconvulsive treatments confirms a good efficacy and tolerability especially in the group of older patients. Significant shorter treatment intervals until sufficient treatment response and remission could be observed especially in the group of patients older than 60 years. Efficacy, tolerability and safety data will be presented and discussed.

RS-19

THE AUSTRALIAN EXPERIENCE OF BENCHMARKING CHILD AND ADOLESCENT, ADULT AND OLDER PERSONS MENTAL HEALTH SERVICES

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A key component of the Australian National Mental Health Plan is the development of a culture within mental health services where the use of information and benchmarking to improve the quality of service provision is the norm. To foster the development of this culture, a two-year National Mental Health Benchmarking Project was undertaken in Australian public sector mental health services across child and adolescent, adult, older person's and forensic services. This symposium will provide an overview of the project, exami-

ne the challenges of benchmarking services, the development of key performance indicators and the setting of benchmarks.

A special feature of the symposium will be an exploration of the variability across services in particular staff activity in child and adolescent services, 28 day readmission rates in adult services and length of stay in older persons services. Future developments in benchmarking Australian mental health services will be discussed.

BENCHMARKING MENTAL HEALTH SERVICES: THE AUSTRALIAN NATIONAL MENTAL HEALTH BENCHMARKING PROJECT, THE RESULTS AND LESSONS LEARNT

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Aims/Objective: In Australia, a National Mental Health Plan¹ has seen significant investment to establish a culture within mental health services were the use of information for quality improvement and benchmarking is the norm. This paper will outline the information development agenda in Australia with particular reference to the establishment of benchmarking activities.

Method: Utilising a nationally agreed mental health performance framework that describes key aspects of organisational performance (effectiveness, appropriateness, efficiency, responsiveness, accessibility, safety, continuity, capability and sustainability) and thirteen agreed key performance indicators², the Australian National Mental Health Benchmarking Project brought together 23 mental health services across four program streams (Child and Adolescent, Adult, Older Persons and Forensics) to undertake collaborative benchmarking

Result: Using the agreed indicators participants were able to compa-

re organisational performance. Examples of variability across organisations will be presented, along with their implications.

Conclusions: Collaborative benchmarking to support quality improvement is possible within mental health services. However, benchmarking does require a commitment to the process and an investment of resources. In Australia, the National Mental Health Benchmarking project has provided the foundation upon which ongoing benchmarking activities can take place.

References:

- 1. Australian Health Ministers. National Mental Health Plan. Canberra: Australian Government Publishing Service; 1992.
- 2. NMHWG Information Strategy Committee Performance Indicator Drafting Group (2005) Key performance indicators for Australian Public Mental Health Services. ISC Discussion Paper No 6 Australian Government Department of Health and Ageing, Canberra.

A BALANCING ACT: SELECTING A SET OF PERFORMANCE INDICATORS FOR AUSTRALIAN MENTAL HEALTH SERVICES.

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Aims: To describe learnings from the Australian National Mental Health Benchmarking Project about performance indicators for mental health that meet the needs of policy makers, managers and service providers.

Methods: The group designing the first generation performance indicators for use in Australian services carefully considered the available literature. Subsequently, feedback was gathered from participants in a two-year collaborative benchmarking project involving 23 area mental health services, utilising the set of 13 performance indicators selected for trial.

Results: Measures of inputs, processes and the outcomes are all required for a full understanding of the performance of a mental health service. These need to cover the requirements of policy makers, managers and service providers, but also recognise that one

approach may not meet all needs. While governments need to be informed about the workings of funded organisations, an effective and respected performance measurement system is one that is used for quality improvement and not punishment. Because information derived from the clinical interface is required, effort must be made to enlist clinician collaboration from the beginning, to include the perspectives of consumers and carers and to balance their varied interests. Organisations should begin with achievable measurement goals and let the process of benchmarking evolve as experience is gained and resources become available.

Conclusion: Building a National performance framework is costly. Indicators must be carefully chosen both to serve funders' information needs and to assist organisations in performance measurement and quality improvement at a local level.

THE VALIDITY OF THE 28 DAY READMISSION RATE AS A PERFORMANCE INDICATOR IN MENTAL

INSTITUTIONS

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Aims: To describe what has been learned from the Australian National Mental Health Benchmarking Project in relation to the 28 day readmission rate to acute adult inpatient services.

Methods: Across 8 acute adult units in Australia, we compared a variety of demographic, clinical and pre-admission variables of 222 patients who were readmitted within 28 days of discharge with 253 patients who were not readmitted within 28 days.

Results: 28 day readmission rates ranged between 4% and 16%. A history of recent admissions and poorer documentation in the index admission were the only consistent predictors of readmission across most or all units. Some factors, such as concomitant drug use in males and diagnosis of borderline personality disorder in females, were

present in some units but not in others.

Conclusion: The high degree of variation in readmission rates between units makes generalisations about associations difficult. However, we did find that the strongest and most consistent association with 28-day readmissions rates was having at least one admission in the previous 12 months. This is consistent with a simple risk model: i.e. the more that a patient comes in and out of hospital, the more likely it is that one of those admissions will be less than 28 days after the previous discharge. Agencies need to look within their own organisational characteristics and models of care for factors helpful in reducing the 28 day readmission rate. In the light of these results, the value of this indicator is unclear.

CHILD ADOLESCENT MENTAL HEALTH SERVICES AND BENCHMARKING

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Aims/Objective

Like many health services, CAMHS is replete with dilemmas around the best use of limited resources. The Australian National Benchmarking Project helped six CAMHS compare performance across areas including efficiency, responsiveness, appropriateness and continuity contextualised with inclusion of funding and staffing data. While logistical issues occurred, these paled compared with the challenges to organisational culture. This presentation will focus on two aspects of benchmarking to illustrate this.

Method

Questions around comparative levels of efficiency led to examining staff activity between and within the CAMHS. Efficiency in itself is meaningless without considering appropriateness and effectiveness. This was examined through sampling all discharges for client severity, waiting times, diagnostic and problem profiles, and outcomes.

Result

Results of the activity survey were provocative for management,

highlighting ambiguities in expectations while challenging clinicians and management to move past mutual defensiveness. The examination of discharges revealed differences seemingly connected to organisational philosophies and practices. While ostensibly sharing similar objectives, differences in approach to the tiers model and resulting differences in client characteristics and clinical practices was manifestly apparent.

Conclusion

While the quantitative emphasis has limitations, it is clear that without the benchmarking process and data, the richness of dialogue between these CAMHS would not have been possible. With benchmarking, organisational self-constructions were available for challenge and subsequent improvement. This presentation will address the implementation, analysis and the emergent dialogue and actions. No CAMHS should underestimate the potential anxiety, excitement and layers of meaning involved in benchmarking.

RESULTS OF AUSTRALIAN OLDER PERSONS MENTAL HEALTH SERVICES PARTICIPATING IN NATIONAL BENCHMARKING FORUMS

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Aims/Objectives: Seven older persons mental health services from five Australian states have now participated in a national benchmarking forum for over twelve months, utilising the national mental health key performance indicators (KPIs). The paper aims to describe results of this participation and demonstrate how KPI data was used to explore clinical practice.

Method: A review of documents utilised for the benchmarking forums was conducted, together with reflection upon the author's experience of participation and discussion with other participants.

Result: Participating in benchmarking at a national level has allowed services to improve their understanding of the similarities and differences in service provision that exists. It has also allowed services

to identify areas of key differences in performance, share intellectual resources, collaborate in generating projects to explore differences, and initiate local projects to improve practice. Data used to explore variation in length of stay between services, which became a major focus of the forums, will be presented. Whilst having some limitations, the national KPI set and data from routine outcome measurement collections have been valuable tools to assist these processes. Conclusion: Benchmarking can assist mental health services for older people to improve their understanding of differences in practice and performance; and to generate local actions based upon these. KPI sets and routine outcome measurement assist these processes.

RS-20

DISSEMINATION OF MENTAL HEALTH RESEARCH IN LOW-AND MIDDLE- INCOME COUNTRIES (LAMI)

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The four speakers will consider the needs for support to research dissemination in LAMI, the role of the WPA publications program,

and collaborative interventions to support national and regional mental health and psychiatric journals.

RESEARCH DISSEMINATION: COLLABORATING WITH THE WPA PUBLICATIONS PROGRAM

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The WPA publications program has two main goals. The first is to disseminate information on significant clinical, service and research developments, reaching as many psychiatrists as possible worldwide. The second is to encourage contributions from psychiatrists of all regions of the world, in the form of research papers, commentaries or reports on mental health or significant service innovations. These goals are being pursued in several ways: through World Psychiatry; through several series of books; in joint activities with the WPA educational programme; and in collaborative activities with other organizations.

Collaborative activities are essential to improve the timely and effective dissemination of research results. Research dissemination is essential for high standards and innovation in research and clinical services. The publications program in cooperation with the WPA and Member Societies has begun work to establish a database of indexed and non-indexed journals related to mental health and psychiatry in all regions. The program is studying the feasibility of collaborative work with interested Member Societies in LAMIC in support of the national mental health journal or journal of psychiatry.

MENTAL HEALTH SERVICES AND RESEARCH IN THE ARAB WORLD: THE NEED FOR SUPPORT

INSTITUTIONS

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Although there are 22 Arab countries in the Arab League, the mental health services provided in those countries show several forms of variation. Economic, political, social and cultural factors seem to play a major role in determining the state of the psychiatric profession and the access of the service to citizens. The different needs expressed by the Arab colleagues at times seem incompatible with the available allocated resources. Some Arab countries enjoy the highest income per capita, yet this is inconsistent with the quality of mental health services available there. The per capita mental health services, the availability of a mental health act, and the space allocated for mental health in medical curricula are but a few of the concerns that have been expressed by colleagues from different countries of the Arab region. Another major concern is scientific research, publica-

tions and journals within the Arab world and within the African continent.

Currently, there are only a few journals available within the Arab world and the African continent, with very good research, but unfortunately, the international psychiatric community is unaware of these publications as these journals are not available on PubMed and other search engines.

This presentation will try to draw up a profile of the situation for mental health services and research in the region, and to suggest some measures of intervention focusing on publications and journal recognition in the international literature.

RESEARCH IN PSYCHIATRY: CHINA EXPERIENCE

INSTITUTIONS

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There has been rich experience of treating mental disorders by Traditional Chinese Medicine for more than 2500 years. Modern psychiatry was established in 1930's, developed in 50's, stop and back in 60-70's, restored in 80's, accelerated in 1990's and quickly promoted in 2000's. The MOH convened a group of experts and developed the National Mental Health Project of China (2002-2010). The three main areas of focus are integrated care & multisectoral links, equity, community care; training of mental health professionals, increasing research; and development of mental health legislation. Psychiatry research was developed and expanded last 3 decades covering most of the fields of common interest: classification and evaluation, clini-

cal pharmacology, neuro-psychology, neuro-image, neuro-physiology, neuro-biology, non-drug therapy and epidemiology on common mental disorders, suicide, forensic, geriatrics, substance abuse and child-adolescent disorders. National sponsored research projects on depression, schizophrenia, neurosis, crisis and stress disorders, and child and adolescent mental disorders are coming. Research in psychiatry is still relatively slow and small in China, multi-centers and international cooperation is highly recommended.

Research dissemination is followed the publication of Chinese Journal of Psychiatry. The English version of Chinese psychiatry online (2001) could help to understand developing psychiatry in China

DISSEMINATION OF MENTAL HEALTH RESEARCH IN LAMIC: A SURVEY AND CASE STUDY

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Low- and middle- income countries (LAMIC), where over 80% of the global population live, bear the greatest burden of mental disorders. The level of submission from LAMIC in high-impact indexed journals is however less than 20%, and the proportion of papers published is even lower: a search in the ISI Web of Science database from 1992 to 2001 reported that LAMIC (n=152) contributed only 6% of the international mental health research. Therefore, there is a marked underepresentation of low- and middle- income countries (LAMIC) in the psychiatric literature, which may reflect an overall low representation of LAMIC publications in databases of indexed journals. A survey in both Medline and ISI/Web of Science was performed in order to identify journals in the field of Psychiatry according to their country of origin. Two hundred and twenty-two

indexed psychiatric journals were found. Of these, 213 originated from high-income countries and only nine (4.1%) from middle-income countries. None were found in low-income countries. We also present the experience of a LAMIC psychiatric journal, the *Revista Brasileira de Psiquiatria* (RBP), in its recent indexation process. This case study serves as an example for other LAMIC journals to pursue indexation in major databases as a strategy to widen the international foundation of psychiatric research. There is an important need for the inclusion of LAMIC psychiatric publications in the major indexation databases. This process will require multiple agents to partner with journals from LAMIC to improve their quality and strengthen their chances of being indexed.

CATATONIA AND THE NOSOLOGICAL DIFFERENTIATION OF THE SCHIZOAFFECTIVE PSYCHOSES

INSTITUTIONS

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- 5. Gabor S Ungvari⁴

Catatonia has received increased attention over the past two decades. This workshop aims to review recent developments in catatonia research regarding progress in terms of clinical phenotypes, outcome and neurobiology as well as clinical practice. Catatonic, behavioural, and first-rank symptoms are analyzed concerning their heuristic value and a clustering of clinical features (Stompe, Austria; Caroff, USA). A cohort of patients with motility psychosis. a catatonic sub-

type with phasic course, was followed up in a 10-year study (Pfuhlmann, Germany). In periodic catatonia the major gene locus has already been localized to chromosome 15q15 in two independent genome scans (Stöber, Germany). Rating patterns and therapeutic aspects of catatonic psychoses further support the view of distinct phenotypes (Caroff, USA; Ungvari, Hong Kong, China).

CATATONIA: EPIDEMIOLOGY OF CATATONIC SUBTYPES IN EUROPEAN SAMPLES

INSTITUTIONS

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AUTHORS

1. Thomas Stompe¹

A century ago, Kraepelin and Bleuler reported a prevalence of catatonic schizophrenia about 20% to 30%. Especially since the 1970ies investigations described a significant decline of this subtype. Many reasons were suggested for this apparent or real decrease of catatonic schizophrenia. In this paper we introduce the results of our

cross-sectional and longitudinal cultural comparative studies using a polydiagnostic approach (DSM-IV, Bleuler, Leonhard).

The prevalence of catatonic subtype differed to a high extent, mainly dependent on the classification system applied. Possible reasons for this finding are discussed.

DIAGNOSIS AND TREATMENT OF CATATONIA: ONE AMERICAN PERSPECTIVE

INSTITUTIONS

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AUTHORS

1. Stanley Caroff¹

Evidence from cultural sources indicates that disorders of posture and movement were historically recognized as signs of serious mental illness. This association was confirmed by Kahlbaum and other clinicians in the 19th century and incorporated in the concept of the catatonic syndrome. Subsequently, the concept of catatonia diverged, with American psychiatry adopting the notion of catatonia as a subtype of schizophrenia in keeping with the perceived views of Kraepelin and Bleuler. During the 20th century, the diagnosis of catatonic schizophrenia declined significantly accompanied by diminished awareness of catatonic phenomenology. However, the descriptive psychopathology and nosology of catatonia may be

important when predicting response to treatment. As an example, studies of ECT in relation to catatonia will be reviewed in this presentation. ECT has shown a response rate of 70-100% in acute, hypokinetic catatonia but has rarely been studied systematically in other forms of catatonia. Psychomotor abnormalities, including catatonia, may predict a positive response to ECT in depressed and manic states, but early promise in schizophrenia even with catatonic signs has not been replicated. Further investigations of treatment are warranted in all forms of catatonia, and clinical trials of ECT or pharmacologic agents should include standardized measures of catatonia in all subjects.

MOTILITY PSYCHOSES: 10-YEAR FOLLOW-UP STUDY OF PATIENTS WITH BIPOLAR DISORDER

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Motility psychosis characteristically displays a hyperkinesia or akinesia affecting predominantly expressive and reactive motions independent of disturbances of emotion or thought. It represents a subform of the cycloid psychoses which are bipolar phasic psychoses with complete remission after each episode and absence of residual symptoms. To examine the diagnostic stability, course and outcome of cycloid psychoses and their subforms, a systematic follow-up study was carried out.

All patients admitted to one regular ward of the psychiatric university clinic of Würzburg between April 1991 and March 1992, who suffered from a bipolar phasic psychosis (manic depressive illness or cycloid psychosis) and were born after 1945, were included in a follow-up study with a catamnestic examination after more than 10 years. Diagnoses were established according to the criteria of

Leonhard's differentiated psychopathology. The rater at follow-up was blind against the initial diagnosis and established his diagnosis based on a detailed personal psychiatric exploration which usually took place at the patients' homes. BPRS, PANSS, Strauss-Carpenter Outcome Scale and GAF were used to assess psychopathology, outcome and social and occupational functioning.

In total 88 patients were included, 45 (27 female, 18 male) of which suffered from a cycloid psychosis. Until 2006, 25 (57 %) of the patients could be re-examined, three (7 %) were deceased and 17 (36 %) refused re-examination or could not be traced. The mean duration of follow-up was 12.8 $\pm 1.0~(10$ - 14) years. Data about diagnostic stability, course and outcome of motility psychoses will be presented at the symposium.

GENETIC CORRELATES OF CATATONIA: PERIODIC CATATONIA AND CHROMOSOME 15Q15

INSTITUTIONS

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The clinical significance of catatonic features is obvious and compelling. In catatonia a fundamental point is to discriminate quantitative hyperkinetic or akinetic changes, which are characteristic of the prognostic favourable motility psychosis, from qualitative changes, true "catatonic" signs. Hyperkinetic-akinetic motility psychosis is a phasic bipolar disorder with psychomotor excitation of expressive and reactive movements and/or akinesia pole with motor inhibition, particularly of involuntary movements. The central syndrome in periodic catatonia consists of qualitative psychomotor disturbances in both, a hyperkinetic and akinetic pole. Psychomotor excitement gives way to iterations and stereotypies, grimacing and parakinesia. On the other pole, prominent symptoms are akinetic negativism as well as distorted stiff movements, mask-like facies or posture stereotypies. In remission there remains a distinct mild to severe catatonic

residual state with psychomotor weakness of facial expression and diminished incentive.

Periodic catatonia (MIM 605419) is familial schizophrenia phenotype reflected by a morbidity risk of ~27% for first degree relatives. The disorder is genetically mapped to chromosome 15q15 in two independent genome-wide linkage scans on a total sample of 16 multiplex pedigrees. We are completing a systematic mutation scan of candidate genes annotated in that region for fine mapping and identification of causative genetic variants. Thus, the findings on clinical phenotypes of catatonia speak in favour of a nosological classification of catatonia. As a general conjecture in the endogenous psychoses, clinical differentiation creates nosology, and these biological foundations will forge ahead insights in the aetiology.

MALIGNANT CATATONIA

INSTITUTIONS

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AUTHORS

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Aims: Malignant catatonia represents a life-threatening neuropsychiatric illness characterized by hyperthermia, catatonic stupor or excitement, altered consciousness and autonomic dysfunction (1,2). This disorder was the subject of numerous publications worldwide throughout the pre-antipsychotic drug era.

Although the incidence of malignant catatonia appears to have declined following the introduction of modern psychopharmacologic agents, it continues to occur. We undertook a comprehensive review of the world literature in order to clarify the contemporary status of malignant catatonia.

Methods: Using Medline, the Science Citation Index, and the bibliographies of retrieved articles, we identified a series of 369 malignant catatonia cases reported since 1960.

Results: In 49 (13%) of the 369 cases, a preexisting neuromedical illness initiated the full syndromal picture. Infectious causes predominated. Of the 369 cases, 320 (87%) were viewed as an outgrowth

of a major psychotic disorder. Fifty percent of the 369 cases ended in death. Sixty-seven percent exhibited the classic "excited" malignant catatonia described in the pre-antipsychotic drug literature. However, 33% had a primarily stuporous presentation which was often difficult to distinguish from neuroleptic malignant syndrome.

Conclusions: Malignant catatonia continues to occur and represents a nonspecific syndrome that develops as an outgrowth of neuromedical illness as well as the major psychoses. From this perspective, neuroleptic malignant syndrome, a potentially fatal complication of antipsychotic drug treatment, may be viewed as a drug-induced form of malignant catatonia. Furthermore, our findings suggest that simple catatonia, malignant catatonia, and neuroleptic malignant syndrome share a common pathophysiology involving reduced dopaminergic neurotransmission within the basal ganglia-thalamocortical circuits.

REPETITION, ADDICTION, AND HOPE: HUMANIZING CONTRIBUTIONS FROM DASEINSANALYSIS AND EXISTENTIAL PSYCHOTHERAPY

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One of the most perplexing features of psychiatric and psychotherapeutic practice is the fact that patients repeat, over and over, behaviors which are not only contrary to their own best interest but also to their very own stated preference. This symposium offers existential or Daseinsanalytic perspectives, first, on repetition as a human phenomenon; second, on addiction, one of repetition's most nettlesome manifestations, and, third possibilities for humane and efficacious psychotherapeutic treatment.

REPETITION - PSYCHOPATHOLOGY OR A WAY OF BEING? A DASEINSANALYTIC VIEW

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A major contribution of existential thinkers to the fields of clinical and analytic psychology and psychiatry has been the recognition that many of the so-called pathological conditions have an existential or ontological basis. The proposed paper continues in this tradition of comprehending such confounding human experiences by distinguishing the existential/ontological from the pathological. The experience to be thus examined is the famous "repetition compulsion," a phenomenon tragically familiar to any experienced practicing psychotherapist.

Surely, one of the most uncanny and unsettling aspects of the human odyssey is that individuals find themselves, in both work and love, cast ever again into eerily similar circumstances. In psychology, it was the founder of psychoanalysis, Sigmund Freud, who first

identified and named this phenomenon. He called it the *repetition compulsion*, a term that has become nearly as integral to the practice of psychoanalysis as the term transference. Indeed, transferences are prime examples of such so-called neurotic repetitions. But is such repetition always lived out as compulsive or neurotic?

This paper presents a view of repetition as a fundamental characteristic of human existence which, in its psychopathological expression (as compulsion) embraces a number of crucial existential functions: Reiteration, reparation, and regeneration. The author will distinguish both existential and pathological forms of repetition and point to possibilities for addressing these issues in the psychotherapeutic relationship and situation.

AN EXISTENTIAL PSYCHODYNAMIC UNDERSTANDING OF ADDICTION AND ITS PSYCHOTHERAPY

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In this paper the author presents a hermeneutic understanding of the dependence phenomenon addressing not only substance addictions to alcohol and drugs but also process addictions such as gambling and internet-related activities.

Relatedness, attachment, and bondage are essential aspects of the human condition. So are the human being's basic needs for security and control to actually be capable of dealing with the finiteness of human existence, the fundamental limitedness of our being in the world. Persons suffering from addictive behavior, including the dangers of abuse and masochistic impairments, seem to be powerfully attracted by bondage on one hand. On the other hand they seem to lack security and control when facing human limitedness showing

itself for example threatening or painful.

Today moreover, addiction is not only an individual health issue but also a phenomenon of the Zeitgeist. Therefore, the following questions will be raised: "What existential or essential human conditions might be hiding beneath or behind the overt and concrete, almost ubiquitously recognizable dependence-phenomena?"

"What kind of relation is there between the ideals of contemporary societies and the fact that dependencies of very different kinds seem to have developed enormously during the last few decades?"

In dealing with these questions the author reflects on psychoanalytic, psychodynamic, and existential perspectives attempting to bring together a fresh, synthetic, phenomenological hermeneutic grasp of these troubling but important clinical and human matters.

AN EXISTENTIAL REFLECTION ON HOPE AND DESPAIR

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Although for many years theologians and philosophers have been interested in the phenomenon of hope, only recently has the phenomenon come to the attention of psychologists and psychiatrists. In Hebrew can mean ,rope', something to hold onto, to connect past experience with future expectations, to open up possibilities, to bridge a current undesired circumstance with future improvement. Thus hope may be used as both a noun, something to have, and a verb, an act of actively embracing the possibility of significant change. Hope is also a way of living and being.

Of special concern to psychiatry is that hope may or may not become present during suffering. When hope is present, it makes suffering more tolerable; pointing as it does to the possibility of relief from pain and discouragement. On the other hand, the absence of

hope can be described as despair, a mood often seen in melancholic patients for whom this absence is absolute and made even more acute through the melancholic's distinctive experience of time as utterly lacking a future.

Making the circumstance even more dire is that the melancholic person's repetitious obsession with achievement, control, and adaptation to the "norm," leaves little room for the possibility of hope.

In this paper, the author will take up an existential analysis of these issues, leading to the understanding of despair as imprisoning the self and hope as liberating it.

Therefore, existentially speaking, whereas despair represents a closing of existence, hope may be understood as an opening.

BEHAVIOURAL TOXICITY OF PSYCHIATRIC DRUG TREATMENTS: PSYCHOTROPICS AND ROAD SAFETY

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Despite differences in research methods and time-window, there is a common pattern in the developed societies towards an elevate use of psychotropic medications in the general population. At the present time, there is growing concern about the role of psychiatric drugs in traffic accidents. It has been estimated that the cost of traffic accidents in Europe attributable to impairment from medications is 6.3 billion Euros each year. The validity of much research which has been conducted could be questioned, given that it has either used

normal rather than clinical populations or has been confounded by indication. Furthermore, the concurrent use of multiple psychoactive medications in a single patient, i.e. polypharmacy, is increasingly common and debatable contemporary practice in clinical psychiatry that is necessary to consider. In view of these changes in prescription patterns, it is necessary to review the effect of the current psychiatric drug treatments on psychomotor functions and on driving performance. This review will be the main purpose of this symposium.

DRIVER IMPAIRMENT IN PSYCHIATRIC DISORDERS

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Both psychiatric disorders and psychiatric drug treatments can produce changes of perception, of information processing and integration, and of psychomotor activity which can disturb and/or interfere with the ability to drive safely. This study assesses the fitness to drive of a sample of psychiatric outpatients, with driver's license and driving assiduously, using the accredited LNDETER 100 battery, an electronic assessment unit measurement, in different clinical situations

Out of 120 patients, only 24 got scores compatible with the requirements of driving license, and 80% failed in at least one of the requi-

red tests. None of the patients studied notified the traffic authorities they had a psychiatric condition that may affect safe driving. No patient stopped driving, although 10% of them recognized that their ability to drive was somehow damaged. The law should prevent a person who cannot meet the medical standards from holding a driving licence. However, the law on fitness to drive remains vague in most European countries. It is the license holders' legal responsibility to notify the authorities if they have a medical condition that may affect safe driving: failure to do so and giving false information constitute an offence. There are, in addition, insurance implications.

PSYCHIATRIC DRUGS AND ABILITY T DRIVE

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We assessed the behavioral toxicity of psychotropics in the current prescribing patterns in psychiatric practice. LND 100 battery assessed basic skills evaluating the following areas: concentrated attention and resistance to monotony, multiple discriminative reactions and their correctness, anticipation of speed, binomial coordination, and decision making process with tendency to risks assumption. Cognitive functioning and psychomotor performance of 200 consecutive psychiatric outpatients (40 males and 60% females, mean age 44,8±12,5 years, rank 18-72) treated in a Community Mental Health Centre in the Canary Islands (Spain) were assessed in different clinical situations. According to Clinical Global Impression Severity Scale, 58.5% of patients were normal, or borderline, mentally ill; 30% were moderately ill, and 11.5% markedly ill. The ICD-10 diagnoses included: 10% mental and behavioral disorders due to psychoactive

substance abuse; 7.5% of schizophrenia, schizotypal and delusional disorders; 35% of mood (affective) disorders; 42.5% neurotic, stress-related and somatoform disorders and 5.5% personality disorders. The mean number of psychoactive drugs used was 1.6 ± 1.1 (range 1-5). The rate of polypsychopharmacy was 53.5%, with 41% of patients using two drugs, 8% using three, and 4.5% using four or more psychotropic drugs. 16% of patients were only under psychotherapy. Antidepressants were the most prescribed drugs (57.5%; SNSRIs=35.5%; SSRIs= 20%; Tricyclics= 2%), followed by benzodiazepine tranquillizers (52%) and antipsychotics (27%; Atypical=18%; Conventional=9%). 10% of patients use anticonvulsants and 5% antiparkinsonians. More than a half of the patients (56.1%) have a driving license driving almost every day. Six percent of patients are professional drivers.

ASSESSING FITNESS TO DRIVE IN PSYCHIATRIC PATIENTS

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No single measurement used can best predict driving performance. Neuropsychological tests, simulators, or on-the-road tests can be used to assess cognitive function and driving performance. Nevertheless, when used to predict driving performance, a poor correlation exists between on- or off-road driving tests and neuropsychological tests. The variability in outcome among these studies can be accounted for by different experimental designs (on- vs. off-road testing), variable outcomes of interest, study size, heterogeneity of study groups, degree of premorbid functional impairment and the type of predictive test (on- or off-road, simulators, neuropsychological tests). In this symposium LNDETER-100 battery will be presented. This device is an electronic assessment unit measurement that consists of five tests, requiring 25 minutes for administration. The battery of tests tap into the competencies required from subjects fitness to drive and has been accredited according to the Directive

91/439/EEC of the European Union. All tasks are objective, fair and do not discriminate against subjects from any culture, with even the personality module is an attitude-based test. The complete LNDE-TER battery is screen based where all tasks are visually displayed for the candidate.

Scoring is automatic, where the final results of evaluation are displayed on a screen eliminating error prone and lengthy procedures. The competencies under assessment consist of five tests evaluating the following areas of subject skill:

- 1) Concentrated Attention and Resistance to monotony;
- 2) Multiple Discriminative reactions and their correctness;
- 3) Anticipation of speed;
- 4) Binomial coordination; and
- 5) Decision Making Process and tendency to the transgression of norms (risk).

CONCEPTUAL CONSIDERATIONS FOR REVISING DSM AND ICD DIAGNOSES

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Aims/Objectives: To review recent progress in DSM-V development

Methods: In anticipation of the DSM-V and ICD-11 revisions of mental disorder diagnostic criteria, the U.S. National Institutes on Health sponsored a series of international conferences to review the evidence base for specific mental disorder diagnostic areas. In addition, intensive literature reviews were conducted as part of a White Paper review process that focused on developmental psychopathology throughout the lifespan (from young children to geriatric populations) as well as on the effects that gender plays in the frequency and expression of mental disorders.

Results: These reviews formed a significant research base for the DSM-V Task Force and diagnostic Work Groups, and the ICD-11 Advisory Committee that are now established to evaluate the scientific basis of current and proposed mental disorder diagnostic criteria. This symposium will review research issues raised for Work

Groups on ADHD and Disruptive Behavior Disorders, Mood Disorders, Dementia, and Psychosis. Cross-cutting issues considering Lifespan Development, Gender, Cross-cultural issues, and Diagnostic Spectra extending across previous diagnostic boundaries will also be presented.

Conclusions: The unprecedented research planning efforts undertaken will support DSM-V and ICD-11 development and help ensure their scientific and cultural relevance.

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CONSIDERATIONS IN REVISING THE DIAGNOSTIC CATEGORIES AND CRITERIA FOR DEMENTIA

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Considerable advances in the understanding and treatment of dementing disorders have occurred since the DSM-IV and ICD-10 were published.

Accordingly, it is expected that the diagnostic categories as well as criteria for dementia and related neurocognitive disorders in the DSM-V and ICD-11 will be significantly different from those in previous versions of these classifications. An APA/WHO/NIH workshop on Dementia was held in 2006, and the DSM-V Workgroup on Dementia and Other Neurocognitive Disorders has been established. This presentation will discuss issues involved in the revision of criteria for dementia.

Different types of non-Alzheimer's dementias need to be addressed with the same vigor as Alzheimer's disease. Mild Cognitive Impairment (MCI), should receive serious consideration. There may be two related sets of diagnostic criteria for MCI and dementia: A

clinical set (without need for technology), and a research set (with neuroimaging, biomarkers, genotyping). Studies of sensitivity and specificity will be needed for both. There will likely be specific categories for different neuropsychiatric syndromes such as psychosis, depression, and sleep disturbances associated with Alzheimer's disease and non-Alzheimer's dementias. There is a critical need to develop consistent, reliable tests for individual biomarkers; and correlate biomarkers with clinical parameters longitudinally.

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DISORDER GROUPINGS IN DSM-V

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While maintaining the basic goals of reliability and clinical utility, desirable goals for a new classification of mental disorders are to extend the validity of diagnostic categories and to simplify the categories used. To address these goals, a Studygroup has been formed by the DSM-V Task Force to evaluate the evidence for current and future groupings of mental disorders (referred to as diagnostic spectra). This session will provide an overview of the Studygroup's work to date, and, using the DSM-V Mood Disorders Workgroup as an example, clarify how this work might affect future diagnostic groupings.

Questions to be addressed include: Is there evidence to support

broad, less parsed, categorical diagnoses differentiated by symptom dimensions? Can a new classification permit inclusion of replicated findings from genetics, neuroimaging, or other biologic or etiologic markers to increase the diagnostic validity and better predict treatment response? Could such a system be devised that would allow for broad clinical use, but at the same time prevent reification of categories pending future knowledge of the etiology of disorders?

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STATUS REPORT OF THE DSM-V PSYCHOSIS WORK GROUP

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Aims

The DSM-V psychosis Workgroup has been charged with reviewing the current classification of psychotic disorders and making recommendations for the next edition of DSM. Initial efforts have focused on identifying boundaries of the current DSM-IV-TR psychotic disorders, assessing their diagnostic reliability/validity, and evaluating suggestions for alternative classifications. This presentation will review current efforts and goals of the work group.

Methods

Reviews of the existing literature on clinical and neural based phenotypes of psychosis and a meta-analysis of the latent structure of psychosis are underway. A review of possible dimensions of psychosis aims to identify criteria that can complement a categorical approach for psychotic disorders.

Results

The current classification of schizophrenia and bipolar disorder ignores substantial overlap of their clinical and neural phenotypes. Emphasis on reality distortion has not allowed for sufficient attention to a volition and cognitive deficits as essential aspects of the schizophrenia construct. Specific pathologic dimensions may clarify the similarities and differences between the major classes of psychotic illness.

Conclusion

The DSM-V Psychosis work group will review existing data sets and conduct new analyses to support improvements to the current classification. Dimensional assessments may supplement providing case-specific information for clinical decisions (1). These pathological dimensions may also be targets in future etiological studies and therapeutic discovery (2).

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DEVELOPMENTAL CONSIDERATIONS AND DISRUPTIVE BEHAVIOR DISORDERS

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Longitudinal research over the last decade has emphasized that mental illnesses are usually preceded by diagnosable levels of disturbance in childhood and adolescence. Separate classifications for children and adults can therefore be misleading, e.g., if the diagnosis changes merely because the person ages. DSM-V development should clarify presentations at different ages - including prodromes and premorbid risk states of disorder.

Another task is to understand continuities/discontinuities, e.g., the pathways through which oppositional disorders can lead to anxiety states, or ADHD can lead to conduct disorders. Children can show rapidly fluctuating uncontrolled mood states: it is tempting to regard them as equivalent to bipolar disorder. Careful attention should be paid to whether they do indeed share an underlying liability.

Developmental concepts will be needed to convert cross-sectional taxa into coherent trajectories. Research is needed on whether some disorders are best conceived as the exaggeration of an age-normal stage (e.g., separation anxiety). The signs of many disorders are on a continuum with normality, so impairment is a necessary condition for caseness and also a function of societal context.

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GENDER AND CROSS CULTURAL ISSUES IN DSM-V

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Diagnostic criteria should be crafted in a way that accommodates differences in Gender and cultural differences in the expression of illness. A DSM-V Task Force Study group on Gender and Culture is developing models to explore the possible impact of gender and culture to accurately operationalize disorders.

We begin by exploring whether Depression criteria represents the illness equally well across gender, race and culture. A number of clinical cohort studies find that women are more likely to endorse "atypical" or "reverse neurovegative" symptoms although not all reports agree. The literature also suggests that women compared with men, and Latinos, Asians and possibly Africans, compared to non-Hispanic whites with major depressive disorder are more likely to endorse somatic symptoms than other components of the syndrome such as sadness and dysphoria. Such symptoms include fatigue, pa-

ins from different organ systems and other somatic manifestations. According to international studies, some African languages do not have a word for depression. Asians appear to emphasize an asthenia component over "sadness" while some Latinos experience depression as "angustia" ("anguish") rather than anhedonia or sadness.

This presentation will outline issues and work to date addressing gender, ethnic and cultural differences in DSM-V.

Narrow WE, First MB, Sirovatka PJ, Regier DA (eds): Age and Gender Considerations in Psychiatric Diagnosis: A Research Agenda for DSM-V. Washington, American Psychiatric Association, 2007 Kupfer, DJ, First MB, Regier DA, (eds): A Research Agenda for the DSM-V. Washington, American Psychiatric Association, 2002

METHODOLOGICAL OBSTACLES OF MODERN ERA PSYCHIATRIC RESEARCH

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Modern era psychiatric research has advanced our knowledge in various areas, such as pathophysiology of mental disorders and their treatment.

However, research advances, their interpretations and applications are frequently complicated by various methodological obstacles. This symposium will review problems in research methodology in

four areas: imaging in bipolar disorders, clinical advances of transcranial magnetic stimulation (TMS), psychiatric health services research, and sexual medicine.

Thus the participants will be able to learn basic methodological concepts and issues in four areas of psychiatric research.

BRAIN IMAGING IN BIPOLAR DISORDER

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Numerous brain imaging techniques have been used to study pati-

ents with bipolar disorder. These include structural imaging using MRI, metabolic imaging using PET or SPECT, receptor imaging using a range of ligands, and functional imaging using fMRI. Methodological issues in the study of bipolar patients are many. These include the issue of what mood state to study, operational definitions of the mood states, the issue of medication status, use of control/comparison groups, and finally, what imaging technique will answer the scientific question. In this talk, the presenter will briefly review the available studies using fMRI in patients with bipolar disorder discussing the methodological issues that are inherent in each of them. Finally, the presenter will present data from an ongoing study conducted at Wayne State University Depression in patients with bi-

polar disorder report is often described as a "curtain" that descends and takes the vibrancy out of life. To examine the brain circuits involved in affective regulation in bipolar patients, we conducted the following experiment using a 4T functional MRI system using a BOLD sequence. Patients were shown standard pictures from the International Affective Picture System series while in the fMRI scanner. Pictures were balanced for positive and negative valence across the scans. Patients with bipolar type 1 were studied while clinically depressed and again when remitted. Their medications were held constant between mood states. To date seven bipolar patients have completed both scans.

In conclusion, the methodological differences between studies limits the ability to generalize conclusions.

METHODOLOGICAL OBSTACLES FOR TMS-RESEARCH IN PSYCHIATRY

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Transcranial Magnetic Stimulation (TMS) has proven beneficial in two separate domains. Repetitive TMS (rTMS) has been shown to decrease depressive symptoms in some groups of treatment-resistant patients with major depressive disorder (MDD). Recent reports suggest some usefulness in decreasing voices in schizophrenia patients and craving in alcohol or cocaine-dependent individuals. The other domain where TMS has proven useful is examination of cortical excitability in the awake human. In addition to being a probe of the pathophysiology of illnesses, cortical excitability measures hold a promise as a predictor of medication usefulness. A number of methodological obstacles hinder TMS-based research. First issue is the development of the appropriate sham TMS stimulation.

Solutions of this problem vacillate between inexpensive but not full

proof blinding to extremely expensive but more solid blinding methods. The second major problem is the size of area stimulated. Given that stimulation occurs at a distance, TMS-manufacturers have not yet been able to focus the stimulation area to smaller cortical regions. A similar problem is the location of stimulation. Thus far only cortical regions can be stimulated. Targeting deeper structures is also not possible at this time.

Engineering solutions are beginning to be considered. Finally, location of cortical stimulation remains largely dependent on outer skull markings. A number of systems to allow the neuronavigation of cortical stimulation are available commercially, but remain relatively expensive and require imaging procedures thus increasing the cost of TMS studies.

METHODOLOGICAL ISSUES WITH HEALTH SERVICES RESEARCH

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The Health Services field poses special challenges to researchers. The first challenge is to identify the unit of analysis. Although the information may be collected at the clinician or patient level, the research question may demand analysis at the level of the interdisciplinary team, clinic, corporation or country. For these analyses, appropriate data reduction strategies or multi-level analysis must be used. A second challenge is to incorporate regulatory, financial arrangements and other environmental contextual variables into the analysis or interpretation of results. For example, apparent differences between clinics in offering medications may be due to different regulatory oversight. To address this challenge, a model with these environmental variables included is needed. A third challenge is the

complexity of the organizations, especially as there may be closures and mergers during the course of the study, forcing changes in data collection. Closely related to this challenge, is the challenge of staff and administration turnover. The US publicly financed mental health service in particular has been plagued by high turnover, creating challenges in identifying collaborators and recruitment. It also means that policies and procedures at the level of the clinic may change during the course of the study. In total, these challenges may force a trade-off between high quality data collection and generalizability, especially for longitudinal studies. Interpreting health services research requires awareness of these methodological issues.

METHODOLOGICAL ISSUES IN HUMAN SEXUALITY RESEARCH

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Research of human sexuality has expanded enormously during the last several years. However, our full understanding of human sexuality remains limited. One of the main reasons of our poor understanding is the vast number of methodological issues inherent to studies of human sexuality.

The first methodological issue is our poor understanding of physiology of sexual functioning. Related to this is the lack of correlation between peripheral and central nervous findings in many observations and studies - and the lack of correlation between physiological response and psychological experience, especially in some studies of female sexuality.

The second area of paramount importance is the host of issues related to the diagnoses of sexual dysfunctions. The diagnostic criteria are inconsistent, poorly defined, and their validity is questionable. The third issue relates to the overabundance of various outcome me-

asures, with many of them being unfocused, poorly defined, and not always correctly validated. We lack one or two superior and widely used scale to measure sexual functioning and its changes.

The fourth methodological issue related to human sexuality research is the lack of rigorous design in most of the non-pharmacological studies.

Further serious methodological issues hindering research in this area include the lack of explicitly defined research populations, and the stigma of research of human sexuality in the general population.

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DETECTING AND TREATING SUICIDAL PATIENTS

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Mental disorder is closely related to suicidal behaviour with rates depending on the individual disorder. Recent studies suggest that most suicide victims had asked for professional help just before committing suicide and were either not diagnosed or the treatment they received was inappropriate or inadequate. Risk factors include male gender, previous suicide attempt(s), comorbid mental disorders, adverse life-situations, acute psycho-social stressors etc. Recently there was observed a change in national suicide rates reflecting the drop of rates in those countries that implemented better recognition and treatment strategies as well as an increase in the rate in those countries

tries undergoing a socio-economical transitional phase. Specific social parameters like social support networks, religion etc., may promote, inhibit or modify suicidal behaviours. From a neurobiological point of view, low brain serotonin activity might play a key role in suicidal behavior which also tends to run in families. Psychopharmacological treatment is the only well established treatment, especially its most severe cases, and recent results suggest that successful (acute and long-term) antidepressant pharmacotherapy reduces suicide morbidity and mortality even in high-risk populations.

RECENT CHANGES IN NATIONAL SUICIDE RATES: THE ROLE OF ANTIDEPRESSANTS

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During the last 15 years we witness a decline in suicidal rates especially in countries where these rates were high.

A number of factors could be held as responsible for this favourable fact, like better overall diagnosis and treatment of major depression or minor mood and anxiety disorders of patients seeking help for psychological problems in general practice and psychiatric care, as well as better recognition of possible suicidal behaviour. However the only factor related strongly to this change in rates is the increasing general use of SSRIs in these countries. On the contrary, socioeconomic and other stressful conditions do not seem to affect the rate; in many of these countries these factors (e.g. unemployment)

seem to have gone worse during this time period. Antidepressant monotherapy (unprotected by mood stabilisers) might increase or induce suicidal thinking but not completed suicide in a small part of bipolar patients, and thus there is a warning by the FDA concerning the use of antidepressants in children and adolescents. However the subsequent significant reduction of the use of SSRIs in these age groups in several countries including the US and the Netherlands led to a dramatic increase in completed suicidal rates, thus disputing the true utility of this warning and further confirming the strong (if not unique) role of antidepressants in the lowering of morbidity and mortality because of suicidality.

CLINICAL FEATURES RELATED TO SUICIDALITY

INSTITUTIONS

1. Semmelweis Medical University, Department of Psychiatry and Psychotherapy, Budapest, Hungary

AUTHORS

1. Zoltan Rihmer¹, Dr, rihmer.z@kronet.hu

Untreated current major Axis I disorder (major depressive episode: 56-87%, substance use disorders: 26-55%, schizophrenia: 6-13%) is the most powerful predictor of suicide. Follow-up studies clearly support the evident clinical observation that if patients with unipolar or bipolar mood disorder commit or attempt suicide, they do it mostly during the depressive episode (78-89%) and less frequently in dysphoric mania or mixed affective episode (11-20%) but very rarely during euphoric mania or euthymia. However, since the vast majority of psychiatric patients never commit or attempt suicide, special clinical characteristics of the illness as well as some familial and psycho-social factors should also play a contributory role in self-destructive behaviour.

The clinically explorable predictors for suicide in major mental disorders are: 1/ Family history of suicide in first degree relatives, 2/ Early onset of the illness, 3/ Prior suicide attempt(s), 4/ Present su-

icidal ideation/few reasons for living, 5/ Major depressive episode (particularly mixed/agitated depression, and depression with severe hopelessness), 6/ Bipolar II diagnosis, 7/ Cyclothymic or depressive temperament, 8/ Comorbid Axis I and Axis II diagnoses, 8/ Cigarette smoking, 9/ Adverse early life events, and, 10/ Isolation, living alone, 11/ Acute psycho-social stressors, including severe medical disorders.

The most powerful single predictor of suicide in psychiatric patients is prior suicide attempt. However, more than two thirds of suicide victims die by their first attempt.

Several recent studies have demonstrated that successful pharmacological and non-pharmacological management of patients with major mental disorders substantially reduces the risk of both committed and attempted suicide.

THE RELATIONSHIP BETWEEN WORK-RELATED STRESSORS, MAJOR DEPRESSION AND SUICIDALITY

INSTITUTIONS

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AUTHORS

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A systematic review on the relationship between work-related psychosocial factors and the development on clinical depression has shown that the relative risk estimates were approximately 2.0.

Apart from work overload "low social support at work" seemed to increase the risk for future depression. This supports the original work by Frank on demoralization as well as the studies focusing on social support networks in decreasing the risk of suicide.

The general adaptation syndrome (GAS) developed by Selye is still the best model both when discussion PTSD and the work-related stress syndrome (demoralization) in relation to major depression and suicidality.

The first phase (the alarm reaction) is best measured by the somatic factor on the Hamilton Anxiety Scale. The next phase (the stage of

resistance) is the psychic anxiety factor. The third phase is the stage of exhaustion which includes the symptoms of major depression in which an "alienation process" is developing with decreasing wellbeing or quality of life: "is life worth living?".

Approximately 60% of the persons treated in our Stress Clinic in Hillerød fulfil the criteria of major depression with an HAM-D score of 18 or more.

Antidepressants or "antidistressants" are drugs which reduce the score on HAM-D and should be used not for a specific disorder, but for this target dimension across problems or disorders. The item of suicide on the HAM-D should always be analysed individually, as the score on this item will be hidden when focussing on total score only.

FORENSIC TOXICOLOGY OF 16,937 SUICIDES IN SWEDEN 1995-2005 INDICATES THAT THE INCREASED USE OF ANTIDEPRESSANTS CAUSED THE DECREASE IN SUICIDE

INSTITUTIONS

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AUTHORS

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- 2. Anita Holmgren¹
- 3. Urban Ösby
- 4. Pär Sparén¹
- 5. Johan Ahlner¹

Background and aims: Accumulating evidence supports the hypothesis that antidepressant treatment prevents suicide. Most of this evidence consists of studies demonstrating decreases in suicide in parallel with increased use of antidepressants in different populations. Since ecological studies cannot establish causality, this individual-based study, analyzing temporal patterns in the toxicology of all suicides in Sweden 1992-2005, aimed at testing the hypothesis that the substantial decrease in suicide during the period was caused by the increased use of antidepressants.

Methods: During the eleven years, 16,937 suicides, and 33,426 controls (natural or accidental deaths) were investigated by toxicological screening. The annual numbers of detections of antidepressants, zolpidem, zopiclone, tramadole, and dextropropoxyphene were analysed in suicides and controls.

Results: The annual number of suicides decreased by 332 cases (18.6%). The expected number of antidepressant positive suicides, as determined only by their increased use in controls, was 741. If the decrease in suicide was caused by antidepressants, the expected number of suicides with antidepressants in toxicology should be reduced with 332 cases i.e. 409. If the decrease in suicide was not caused by antidepressants the expected number of positive cases should be reduced by 18.6%, i.e. 603. The observed number was 420, indicating causality. The other drugs were detected as expected if they had not caused the decrease in suicide.

Conclusion: This controlled individual-based naturalistic study indicates that the increased use of antidepressants was the cause of the decrease in suicide previously demonstrated in ecological studies. Definite conclusions cannot be drawn, however.

MENTAL HEALTH LEGISLATION SCENARIO IN ASIA

INSTITUTIONS

- 1. C.S.M.Medical University (Earlier K.G.Medical University), Psychiatry, Lucknow, India
- 2. International Center for Mental Health, Mount Sinai School of Medicine, NYU, New York, United States
- 3. Keele University Medical School, Harplands Hospital, Staffordshine, ST4 6th, United States
- 4. Fatimah Jinnah Medical College & Sir Ganga ,Ram Hospital, Psychiatry, Lahore, Pakistan
- 5. Seinan-Gakuin University, Asian Federation of Psychiatric Association, Nishijn, Japan
- 6. University of Level 1 North, Psychiatry, Victoria, Australia

AUTHORS

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- 3. John Cox³, Professor, john1.cox@virgin.net
- 4. Haroon Rashid⁴, Professor, pprc@wol.net.pk
- 5. Naotaka Shinfuku⁵, Professor, shinfuku@seinan-gu.ac.jp
- 6. Bruce Singh⁶, Professor, singh@unimelb.edu.au

Mental health legislations codify and consolidate the fundamental principles, values, goals, objectives and mental health policy. Such legislation is essential to guarantee that the dignity of patients is preserved and that their fundamental rights are protected. There is no national mental health legislation in 25% of countries with nearly 31% of the world's population, although countries with a federal system of governance may have state mental health laws. Of the countries in which there is mental health legislation, half have national laws that were passed after 1990.

Countries including Indonesia, Bangladesh, Thailand, Malaysia, Myanmar, still have Mental Health Act based on British Lunacy Act. Legislation should ensure the introduction of mental health into primary health care.

Mental health care law should have these basic principles, which includes:

- Respect for dignity, autonomy and liberty In this confidentiality should be maintained and there has to be provision for involuntary admissions.
- Professionalization of mental health services- Internationally accepted medical standards should be adopted for better care and treatment.
- Protect fundamental rights.
- Non discriminatory No discrimination on the basis of race, religion, caste and color.
- Least restrictive environment There should be decreased institutional placement and increased community services.

(Regional work shop on Mental health legislation, Galle, Srilanka, May, 2001)

Mental health legislation should be viewed as a process rather than as an event that occurs just once in many decades. This allows it to be amended in response to advances in the treatment of mental disorders and to developments in service delivery systems.

EVALUATION OF MENTAL HEALTH LEGISLATION SCENARIO IN WESTERN AND CENTRAL ASIA

INSTITUTIONS

1. Fatimah Jinnah Medical College & Sir Ganga, Department of Psychiatry, Lahore, Pakistan

AUTHORS

1. Haroon R Chaudhry¹

Mental health policy, programme or legislations are important tools for the overall development of mental health resources in western and central Asia. They act as a broad guideline and provide direction and impetus to the development of mental health care facilities in a country. The Mental Health Legislation Programme contributes to the effective and timely implementation of the Mental Capacity Act and the new mental health legislation by working in partnership with the NHS, local authorities, people that use services, carers and other stakeholders to share good practice and promote joint working.

Mental health policies are present in 59.5% of the countries in the world. More than 30% countries do not have a national mental he-

alth programme. About a quarter of the countries do not have a law related to the field of mental health. Though 91.7% of the countries in the European Region have mental health legislation, the same is present in only 57.1% of the countries of the Eastern Mediterranean Region.

Though the majority of countries have a law related to mental health, this law is often not comprehensive and does not adhere to the international legislation concerning human rights. Often mental health legislative issues are simply mentioned as part of a general health law or a law related to forensic medicine. Disability benefits, though present in many countries, are neither comprehensive in nature nor easily accessible and lack standardized assessment procedures.

MENTAL HEALTH LEGISLATION: SCENARIO IN SOUTH ASIA

INSTITUTIONS

1. C.S.M.Medical University (Earlier K.G.Medical University), Psychiatry, Lucknow, India

AUTHORS

1. Jitendra Kumar Trivedi¹

Mental health legislations codify and consolidate the fundamental principles, values, goals, objectives and mental health policy. Such legislation is essential to guarantee that the dignity of patients is preserved and that their fundamental rights are protected. In WHO Health Report (2001) it was reported that 67% of countries in Southeast Asia have mental health legislation and rest 33% have no such law

Countries including Indonesia, Bangladesh, Thailand, Malaysia, Myanmar, still have Mental Health Act based on British Lunacy Act. Legislation should ensure the introduction of mental health into primary health care. In South Asian countries like India and Bangladesh delivering mental health services through primary health services is the most viable strategy.

Mental health care law should have these basic principles, which includes:

- Respect for dignity, autonomy and liberty - In this confidentiality

should be maintained and there has to be provision for involuntary admissions.

- Professionalization of mental health services- Internationally accepted medical standards should be adopted for better care and treatment.
- Protect fundamental rights.
- Non discriminatory No discrimination on the basis of race, religion, caste and color.
- Least restrictive environment -There should decrease institutional placement and increase community services.

(Regional work shop on Mental health legislation, Galle, Srilanka, May, 2001)

South Asian countries need a modern mental health law that gives priority to protecting the rights of persons with mental disorders, promotes development of community-based care and improves access to mental health care.

MENTAL HEALTH LEGISLATION AND ETHICAL ISSUES IN EAST ASIA

INSTITUTIONS

1. Seinan-Gakuin University, Japan

AUTHORS

1. Naotaka Shinfuku¹

Mental health legislation does not guarantee human right of mental patients. However, it is the necessary first step to develop mental health services which are humanistic, scientific and evidence based. All member states of WPA East Asian Zone have mental health legislation at national and regional level. Japan enacted in 1900 "Incarceration Law for the Lunatics" to protect the society from mental patients. Since then, legislation for mental patient has been modified several times reflecting the attitude of the society toward mental patients. In Taiwan and Korea, the enactments of mental health legislation took place in the 1990th. Chinese psychiatrists have started the preparation of mental health law since 1990's. However, it has not yet been approved at national level. Beijing and Shanghai have

passed the mental health laws in the early 2000's. Mental health legislations are the mirrors of social attitudes toward mental patients in East Asia.

My presentation will cover, among others, the following aspects.

- -Overview of mental health services in Asia
- -Development of mental health legislation in East Asia.
- -Forces to develop mental health legislation in East Asia.
- -Characteristic feature of mental health legislation in East Asia.
- -Recent laws in the fields of mental health
- -Asian culture and mental health legislation

REGULAR SYMPOSIA

MENTAL HEALTH LEGISLATION - SCENARIO IN AUSTRALASIA.

INSTITUTIONS

1. Faculty of Medicine, National University Hospital, 5 Lower Kent Ridge Road, Australia

AUTHORS

1. Bruce Singh1

Mental health legislation is well developed in Australia and New Zealand but of variable quality in the nations of The Pacific. The development of uniform legislation in Australia was one of the goals of the National Mental Health Policy and Plan launched in 1992.

In this talk I will detail the process whereby this goal was achieved. I will also discuss the problems that arise in Pacific nations when: mental health legislation is either inadequate or absent.

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FOLLOW-UP STUDIES OF MIGRANT AND REFUGEE POPULATIONS

INSTITUTIONS

- 1. University of Oslo, Institute of Psychiatry, Oslo, Norway
- 2. Rigshospitalet, Centre Transcultural Psychiatry, Copenhagen, Denmark

AUTHORS

- 1. Edvard Hauff¹, Dr., MD,PhD, edvard.hauff@medisin.uio.no
- 2. Marianne Kastrup², Dr., MD, PhD, marianne.kastrup@rh.regionh.dk

There is an increasing awareness of the need for research on how migrant and refugee populations fare in the country of exile. Pertinent issues relate to:

What are the factors of risk/buffers for mental disorders?

Can we identify specific subgroups that are in need for special interventions?

Do the groups get access to existing services and for which pro-

blems?

If we are to fulfil the needs of the migrant groups with respect to alleviating their mental health problems such questions deserve increased focus.

The symposium aims at highlighting recent research carried out in the Scandinavian region to answer these questions.

MENTAL HEALTH CHANGES IN TORTURED REFUGEES ADMITTED TO MULTIDISCIPLINARY TREATMENT

INSTITUTIONS

- 1. Rehabilitation and Research Centre for Torture Victims (RCT), Psychiatric Centre Amager, Research Department, Copenhagen, Denmark
- 2. University of Copenhagen, Department of Health psychology, Institute of Public health, Copenhagen, Denmark

AUTHORS

- 1. Jessica M Calsson¹, Dr., MD,PhD, jessica_c@email.dk
- 2. Erik L Mortensen², Mr.

The aim of this study was to examine changes in symptoms of PTSD, depression, anxiety, and in health-related quality of life in traumatized refugees admitted to multidisciplinary treatment. The study group comprises 45 persons admitted to the Rehabilitation and Research Centre for Torture Victims (RCT) in 2001-2002. Data on background, trauma, present social situation, mental symptoms (Hopkins Symptom Checklist-25, Hamilton Depression Scale, Har-

vard Trauma Questionnaire), and on health-related quality of life (WHO Quality of life-Bref) were collected before treatment, after nine months, and 23 months. A decrease in mental symptoms was observed in the period between the first and second follow-up, i.e. between the ninth and $23^{\rm rd}$ month. These changes and factors associated with these changes are currently being analysed and will be discussed during the presentation.

A HEALTH PROMOTION CLASS AS A MENTAL HEALTH PROMOTION INTERVENTION AMONG NEW-COMING REFUGEES IN THE RECEPTION PROGRAMME

INSTITUTIONS

- 1. Stockholm University, Stress Research Institute, Stockholm, Sweden
- 2. Karolinska Institutet, Dept of Clinical neuroscience, Psychiatry-HS, Stockholm, Sweden
- 3. Botkyrka community, Introduction section, Stockholm, Sweden

AUTHORS

- 1. Solvig Ekblad^{1,2}, Dr., PhD, Solvig.Ekblad@ki.se
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On the basis of a survey (March-December 2006) performed on aspects of patients regarding care and support processes for newly-arrived refugees in the project entitled "Psychiatric disabilities in a transcultural perspective", an intervention is being undertaken during 2007 and 2008 by a health promotion class, a revision from a mental health promotion course at Harvard, USA (Mollica, Lavell, Tor and Hovelson, 2007) and experience from an earlier project at Fittja psychiatric outpatient clinic. This course is developed within the frame of the reception programme in the Botkyrka community, a southern suburb of the capital of Stockholm where many immigrants are living..

The participants, mainly from Iraq, are studying Swedish language and has received permanent permission to stay in the community. The study is prospective, with a baseline study and follow up after the five weeks' course. Self-rating instruments measuring criteria on PTSD, depression, and mental health promotion were used.

Each group for five weeks' course consists of 10-15 participants. The course endure for 2 hours a week and one of the hours is a walk in the area. There are five themes, one each week: Introduction, stress, exercise, public health habits, how to talk to your doctor. The presentation will include experience and lessons learnt from the first performed groups during autumn 2007 and spring 2008.

MENTAL HEALTH OF VIETNAMESE REFUGEES AFTER 23 YEARS IN EXILE: A LONGITUDINAL STUDY

INSTITUTIONS

- 1. University of Oslo, Institute of Psychiatry, Oslo, Norway
- 2. University of Bergen, Centre for Child and Adolescent Mental Health, Bergen, Norway

AUTHORS

- 1. Edvard Hauff¹, Dr., MD, PhD, edvard.hauff@medisin.uio.no
- 2. Aina Basilier Vaage², Dr., MD, ainabv@broadpark.no

Aims and objectives: The present study is the first prospective longitudinal cohort study of Vietnamese refugees followed for more than 20 years. How is the refugees' mental health after 23 years in exile? What were the changes since the time of arrival?

Methods: A community cohort of Vietnamese refugees resettled in Norway was studied in 1982 (T1), 1985 (T2) and again in 2005 (T3). In 2005, the 80 respondents, 57 % of the surviving original cohort, completed a self-report questionnaire before a semi-structured interview. The mental health was measured by Symptom Check List-90.R

Results: The SCL-90-R mean score GSI was reduced from 0.81 at

T1 to 0.49 at T3 (p<0.001). Associated with a lower GSI score was having more than 10 Vietnamese friends (p=0.04), being presently occupied (p=0.01) and rating the present general health as good (p<0.001). At T1 26 % (n=20) of the respondents at T3 were "cases" (GSI \geq 1.00), 25 % at T2 and 18 % at T3 (n.s.).

Conclusion: The main finding is in line with cross-sectional studies of Vietnamese refugees, and other longitudinal studies with shorter follow-up time, showing improvement in mental health over time. This finding indicates a resilience in this refugee population, but a considerable subgroup also has mental health problems after 23 years in exile.

UTILIZATION OF PSYCHIATRIC SERVICES OVER TIME AMONG MIGRANTS AND REFUGEES

INSTITUTIONS

1. Rigshospitalet, Centre Transcultural Psychiatry, Copenhagen, Denmark

AUTHORS

1. Marianne Kastrup¹, Dr., MD, PhD, marianne.kastrup@rh.regionh.dk

A nationwide register study was carried out comprising 50,877 persons aged 18-66, who were registered in 2003 in the Danish Psychiatric Register or the National Patient Register with a psychiatric ICD-10 diagnosis.

Of the population 87.1% were ethnic Danes, 7.8 % migrants, 4.0 % off-springs with one Danish born parent, 0.7 % off-springs with both parents born outside Denmark and 0.3% foreign adoptees. Males comprised 49%, women 51% of the population.

The 5 ethnic groups had significant differences in utilization of care, diagnostic distribution and use of coercion.

Women had higher contact rates in all groups apart from migrants.

The contact rate among persons of Middle Eastern background was relatively low.

Patients with a non-Danish background were more frequently nonvoluntarily admitted and had significantly more frequently contact with services due to a forensic measure.

Substance abuse was higher among men in all ethnic groups. Contacts due to schizophrenia were higher among non-Danish patients and highest among young off-spring males.

Self-mutilating behaviour was seen more frequently among female off-springs from non-Western countries than among migrant women from non-Western countries

The population was traced for utilization of psychiatric services during the period 1995-2003. Results from this follow-up period with respect to burden of care among the different ethnic groups will be presented.

RS-29

ETHICS LEGISLATION FOR PSYCHIATRY IN EASTERN EUROPE

INSTITUTIONS

1. Hellenic Centre for Mental Health and Research, Athens, Greece

AUTHORS

1. George Christodoulou¹

Symposium organized by the WPA Standing Committee on Ethics and the Psychiatric Association for Eastern Europe and the Balkans

The purpose of this Symposium is to present the existing legislation concerning psychiatric Ethics in representative countries of Eastern Europe and to underline the problems arising from either inadequate legislation or poor implementation of the existing legislation.

The overall conclusion is that, since Ethics is a protean concept, legislation should be periodically revised and its implementation should be regularly monitored.

The Symposium will be open for discussion to the Presidents or representatives of the Psychiatric Association for Eastern Europe and the Balkans and to the members of the WPA Standing Committee on Ethics.

ETHICS LEGISLATION FOR PSYCHIATRY IN GREECE

INSTITUTIONS

- 1. Hellenic Centre for Mental Health and Research, Greece
- 2. Athens University Department of Psychiatry, Athens, Greece
- 3. Standing Committee on Ethics, WPA, Switzerland
- 4. Psychiatric Association for Eastern Europe and the Balkans, Athens, Greece
- 5. Edgware Community Hospital, London, United Kingdom

AUTHORS

- 1. G. Christodoulou^{1,3,4}
- 2. V. Kontaxakis^{2,4}
- 3. N. Christodoulou^{4,5}
- 4. D. Anagnostopoulos^{2,4}

Ethics legislation for Psychiatry in Greece is incorporated in the legislation that concerns Medicine as a whole.

It reflects concern for the provision of the best treatment possible, respect for the human dignity, human rights and fundamental freedoms of the patient and it encourages mental health promotion (paragraph 1). It further underlines the need for CME of the psychiatrist (paragraph 2) utilization of the less restrictive therapeutic interventions, obligation for a second opinion, if needed, and attention to the educational needs of the staff (paragraph 3).

Furthermore, the Law encourages therapeutic strategies in partnership with the patient (paragraph 4) facilitation of informed decisions (paragraph 5) respect for the autonomy of the patient (paragraph 6) treatment with the consent of the patient, unless human life is threatened (paragraph 8).

Additionally, the Law prohibits the psychiatrist to take advantage of

his therapeutic relationship with the patient or to use or disseminate confidential information. Breach of confidentiality should only be allowed only when human life is in danger (paragraph 9).

In cases of psychiatric examination for non-therapeutic reasons, the patient should be fully informed (paragraph 10) and when the patient participates as a research subject, informed consent should be given (paragraph 11).

The Law prohibits the psychiatrist to use professional methods to impose changes in attitudes or behaviors related to political or social convictions (paragraph 12) and encourages the psychiatrist to protect the honor and dignity of patients exposed to the media (paragraph 13).

Reference

Hellenic Democracy Law 3418, Code of Medical Deontology, item 287, article 28, 2005.

ETHICAL GUIDELINES OF THE PSYCHIATRIC COMMUNITY IN TURKEY

INSTITUTIONS

- 1. Turkish Neuropsychiatric Society, Turkey
- 2. Psychiatric Association of Turkey, Turkey

AUTHORS

- 1. P. G. Gökalp¹
- 2. M. Sercan²
- 3. S. Yüksel²
- 4. D. Yesilbursa²
- 5. S. Ozer²

The Legislation for Medical Ethics in Turkish Republic dates back to 1928, where the ethical aspect of general medical practice is regulated. Statutes of Medical Deontology was amended in 1960, where 46 items on the rules on the clinical practice of physicians and dentists, on the doctor - patient relationship, and on the relationship within the treatment team was stated (1). These rules and regulations were valid for the psychiatric community too until the amendment of The Rules of Professional Ethics in Psychiatry in June 2002 (2). The WPA Madrid Declaration (996) was translated into Turkish and already was accepted as a key text for psychiatrists in 1997. The rules regulate the rights of the patients and physician-patient relations, rela-

tionships between colleagues, human rights, medical research and publishing ethics and the rules for the application and modification of the ethical rules. The practical needs and application procedures will be discussed through cases.

References

- 1. www.ttb.org.tr/mevzuat: Statutes of Medical Deontology. 1960 (in Turkish)
- 2. http://www.psikiyatri.org.tr/English. The Rules of Professional Ethics in Psychiatry. 2002

CURRENT ETHICAL PROBLEMS IN RUSSIAN PSYCHIATRY

INSTITUTIONS

1. Moscow Research Institute of Psychiatry, Russian Federation

AUTHORS

1. Valery N Krasnov¹

In the former Soviet Union there existed a well organized and regulated system of psychiatric care, built on territorial ground. One of the disadvantages of this system was its excessive centralization. But from ethical and legal point of view the still more serious disadvantage was the lack of special law on psychiatric care in soviet psychiatry. In the 70-80s of the last century this system was found to be connected with misuse of psychiatry in political purposes.

Political authorities imposed on psychiatrists the way of conducting forensic psychiatric expertise with persons who made anti-Soviet statements or had anti-Soviet publications. Some of these cases were made public and fairly criticized by the whole world.

In 1991 the Soviet Union fell apart and several other countries were formed. Russia was the first country where the Law about psychiat-

ric care was passed. In 1992 this Law was confirmed by the Parliament and took effect in January 1993.

The law considerably widened patients' rights and restricted the possibility of unlawful actions in the course of psychiatric treatment. In 1994 Russian Society of Psychiatrists accepted the Code of psychiatrists' professional ethics.

Russian Association of Psychiatrists cooperates with WPA and other international organizations and is quite open to discuss the rights of the mentally ill. At the same time the introduction of basic laws in psychiatry does not at all solve all problems which exist in scientific and practical psychiatry. The necessity of solving different questions at the level of biomedical ethics arises more and more often.

ETHICAL AND LEGAL GROUNDS OF INVOLUNTARY HOSPITALIZATION IN RUSSIA

INSTITUTIONS

- $1.\ Independent\ Psychiatric\ Association\ of\ Russia,\ Moscow,\ Russian\ Federation$
- 2. Russian Research Center for Human Rights, Moscow, Russian Federation

AUTHORS

- 1. L. Vinogradova^{1,2}
- 2. Y. Savenko^{1,2}

Object: to reveal factors providing effective ethical and legal mechanisms of correct involuntary hospitalization

Method and materials: analysis of data of involuntary hospitalization monitoring in Russia during 2003-2007 and of several concrete cases

Results: analysis of significant differences in rate of involuntary hospitalization in various regions and in several time intervals, its tendencies and several concrete cases has allowed to discover motives of unsatisfactory law enforcement, which are doctors' accommodation, corruption and - lately - security agencies' meddling.

This state roots in absence of independent court and guarantees of Law enforcement and in total ignorance of ethics. Ethical commissions are created by the authorities and not independent. Ethical Code is concerned as excess in the conditions of exact wording in the Law.

Manipulation of patient's consent is widely spread. Opponents of human rights priority in involuntary hospitalization usually prove their position by patient's right to health, which doctor understands better than patient. Such paternalistic approach are lawful in regard to three grounds for involuntary hospitalization but anyway only with court order. The other cases demand individual approach when doctor makes decisions together with patient accordingly to his values hierarchy.

Conclusion: To ensure human rights in involuntary hospitalization it's necessary to rehabilitate ethics equally with law as fundamental ground. For this purpose we need to have stable professional society or a few societies which give publicity to information about ethical violations and consider it important for its members' reputation.

MENTAL HEALTH POLICY AND LEGISLATION IN SERBIA - TOWARDS DESTIGMATIZATION OF PATIENTS AND PSYCHIATRISTS

INSTITUTIONS

1. University of Belgrade, Institute of Mental Health, School of Medicine, Serbia and Montenegro

AUTHORS

1. Dusica Lecic-Tosevski1

Care of mentally ill persons is not to be merely carried out through diagnostic means and treatment only (in compliance with the standards in easily-accessible services and in a less restrictive way) but it also demands the full affirmation and human rights protection, consequently preventing any type of discrimination. Serbia, together with the other countries of the region, has begun the reform of mental health care, as part of the Mental Health program of the Stability Pact for South-East Europe. The reform comprises a complex series of measures with the basic objective to improve the quality of mental health care, prevention of mental disorders and mental health promotion, but also to promote availability and equity, protection of human rights and destigmatization of the patients. The National strategy for development of mental health care has been approved by the Government. This strategy aims at promotion of the reform of

the mental health care system, including the passing of an adequate and efficient law that would govern the mechanisms for protection of human rights of persons with mental disorder.

The draft of the Mental Health Act has also been prepared, after a debate with professionals and associations all over the country. It was reviewed by the international experts, and will, hopefully, be approved soon.

References

- 1. World Health Organization (2003b). Mental Health Legislation/ Human Rights (Mental health policy and service guidance package). WHO. Geneva.
- 2. Strategy for Development of Mental Health Care in Serbia (2007). www.imh.org.yu

RS-31

DELIVERY OF HEALTHCARE IN THE DEVELOPING WORLD (WITH A FOCUS ON INDIA)

INSTITUTIONS

- 1. Indiana University School of Medicine, Indianapolis, Indiana, United States
- 2. C.S.M.Medical University, U.P., Lucknow, U.P., India

AUTHORS

- 1. Vijoy K Varma¹, Professor, MD, vijoyv@comcast.net
- 2. Jitendra K Trivedi², Professor, MD

Psychiatric services in the developing countries in Asia, Africa and South America suffers from enormous manpower constraints. As opposed to the norm of 100-150 psychiatrists per million population in developed countries in Western Europe and North America, developing countries average 1 to 4 psychiatrists per million population. The manpower situation in allied non-medical disciplines is even more unfavourable.

However, contrary to the expectation, in spite of affluence and advantageous manpower situation, Western countries do not necessarily provide a more optimal level of care, particularly for severe mental disorders. The mental health services in a country like the

U.S. are very variable, with large pockets being ill-served.

It is accordingly emphasized that, while paying attention to making progress, developing countries should uphold their advantages, and should heed own priorities and philosophy. They should not blindly follow the West, so as to avoid their mistakes. (There is compelling evidence, for example, that the outcome of severe mental illness is more favourable in developing countries.) We must not lose sight of our advantages - of indigenous psychosocial therapeutic approaches and the traditional social support and values and family ties, increasingly eroded in the developed world.

MENTAL HEALTH SERVICES FOR DEVELOPING COUNTRIES

INSTITUTIONS

1. C.S.M. Medical University, Psychiatry, Lucknow, India

AUTHORS

1. Jitendra K Trivedi¹, Professor, MD, MRCPsych

Developments in the 20th century have dramatically changed the concept of mental health care as a result of new knowledge about mental disorders and treatment choices and of prevention of mental disorders and promotion of mental health.

In India, the place of mental health care as a part of general health has significantly changed during the last 60 years. At the time of independence there was no organized mental health care. This has changed and mental health issues are actively seen as a part of public agenda in the various forms. There has been some focus on the mental health care and it has grown from being non-existent to having some presence; however, despite the progress in mental health care the needs of the population are largely unmet. The problem faced by the health services include persistent gaps in manpower and infra-

structure, especially at the primary health care level, the sub-optimal functioning of primary care, a large number of hospitals lacking appropriate manpower, diagnostic or therapeutic services, coupled with poor utilization of services in the needlest areas and inadequate inter-sectoral linkages.

Past few decades have witnessed radical changes in the political, economical and social conditions. The growth in the mental health care has not been enough to meet the needs of the community. Our community programs need to be tuned to the changing times and need basic reforms. Necessary steps to meet the mental health care needs include training the undergraduates, physicians and the community.

MENTAL HEALTH LEGISLATION FOR DEVELOPING COUNTRIES

INSTITUTIONS

1. North India Psychiatric Centre, Ludhiana, Punjab, India

AUTHORS

1. Anirudh K Kala¹, Professor, MD, anirudhkala@gmail.com

Developing countries in South Asia have a very serious resource deficit. South Asia has 0.1 psychiatrists per 100,000 population, 0.3 psychiatric beds per 10 thousand population and 0.1 nurses per 100,000 population. Even these meager resources are unevenly distributed leaving vast tracts of land without any mental health facilities. Trained personnel and mental health infrastructures are required to implement mental health provisions. For example, in India for an involuntary admission to occur, both a psychiatrist and a psychiatric bed should occur together. Since there are only about 30,000 psychiatric beds for a billion people, this often leads to a situation where mental health law is un-implementable. The same situation exists

in all the South Asian and most other developing countries. There is a need to make emergency involuntary admission up to 72 hours possible even in community and primary health settings. There can be various other improvisations which are in the context of available mental health and cultural resources. However, making provisions for short involuntary admission less stringent raises important human rights issues. These can be addressed by having monitoring tribunals primarily constituted by non-psychiatric personnel from legal and social spheres, which can be accessed in cases of perceived wrongful restrained after admission has occurred.

DEVELOPMENT OF TRAINED MANPOWER FOR DEVELOPING COUNTRIES

INSTITUTIONS

1. Medical College, Psychiatry, Trissur, India

AUTHORS

1. Roy A Kallivayalil¹, Professor, MD, roykallivayalil@dataone.in

Developing countries have unique challenges, especially with sizable populations requiring mental health services. The number of qualified psychiatrists is fewer than one per 100,000 population. The number of beds, mental health professionals and resource allocations are far too inadequate. South Asia region is a prototype for such developing nations. The countries in this region have limited resources. Sometimes mental health is not a priority area in many of these countries.

What are the prospects ahead for development of trained manpower in mental health for developing nations? Simple strategies can make a huge difference. Including Psychiatry as a teaching subject with examination for undergraduate (MBBS/ equivalent courses), imparting psychiatry training to primary care physicians, opening up

more and more General Hospital Psychiatry units, involving NGOs in mental care and increasing the training facilities for mental health professionals, etc., will be highly worthwhile initiatives in South Asia and other developing countries. Training and involvement of non-medical personnel in the delivery of mental health services in the developing countries can also be a possible solution. (We have several examples from countries like India, where this has been implemented.) The SARRC Psychiatric Federation, the ASEAN Psychiatric Federation and similar groupings can play an important role in co-ordinating mental heath movement in the developing world. We will also need more of institutes of excellence like NIMHANS, Bangalore, India. The Western model, oriented to the needs of each country can be helpful in this regard.

COMMUNITY CARE, PUBLIC AWARENESS AND PRIVATE PSYCHIATRY

INSTITUTIONS

1. PARIVARTAN, Centre for Mental Health, New Delhi, India

AUTHORS

1. Avdesh Sharma1, Dr., MD

The hallmark of many ,developing societies' is that the Community Cares. This fact had been evident in many studies on prognosis. The societal changes (urbanized, nuclearized societies with stressed, broken down families and marginalized individuals fighting inter and intrapersonal conflicts), along with over-medicalization of mental health issues have eroded the tolerance of deviance from the normal and shifted the focus from indigenous methods of coping within developing societies. It is only recently that the institutionalized, government-centric approaches are giving way to community care models through non-governmental organizations with the help of private psychiatry movement.

India, a country fast tracking from the ,Developing towards Developed World', like many other countries in the world is a society in transition. If we were to look at the total burden of mental illnes-

ses and emotional problems, the existing numbers of psychiatrists (about 4000) would be woefully inadequate for a population of 1000 million in India. Yet, these are far better than many other developing countries.

The future health care delivery systems would need to look at partnerships (govt./non-govt., public/private, professional/lay counselors, psychiatrists/physicians, skilled/semi-skilled health workers, westerns/eastern approaches, modern/indigenous medication, etc.), innovations in cost-effective manner for local resource-specific awareness programmes for early intervention and appropriate treatment/rehabilitative measures to cater to the growing mental health (not only illness) needs of the societies like India in transition. We need to develop newer models for effective health care delivery system which are appropriate, cost-effective and culturally sensitive.

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MENTAL ILLNESSES IN TRADITIONAL SOCIETIES: CULTURE-SPECIFIC OR CULTURAL VARIANTS?

INSTITUTIONS

- 1. Sir Ganga Ram Hospital, New Delhi, India
- 2. Postgraduate Medical Institute, Chandigarh, India
- 3. Indiana University School of Medicine, Indianapolis, Indiana, United States
- 4. South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Burton upon Trent, United Kingdom
- 5. Fortis Hospital, Delhi, India
- 6. Northumberland, Tyne and Wear NHS Trust, and Newcastle University, Newcastle Upon Tyne, United Kingdom

AUTHORS

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From times immemorial, cultures have addressed to what contributes to personality, mental health and illness.

Increasing and emergent transcultural research in mental illness has brought to light differences across cultures in many illness variables. Cross-cultural psychiatric and anthropological research has drawn attention to the considerable differences across cultures in such things as the incidence, typology, manifestations and outcome of mental illnesses.

In addition to the role of culture in shaping illness, it may also influence mental health and personality. There are considerable differences in personality configurations across cultures. This has given rise to the ,culture-and-personality 'research.

Whereas the differences across cultures may relate to the pathogenic, pathoplastic and health-sustaining influences of cultures, the similarities may indicate the core nature of the illness, a matter of crucial importance to all health professionals.

ANCIENT CIVILIZATION CONCEPTS OF MENTAL HEALTH AND ILLNESS

INSTITUTIONS

1. Indiana University School of Medicine, Indianapolis, Indiana, United States

AUTHORS

1. Vijoy K Varma¹, Professor, MD, vijoyv@comcast.net

Mental illness and health being so important, all cultures have addressed to what contributes to mental health and what causes illness. Earlier concepts have addressed to attributes of the personality that contribute to health, those that cause illness, and the balance between the two.

Melancholia and hysteria were described in Egypt and Sumeria as early as 2600 B.C. Indian Ayur-Veda was written about 1400 B.C. Humoral theories, in some form or other, have been with us since Hippocrates. Also, various cultures have alluded to the basic elements - earth, fire, water and air - as contributing to the personality, health and illness.

According to ancient Indian Vedic concepts, personality is composed of three elements, *Satva* (pure qualities), *Rajas* (pleasure-seeking

propensities and emotions) and *Tamas* (animal-like behavioural tendencies leading to deterioration). A dis-equilibrium between the three leads to mental illness *Unmada* (severe mental disorder) and other illnesses. *Tridosha (vayu, pitta, kaf,* the three cardinal defects or aberrations, are the aetiological factors in mental illness.

Islam seems to have taken a more benevolent view of the mentally ill, considering them to be blessed or holy. The essence of Taoistic doctrine is *wu wei*, meaning thereby ,non-action, ,non-doing, ,non-interference, ,not doing anything and ,doing nothing. Buddhism seems to extol the importance of balance or taking the middle path.

The paper will present concepts and classification of mental illness, deriving from the major religious, ethnic and national groups. It is expected to add to the current status and controversies associated with it.

RELATIONSHIP BETWEEN ACUTE PSYCHOSIS AND SCHIZOPHRENIA: EVIDENCE FROM RESEARCH

INSTITUTIONS

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Research in the field of acute and transient psychotic disorders has established its diagnostic validity and proposes certain modifications in the criteria given in the ICD 10. There is also evidence to suggest a continuum of psychopathological subgroups within the broad rubric of ,psychosis', with gradations of affectivity and schizophrenicity and a lot of overlap which may differ to a certain extent in respects of course, genetics and response to treatment. By-and-large, such observations seem to be somewhat consistent with the hypotheses that a) there is a shared genotype for the propensity for psychosis; and b) that there is expression of liability along a continuum of psychotic disorders, depending upon the degree of liability

and the exposure to various neurologically damaging factors. Such observations question the very reference point to study psychotic disorders that emerges from the dichotomous distinctive approach between schizophrenia and manic depressive psychoses. Studies on acute and transient psychosis provide a framework for refinements in the diagnosis of psychotic disorders that shall have a bearing on other overlapping concepts and boundaries including schizophrenia and affective disorders. The presentation shall address such issues, suggesting a need to revive psychosis' as the subject of study transcending the discrete diagnostic categories.

DOES DHAT SYNDROME CONVEY ANYTHING MEANINGFUL?

INSTITUTIONS

- 1. Sir Ganga Ram Hospital, New Delhi, India
- 2. Northumberland, Tyne and Wear NHS Trust, and Newcastle University, Newcastle Upon Tyne, United Kingdom

AUTHORS

- 1. Satish C Malik¹, Professor, MD, prof.scmalik@gmail.com
- 2. Niraj Ahuja², Dr., MD

First described in 1960 (Wig, 1960), Dhat syndrome is a common presentation in psychiatric clinics in Indian subcontinent and the rest of South East Asia. It was originally described in men, who ascribed their somatic symptoms to the worrying presence of white discharge in urine, based on their world-view of such loss of a "vital substance". The concept was later extended to include women presenting with leucorrhoea with somatisation. The syndrome is included in ICD-10 under Neurotic disorders (F48.8) as well as a culture-specific disorder in Annexure 2 of the ICD-DCR classification.

There are divergent views regarding whether Dhat syndrome represents a culture-bound syndrome or whether it is an "uncritical culture-blind importation of alien epistemologies ... and consequent manufacture of dubious syndromes" constituting "cultural iatro-

genesis" (Jadhav, 2004). It has also been described as ,semen loss anxiety and a culturally defined symptom of depression. Whatever else, the symptom of Dhat appears to be a culturally defined idiom of distress in a given patient.

The paper will discuss issues related to pathogenic vs. pathoplastic influences of culture, benefits of categorical vs. dimensional approaches to understanding such presentations, and naturalistic vs. personalistic methodologies of studying psychopathology. The paper will also attempt to bridge the divergent views regarding aetiogenesis and classification of this clinical syndrome, focusing on the relevance of this theorisation to a culturally-sensitive psychiatrist, practicing in any part of World.

RS-33

CHALLENGING BEHAVIOUR - A SYMPTOM NOT A DIAGNOSIS

INSTITUTIONS

1. Royal College of Psychiatrists, President, London, United Kingdom

AUTHORS

1. Sheila Hollins¹, Professor, shollins @rcpsych.ac.uk

In different cultures, violence and vulnerability are managed in different ways, the least adaptive of these including the use of caged or netted beds in Eastern Europe, and the use of neuroleptic medication in more affluent countries. Other more humane approaches include creating supportive environments which include people in their home communities, supporting family and informal carers and providing a range of psychological therapies. The aim of the symposium will be to stimulate discussion about good practice, and to encourage future interdisciplinary research to identify the best ways of supporting individuals. There will be time for discussion and debate.

EXPERIENCES OF RESETTLING PEOPLE WITH CHALLENGING BEHAVIOUR FROM A LONG-STAY INSTITUTION IN THE UK

INSTITUTIONS

- 1. St George's University of London, Division of Mental Health, London, United Kingdom
- 2. Royal College of Psychiatrists, President, London, United Kingdom

AUTHORS

- 1. Jane Hubert¹, MA Dip Anth (Oxon)
- 2. Sheila Hollins², Professor, FRCPsych FRCPCH

This study aimed to gain a greater understanding of the experiences and needs of 20 men with learning disabilities who had been living in a locked ward. Qualitative (ethnographic) methods were used including the researcher spending around 250 hours in participant observation with the individuals on the ward and all traceable families were interviewed. The analysis used grounded theory, and material was fed back into the resettlement process throughout. The men's lives were emotionally, socially and physically deprived. Their individual, gender and social identities were not recognised, and their general health and mental healthcare needs were inadequately

addressed. People who live in long-stay institutions, segregated from society, lose their individual and social identity, which complicates the presentation of mental health and behavioural problems, and raises important adult protection issues. The presentation will also describe further follow up work undertaken with this group following closure of the institution.

Hubert J, Hollins S. The British Journal of Psychiatry, 2006: 188: 70-74

CHALLENGING BEHAVIOUR - A UNIFIED APPROACH

INSTITUTIONS

1. Royal College of Psychiatrists, Vice-President, London, United Kingdom

AUTHORS

1. Roger Banks¹, Dr, MB ChB FRCPsych, rbanks@rcpsych.ac.uk

This a presentation of the main themes of the report of a joint working group of the learning disability faculties of the British Psychological Society and the Royal College of Psychiatrists, in consultation with the Royal College of Speech and Language Therapists. The main focus is on adults who are vulnerable to restrictive interventions and abuse as a consequence of their limited capacity to make choices for themselves about where they live or work, and how they are supported.

This report concerns standards of clinical practice in supporting pe-

ople with learning disabilities who present behavioural challenges. It unites the clinical theory and practice of health professions that have specific models for the assessment and management of challenging behaviour. The fundamental unifying principle is to improve the quality of life for people whose behaviour challenges others.

Royal College of Psychiatrists. Challenging behaviour - a unified approach, College report CR144, 2007; London: RCPsych

IS THERE A ROLE FOR DRUG TREATMENT IN THE MANAGEMENT OF CHALLENGING BEHAVIOUR IN PEOPLE WITH INTELLECTUAL DISABILITY? A REPORT OF THE NACHBID STUDY

INSTITUTIONS

1. Imperial College, Department of Psychological Medicine, London, United Kingdom

AUTHORS

1. Peter Tyrer¹, Professor

This presentation will present a critical review of the role of neuroleptic drug treatment for challenging behaviour in people with intellectual disability.

Drug treatment is often used in aggressive challenging behaviour without an adequate evidence base. This study compared risperidone, haloperidol and placebo in a randomized control trial, the conclusi-

ons of which were that antipsychotic drugs should no longer be regarded as an acceptable routine treatment for aggressive challenging behaviour in people with intellectual disability. The implications for clinical practice will be discussed.

Tyrer P et al. The Lancet, 2008: 371:57-63

PSYCHOLOGICAL APPROACHES TO THE MANAGEMENT OF CHALLENGING BEHAVIOUR - EXPERIENCE FROM THE CZECH REPUBLIC

INSTITUTIONS

1. Charles University, Prague, Czech Republic

AUTHORS

1. Hynek Jun¹, Dr, PhD

In my presentation I will speak about CBT therapy of aggression in institutions of social care in the Czech Republic. I will be presenting the ,five steps' therapeutic model for decreasing the occurrence of aggression; this has been developed from behavioural therapy and the Eden Decision Model (EDM- Holmes- Autism through the lifespan). The first step is a behavioural and functional analysis, the

following steps are analysis of environment and tasks, reinforcement and punishment. I will speak about physical, mechanical and chemical restraint in the Czech Republic. I will endeavour also to show what is better in my view and to demonstrate good practice in the Czech Republic I will use a short film.

RS-35

OUTCOME MEASUREMENT IN AUSTRALIA

INSTITUTIONS

1. University of Melbourne, Department of Psychiatry, Australia

AUTHORS

1. Tom Trauer1

Australia has been at the forefront of national implementation of outcome measurement in its mental health services. This symposium will provide a comprehensive overview of routine outcome measurement in Australia.

The national perspective will be outlined by Tim Coombs who will speak on the Australian experience of sustainable implementation of

routine outcome measurement and look forward to future developments. Then Peter Brann, Tom Trauer and Rod Mackay will describe outcome measurement in services for children and adolescents, adults, and older persons respectively. Finally, Tom Callaly will present the implementation of routine outcome measurement in a local service from the perspective of a clinical director.

THE AUSTRALIAN EXPERIENCE OF SUSTAINABLE IMPLEMENTATION OF ROUTINE OUTCOME MEASUREMENT

INSTITUTIONS

- 1. The New South Wales Institute of Psychiatry, Sydney, Australia
- 2. University of Melbourne, Australia
- 3. University of Queensland, Australia
- 4. Data Systematics, Australia

AUTHORS

- 1. Tim Coombs¹
- 2. Jane Pirkis²
- 3. Philip Burgess³
- 4. Allen Morris-Yates⁴

Objective: In Australia a suite of outcomes measures have been introduced into routine clinical practice across all age groups and service settings within public sector mental health services. These include clinician rated measures such as the Health of the Nation Outcomes Scales (HoNOS) and consumer self-assessment measures such as the Kessler 10. This paper will describe the process of implementation including the development of clinical information systems, flexible yet consistent approaches to training, exploration of the clinical utility of outcome measures and web based feedback aimed at engaging clinicians.

Method: Through the review of policy developments over the last 15 years, along with a description of approaches to training and implementation, and an analysis of submitted data, the national implementation challenges of routine outcome measurement will be explored.

Findings: Although there has been is variability in implementation, some 15,000 staff have received training or been exposed to routine outcome measurement. The process of implementation provided significant opportunities for quality improvement activities. Initial analysis has revealed improvements in the presentation of consumers in contact with public sector mental health services. ¹

Conclusion: In Australia the implementation of routine outcome measurement to public mental health services continues. Challenges to sustainability include the need for investment and leadership along with a commitment to the ongoing development of routine outcome measurement.

Reference

1. Burgess, P. Pirkis, J and Coombs, T. (2006) Do adults in contact with Australia's public sector mental health services get better? *Australia and New Zealand Health Policy* 3:9

ROUTINE OUTCOME MEASUREMENT IN AUSTRALIAN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

INSTITUTIONS

1. Monash University, Department of Psychological Medicine, Melbourne, Australia

AUTHORS

1. Peter Brann¹

Aims/Objectives

This paper describes routine outcome measurement (ROM) across Australian child and adolescent mental health services (CAMHS). Examples will be provided of the benefits, dilemmas and issues emerging from this nationwide implementation.

Methods

By 2003, Australian CAMHS were involved in ROM with support from a National Outcomes Expert Group. The majority of examples will be drawn from a local service which commenced ROM in 1997. The ongoing use of HoNOSCA and the Strengths and Difficulties Questionnaire (SDQ) has created significant datasets, which, as a microcosm of the national datasets, have allowed a wide range of clinical and evaluation activities. With both instruments being used internationally, Australian CAMHS has been able to inform and be informed by other nations.

Results

Clinicians have used the data to inform case reviews and supervi-

sion. Individual client's data have been able to be compared with national reference data.

Aggregated data has assisted the service to redirect resources and modify its priorities. Evaluation and research has incorporated the measures into protocols enabling comparisons with other CAMHS populations.

However with increasing use, certain dilemmas and opportunities are becoming apparent. There is a need to develop a broader range of clinically relevant reports for used by clinicians, adolescents and parents. ROM benefits from incorporation into clinical processes but at some point raises questions about the utility of those practices. Increasingly important is the question of how to present and interpret change; different approaches will be described.

Conclusion

While not without difficulties, ROM has substantially influenced CAMHS in Australia.

ROUTINE OUTCOME MEASUREMENT IN ADULT MENTAL HEALTH SERVICES IN AUSTRALIA

INSTITUTIONS

 $1.\ University\ of\ Melbourne,\ Department\ of\ Psychiatry,\ Australia$

AUTHORS

1. Tom Trauer¹

Aims/Objectives

To describe routine outcome measurement (ROM) as it relates to adult consumers (patients) in Australia, and to identify some of the current issues and challenges.

Methods

Information is drawn from official documents, published research and personal experience.

Results

ROM is based on a set of measures, assessing symptoms and disability (assessed by the clinician) and subjective problems (assessed by the consumer) Assessments are scheduled for collection in inpatient, community and residential settings at admission/intake, reviews, and discharge/closure. A large body of experience and data has been

accumulated, and a wide variety of training and clinical resources have been developed. While Australia has been at the forefront of this work, there are several areas that are ongoing challenges. These include: variable rates of completion of the measures; not all staff are convinced of the purpose or value of ROM; the consumer self-rating measures are not completed as often as the clinician measures; there is little consensus on how change at the individual level should be evaluated; there is little guidance on how to use measures in combination, and little work has been done on ROM when applied to consumers with indigenous and ethnic backgrounds.

Conclusions

Australia leads the world in ROM implemented at the national level, and has developed a wealth of tools, experience and research. ROM is complex, and its implementation is evolutionary.

INTEGRATING ROUTINE OUTCOME MEASUREMENT INTO AGED CARE PSYCHIATRY

INSTITUTIONS

1. Braeside Hospital, Sydney, Australia

AUTHORS

- 1. Rod McKay1
- 2. Regina McDonald1

Aims/Objectives

To provide an overview of a model developed and implemented within an Aged Care Psychiatry service that has integrated aspects of the Australian National Outcomes and Casemix Collection (NOCC) into direct clinical practice and service management.

Methods

With the introduction of NOCC all Australian public mental health services are mandated to collect a set or routine outcome measures and a minimum data set. In order to make this initiative useful at a service level the concepts of evidence based care, clinical governance and routine outcome measurement were linked. This resulted in a review and redesign of clinical information use in the service; with particular emphasis on reviewing care planning and team case

conference activities.

Results

All patients entering the service have the key focus for clinical care and improvement identified early in their community or inpatient admission. This is linked to a single scale of the Health of the Nation Outcome Scales 65+ version and referred to as the ,key item. This item is then used for monitoring of patient progress, care planning, and to improve team communication. Collated data is used to analyse service functioning and inform management.

Conclusion

Routine outcome measurement appears a valuable tool to improving mental health care when linked to local clinical practices

INTRODUCING ROUTINE OUTCOME MEASURES - A CLINICAL DIRECTOR'S PERSPECTIVE

INSTITUTIONS

1. Barwon Health, Australia

AUTHORS

1. Tom Callaly1

Aim:

To describe lessons learnt over ten years of establishing a system for introducing and using routine outcome measures in an Australian mental health service.

Findings:

For most organisations, the introduction of the use of outcome measures into routine clinical practice will necessitate reviewing and reengineering their core business processes. Effective implementation will require the introduction of a clearly defined case management system; the development of a client record system that reflects that case management system and into which outcome measures can be

embedded; and the creation or adoption of a computerised system which can be used to collect outcome measure ratings and display results and comparisons for clinicians. In addition, the views of clinicians and consumers will need to be recruited and they will need to be given a significant role if this ambitious undertaking is to work effectively.

Conclusion:

If routine outcome measures are introduced as an isolated activity without major changes to clinical and information systems, staff will not consistently collect them and important opportunities for service improvement will have been missed.

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CLINICAL FORENSIC ISSUES

INSTITUTIONS

1. Meerkanten GGZ, Harderwijk, The Netherlands

AUTHORS

1. Peter J. Verhagen¹, mr., MD, verhagen.p@wxs.nl

Clinical issues play an important role in forensic and correctional settings. In this symposium three topics are presented:

- the concept of conscience

-dimensional versus categorical diagnosis of psychiatric disorders in forensic psychiatry

-plasma level monitoring of antipsychotics in psychosis wards of fo-

rensic mental units.

This symposium will contribute to a better understanding of the topics covered and participants should be able to recognize the importance of these subjects.

FORENSIC PSYCHIATRY AND THE CONSCIENCE

INSTITUTIONS

1. University of Tilburg, Faculty of Law, Tilburg, The Netherlands

AUTHORS

1. Karel T.I. Oei¹, dr., MD, PhD, t.i.oei@uvt.nl

Is conscience a balancing function in the justification of one's own or someone else's actions?

This question is ventral to the present paper, in which I will present a limited overview of what the forensic psychiatrist meets in his work in terms of the concept conscience.

It seems that in the more recent past the primary legitimation for court-imposed punishment was retaliation, whilst in today's world greater attention is being paid to the victim. And the chance is high that in an era in which the individual is expected to carry more and more responsibility for his deeds and practices, the concept of ,conscience' will also gain in importance. First the concept will be outlined, as seen by the adult. Second, the concept of conscience will be

illustrated, as is in the case of how a child would like to understand it. It is clear that in order for the human conscience to function properly, an individual has to be able to call on images from his own fantasies. The conscience is hardly activated in a life largely devoid of fantasy. Recognizing faces corresponds with a brain function and a neuro-anatomic substrate. There is a burden of conscience. There is also self determination and taking justice into one's own hands. In forensic psychiatry there are difficult situations, especially when a non-cooperative defendant is denying everything of a criminal act. For doctors and police makers there is a painful moment in situations of conflicts of duties.

DIMENSIONAL VERSUS CATEGORICAL DIAGNOSIS OF PSYCHIATRIC DISORDERS IN INCARCERATED BOYS

INSTITUTIONS

- 1. De Hartelborgt, Spijkenisse, The Netherlands
- 2. University of Tilburg, Faculty of Law, Tilburg, The Netherlands

AUTHORS

- 1. Ellemieke Nederlof¹, mrs., MD, nederlof50@hotmail.com
- 2. Karel Oei², dr., MD, PhD, t.i.oei@uvt.nl
- 3. Peter Dingemans¹, mr., MD

Several studies have shown that psychiatric disorders occur frequently among incarcerated boys; even up till 90 % meet criteria of any psychiatric disorder. The most common are externalizing disorders and less often internalizing disorders. Comorbidity rate is high (67 %). Conduct disorder (73 %) and oppositional disorder (14 %) are reported often, besides ADHD (8 %) and substance use disorder (55 %). Aim of the study is to determine dimensions which are underlying these psychiatric disorders, to make it possible to adjust treatment

Method

Hundred boys who were incarcerated in the The Hartelborgt were supposed to be included. After informed consent the participants were administered a structured questionnaire regarding sociodemographics and treatment history, an intelligence test, the SCID I and II for DSM diagnosis, the DAPP-BQ and the BFI for dimensional diagnosis and the CTQ for trauma history investigation.

Research

DSM psychiatric disorders measured with the SCID I and II, will be compared with the dimensions, measured with dimensional questionnaires.

Results

The relation was analyzed between the 5 dimensions measured with the BFI and the 4 higher order dimensions and 18 traits measured by the DAPP-BQ and the 3 most common found (clusters of) psychiatric disorders: psychotic symptoms, substance use disorder and disruptive behavior.

Recommendations

It is recommended to use a combination of categorical diagnostic instruments and dimensional assessment to support treatment goals. For future research it is recommended to look for physiological or neuropsychological markers.

COURT-ORDER PATIENTS WITH PLASMA LEVEL MONITORING OF ANTIPSYCHOTICS

INSTITUTIONS

- 1. Pompestichting, Nijmegen, The Netherlands
- 2. University of Tilburg, Faculty of Law, Tilburg, The Netherlands

AUTHORS

- 1. Karel de Blecourt¹, dr., MD
- 2. Karel Oei², dr., MD, PhD, t.i.oei@uvt.nl

Purpose:

Investigate whether prescribed antipsychotic have yielded effective plasma levels.

Method

In three groups of ten inpatients of a detention of hospital order clinic, plasma level monitoring was done in 15 probands with antipsychotics in average or high dose.

Results:

Ten probands displayed relatively low plasma levels.

One result is mentioned for each of the antipsychotics used (no interactions).

- zuclopentixol decanoas 1000 mg / 3 weeks 13 (10 50)
- risperidon consta 50 mg / 2 weeks 20 (10 95)
- quetiapin 1000 mg / day 57 (50 750)
- olanzapin 20 mg / day 13 (20 50)

Discussion

Ten patients out of a 30 (one third) appeared to have relatively low plasma levels which might be indicative for ultra rapid metabolisation. From the general population only 1 % is an ultra rapid metaboliser. Possible explanation is, that a number of patients in psychosis wards of Forensic Mental Units who previously have been treated in Mental Hospitals, might have had insufficient preventive profit during treatment on standard dose. This might have led to a selection bias. By adjustment of the dose, therapeutic effect could be improved. This means that therapeutic conversations could be more effective, if the patient concerned is biologically under control.

Conclusion:

This result, indicative for ultra rapid metabilisation, has to be confirmed pharmacogenetically. This way of treatment approach favours the doctor-patient relationship, all the same.

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FRONTIERS OF SCHIZOPHRENIA PSYCHOPATHOLOGY: THE SELF, COGNITION, DEPRESSION, AND SCHIZOTYPY IN THE PRODROME

INSTITUTIONS

1. Hvidovre Psychiatric Center, University of Copenhagen, Denmark

AUTHORS

1. Peter Handest1, Dr., PhD, handest@dadlnet.dk

This symposium aims to describe the non-psychotic psychopathology in the areas of self-disorders, cognition, and depressive states

mainly during the prodrome of schizophrenia.

ICD-10 SCHIZOTYPAL DISORDER: THE INDICATORS OF ITS VALIDITY

INSTITUTIONS

- 1. Hvidovre Psychiatric Department, University of Copenhagen, Denmark
- 2. The National Danish Research Foundation: Center for Subjectivity Research, University of Copenhagen, Denmark

AUTHORS

- 1. Peter Handest¹, Dr., PhD, handest@dadlnet.dk
- 2. Josef Parnas², Dr., Prof., jpa@hum.ku.dk

Background

The notion of a non-psychotic form of schizophrenia appeared in parallel to the schizophrenia concept since the inception of the latter. Currently, the ICD-10 operates with schizotypal disorder classified as a mild form of schizophrenia, whereas in the DSM-IV it is viewed as a personality disorder.

Aims

To validate the clinical concept of schizotypal disorder the results of genetic and own empirical studies are presented.

Methods

Review of genetic studies and presentation of own psychopathological studies.

Results

Genetic studies have consistently shown that non-psychotic schizo-

phrenia spectrum symptoms aggregate in relatives of schizophrenia patients. Our own studies have shown that basic symptoms and self-disorders occur equally often in schizophrenia and schizotypal disorder, and significantly higher than in non-spectrum patients. The schizotypal disorders' scores of the psychotic PANSS dimensions are lower than in schizophrenia but higher than in non-schizophrenia spectrum. The frequency of schizophrenia among the relatives of schizophrenia and schizotypal patients is elevated. 20 % of first admitted schizotypal patients develop schizophrenia during the first 5 years.

Conclusion

These results lend jointly a substantial clinical validity to the concept of schizotypal disorder as a "milder" part of schizophrenia spectrum.

SCHIZOPHRENIA AND DEPRESSION

INSTITUTIONS

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AUTHORS

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Background

Kraepelin introduced a distinction between manic-depressive psychosis and schizophrenia. The schizoaffective diagnosis emerged as an ultimate result of this distinction. The current operational classificatory systems (DSM-IV and ICD-10) have endeavoured to clear the schizophrenia diagnosis of all affective symptoms by the aid of exclusion criteria. Still, affective symptoms have always been seen as natural parts of schizophrenia (e.g. Bleuler's "mania" and "depression" in schizophrenia).

Aims

To elucidate the occurrence and the character of depressive and depression-like symptoms in schizophrenia in order to facilitate differential diagnosis against the affective spectrum.

Methods

A qualitative exploration of psychopathological features based on

literature and clinical examination.

Results

Initial depression is seen in up to 60 % of first-episode schizophrenia cases, depression is frequent in the post-psychotic phase, and negative symptoms are often misinterpreted as depressive symptoms. The differential diagnosis is difficult. The course of the illness is of great diagnostic importance. Misdiagnosis in prodromal states is common, leading to delayed detection of impending psychosis. The subjective and expressive depressive symptoms must be examined qualitatively in the context of the underlying structure of affective or schizophrenic illness. A number of such qualitative differences are described.

Conclusion

A global qualitative examination of the symptoms in their context will lead to a more valid diagnosis.

SUBJECTIVE AND OBJECTIVE COGNITIVE FUNCTION IN THE EARLY AND LATE INITIAL PRODROMAL STATE

INSTITUTIONS

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Background

Cognitive disturbances have been demonstrated in potentially prodromal subjects in both objective, i.e., neuropsychological, as well as subjective, i.e., psychopathological studies. Yet, the relation between subjective and objective cognitive deficits and to different prodromal states is unclear.

Aims

To explore interactions between subjective and objective cognitive measures in different prodromal states.

Methods

In subjects suffering from an early (EIPS; n=33) or late initial prodromal state (LIPS; n=69), subjective and objective cognitive deficits were assessed with the Schizophrenia Proneness Instrument and a

comprehensive neuropsychological test battery.

Results

EIPS subjects were widely less impaired than LIPS subjects, though this was more pronounced in psychopathology. Subjective and objective cognitive deficits were unrelated, except for significant correlations between time-limited neurocognitive speed measures and subjectively reduced stress tolerance, especially in EIPS subjects.

Conclusion

Subjective and objective cognitive deficits are generally unrelated in the psychosis prodrome, thereby carrying the potential to add valuable complementary information for prediction. However, possible associations between the two levels might be better detectable in the less impaired EIPS.

THE STRUCTURE OF SELF-DISORDERS IN SCHIZOPHRENIA

INSTITUTIONS

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AUTHORS

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Background

Disorders of self-experience were already described in the classic psychiatric literature as central subjective phenomena of the schizophrenia spectrum disorders.

They were recently "rediscovered" in European psychopathological empirical studies.

Aim

To perform a phenomenological analysis of the experiential hierarchy of experiential self-disorders.

Methods

A qualitative investigation of empirical data from 50 first-admitted patients.

Results and conclusions

It is proposed that the most basic feature consists of instability in the perspectival articulation of awareness, giving rise to the disorders of ownership (mine-ness), sense of identity/unity, and sense of boundedness (ego-boundaries).

PRODROMAL INSIGHT, SUBJECTIVE PSYCHOPATHOLOGY, AND PROSPECTS FOR THERAPEUTIC INTERVENTIONS

INSTITUTIONS

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Aims/objectives

The rediscovery of the characteristic subjective psychopathology of the schizophrenia spectrum, including the prodrome, provides new directions for etiological research, theoretical understanding, more valid diagnostic and differential diagnostic concepts and prodromal recognition and therapy. The subjective psychopathology points specifically at two early therapeutic aims, namely preservation of insight and alleviation of serious distress through verbalizing the experiences. The aim of this study was to explore preliminarily prodromal insight and its correlates.

Methods

In a routine out-patient setting we measured illness insight (SUMD-R) in 15 potentially prodromal subjects, along with in-depth assessments of subjective (prodromal/schizotypal) psychopathology, standard psychiatric symptoms (PANSS, MADRS) and neurocognitive functioning.

Results

The subjects demonstrated an overall decline of insight, but not to a level of marked reduction, and they were able to discuss and reflect upon symptoms. Reduced insight was associated with higher levels of subjective psychopathology, PANSS symptoms (particularly the negative) and depressive symptoms, but not with levels of objective neuropsychological test scores.

Conclusions

Spoken language is our essential tool for therapy. To preserve prodromal insight, the early subjective psychopathology should not remain silently increasing, but rather be explored systematically as a means to help patients verbalize and adequately reattribute their experiences. Indicated psychological interventions directed at psychotic distortions of self-awareness might have significant effects. The newly published (2005) EASE manual is a practical-theoretical tool for this purpose.

RS-38

IDENTITY, NARRATION AND PSYCHIC DISTURBANCE

INSTITUTIONS

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AUTHORS

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The diagnosis of psychic disturbances draws extensively on the narration of the afflicted person. This narration can be understood as a conscious self-interpretation of ones own life-story taking also an interpersonal dimension into account. This basic figure of human identity was conceptualized as a "narrative identity" by Paul Ricoeur. In the opening lecture the inner logics of the narrative identity and its interpersonal dimension will be discussed.

Talking about oneself and telling a story of oneself affords self-memory and self-assurance. In order to bring forth a narrative identity a certain extent of biographical coherence and some kind of psychological self-transparence is also necessary. Further more all

these possibilities are bound to neurocognitive functions. All these conditions are open to impairment in psychiatric disorders resulting in distinctive disorders of one narrative identity. Surely loss of coherence and consequence in the narration appears to be the most prominent feature of psychic disturbances influencing also therapeutic relations. Taking the diagnostic and therapeutic importance of the narration of the afflicted person into account, we have to admit, that more profound questions regarding the concrete and detailed changes of a narrative identity due to the psychic disturbance of the narrator are of outstanding importance for psychiatry. This shall be addressed in the following lectures.

NARRATIVE IDENTITY AND THE OTHER

INSTITUTIONS

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AUTHORS

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According to Paul Ricoeur, narration is the privileged way of building personal identity. The various and unstructured elements of existence, which are often a product of mere chance, are structured into a meaningful framework through a process of "synthesis of heterogeneous elements". In this framework these heterogeneous elements are organized in a meaningful story told by a person. Even contingent events happening in life become meaningful in this process and gain a status of a necessary element of the told story. In this story of his life, the subject can recognize himself. The process of narration is therefore never a simple description nor a complete construction,

but something in between. Since this narrative identity is always discerning identical and non-identical aspects in its process of being told, "the story that we are" is not a substantial identity, found once and for all. Quite on the contrary, it is a fragile identity, and due to situational and personal change, it is in permanent need to be resynthesized in the sense of "continuity in the change". The otherness is therefore a basic element of the concept of narrative identity. Furthermore the otherness is present in the narrative identity because it is in relation with others. As Adriana Cavarero said: we tell our story to others, to receive in return a story about ourselves.

REGULAR SYMPOSIA

ADDICTION: NARRATION AND IDENTITY

INSTITUTIONS

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AUTHORS

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Addictive behaviour can be understood inner-perspectively via the concept, that the psychotropic technique e.g. consumption of alcohol, becomes absolute with regard to the identity of the afflicted person. This understanding also offers a possible interpretation for the narrations of addicted people. Most prominent in the narrations of the addicted seem to be the frequent repetition of similar stories. Further more these stories seem to lack perspective, are oftentimes short-termed regarding the future or the past of the person, as if they are only taking a very superficial view of the world and the person

himself. Yet in special situations the addicted person reports about otherwise hidden and more profound aspects of himself. The narrative identity of addicts can be understood as if it is a short-termed narration monopolized by a few stories, typically centered around the "psychotropic technique". Yet it is a "fragile monoidentity", because in its narration it is actively hiding disturbing experiences from his own awareness, that can come to mind in special situations. Implications regarding the traditional understanding of addiction as "dependency" in the psychiatric discourse are discussed.

TRAUMA AND NARRATION

INSTITUTIONS

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Persons with PTSD suffer from vivid memories of the trauma and a reduction of their narrative identity to the traumatized self. On the other hand, there is not enough concrete memory of the trauma and its context due to e.g amnesia. The narrative identity of the traumatized person is established around the self-interpretation of going through and dealing with the traumatic event: Can I see myself as a victim or do I feel guilty for that has happened to me or for having survived? Do I identify myself only as a victim or can I see myself also as a survivor? Can I accept forgetting and to what extent? Do I take what happened to me personally or is there a possibility for me to set it in a more impersonal e.g. political context?

Working with war traumatized people for many years I'm convinced that the answers to these questions make a difference to the extent of suffering from traumatic events, whether a person has a feeling of coherence and lives on, being hurt, but not "disturbed". The goal of therapy is integration of the traumatic event as one event among others into the life-story without it being reduced to the trauma. Then the person sees himself as a survivor who can tell his life-story with all its wounds and strengths, witnessed by the listener who is interested in the *whole* narration. In this narration the person realizes that he is much more than the trauma itself.

FRAGMENTED SELVES. TEMPORALITY AND IDENTITY IN BORDERLINE PERSONALITY DISORDER

INSTITUTIONS

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AUTHORS

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The concept of narrative identity implies a continuity of the personal past, present and future. This concept is essentially based on the capacity of persons to integrate contradictory aspects and tendencies into a coherent, overarching sense and view of themselves. In "mature" neurotic disorders, this is only possible at the price of repression of important wishes and possibilities for personal development.

Patients with Borderline Personality Disorder lack the capacity to establish a coherent self-concept. Instead, they adopt what could be called a "post-modernist" stance towards their life, switching from one present to the next and being totally identified with their present state of affect. Instead of repression, their means of defence consists in a temporal splitting of the self that excludes past and future as

dimensions of object constancy, bonding, commitment, responsibility and guilt. The temporal fragmentation of the self avoids the necessity of tolerating the threatening ambiguity and uncertainty of interpersonal relationships. The price, however, consists in a chronic feeling of inner emptiness caused by the inability to integrate past and future into the present and thus, to establish a coherent sense of identity.

The paper outlines the concept of narrative identity and explores its disturbances in Borderline Personality Disorder. Finally, the increasing prevalence of these disorders is linked to the development of a mainly externally driven, fragmented character in post-modern society.

RS-39

PREPARATIONS FOR ICD-11 AND DSM-V

INSTITUTIONS

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The symposium will describe the development of classification of mental disorders in the $11^{\rm th}$ revision of the International Classification of Diseases (ICD) as well as the work on the $5^{\rm th}$ revision of

the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association.

WHO'S PREPARATIONS FOR THE REVISION OF THE CLASSIFICATION OF MENTAL AND BEHAVIORAL DISORDERS IN THE 11TH REVISION OF THE ICD

INSTITUTIONS

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World Health Organization has the mandate of maintaining and periodically revising the International Statistical Classification of Diseases and Related Health Problems (ICD). The current version (ICD-10) is scheduled to be revised and approved by year 2011. The revision of mental and behavioral disorders within ICD-10 is being led by the Department of Mental Health and Substance Abuse in close collaboration with the Classifications unit of WHO. An Advisory Group of international experts and representatives of various professional international associations has been constituted; this Group has been meeting twice every year since January 2007. The Advisory Group is further assisted by coordinating groups for

Global Scientific Partnership (GSP) and Stakeholder Input and Participation (SIP) to ensure that professionals and practitioners from various background and all regions are involved in this international exercise. In addition, WHO together with the American Psychiatric Association has formed the ICD-DSM Harmonization Group to facilitate the achievement of the highest possible extent of uniformity and harmonization between these two classification systems. These preparatory activities have been undertaken with the objective of undertaking the revision that will fulfill the diverse but critical needs from clinical, research, training, public health and statistical perspectives.

ON THE ROAD TO DSM-V AND ICD-11

INSTITUTIONS

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Aims/Objectives: To present the results of the research review and planning efforts that have occurred in advance of DSM-V and ICD-11 development.

Methods: Current paradigms on psychiatric diagnosis have not adequately embraced many scientific and methodological advances made in the last two decades. Since 1999, a research agenda developed in concert with the APA, NIH, and WHO is providing new approaches and stimulating the empirical research toward the achievement of the following goals: 1) to insure greater clinical utility and relevance; 2) to utilize a developmental approach across the life span; 3) to incorporate new knowledge from the neurosciences and the behavioral sciences in elucidating risk factors and prodromal features of disorders; and 4) to adopt methodological strategies utilizing both dimensional and categorical approaches.

Results: A brief review of the recommendations developed from twelve international research planning conferences will be provided. The goals of specific DSM-V study groups examining cross-cutting issues will be addressed. These issues include the following topics: 1) lifespan developmental approaches; 2) diagnostic spectra; 3) psychiatric/general medical interface; and 4) gender and cross-cultural expression. Other important concepts and strategies to promote international collaboration among members of the scientific and clinical communities and alignment with ICD-11 activities will be discussed.

Conclusions: Considerable efforts have been made to ensure that scientific and methodological advances in psychiatry and related fields will be incorporated into the next diagnostic classifications.

THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH: RELEVANCE FOR THE CLASSIFICATION OF MENTAL DISEASES

INSTITUTIONS

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It is imperative to sort out the incorporation of disability (aka. "social impairment" in DSM) criteria in the formulation of mental disorders. In general health care, one does not require any disability criterion for diagnosis of physical disorders such as diabetes mellitus or tuberculosis. Requirement of social impairment for the diagnosis of mental disorders is a remnant of dualism between physical and mental disorders. This dualism works against the conceptual parity that mental disorders have the same status with all other illnesses. Use of WHO ICF jointly with ICD could assist to operationalize specifically the criteria on DSM "social impairment" rubric. The distinct "disability" dimension from the ICF perspective advocates for separating assessment of disease and disability dimensions, and

then utilizing these constructs jointly. The ICF analyzes functioning in relation to a health condition in terms of: (1) body functions and body structures; (2) activities of the person and participation of the person in society and (3) contextual factors such as environmental factors and personal factors. The separation of signs/symptoms and consequences permits better understanding of the disease pathophysiology on the one hand and the consequences (e.g., its impact on the person, family, peers, school, work and social life) on the other hand. It will therefore enable us to better understand the nature of mental disorders because the core body functions associated with the disorder will be delineated better.

INTERNATIONAL CLASSIFICATIONS OF MENTAL DISORDERS: THE NEEDS OF LOW - AND MIDDLE - INCOME COUNTRIES

INSTITUTIONS

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AUTHORS

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Classificatory systems, among other values, promote the use of common language among clinicians and researchers. In a sense, they serve to bring order where there might be chaos and agreement where their might be discordance. They may also advance the cause of evidence-based intervention for disorders and thus improve clinical care. These needs are as compelling in low and middle-income countries (LAMIC) as they are in high income countries. However, these systems can only serve the needs of all countries, including LAMIC, if evidence for their development is based on as broad a

scientific and clinical experience as possible. They must also be sensitive to the needs of the end-users: the clinicians. In the particular instance of LAMIC, where research evidence is often thin and sometimes poorly accessible, developers of ICD and DSM must make the extra effort to collect relevant information to serve the needs of the revision process. The systems must also meet the needs of a broad spectrum of clinicians, including the simply-trained primary care providers who commonly provide the bulk of mental health service in LAMIC.

SOURCES OF EVIDENCE RELEVANT TO THE REVISION OF CLASSIFICATIONS: THE EXAMPLE OF GERMAN-SPEAKING COUNTRIES

INSTITUTIONS

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AUTHORS

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Psychiatric classification has a long tradition in German-speaking countries. Psychiatrists like Kraepelin, Bleuler, Schneider and Jaspers formed many of the concepts and defined the essential psychopathological characteristics still in use in the international operationalized classification systems today. ICD-10 is used in Germany, Austria and Switzerland for clinical classification purposes. Tricountry conferences take place regularly to discuss necessary updates, and there is a new revised "German Modification" issue of ICD-10 published annually. In the chapter of mental disorders, changes in the last years were minor. However, there is an initiative to include

chronic pain syndromes in the F-category. Also, the field of German psychosomatic medicine has developed a unique operationalized psychodynamic classification scheme. In this presentation, we will discuss in how far experiences from the German-speaking countries may be incorporated in the revision process of ICD-10 and DSM-IV. We will review the German-speaking literature of the last five years regarding the question of psychiatric classification and report on the experience with the current psychiatric classification systems. In this context, we will also report on modularity as a new approach to psychiatric.

RS-40

ADVANCES IN CONSULTATION LIAISON PSYCHIATRY: DIAGNOSIS OF PSYCHOLOGICAL PROBLEMS IN SOMATIC DISORDERS

INSTITUTIONS

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AUTHORS

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It is now generally accepted that psychiatry has not only to care for patients with psychotic illnesses but also for the many others with neurotic or reactive disorders. An ever increasing area are patients in the field of somatic medicine. Any illness is a negative life event which forces the patient to cope with many burdens. The resulting interaction between symptoms of the somatic illness on one side and

the psychological reaction on the other poses new and difficult diagnostic questions.

This symposium discusses diagnostic concepts for mental disorders and problems in patients from general medicine, cardiology, neurology, dermatology and medicine in old age:

REGULAR SYMPOSIA

SOMATOFORM DISORDERS

INSTITUTIONS

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The essential feature of somatoform or functional disorders is that the patients present with morbid excessive illness worrying or with functional somatic symptoms, i.e. medically unexplained symptoms. These disorders are prevalent in all medical settings and may be persistent, disabling, and costly. Despite this, the phenomenon is widely neglected by general psychiatry, and there is a tendency to view the phenomenon as secondary to other mental disorders.

A major problem is that at present we do not have a valid and reliable classification of these disorders. The individual diagnoses of the somatoform disorder category in DSM-IV and ICD-10 are defined in a poor and arbitrary way overlapping each other, and some of the diagnoses are too restrictive for use in clinical practice. Furthermo-

re, no substantial empirical evidence for their validity exists. Besides, many different and overlapping functional somatic syndromes have been introduced and each medical specialty seems to have developed their own syndrome alias, e.g. Chronic Fatigue Syndrome, Fibromyalgia and Irritable Bowel Syndrome.

Establishing more valid diagnostic categories for somatoform disorders is therefore highly needed and one of the most challenging tasks in current psychiatric nosology.

This paper will highlight problems in the current classification system and suggestions for new empirically founded diagnostic categories will be indicated.

DELIRIOUS STATES IN DEMENTIA

INSTITUTIONS

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In the past the concept of delirium was associated with different diseases. Even today numerous synonyms of delirium exist. The authors gives an overview of the definition of delirium in the past and today. The lecture presents epidemiological data, diagnostic criteria and differential diagnoses of delirium esp. for patients suffering from dementia. Pathological mechanisms, risk factors and triggers as well as different forms of delirium for patients suffering from dementia

are discussed. Diagnostics and differential diagnostics are discussed and possible drug and non-drug therapies as well as the prevention of delirium are shown. The authors point out the necessity of education and training of medical staff to prevent or to diagnose early delirium for patients suffering from dementia and to start therapy as early as possible. They finish with a short comment on existing guidelines for the treatment of delirium in the elderly.

PATHOLOGICAL (HYPOCHONDRIAC) REALANGST IN CARDIOLOGICAL PATIENTS

INSTITUTIONS

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Objectives: The concept of pathological anxiety or hypochondriasis refers to patients who feel threatened or are afraid to be sick while in reality there is no relevant thread or health problem. In psychosomatic cardiology we see patients who are suffering from deadly illnesses and who can die every moment, so that they are right to be afraid ("Realangst"). Still they react in a hypochondriac manner which causes additional problems for the patient, the course of illness and the physician.

Method: In a specialty inpatient unit for cardio-psychosomatics we regularly see patients with "Hypochondriac Realangst". The clinical features of this clinical problem and syndrome were assessed.

Results: Hypochondriac Realangst is characterized by the presence of a severe and dangerous cardiac problem, obsessive checking of symptoms by the patient, best knowledge of the patient about rare and newest diagnostic and therapeutic possibilities, repeated stimulation of diagnostic and therapeutic interventions, panic when diagnostic or therapeutic interventions are delayed or when physicians do not comply with patient wishes, aggression towards physicians who do not comply with patient wishes, inability of physicians to distinguish complaints which are due to the somatic illness or anxiety, inability of physicians to say what must be done and what not when patients are exhibiting severe somatic/somatoform symptoms.

Conclusion: Hypochondriac Realangst is a severe and frequent condition which has been ignored so far in the scientific literature. It must be discussed if a new diagnostic category is needed for pathological anxiety under conditions of thread with subdivisions for the field of anxiety.

PSYCHODERMATOLOGY

INSTITUTIONS

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AUTHORS

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Psychodermatological concepts developed in the last century have been mostly nosologically oriented ("disease-oriented"). In the course of the last two decades - mainly due to the development of the syndromatological approaches in the one hand and the increasing international communication within psychodermatology on the other hand - questions of classification gained more and more interest. One of the reasons why problems of diagnosis and classification had been neglected for a long time may be the fact that an effective practice-oriented classification only becomes possible on the basis of a close scientific and practical cooperation between dermatologists and psychiatrists. All classification attempts which do not take into account the various dermatological and psychiatrical

overlapping areas and the disorders divergent dimensions will be doomed to failure.

The unsatisfactory diagnostic situation was the incentive to develop the Vienna Diagnoses Schedule for Psychodermatological Disorders (VDS), which was created on the basis of clinical experience in psychodermatological treatment units. Such a categorical classification has to be enlarged in clinical practice by a dimensional diagnostic approach, including not only deficiencies but also the resources of the patient in order to provide effective treatment strategies focusing not only on the disorder itself but on the suffering human being in its entirety.

SOMATIC MULTIMORBIDITY IN THE ELDERLY

INSTITUTIONS

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Objectives:

We test in a representative sample of the elderly population the hypothesis emerged in non-elderly adults that there is an association of somatic and psychiatric morbidity.

Methods

A stratified, random sample of individuals aged 55 and over was selected from the municipal census for the baseline study in the ZARADEMP Project, a longitudinal study intended to document prevalence, incidence and associations of psychiatric and somatic morbidity in the elderly population. Standardized, Spanish versions of instruments used include the Geriatric Mental State (GMS)-AGE-CAT and the History and Aetiology Schedule (HAS). GMS-AGE-CAT criteria were used to diagnose psychiatric cases, and somatic morbidity was documented with the EURODEM Risk Factors Ouestionnaire.

Results

Reliable information on both, somatic and psychiatric morbidity was available in 4,227 subjects. The frequency of comorbidity was substantial and tended to cluster in a proportion of individuals (44.5%), while only 9.4% of the population was free of either somatic or psychiatric morbidity. In support of the main hypothesis, there was a positive and statistically significant association between somatic and psychiatric morbidity: the proportion of individuals with psychiatric illness was higher among the somatic cases than among the non-cases; and, similarly, the proportion of individuals with somatic morbidity among the psychiatric cases was higher than among non-cases (X2= 5.472, p= 0.019).

Conclusion:

This is the first study documenting in a representative sample of the (predominantly) elderly population that there is a positive and statistically significant association of somatic and psychiatric morbidity.

RS-41

DEVELOPMENT OF LEADERSHIP AND PROFESSIONAL SKILLS IN PSYCHIATRY

INSTITUTIONS

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Over the last 12 years a series of courses aiming to develop leadership and professional skills took place in countries in all five continents. The experiences gained and problems encountered will be described.

LEADERSHIP AND PROFESSIONAL SKILLS DEVELOPMENT COURSES: PRINCIPLES AND ACHIEVEMENTS

INSTITUTIONS

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Over the past 12 years courses aiming to develop leadership and professional skills of young psychiatrists have been held in numerous European countries, Japan, Korea, several Latin American countries and Africa. The emphasis of these courses was on the acquisition of skills and on the creation of networks of young psychiatrists. The

symposium will describe the curriculum of the courses and provide information about the impact of the courses and on other measures taken to develop links between young psychiatrists in order to facilitate their growth and professional development.

LEADERSHIP AND PROFESSIONAL SKILLS DEVELOPMENT: THE CASE OF JAPAN

INSTITUTIONS

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AUTHORS

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This paper presents experience gained in the organization of Courses for the Academic Development of Psychiatrists (CADP) in Japan. The (CADP) was developed by Prof. Norman Sartorius and implemented for the first time in 2002 as a joint WPA/JSPN project with early career psychiatrists in Japan. In direct response, Japan Young Psychiatrists Organization (JYPO) was established and organized next six CADPs by 2008.

CADP has four key components: 1. Participatory "How to" sessions (e.g. how to give an oral presentation, how to chair meetings) 2. Group work where each group prepares a presentation on an given topic and jointly organize a symposium 3. "Meet the experts" ses-

sions where experts talks about why and how they developed their career in their specialized field, and 4. Thematic workshop (e.g. ethical exercise, evidence-based psychiatry). All sessions are conducted in English.

CADP self-proliferates. About ten new participants are recruited each year. Second-year participants and up serve as organizers, speakers, and chairs. Graduates also organize similar training sessions in other national and international meetings. JYPO assisted the first CADP in Korea in 2007. Five international participants joined CADP in 2008 in Japan.

REGULAR SYMPOSIA

CURRICULUM OF LEADERSHIP AND PROFESSIONAL SKILLS DEVELOPMENT COURSES

INSTITUTIONS

1. King's College, Institute of Psychiatry, London, United Kingdom

AUTHORS

1. David Goldberg¹, Professor Emeritus, MD, davidgoldberg@yahoo.com

This talk will describe the usual curriculum of these courses, and include the optional sessions which are included according to the needs of our junior colleagues. The important part played by local teachers will be described, and the methods we have used to assess

our teaching. The kind of hotel suitable, as well as the social arrangements that are welcomed by our junior colleagues will also be included.

RS-42

WORLD PSYCHIATRIC ASSOCIATION REVIEW COMMITTEE

INSTITUTIONS

1. University Health Network, Women's Health Program, Toronto, Canada

AUTHORS

1. Donna E Stewart¹, Dr., MD, FRCPC, donna.stewart@uhn.on.ca

The WPA Review Committee (RC) is mandated to review, investigate and report on complaints of breaches of professional ethics related to psychiatry worldwide. This symposium will (i) outline the process and types of issues that are brought to the RC (Professor Driss Moussaoui, Chair of the RC), (ii) present the results of a recent WPA survey on the reporting of child sexual abuse and policies with respect to doctor-patient sexual relationships (Professor Donna E.

Stewart, Co-Chair of the RC) and (iii) consider the cultural context in psychiatric ethics (Professor Ahmed Okasha, Past President of WPA and RC member) and the value of values in individualized or personal medicine (Professor John Cox, WPA Secretary General and member of RC). The discussant will be Professor Otto Steenfeldt Foss, a member of the RC and senior psychiatric statesman from Norway.

WPA STANDING COMMITTEE ON REVIEW: 2005-2008

INSTITUTIONS

1. Ibn Rushd University Psychiatric Center, Casablanca, Morocco

AUTHORS

1. Driss Moussaoui¹, Dr., psych@menara.ma

Objective: To describe the work and process of the WPA Standing Committee on Review

Methods: The WPA Standing Committee on Review reviews individual complaints and initiates investigations on the violations of the ethical guidelines for the practice of psychiatry as stated in the Declaration of Madrid, including its additional guidelines, in order to make recommendations to the Executive Committee as to any possible action. The Review Committee consists of four members (Donna Stewart, John Cox, Otto Steenfeldt Foss, Yubarandt Bespali; John Gunn and Constantin Soldatos consultants; Ahmed Okasha and Harold Eist advisors) and its chairperson (Driss Moussaoui) who

regularly meet by email and in person to discuss relevant issues.

Results: The work done from 2005 to 2008, among others, relates to: (1) 2 individual psychiatrists' complaints about unfair treatment by peers or professional associations (2)2 complaints about unethical behaviour in psychiatric institution (through media articles) and one questioning working relationship between psychiatrists and police forces (3) Report of NGO on the situation in a developing country of psychiatric institutions.

Conclusions: Both informal and formal methods have been successful in resolving all complaints submitted to date.

SURVEY OF WPA MEMBER SOCIETIES ON CHILD SEXUAL ABUSE AND PHYSICIAN-PATIENT SEXUAL RELATIONS

INSTITUTIONS

- 1. University Health Network, Women's Health Program, Toronto, Canada
- 2. University of Toronto, Faculty of Medicine, Toronto, Canada

AUTHORS

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- 2. Erik Venos², B.Sc., (MD candidate)

Objectives: The Declaration of Madrid (DOM) and its revisions are the WPA's standards on ethics in Psychiatry (1). This presentation will discuss the results of a survey on Child Sexual Abuse (CSA), and Psychiatrist-Patient Sexual Relations (PPSR) policies by the WPA member societies to inform the audience of international policies and challenges.

Methods: E-mail surveys on CSA and PPSR were sent to 128 WPA member society presidents in 105 countries.

Results: Responses (n=69) represent all world regions. With regard to CSA, all member countries have laws against this, but 18% of countries do not require physicians to report CSA. Only 45% of member societies feel their members are well informed on CSA, and

most recommend further education. With regard to Psychiatrist-Patient Sexual Relations, 87% of countries or societies have laws or policies against this. Only 47% of societies feel their members are well informed about PPSR and 100% feel further education would be helpful. Penalties range from death to no action.

Conclusion: The results of this survey show the need for better advocacy, policies, sanctions and education related to CSA and PPSR in many countries and member societies in WPA.

References:

1. World Psychiatric Association. Madrid Declaration on Ethical Standards for Psychiatric Practice. WPA General Assembly; 1996; Madrid

ETHICS CULTURE AND PSYCHIATRY

INSTITUTIONS

1. Institute of Psychiatry, Ain Shams University, Cairo, Egypt

AUTHORS

1. Ahmed Okasha¹, Dr., MD, PhD, FRCP, FRC, aokasha@internetegypt.com

Objective: The presentation will discuss that diversity of cultural differences should not affect a universal pattern of implementing ethics taking cultural context into consideration.

The belief of the universality of implementing similar ethical codes in all cultures and societies is a mirage. Informed consent, involuntary admission and confidentiality are not so empowering in some traditional and Eastern societies. Autonomy versus family centered decision is one of the main differences between Western and Eastern societies. The influence of managed care and the third party in mental health services have changed not only Doctor-patient relationship, but also confidentiality. Informed consent in therapeutic alliances and research became a basic human right and has been emphasized in the WPA Declaration of Madrid and its specific gui-

delines. Encounters between psychiatry and law keep bringing us back to our conflicting conceptions of the value of health on the one hand and the value of liberty, integrity and autonomy on the other. In traditional cultures, social integration is emphasized more than autonomy; that is, the family, not the individual, is the unit of society. Dependence is more natural and infirmity is less alien in these cultures. When affiliation is more important than achievement, how one appears to others becomes vital. How can we practice without showing disrespect or disregard for local values? On the other hand, how can we ensure that respect for the local culture does not become a pretext for bypassing ethical guidelines, to the detriment of patients' rights?

INDIVIDUAL OR PERSONALISED MEDICINE: DOES THE DIFFERENCE MATTER?

INSTITUTIONS

- 1. University of Gloucestershire, Faculty of Humanities, Natural and Social Sciences, Cheltenham, United Kingdom
- 2. World Psychiatric Association, Secretary General, United Kingdom

AUTHORS

1. John Cox^{1,2}, Professor, MD, john1.cox@virgin.net

Objective: To describe differences between individualised and person centred care and give examples of person centred care and assessment strategies with reference to chronic illness.

Integrative medicine and personalised psychiatry are legitimate goals if a health service is to be accessible and comprehensive. This conceptual paper draws on the work of existential philosophers (eg. Buber, Mac Murray) who regard the core person as being in relationship with others; current advocates for personalised medicine (eg. Cloninger, Tournier, Neuberger); and Values theorists (Fulford). Personalised (relationship based care) is contrasted with individualised care. The presentation will conclude with examples of attempts to integrate personalised care into health services with reference to Dignity conserving care (Chochinov) and Culliford's method of spiritual history taking. The need for more systematic evaluations and for cost effectiveness studies will be underlined.

RS-43

GENE-ENVIRONMENT-INTERACTIONS IN MENTAL DISORDERS: NEW FINDINGS AND METHODOLOGICAL ISSUES

INSTITUTIONS

1. University of Greifswald, Psychiatry, Germany

AUTHORS

1. Hans J Grabe¹, grabeh@uni-greifswald.de

The processes underlying psychiatric diseases are clearly extremely complex. Studies of how genes and environment (GxE) interact are likely to contribute substantially to our understanding of these processes. There is increasing evidence that a variation at the 5-HTTL-PR locus of the serotonin transporter (5-HTT) gene may modify the risk for depression in response to stressful life events. However, the

methodological requirements are high and not all studies published to date meet these high standards.

New methodological approaches to gene-environment interactions (GxE) and new findings form large data bases will be presented and discussed.

GENE-ENVIRONMENT-INTERACTIONS IN MENTAL DISORDERS: NEW FINDINGS AND METHODOLOGICAL ISSUES

INSTITUTIONS

1. University of Bristol, United Kingdom

AUTHORS

1. Ricardo Araya1, Professor, PhD

Background: There has been a vast but inconsistent literature of interactions between the 5-HTT gene and environment on emotional disorders. However, most studies have involved adult populations. We investigated these interactions in a large birth cohort of pre-pubertal children.

Methods: Longitudinal cohort (ALSPAC) of children aged 81 months. We measured emotional symptoms with the Strengths and Difficulties Questionnaire (SDQ) completed by mothers. An inventory of life events up to the age of 5 was maintained. Maternal depression was assessed with the EPDS at various time points. Triallelic genoptyping of the 5-HTTLPR polymorphism was performed.

Results: We found strong associations between stressful life events and postnatal depression with emotional symptoms. However no clear pattern of statistical interactions between the 5-HTT gene and

life events or post-natal depression was established. We found a crossover in the association between the 5-HTTLPR gene and emotional symptoms depending on the number of life events experienced. At lower levels of life events, there was an increase in the risk of emotional symptoms in the low gene expression group, in keeping with many previous studies. However this effect was reversed at higher levels of stress with pre-adolescents in the high gene expression group showing increased emotionality in the presence of more life events, particularly among boys.

Conclusions: Gene and environment interactions may be development dependent and show marked variation depending on levels of exposure analysed. Young cohorts followed over time are essential to improve our understanding of the impact of development on gene and environment interactions.

THE RISK FOR MAJOR DEPRESSION - IS THERE AN INTERACTION BETWEEN CHILDHOOD TRAUMA AND THE 5-HTTLPR LOCUS OF THE SEROTONIN TRANSPORTER GENE?

INSTITUTIONS

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AUTHORS

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- 6. Dieter Rosskopf¹, Dr., MD
- 7. Katja Appel¹
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Aims/Objectives: The processes underlying psychiatric diseases are clearly extremely complex. Studies of how genes and environment ($G \times E$) interact are likely to contribute substantially to our understanding of these processes. There is increasing evidence that a variation at the 5-HTTLPR locus of the serotonin transporter (5-HTT) gene may modify the risk for depression in response to stressful life events. However, the methodological requirements are high and not all studies published to date meet these high standards.

Methods: Based on the prospective Study of Health in Pomerania (SHIP-1, N=3300) an elaborated assessment of childhood and adult life stressors and protective psychosocial factors is performed. Psychiatric lifetime-diagnoses are assessed by face to face interviews

according to DSM-IV.

Results: A detailed description of the methods developed for this $G \times E$ study will be given. Preliminary results will be presented on n=1000 subjects of this ongoing study.

Conclusion: Psychosocial conditions in childhood are likely to moderate the vulnerability for major depressive disorders in adulthood and thereby the vulnerability for G x E effects to occur. We hypothesize that G x E effects are larger in subjects with childhood trauma and stressors as the maturation of neurobiological systems may be altered

MODELLING EFFECT SIZES IN GENE X ENVIRONMENT INTERACTIONS

INSTITUTIONS

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- 2. University of Oxford, United Kingdom

AUTHORS

- 1. Marcus R Munafo¹
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- 4. Jonathan Flint²

The original report of a moderating effect of the 5-HTTLPR polymorphism on the association between SLEs and risk of major depression indicated that, with zero exposure to SLEs, there was no difference between 5-HTTLPR genotype groups in risk of major depression. However, as the number of SLEs increased, the risk of major depression increased among those individuals carrying one or more copies of the S allele (in a dose-dependent manner). Among LL homozygotes, increasing SLEs did not result in an increased risk of major depression. These data were taken as clarifying the nature of the biological mechanisms underlying risk of major depression, and the contribution of 5-HTTLPR genotype and exposure to SLEs.

We conducted a systematic review of the 5-HTTLPR x SLE literature to establish the strength of evidence for this G x E effect. In particu-

lar, we reviewed both the statistical evidence for a G x E interaction across studies using meta-analytic techniques, and the qualitative nature of the interaction effects reported across studies as part of a systematic review. We used the estimates of the main effects of genotype and environment from the meta-analysis to investigate by simulation the likelihood of detecting G x E, under different models. We report the statistical power for a range of plausible genetic and environmental main effects, and discuss these findings in the context of the existing literature.

This paper is submitted as part of the symposium Gene-Environment-Interactions in Mental Disorders: New Findings and Methodological Issues.

SEROTONIN TRANSPORTER GENE AND ADVERSE LIFE EVENTS IN ADULT ADHD

INSTITUTIONS

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Childhood Attention deficit hyperactivity disorder (ADHD) symptomatology persists in a substantial proportion of cases into adult life. ADHD is highly heritable but the etiology of ADHD is complex and heterogeneous, involving both genetic and non-genetic factors. In the present paper we analyzed the influence of both genetics and adverse life events on severity of ADHD symptoms in 110 adult ADHD patients. Subjects were genotyped for the norepinephrine transporter (NET), the Catechol-O-methyltransferase (COMT), the serotonin transporter promoter polymorphism (SERTPR) and the more rare A/G variant within SERTPR. Three main outcomes were obtained: (1) adverse events showed a small but positive correlation

with current ADHD severity; (2) NET, COMT and the A/G variant within SERTPR were not associated with ADHD severity; (3) taking into account stressors, the long (L) SERTPR variant showed a mild effect on ADHD, being associated with an increased severity, particularly as regard affective dysregulations; on the other hand, in subjects exposed to early stressors, it showed a protective effect, as compared to the S variant. In conclusion, our data support the role of environmental factors in adult ADHD symptomatology. SERTPR may be involved in some features of the illness and act as a moderator of environmental influences in ADHD.

RS-44

MONITORING EQUITY IN MENTAL HEALTH FROM A CROSS-NATIONAL PERSPECTIVE

INSTITUTIONS

1. University Health Network, Women's Health Program, Toronto, Canada

AUTHORS

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Mental health remains on the forefront of the public health agenda(1,2). Disparities in mental health highlight the need to include equity measures in the process of planning, implementing and evaluating mental health programs at national, provincial and municipal levels (1). This symposia will: 1) outline the extent of inequity in determinants of health and national health policies and how these may affect a population's mental health (Chair, Donna E Stewart)(2); 2) present the feasibility of monitoring equity in mental health in lower, middle and high income countries (Natalia Diaz-Granados); 3) highlight how sociodemographic factors influence the prevalence rates of depression and anxiety differently across countries (Marta Rondon); 4) examine specific factors that affect mental health service accessibility from a low-income country perspective (Javier Saa-

vedra); and 5) demonstrate how income may drive gender inequities observed in mental health utilization (Marie DesMeules)

Learning objectives:

- To identify factors that drive inequities in mental health in lower, middle and high income countries
- To understand why monitoring of mental health and illness is important to ensure quality care and accessibility of services.

References:

- 1. Korkeila J et al. Scand J Public Health 2003; 31:451-459.
- 2. Prince M, et al Lancet. 2007; 370:859-77

EQUITY IN DETERMINANTS OF HEALTH AND HEALTH POLICIES INFLUENCING MENTAL HEALTH: A CROSS-NATIONAL PERSPECTIVE

INSTITUTIONS

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- 3. Instituto de Ciencias de Salud, Facultad de Medicina, Medellin, Colombia
- 4. Universidad Javerina, Bogota, Colombia
- 5. Instituto Nacional de Salud Mental, Oficina de Apoyo a la investigación y Docencia Especializada, Lima, Peru
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Objective: This study assesses the feasibility of measuring determinants of health and health policy indicators in a lower, middle and high income country.

Methods: This study exposed an expert panel to potential indicators (1) which were independently ranked and consensually selected for measurement. The selected core list consisted of 17 indicators on the determinants of health and 10 health policy (2).

Results: The feasibility of measuring these indicators using available reports and data was assessed for all three countries and it was found 14/17 determinants of health indicators and 10/10 policy indicators were feasible. Data sources used to measure the selected core set of gender-sensitive general health indicators, included health surveys such as the Canadian Community Health Survey and National Demographic and Household Studies (Peru/Colombia), as well as mortality and hospitalization data. Analyses and data from reports

were abstracted & stratified by sex, age, education, marital status, socio-economic level, and specific sub-groups: immigrant status, urban/rural status and poverty level, where possible. Policy indicators were linked with indicators on determinants of mental health.

Conclusion: Knowledge of indicators on determinants of health and health policies that affect the mental health of a population will be invaluable to researchers, health professionals and policy makers and will provide stakeholders with a base to create and improve programs aimed at reducing inequities in health.

References:

1. WHO Kobe Centre. Report of the Consultative Meeting to Finalize a Gender-Sensitive Core Set of Leading Health Indicators. 2005.
2. PAHO/WHO. Basic Indicators for Gender Equity Analysis in Health. 2005.

MONITORING EQUITY IN MENTAL HEALTH IN LOWER, MIDDLE AND HIGH INCOME COUNTRIES

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Objective: This study set out to test the feasibility of measuring and comparing 19 mental health indicators in Peru, Colombia and Canada. Methods: The indicators were selected at a meeting in Colombia by a group of key experts using a health information framework proposed by WHO (1). Indicators (2) were measured using national, population-based databases and age-adjustments were performed using a WHO age distributions.

Results: Colombia and Canada's surveys had 5 indicators that were comparable with few modifications. Out of the first 9 indicators assessed (12 month prevalence of: depression, psychological distress, GAD, suicide attempts, alcohol dependence/abuse, social support, use of mental health services, psychological impairment, psychological well-being, all were feasible except for the measurement of self-esteem in Peru, Colombia and GAD in Canada. The indicators that

show greatest inequities are: depression, GAD, suicide attempts, use of mental health services and alcohol dependence/abuse. Female to male ratios ranged from 1.5-2.2. Significant trends were found when the indicators were considered by age, education, marital status and income.

Conclusions: These indicators can be used to identify those patient populations most vulnerable to inequities in mental health. The results from this study will provide vital information to program planners who aim to implement, improve and monitor national mental health strategies that reduce gender inequities in different national economic conditions.

- 1. WHO, LaTrobe Consortium: Comparative Evaluation of Indicators for Gender Equity In Health. WHO, 2003.
- 2. Korkeila J et al. Scand J Public Health 2003; 31:451-459

SOCIODEMOGRAPHIC FACTORS AFFECT MENTAL ILLNESS RATES DIFFERENTLY ACROSS COUNTRIES

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Objective: Cross country comparison of rates of depression and anxiety support the assertion that sociodemographic factors play a vital role on the prevalence of mental illness among women and men (1). To show the impact of social factors in a 3 country mental health indicator study.

Methods: Secondary analyses of existing, national, population-based mental health surveys from Peru, Colombia, and Canada were performed

Results: Data shows that, in general, people with better access to social protection, higher education, employment and mental health care fare better. Women had higher rates of depression and anxiety than men in comparable circumstances. There are some exceptions that need further study: in Colombia men in the upper income quar-

tile have more problems with anxiety compared to Colombian women, and men in Peru and Canada. In the three economically different settings, women who are separated, divorced or widowed suffer most, reflecting the burden of loneliness and social isolation, as wells as poverty. The male/female disparity is highest in this group.

Conclusions: Our results call for a stronger integration of social and biological perspectives (2), in the management and research agendas focusing on mental illnesses with the highest social inequities.

References

- 1. Stewart DE. (2006) World Psychiatry 5:61-64.
- 2. Rieker PP, Bird CE. (2005) J Gerontol B Psychol Sci Soc Sci. Spec No 2:40-7.

FACTORS ASSOCIATED WITH INEQUITIES IN MENTAL HEALTH CARE USE IN A DEVELOPING COUNTRY

INSTITUTIONS

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AUTHORS

1. Javier Saavedra^{1,2}, Dr., PhD, saavedra@terra.com.pe

Objective: To identify patterns and factors associated with the utilization of services for mental health problems in an adult population of a developing country (1).

Methods: A population-based, 3-stage probabilistic survey sampled 2,400 residents from Lima and Callao households. Data included demographics, mental health care utilization; the Colombian Mental Health Questionnaire (modified); and the M.I.N.I (ICD-10).

Results: There were 2077 respondents. Compared to men, women reported more mental health problems in the preceding 6 months (20.8% vs. 14.0%; p=0.001) and received more health care (5.4% vs. 2.7%; p=0.007).

Of those reporting no use, more women than men thought they may have needed it (66.6% vs. 44.5%; p=0.007). More women not seeking care due to "shame" (p=0.002), and for "fear as being seen as a mentally ill person"(p=0.003). Logistic regression shows that

women's use of mental health care was associated with having health insurance, reduced prejudice issues, increased family suggestion and communication, receiving medical attention for physical conditions, and past traumatic experiences. Men's use was related to increased age, having health insurance, reduced prejudice issues, family suggestion, and the presence of panic disorder.

Conclusions: Differences exist in health seeking behaviours among residents in a developing country which may differ from those in developed countries (2).

The results of this study suggest that in many instances different approaches have to be used when planning for interventions to promote better mental health care in men and women.

References

- 1. Wang PS et al., Lancet. 2007;370:841-50.
- 2. Saraceno B et al., Lancet. 2007;370:1164-74.

INCOME-RELATED INEQUITY IN MENTAL HEALTH SERVICE UTILIZATION IN COLOMBIA AND CANADA

INSTITUTIONS

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Objective: Disparities in country development, mental health services coverage, and income level affect mental health status and service utilization (1, 2). This study compares 12-month utilization of outpatient mental health services in a high-income country (Canada with national coverage for mental health services for most services) and a middle-income country (Colombia with no national coverage for mental health services) to examine income-related inequities in mental health service use.

Methods: Canadian Community Health Survey and National Study of Mental Health (Colombia) data were used. Stratified age-standardized rates were compared using rate ratios.

Results: The proportion of respondents using mental health services in the prior 12-month period was significantly lower in Colombia (4.4%) than in Canada (10.3%). Women used more services than men but the inequity was greater in Canada (Female: 13.5%, Male:

7.1%) than in Colombia (Female: 5.0%, Male: 3.8%). In Colombia, lowest use was found among low income men (1.1%), and this income bracket showed the highest sex disparity (Female/Male rate ratio =6.3). Highest use in Colombia was noted among high income men (7.6%) contrary to Canada in which it was noted among low income men (12.6%).

Conclusion: There is inequity in mental health service utilization by gender, income levels and country development. The disparities observed in this study partially reflect unmet need for mental health services due to cost. Alleviation of these unmet needs will require expansion and optimal allocation of services and resources.

References:

(1) Sareen J et al. *Can J Psychiatry* 2005;50:753-61.(2) Wang PS et al. Lancet. 2007;370:841-50.

RS-45

DISASTER PSYCHIATRY IN NEW CENTURY

INSTITUTIONS

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AUTHORS

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This symposium covers overview for Disaster psychological impairment.

Posttraumatic stress disorder in children (Prof. Nahla Nagy, Egypt) Children impacted by disasters, including earthquakes and man made wars may be exposed to economic loss, relocation and mental health issues and Post Traumatic Stress Disorder (PTSD). School psychologists are encouraged to attend trauma mental health training to help children living in areas at risk.

Tsunami (Professor U. Pichet, Thailand)

Prevalence of psychiatric and somatic symptoms in 24 months after the 2004 tsunami, was depression and anxiety 21%, 16% and PTSD as 30%. Culturally-relevant coping activities showed that majority found their strength, in family support, and their religious practicePakistan's earthquake (Prof. Haroon Chaudhury, Pakistan)

Visiting the area in Pakistan affected by October's earthquake, having provided care to people suffering in its aftermath. The distressing scenes from generations been lost; millions of people left homeless and thousands of children orphaned. There was an outpouring of charity from the public and a rush to the scene of scores of emergency relief organizations. These ranged from recognized, regulated official organizations to unregulated groups.

Complicated practice in disasters (F. Naeem, UK)

Volunteer doctors do more harm than good. Foreign doctors were unable to communicate with patients because of language barriers .Some patients had no clinical indication for a plaster cast , after immobilization, suffered muscle atrophy and joint stiffness. Continual varying management plans that changed as frequently as the volunteer doctors.

BIOLOGICAL DETERMINANTS AND MANAGEMENT OF AUTISM

INSTITUTIONS

1. Ain Shams Faculty of Medicine, Neuropsychiatry, Cairo, Egypt

AUTHORS

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This symposium covers biological determinants and therapeutic modalities of autism

Biological aspects of autism (Prof. Nahla N, Egypt)

The clinical presentation in autistic children could be correlated with dysfunctional brain circuits through analysing the results of electroencephalography (EEG), Magnetic Resonance Imaging (MRI), Bain Auditory Evoked Potentials (BAEP) and genetic susceptibility.

Psychiatric and cognitive deficits in autism (Prof. Tarek O, Egypt) Comprehensive, multidisciplinary assessment is required to evaluate a child for an ASD and to differentiate ASDs from other developmental disorders. Autism is characterized by impaired reciprocal social interaction, impaired communication, and restricted, repetitive, or stereotyped behaviors.

Referral system in autism (Prof. Hisham R, Egypt)

Pediatric doctors and primary health care clinicians may have im-

portant role in both the early identification and management of children with autism. Referral is recommended for any child who does not babble or point or use other gestures for social communication. Pharmacological treatment in autism (Dr. Faria Khan, London) There are no Food and Drug Administration-approved indications for the treatment of autism. Risperidone may be used in managing tantrums, aggression, and self-injurious and stereotypic behaviors while methylphenidate to manage inattentive, impulsive, and hy-

peractive behaviors.
Behavioral approach in autism (Prof. Haroon Chaudhury, Pakistan)
Applied Behavior Analysis (ABA).a technique uses the principles of operant conditioning to teach specific social, communicative, and behavioral skills to children with ASD. The TEACCH approach takes advantage of relative strengths in visual information processing. Sensory integration therapy is often used in special education programs.

RS-47

TINNITUS: A NEUROPSYCHIATRIC DISORDER. NEW METHODS OF DIAGNOSES AND TREATMENT

INSTITUTIONS

- 1. University of Regensburg, Germany
- 2. TRI Tinnitus Clinic Antwerp, Antwerp, Belgium

AUTHORS

- 1. Berthold Langguth¹, Dr, MD
- 2. Dirk DeRidder², Dr, MD

The proposed symposium will present the neurobiological basis of chronic tinnitus and implication for new treatment strategies.

FUNCTIONAL AND STRUCTURAL IMAGING IN CHRONIC TINNITUS

INSTITUTIONS

1. University of Regensburg, Germany

AUTHORS

- 1. Michael Landgrebe1, Dr, MD
- 2. Katharina Rosengarth¹
- 3. Tobias Kleinjung¹, Dr, MD
- 4. Peter Eichhammer¹, Dr, MD
- 5. Goeran Hajak¹, Dr, Md, PhD
- 6. Berthold Langguth¹, Dr, MD

Objective: Tinnitus is a frequent auditory sensation often entailing high morbidity and progressing to a chronic debilitating condition. Until recently, the pathophysiology of chronic tinnitus has been largely unknown and efficient treatments are rare. However, in recent years, neuroimaging has opened new possibilities for understanding tinnitus. Positron emission tomography (PET), functional and structural magnetic resonance tomography (fMRI and voxel-based morphometry; VBM) allowed to identify cortical networks, which seem to be involved in the generation of chronic tinnitus.

Methods: A comprehensive review of the recent literature will be

given and own results will be presented.

Results: PET- and fMRI-studies point to alterations of neuronal activity in the central auditory system (e.g. primary auditory cortex), but also in non-auditory brain areas. Furthermore, structural changes in the thalamus maybe found in tinnitus patients.

Conclusions: These findings give further insight into the pathophysiology of chronic tinnitus. Furthermore, new treatment strategies (e.g. repetitive transcranial magnetic stimulation) have already been developed based on these findings.

THE NEURONAL CODE OF TINNITUS - RESULTS FROM EEG/MEG AND IEEG MEASUREMENTS

INSTITUTIONS

1. TRI Tinnitus Clinic Antwerp, Belgium

AUTHORS

- 1. Dirk De Ridder¹, Dr
- 2. Elsa van der Loo1
- 3. Mark Plazier1
- 4. Tomas Menovsky¹
- 5. Paul van de Heyning¹

Objectives: Auditory information processing in the auditory cortex might be associated with synchronized 40 Hz or gamma-band frequency firing. Dysrhythmia of thalamocortical firing has been proposed as a pathophysiological process present in neurogenic pain, tinnitus, Parkinson's disease, or depression. Therefore, EEG activity has been investigated in tinnitus patients.

Methods: Quantitative EEGs were performed in patients with uniand bilateral tinnitus in a soundproof area. Spectral analysis with specific attention to theta and gamma band firing was analysed. In addition, iEEG recording from implanted electrodes was correlated to EEG, MEG and fMRI activity.

Results

1. a. Patients demonstrate a spontaneous hotspot in the beta and gamma range within the auditory cortex, contralateral to the side to

which the tinnitus is referred or bilaterally in bilateral tinnitus.

- b. A distress network consisting of the right amygdala, right anterior cingulated, right insula and right BA10 area significantly correlates with the amount of tinnitus related distress
- 2. A significantly high correlation (0.8) can be found between iEEG and 2 ICA components
- 3. iEEG correlations with MEG activity are described
- 4. BOLD activity on fMRI co-localizes with theta activity which is present only on these electrodes where tinnitus suppression can be induced by electrical stimulation of the auditory cortex.

Conclusions: These preliminary results suggest that qEEG with LORETA transformation might be a method to objectivate tinnitus, as well as the distress it induces by looking for its neural correlates in the auditory cortex. Thalamocortical dysrhythmia might be a pathophysiological mechanism explaining tinnitus.

PHARMACOLOGIC TREATMENT OF TINNITUS

INSTITUTIONS

1. University of Regensburg, Germany

AUTHORS

- 1. Berthold Langguth¹, Dr, MD
- 2. Michael Landgrebe¹, Dr, MD
- 3. Ana Belén Elgoyhen¹, Dr
- 4. Goeran Hajak¹, Dr, MD, PhD

OBJECTIVE: Chronic tinnitus is a frequent disorder which is difficult to treat and which is frequently associated with depression, anxiety and insomnia. Worldwide no drug has been approved for the treatment of tinnitus.

METHOD: Review of the literature about central acting drugs for chronic tinnitus and its comorbidities

RESULTS: Treatment results will be discussed with special consideration of methodologic limitations.

CONCLUSION: No treatment can yet be considered well established in terms of providing replicable long-term reduction of tinnitus impact, in excess of placebo effects. However careful evaluation of available studies suggests that there are subgroups of patients, which might benefit from treatment with specific central acting drugs. Further studies are needed to determine predictors for beneficial treatment outcome for specific patients.

TINNITUS AND TRANSCRANIAL MAGNETIC STIMULATION (TMS)

INSTITUTIONS

1. University of Prague, Department of Psychiatry, Czech Republic

AUTHORS

- 1. Jana Dvorakova¹, Dr
- 2. Martin Anders¹, Dr, MD
- 3. Jiri Raboch¹, Dr, MD

OBJECTIVE: Tinnitus is a frequent disorder which is very difficult to treat. Even if the underlying pathophysiology is not known in detail, there is compelling evidence, that tinnitus is associated with functional alterations in the central nervous system. Both functional imaging studies in tinnitus patients and electrophysiological studies in animal models of tinnitus indicate hyperactivity in the central auditory system, probably due to increased synchronicity. Therefore targeted modulation of tinnitus related cortical activity has been proposed as a promising new treatment approach.

METHOD: Repetitive transcranial magnetic stimulation (rTMS)

is a non-invasive method which allows to focally modulate cortical activity. We used rTMS as a treatment for tinnitus by applying repeated sessions of low frequency rTMS, in order to induce a lasting reduction of cortical excitability in the auditory cortex.

RESULTS: A reduction of tinnitus complaints has been reported by a subgroup of patients

CONCLUSION: Our results support, that rTMS represents a promising new tool for treatment of tinnitus. Further development of this technique will depend on a more detailed understanding of the neurobiological effects which mediate the clinical effects of TMS.

NEUROSURGICAL TREATMENTS FOR TINNITUS

INSTITUTIONS

1. TRI Tinnitus Clinic Antwerp, Belgium

AUTHORS

- 1. Dirk De Ridder¹, Dr, MD
- 2. Tomas Menovsky¹
- 3. Paul van de Heyning¹

Objective: Most treatments proposed for tinnitus are non-surgical, to such an extent that it is sometimes forgotten that a certain amount of patients with the symptom tinnitus can potentially benefit from a surgical solution. The aim of the paper is to review the possible otoneurosurgical approaches in tinnitus treatment, treating the tinnitus causally or symptomatically.

Methods: a pubmed search on the words ,surgery', ,tinnitus' and ,pulsatile' is performed and compared to the authors' personal experience with surgical approaches for alleviating tinnitus. The most relevant different pathologies presenting as pulsatile and non-pulsatile tinnitus are given and possible otoneurosurgical approaches for these identities summarized.

Results and discussion: Non-pulsatile tinnitus can be the clinical expression of vestibular schwannomas and other cerebellopontine angle lesions, arachnoid cysts, Ménière's disease, otosclerosis, brain

tumors along the auditory pathways, Chiari malformations and microvascular compressions of the vestiblocochlear nerve. Symptomatic improvement of non-pulsatile tinnitus can also be obtained by electrical stimulation of the cochlea, auditory nerve or cortex. Pulsatile tinnitus can present as a venous hum resulting from benign intracranial hypertension, Chiari Malformation and a high jugular bulb. Arterial pulse synchronous tinnitus can be caused by benign intracranial hypertension, arteria carotid stenosis, glomus tumors, vascular lesions of the petrous bone and skull base, ateriovenous malformations, aneurysms, and vascular loops inside internal auditory canal.

Conclusion: before people are told ,to learn and live with their tinnitus a thorough exploration for a possible cause and potential surgical treatments can be offered in patients presenting with incapacitating tinnitus

BRAIN STIMULATION FOR THE TREATMENT OF NEUROPSYCHIATRIC DISORDERS

INSTITUTIONS

- 1. University of Regensburg, Psychiatry, Regensburg, Germany
- 2. Masaryk University Brno, Psychiatry, Brno, Czech Republic

AUTHORS

- 1. Goeran Hajak¹
- 2. Radovan Prikryl²

Based on recent advances in the understanding of the neurobiology of neuropsychiatric disorders, minimal invasive brain stimulation techniques emerge as a new treatment option. In this symposium, an overview will be given about the use of transcranial magnetic and electrical stimulation for the treatment of depression (Padberg), schizophrenia (Prikryl) and somatoform disorders such as tinnitus (Langguth), chronic pain (Lefaucheur) and fibromyalgia (de Ridder).

INNOVATIVE BRAIN STIMULATION FOR THE TREATMENT OF DEPRESSION

INSTITUTIONS

1. Ludwig Maximilian University, Psychiatry, Munich, Germany

AUTHORS

1. Frank Padberg¹

Given that a considerable proportion of depressed patients does not remit during pharmacotherapy, there is increasing interest in non-pharmacological strategies to treat depressive disorders. Several neurostimulation approaches are currently tested as novel antidepressant interventions including repetitive transcranial magnetic stimulation (rTMS), magnetic seizure therapy (MST), vagus nerve stimulation (VNS), deep brain stimulation (DBS) and transcranial direct current stimulation (tDCS). All methods act via different neuroanatomically defined pathways involving key regions for affective behaviour and the pathophysiology of depression, i.e. prefrontal cortex/anterior cingulate, nucleus accumbens, striatum, amygdala and others. The different methods vary regarding their degree of invasiveness ranging from non-invasive and non-convulsant transcranial approaches (rTMS, tDCS) to methods requiring surgery (VNS and DBS) and meet different subsyndroms of depression (acute,

frequently recurrent or chronic; mild to severe; melancholic, atypical, psychotic etc.). The most comprehensive data is now available for rTMS in moderately therapy-resistant patients with a positive meta-analysis of small controlled trials and a placebo-controlled multicenter trial showing a significant difference between active and sham treatment. For VNS interesting long-term data are available suggesting long-term efficacy, however, an acute study failed to show significant antidepressant effects. For tDCS, three small controlled trials have been published by one research group, but need to be replicated by others and for MST and DBS only case series and open trials have been published yet. The placement of neurostimulation approaches among antidepressant interventions will depend on their efficacy in comparison with established treatment, the potential of methodological progress and cost-effectiveness considerations.

TREATMENT OF NEGATIVE SYMPTOMS OF SCHIZOPHRENIA USING TMS

INSTITUTIONS

1. Masaryk University, Psychiatry, Brno, Czech Republic

AUTHORS

- 1. Radovan Prikryl¹
- 2. Tomas Kasparek¹
- 3. Simona Skotakova¹
- 4. Libor Ustohal1
- 5. Hana Kucerova¹
- 6. Eva Ceskova1
- 7. Jan Tucek1

Objective: To verify whether high-frequency rTMS applied above the area of the left prefrontal cortex in 15 stimulation sessions with maximum stimulation intensity is able to modify negative symptoms of schizophrenia in a double-blind, randomized controlled study.

Methods: Twenty-two patients with schizophrenia stabilized on antipsychotic medication with prominent negative symptoms were included in the trial. They were divided into two groups: eleven were treated with effective rTMS and eleven with ineffective "sham" rTMS. The ineffectiveness of the sham rTMS was achieved through the stimulation coil position. Stimulation was applied to the left dorsolateral prefrontal cortex. The stimulation frequency was 10 Hz. Stimulation intensity was 110% of the motor threshold intensity. Each patient received 15 rTMS sessions on 15 consecutive working days. Each daily session consisted of 15 applications of 10-second

duration and 30-second intervals between sequences. There were 1500 stimuli per session.

Results: During real rTMS treatment a statistically significant decrease of negative symptoms was found (approximately 29% reduction in the PANSS negative symptom subscale and 50% reduction in the SANS). In sham rTMS treatment a decrease of negative symptoms was also identified, but to a lesser extent than in real rTMS (about 7% in negative subscale PANSS and 13% in SANS). The change in SANS achieved statistical significance. Mutual comparison revealed a greater decrease of negative symptoms in favor of real rTMS in contrast to sham rTMS.

Conclusion: Our results support the therapeutic potential of rTMS at higher frequency for negative symptoms of schizophrenia.

TINNITUS AND TRANSCRANIAL MAGNETIC STIMULATION

INSTITUTIONS

1. University of Regensburg, Germany

AUTHORS

- 1. Berthold Langguth¹
- 2. Michael Landgrebe¹
- 3. Tobias Kleinjung¹
- 4. Peter Eichhammer¹
- 5. Goeran Hajak¹

Tinnitus is a frequent disorder which is very difficult to treat. Even if the underlying pathophysiology is not known in detail, there is compelling evidence, that tinnitus is associated with functional alterations in the central nervous system. Both functional imaging studies in tinnitus patients and electrophysiological studies in animal models of tinnitus indicate hyperactivity in the central auditory system. Therefore targeted modulation of tinnitus related cortical activity has been proposed as a new therapeutic approach.

Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive method which allows to focally modulate cortical activity. This technique has been applied in different ways for diagnosis and treatment of tinnitus. Single sessions of high frequency rTMS over the temporal cortex have been successfully used for transient suppressi-

on of tinnitus and seem to be a useful predictor for treatment outcome of epidural stimulation. Another approach aims at using rTMS as a treatment for tinnitus by applying repeated sessions of low frequency rTMS, in order to induce a lasting reduction of cortical excitability in the auditory cortex. Beneficial effects of this treatment have been consistently demonstrated in several controlled studies however results are characterized by high interindividual variability and only moderate effect sizes.

There is convincing evidence that rTMS represents a promising tool for diagnosis and treatment of tinnitus. Further development of this technique will depend on a more detailed understanding of the neurobiological effects which mediate the clinical effects of TMS.

RTMS AND CHRONIC PAIN

INSTITUTIONS

1. Hopital Henri Mondor, Service de Physiology, Paris, France

AUTHORS

- 1. Jean-Pascal Lefaucheur¹
- 2. Rechdi Ahdab1

The efficacy of repetitive transcranial magnetic stimulation (rTMS) to produce analgesic effects has been assessed in patients with drug-resistant chronic pain of various origins, mainly neuropathic. Motor cortex was the most studied target, a few results concerned prefrontal or somatosensory cortical areas. In nearly all controlled studies, verum motor cortex rTMS produced significant analgesic effects compared to placebo (sham) stimulation when at least 1000 pulses were delivered at high-frequency (5-20Hz). After a single rTMS session, analgesic effects lasted for less than one week. Repeated daily sessions were able to prolong the effects of a single session. On average, high-frequency motor cortex rTMS decreased pain scores by 25-30% (10% following sham-rTMS). In contrast to chronic epidural motor cortex stimulation, rTMS was found more effective

after stimulating an area adjacent to the cortical representation of the painful zone rather than the area of the painful zone itself. The analgesic effects produced by motor cortex rTMS could result, at least partly, from the restoration of defective intracortical GABAergic inhibitory processes. Motor cortex rTMS could also relieve pain by reducing neuronal hyperactivity in thermal sensory relays distant from the site of stimulation. Finally, a positive response to high-frequency rTMS could predict a positive outcome of subsequent chronic epidural cortical stimulation. Due to the modest and short-lasting effects that are produced, rTMS cannot be applied to treat chronic neuropathic pain in routine. However, it may be proposed to treat transient pain or to identify suitable candidates for epidural implant.

C2 STIMULATION AS A TREATMENT FOR FIBROMYALGIA AND CHRONIC FATIGUE SYNDROME

INSTITUTIONS

- 1. University Hospital Antwerp, Neurosurgery, Belgium
- 2. Griffin Hospital, Pain management section, Derby, United States

AUTHORS

- 1. Dirk de Ridder1
- 2. Mark Thimineur²
- 3. Mark Plazier1

Objectives: The aim of the study was to evaluate the effect of subcutaneous C2 stimulation on the widespread fibromyalgia related bodily pain, associated chronic fatigue, mood depression, and quality of life in fibromyalgia patients, and to propose hypotheses explaining the working mechanism.

Materials and methods: 12 patients (9 females and 3 men; mean age 48 years) who met the criteria proposed by the American College of Rheumatology for fibromyalgia, and with co-morbid chronic fatigue, were trialed and implanted with this C2 stimulation technique. Outcome was prospectively studied with standard evaluation tools at baseline, and 3 and 6 month post implantation.

Results: VAS pain levels for FM related bodily pain decreased significantly at 6 months (p < .0001), as well as pain drawing total area (p

< .0001) and number of areas colored in (p <.0005). Chronic fatigue and depression as assessed by the Fatigue Impact Scale and the Beck Depression Inventory were also markedly improved (p <.0001 for both). Overall quality of life as assessed by the SF36 was significantly better on all 8 subscales.

Conclusion: C2 scalp stimulation may diminish widespread bodily pain and associated co-morbid symptoms in patients with fibromyalgia by modulation of 1. spinothalamic pathways in the myelum suppressing bodily pain, 2. autonomic nervous system suppressing co-morbid symptoms 3. mesolimbic dopaminergic system improving mood and 4. arousal system for fatigue. Future studies will have to elucidate which of the proposed mechanisms are involved in the improvement of fibromyalgia and chronic fatigue using this stimulation technique.

CLINICAL PSYCHIATRIC PHARMACOGENOMICS: THE MAYO CLINIC EXPERIENCE

INSTITUTIONS

1. Mayo Clinic, Psychiatry and Psychology, Rochester, MN, United States

AUTHORS

- 1. David A. Mrazek¹, MD, mrazek.david@mayo.edu
- 2. John L. Black III¹, MD, black.john@mayo.edu
- 3. Renato D. Alarcon¹, MD, alarcon.renato@mayo.edu
- 4. Victor M. Karpyak¹, MD, PhD, karpyak.victor@mayo.edu

This symposium will review the core aspects of molecular genetics that are necessary to understand pharmacogenomic medication management. Subsequently, the use of genetic testing to help manage depressive illnesses will be reviewed. Next, genomic considerations

that are relevant for the treatment of addictions will be presented. Finally, a series of specific cases will be presented that illustrate the clinical utility of pharmacogenomic testing.

CLINICAL PSYCHIATRIC PHARMACOGENOMICS: THE MAYO CLINIC EXPERIENCE - A REVIEW OF MOLECULAR GENETICS

INSTITUTIONS

1. Mayo Clinic, Psychiatry and Psychology, Rochester, MN, United States

AUTHORS

1. John L. Black III¹, MD, black.john@mayo.edu

Dr. John L. Black, III will review the basic principles of molecular genetics that are specifically relevant for pharmacogenomic testing. This will include a review of the vocabulary that is necessary to describe gene structure and expression. A focus of this review will be on the clinical significance of genetic variation in pharma-

cogenomic informative genes. The implications of single nucleotide polymorphisms, indel polymorphisms and copy number variations will be presented. This review will include a discussion of haplotype structure, as well as biotechnological advances that have made genotyping and high throughput sequencing possible.

REGULAR SYMPOSIA

CLINICAL PSYCHIATRIC PHARMACOGENOMICS: THE MAYO CLINIC EXPERIENCE - APPLICATIONS FOR THE MANAGEMENT OF ANTIDEPRESSANT MEDICATION

INSTITUTIONS

1. Mayo Clinic, Psychiatry and Psychology, Rochester, MN, United States

AUTHORS

1. <u>David A. Mrazek</u>¹, MD, mrazek.david@mayo.edu

Dr. David A. Mrazek will review the development of clinical pharmacogenomic genotyping that has occurred at the Mayo Clinic since the introduction of clinical pharmacogenomic testing in 2003. Specific principles related to testing will be reviewed. A systematic

review of the different metabolic pathways involved in the metabolism of antidepressant medication will be presented. Subsequently, case examples will be presented that highlight specific indications for pharmacogenomic testing.

CLINICAL PSYCHIATRIC PHARMACOGENOMICS: THE MAYO CLINIC EXPERIENCE - GENOMIC CONSIDERATIONS IN THE TREATMENT OF ADDICTIVE ILLNESSES

INSTITUTIONS

1. Mayo Clinic, Psychiatry and Psychology, Rochester, MN, United States

AUTHORS

1. Victor M. Karpyak¹, MD, PhD, karpyak.victor@mayo.edu

Dr. Victor M. Karpyak will present a review of genomic variability as it has been linked to the addictive illness broadly and to alcoholism more specifically. This will include a review of the significance of genetic variability in susceptibility genes associated with the onset

and course of alcoholism.

Subsequently, he will review the currently available information related to the use of genetic testing to enhance the effectiveness of the use of anticraving medications.

CLINICAL PSYCHIATRIC PHARMACOGENOMICS: THE MAYO CLINIC EXPERIENCE - THE CLINICAL UTILITY OF PHARMACOGENOMIC TESTING

INSTITUTIONS

1. Mayo Clinic, Psychiatry and Psychology, Rochester, MN, United States

AUTHORS

1. Renato D. Alarcon¹, MD, alarcon.renato@mayo.edu

Dr. Renato D. Alarcon will review the use of pharmacogenomic testing in both the inpatient and outpatient psychiatric services at the Mayo Clinic.

This will include a discussion of the range in genetic variability that

has been documented in patients who have been treated on the Mood Disorder Unit. Specific case examples of the clinical utility of pharmacogenomic testing will be highlighted.

RS-50

TRAUMATIC STRESS AND SOMATISATION IN UNIPOLAR DEPRESSIVE PATIENTS

INSTITUTIONS

- 1. Charles University, First Faculty of Medicine, Department of Psychiatry, Prague, Czech Republic
- 2. St Elisabeth University College of Health and Social Work, Department of Psychology, Bratislava, Slovakia

AUTHORS

- 1. Jiri Raboch¹, Dr., MD, raboch@cesnet.cz
- 2. Petr Bob¹, Dr., PhD, petrbob@yahoo.com
- 3. Marek Susta¹, Dr., PhD, m.susta@proverbs.cz
- 4. Peter Fedor-Freybergh², Dr., MD, editor@nel.edu

According to recent findings stress experiences represent significant condition in pathophysiology of depression and influence abnormal development in the brain. Repeated stress frequently leads to dissociation and limbic irritability that determines various somatisation symptoms in unipolar depressive patients. Main objective of the

symposium is to present research data that show novel relationships among psychoneuroendocrinological and psychophysiological data and psychometric measures of dissociation and symptoms of traumatic stress in depressive patients.

DEPRESSION, DISSOCIATION AND PAINFUL PHYSICAL SYMPTOMS

INSTITUTIONS

1. Charles University, First Faculty of Medicine, Department of Psychiatry, Prague, Czech Republic

AUTHORS

1. Jiri Raboch¹

Purpose: Recent findings in cognitive neuroscience indicate that activation of anterior cingulate cortex (ACC) is related to detecting cognitive conflict, dissociation and pain. Conflict related and pain experience induced ACC activation elicits responses in central autonomic network which can be assessed by psychophysiological measures such as heart rate variability (i.e. beat to beat R-R intervals-RRI). Recent findings in neuroscience also suggest that cognitive conflict is related to specific nonlinear chaotic changes of the signal generated by the neural systems.

Method: The present study used Stroop word-colour test as an experimental approach to the study of cognitive conflict in connection with RRI measurement, psychometric measurement of dissociation (DES), somatoform dissociation (SDQ-20), and calculation of

largest Lyapunov exponents in nonlinear data analysis of RRI time series in 50 patients with unipolar depression (i.e. depressive period or recurrent depression).

Result: Significant correlation 0.57 (p=0.00006) between largest Lyapunov exponents and DES, and 0.45 (p=0.0017) between largest Lyapunov exponents and SDQ-20 found in this study indicate that cognitive conflict related defect of neural inhibition during conflicting Stroop task is closely related to dissociative processes and depression.

Conclusion: These findings suggest the hypothesis that specific nonlinear dynamics governs the brain processes that link psychological pain related to dissociation and somatoform dissociation related to painful physical symptoms as a consequence of ACC activation.

DEPRESSION AND PERSPECTIVES OF CHAOS THEORY FOR UNDERSTANDING OF STRESS-RELATED SENSITIZATION

INSTITUTIONS

1. Charles University, First Faculty of Medicine, Department of Psychiatry, Prague, Czech Republic

AUTHORS

1. Petr Bob¹

Purpose: According to recent findings stress experiences represent significant condition in pathophysiology of depression and influence abnormal development in the brain. Repeated stress and cognitive conflict also may determine limbic irritability and temporal-limbic epileptic-like activity. Because recent findings indicate that epilepsy and epileptiform processes are related to increased neural chaos, in the distinct contrast to normal brain activity, the aim of this study is to find relationship between neural chaos in autonomic responses reflecting brain activity during stress activation and limbic irritability.

Method: For empirical examination of suggested hypothesis Stroop word-colour test, ECG recording, calculation of chaos indices i.e. largest Lyapunov exponents (LLEs) in nonlinear data analysis and psychometric measures of limbic irritability (LSCL-33) and depression (BDI-II) in 40 patients with unipolar depression and 40 healthy controls were used.

Result: Significant correlation r=0.69 (p<0.01) between LLEs and LSCL-33 found in this study indicate that degree of chaos in autonomic responses during conflicting Stroop task reflected by LLEs is closely related to limbic irritability. Significant correlation r=0.48 (p<0.01) also has been found between LLEs and symptoms of depression assessed by BDI-II. In the healthy control group similar correlations have not been found.

Conclusion: The results are in agreement with findings that epileptiform activity represents typical form of chaotic organization. Because limbic irritability is linked to seizure-like processes in the temporo-limbic structures, the correlation between LSCL-33 and LLEs might represent useful finding for understanding of neurobiological mechanisms underlying stress-related sensitization and could be useful for future research regarding anticonvulsant treatment of depression.

CHAOTIC NEURAL RESPONSE DURING CONFLICTING STROOP TASK REFLECTS THE LEVEL OF SERUM CORTISOL IN PATIENTS WITH UNIPOLAR DEPRESSION

INSTITUTIONS

1. Charles University, First Faculty of Medicine, Department of Psychiatry, Prague, Czech Republic

AUTHORS

1. Marek Susta¹

Purpose: According to recent findings detecting a cognitive conflict is related to activation of anterior cingulate cortex (ACC) and central autonomic network. Several recent findings also suggest the hypothesis that the cognitive conflict is related to specific nonlinear chaotic changes of the neural signal. This conflict related activation elicits autonomic responses which can be assessed by psychophysiological measures such as heart rate variability calculated as beat to beat R-R intervals (RRI).

Method: The present study used Stroop word-colour test as an experimental approach to psychophysiological study of cognitive conflict

in connection with RRI measurement, assessment of serum cortisol and calculation of largest Lyapunov exponents in nonlinear data analysis of RRI time series in 30 patients with unipolar depression.

Result: Significant correlation -0.45 (p<0.01) between largest Lyapunov exponents during conflicting Stroop task and serum cortisol levels has been found.

Conclusion: The study indicates that a defect of neural inhibition during conflicting Stroop task is closely related to decreased serum cortisol levels which probably reflect defense psychological mechanisms.

NEUROENDOCRINE RESPONSE TO TRAUMATIC DISSOCIATION IN PATIENTS WITH UNIPOLAR DEPRESSION

INSTITUTIONS

1. St Elisabeth University College of Health and Social Work, Department of Psychology, Bratislava, Slovakia

AUTHORS

1. Peter Fedor-Freybergh¹

Purpose: Dissociation is traditionally attributed to trauma and other psychological stress that are linked to dissociated traumatic memories. Although recent studies regarding the neuroendocrinology of traumatic dissociation are rare, they suggest possible dysregulation of the hypothalamus-pituitary-adrenal (HPA) axis. The aim of the present study is to perform examination of HPA axis functioning indexed by basal prolactin and cortisol and test their relationship to psychic and somatoform dissociative symptoms.

Method: In clinical and laboratory study of 40 consecutive inpatients with diagnosis of unipolar depression (mean age 43.37, SD=12.21) assessment of psychic and somatoform dissociation (DES, SDQ-20), depressive symptoms (BDI-II) and basal serum prolactin and corti-

sol was performed.

Result: Data show that prolactin and cortisol as indices of HPA axis functioning manifest significant relationship to dissociative symptoms. Main results represent highly significant correlations between psychic dissociative symptoms (DES) and serum prolactin (r=0.55, p=0.0001), and relationship between somatoform dissociation (SDQ-20) and serum cortisol (r=-0.38, p=0.008).

Conclusion: These results indicate relationship between HPA-axis reactivity and psychosocial stress as a function of dissociative symptoms in unipolar depressive patients that could reflect passive coping behavior and disengagement.

SAARC NATION YOUNG PSYCHIATRISTS - PRESENT SCENARIO AND FUTURE HOPES

INSTITUTIONS

- 1. SAARC-AYPT, Department of Behavioral Sciences and Mental Health, Pune, India
- 2. SAARC-AYPT, Other SAARC nations, Mumbai, India
- 3. SAARC-AYPT, Nepal
- 4. SAARC-AYPT, Bangladesh
- 5. SAARC-AYPT, Institute of Psychiatry, Angoda, Sri Lanka

AUTHORS

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The South Asian Association for regional co-operation (SAARC) comprises of Bangladesh, Bhutan, Nepal, India, Maldives, Pakistan, Sri Lanka and Afghanistan. This region belongs to a low income group and accounts for one-fourth of the worlds population and one-fifth of its psychiatrically ill patients. It lacks mental health policies and infrastructure. In recent years the focus has been on community care, trained manpower, patient satisfaction and better legislation. The symposium has been planned to bring forward the "existing" problems along with the needs and demands of the young psychiatrists from these regions.

Each of the speakers is in the process of generating indigenous fact based data from his/her respective country. The target areas include academic and professional needs of the young psychiatrists, awareness related to treatment, assessment tools, research, prescription practices, awareness about the concept of "young psychiatrists", global organization's: their benefits and the need for such networks. An attempt is being made to generate information regarding the activities taken over by the young psychiatrists and trainees in the region in order to update themselves. A critical analysis of what they feel is lacking in the region, the reasons for them contemplating migration, if at all, will also be made. This exercise would help us better understand the status of young psychiatrists from these regions, which would help develop a network of people working toward innovative care models and research collaborations.

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SAARC YOUNG PSYCHIATRISTS - PRESENT SCENARIO & FUTURE HOPES: AN INDIAN PERSPECTIVE

INSTITUTIONS

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AUTHORS

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Aims and Objectives: This is in keeping with the aims and objectives of the symposium; this particular segment aims to highlight the facts and figures from the existing body of literature pertaining to the state of mental health and related services with special reference to the young psychiatrist in India.

Methodology: The symposium is based on facts and figures generated by the review of literature from the relevant journals and national census reports. This would be clubbed with the more recent data generated by the group's questionnaire. The questionnaire has been circulated to all the young psychiatrists associated, affiliated and aware about the organization as well as the centers and institutes training individuals in psychiatry.

Results: India has one of the largest number of doctors in training i.e. 27,000 entering medical schools every year. There are in total 4000 psychiatrists. Given the population it translates into 0.4 psychiatrist/ 1 million population, 0.25 psychiatry beds per 10,000 population. There are an estimated 1,02,70,165 individuals with severe psychiatric illness and 5,12,51,625 individuals with common psychiatric illnesses. At the time of submission of this abstract there are around 300 psychiatry postgraduate seats open every year.

Conclusion: There has been an increase in the number of medical graduates taking up psychiatry in India. Given the needs and demands of the region a move to generate data and subsequent aim to form a comprehensive network of young psychiatrists for the region is deemed essential.

SAARC YOUNG PSYCHIATRISTS - PRESENT SCENARIO & FUTURE HOPES: A PERSPECTIVE FROM PAKISTAN AND OTHER SAARC NATIONS

INSTITUTIONS

1. SAARC-AYPT, Other SAARC nations, India

AUTHORS

1. Ruksheda Syeda¹, Dr, MD

Aims and Objectives: To highlight the facts and figures pertaining to the state of mental health in Pakistan, Afghanistan, Maldives and Bhutan. A special impetus has been given to the state of Young psychiatrists from these countries.

Methodology: The symposium is based on facts and figures generated by the local journals and other sources. We have also reviewed the regional meetings of SAARC federation. There is also a prospective study done to collect authentic data addressing the needs and demands of young psychiatrists in the region.

Results: The countries of Afghanistan, Maldives and Burma have less

then 10 psychiatrists. There are probably one or two young psychiatrists in Afghanistan. The postgraduate training in psychiatry in Maldives and Burma seems to be missing or abysmal, based on facts reviewed at the time of abstract submission. The census from Pakistan suggests that there are 10,031 medical professionals in total of which there are 300 psychiatrists, 125 psychiatric nurses, 480 psychologists and 600 psychiatric social workers. There are 2940 psychiatric beds in the public sector and 2000 beds in the private sector.

Conclusion: The services are primarily available in urban pockets calling for the need to have a comprehensive network of mental health professionals

SAARC YOUNG PSYCHIATRISTS - PRESENT SCENARIO & FUTURE HOPES: A PERSPECTIVE FROM NEPAL

INSTITUTIONS

1. SAARC-AYPT, Nepal

AUTHORS

1. Shailendra Adhikari¹, Dr

Aims and Objectives: To explore the state of mental health and related services in Nepal. This symposium would also highlight findings generated by the questionnaire to tap the needs and demands of young psychiatrists in SAARC nations.

Methodology: The symposium is based on facts and figures generated by the local journals and bodies. Along with the exploration of existing state of psychiatry, this segment of the symposium would also bring forward the needs and demands of young psychiatrists in Nepal based on the self generated questionnaire drafted by the scientific committee of SAARC-AYPT.

Results: Nepal is predominantly a rural country, with only 15% of the population staying in urban areas. The proportion of health budget to GDP is less then 3%, out of which 0.8% is on mental health. There is no national morbidity data generated from the country, 1% of the population suffers from Severe Mental disorders, 10-20% from "milder" mental health problems. There are a total of 200 psychiatry beds in the country. There are a total of 35 psychiatrists for a 25 million population.

Conclusion: Given the number of psychiatrists and the current status of mental health services a greater regional cooperation is the need of hour.

SAARC YOUNG PSYCHIATRISTS - PRESENT SCENARIO & FUTURE HOPES: A PERSPECTIVE FROM BANGLADESH

INSTITUTIONS

1. SAARC-AYPT, Bangladesh

AUTHORS

1. Noor Giasuddin¹, Dr

Aims and Objectives: To highlight the facts and figures pertaining to the state of mental health in Bangladesh, this is an off-shoot of the primary study and symposium organized by the SAARC nation association of Young Psychiatrists and Trainees (SAARC-AYPT)

Methodology: The symposium is based on facts and figures generated by the local journals and bodies. Along with a detailed outlook about the existing state of psychiatry, this segment of the symposium would also bring forward the needs and demands of young psychiatrists in Bangladesh based on the self generated questionnaire drafted

by SAARC-AYPT.

Results: The proportion of health budget to GDP is 3.55%, out of which 0.5% is or mental. The total number of psychiatry beds per 10,000 population is 0.065. The number of psychiatrists per 100,000 population is 0.05. Bangladesh has created 82 psychiatrists in the last 50 years.

Conclusion: There is an urgent need to organize mental health services network in Bangladesh in liaison with other SAARC nations.

SAARC YOUNG PSYCHIATRISTS - PRESENT SCENARIO & FUTURE HOPES: A PERSPECTIVE FROM SRI LANKA

INSTITUTIONS

1. SAARC-AYPT, Sri Lanka

AUTHORS

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Aims and Objectives: To highlight the facts and figures pertaining to the state of mental health care in Sri-Lanka. This is an off-shoot of the primary study and symposium organized by the SAARC nations association of Young Psychiatrists and Trainees (SAARC-AYPT)

Methodology: The symposium is based on facts and figures generated by the local journals and bodies. Along with this, figures generated by the national chapter as a part of broad study conducted by SAARC-AYPT would also be presented.

Results: The country has more psychiatrists of Sri-Lankan origin out of the country, then in the country. The country has 3000 psychiatric beds, 38 psychiatrists, 2 child psychiatrists, 100 psychiatric nurses. The country spends 1 % of its health budget on mental health services. The country also has district medical officers (trained in psychiatry). At present there are 93 post graduate trainees, out of which 25 are senior registrars.

Conclusion: There is an urgent need to organize mental health services network in the region.

COERCIVE TREATMENT IN PSYCHIATRY: RESULTS FROM A EUROPEAN RESEARCH PROJECT

INSTITUTIONS

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AUTHORS

- 1. Thomas Kallert1
- 2. Jiri Raboch²

Most recent years have shown an increase of research on coercive treatment across Europe. Contributions of this symposium will provide an update of (preliminary) results from the EUNOMIA-project, a EC-funded mental health services research project carried out in 13 catchment areas in 12 European countries (more than 3,400 pa-

tients included)

Attendants of the symposium will learn about an important research activity in the field of coercive treatment; further, their interest in a human rights field of treatment with major ethical challenges should be stimulated.

PREDICTORS OF INVOLUNTARY HOSPITAL ADMISSION ACROSS THE EUNOMIA STUDY SITES

INSTITUTIONS

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Background

Previous research has shown a specific profile of risk factors characterizing patients who are legally involuntarily admitted to psychiatric hospitals: younger age, diagnosis of psychotic disorder and/or mental retardation, manic symptoms, and male gender and/or non-Caucasian ethnicity.

Methods

The naturalistic and epidemiologically oriented EUNOMIA-study design in 13 sites in 12 European countries used a standardized battery of instruments (e.g. psychopathology, legal status, perceived coercion, satisfaction with treatment) to assess two groups of patients: legally involuntarily admitted patients and legally voluntarily admitted patients who feel coerced to admission. Uni- and multivariate analyses on the data are performed, and a logit-model for

predicting involuntary hospital admission was developed.

Results

This presentation is based on 2,586 legally involuntary and 830 legally voluntary patients included in the study. General and site-specific differences between the two subgroups of patients focusing on the initial assessment within the first week after hospital admission covering their socio-demographic and clinical characteristics, legal status, perceived coercion and satisfaction with treatment will be highlighted. Further, details of the statistical model predicting involuntary admission will be demonstrated.

Conclusions

Consequences for clinical practice of involuntary hospital admissions across Europe will be demonstrated.

COMPARISON OF THE CLINICAL USE OF COERCIVE MEASURES DURING HOSPITALISATION ACROSS THE EUNOMIA STUDY SITES

INSTITUTIONS

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AUTHORS

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Detailed data concerning individual coercive measures - 1) physical restraints, 2) the use of seclusion and 3) forced medication were gathered using a special form designed by the EUNOMIA group in 11 centres from 10 countries. In the group of 2 587 involuntarily admitted patients (average age: 38.2 ± 11.1) coercive measures were used in 32,2% of them (in 55% of men and 45% of women). The frequency of the use of coercive measures in individual centres varied substantially between 9,1% in Slovakia and 59,2% in . In the majority of patients more than one coercive measure was applied. In 9 centres the most frequent measure used was forced medication (mainly typical antipsychotics and benzodiazepines) and in 4 centres physical restraint. Seclusion was available in 6 countries and not very frequently used. The main reason for application of coercive measures was

aggression against others. Coercive measures were usually ordered by a psychiatrist. In majority of countries only members of medical staff were present at the time of their application; but in some countries relatives, police and others were also involved. In all countries patients were informed about reasons, duration and form of the measure. Coercive measures are used in the group of involuntarily admitted patients in all countries participating in the EUNOMIA project. Differences in the type and frequency of their application reflect largely different cultural traditions, different legal systems and various structure and quality of mental health care.

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CLINICAL AND SOCIODEMOGRAPHIC FACTORS INFLUENCING THE USE OF COERCIVE MEASURES DURING HOSPITALIZATION

INSTITUTIONS

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Aims

To find out whether some clinical and/or sociodemographic characteristics may play a role in the use of coercive measures during hospitalization. Presentation of results from the EUNOMIA international project.

Methods

Basic sociodemographic data were obtained using a questionnaire created by the EUNOMIA group. Psychopathology was assessed using the 24-items Brief Psychiatric Rating Scale within the first week of hospitalization. Total group of involuntary admitted mentally ill patients from 10 European countries was divided into two subgroups - "group 1" included patients which had some coercive measure applied, second subgroup ("group 0") patients with no coercive measures applied. Statistical methods - T test, Chi-quadrat, Mann-Whitney test.

Results

We followed the total sample of 2030 patients. 39% women and 37,5% men from the total group had some coercive measures applied during first 4 weeks of hospitalization.

Group 1 - N =770, average age 38,1 (SD 11,1); men 57%: women 43%;

Group 0 - N= 1260, average age 38,8 (SD 11,3), men 55%: women 45%.

From diagnostic point of view, there was higher percentage representation of patients with F2x.x (ICD 10) in the group 1. BPRS showed significantly higher scores (p< 0,01) mainly in items hostility, unusual thought content and bizarre behavior in the group 1.

Conclusion

Factors connected with psychopathology play probably more important role than sociodemographic characteristics in the use of coercive measures in the group acutely mentally ill patients.

PERCEIVED COERCION AT ADMISSION - A CROSS-NATIONAL ANALYSIS

INSTITUTIONS

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Objectives

To compare levels of perceived coercion at admission among legally involuntarily and voluntarily admitted patients, and patients' perceptions of coercion at admission assessed by staff, across the EU-NOMIA study sites.

Methods More than 4500 legally voluntarily admitted patients in 13 psychiatric services in twelve European countries were screened for perceived coercion at admission according to the MacArthur Perceived Coercion Scale (MPCS). Patients in this way identified as legally voluntarily admitted patients who felt coerced to admission, and consecutively legally involuntarily admitted patients, in all more than 3400 patients, were interviewed and assessed within a week from admission.

Coercion, as perceived by patients, was assessed by the MPCS and the Coercion Ladder (CL). The staff assessed on the CL the amount of pressure they thought the patients experienced at admission. **Results**

The proportion of legally voluntarily admitted patients who felt coerced to admission according to the MPCS ranged from 15 to 38 % across the centres. For the legally involuntarily admitted patients, the proportion scoring high on the CL ranged from 53 to 98 %. The patient and staff scorings on the CL were positively correlated (r=0.408), but on the average patients scored higher than the staff (mean difference 1.8, range 0.2-3.6 across centres).

Conclusion

There was a considerable variation in levels of perceived coercion at admission across the study sites among legally voluntarily as well as legally involuntarily admitted patients. The staff assessed the admissions as less coercive than the patients themselves.

QUALITY OF LIFE AND SOCIAL FUNCTIONING OF INVOLUNTARILY ADMITTED PATIENTS - THE EUNOMIA STUDY.

INSTITUTIONS

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Objective: evaluate quality of life and social functioning of psychiatric patients admitted legally involuntarily and voluntarily but felt coerced.

Method: Involuntarily admitted patients (n=823) and voluntarily who felt coerced based on MacArthur Admission Experience Survey (n=286) from 8 European centers were assessed at 3 time-points: at admission, 4 and 12 weeks after admission. The Short Assessment of Quality of Life (MANSA) and Global Social Functioning (GAF) were used. Several further factors were analysed by regression models: psychopathology (Brief Psychiatric Rating Scale), Cantril Ladder of Perceived Coercion, level of aggression by Modified Overt Aggression Scale (MOAS) and Client's Assessment of Treatment (CAT).

Results: 28% involuntarily patients were employed, 32% pensioned (28%, 41% respectively in voluntary group). There were no differences in sex, age, education or duration of disorder in both groups. Higher QoL was associated with better social functioning, being employed, married, having manic/excitement symptoms, involun-

tarily admission and higher verbal and physical aggression. Overall psychopathology, autoagression as well as diagnosis of depression and personality disorders were negatively correlated with QoL. In forward-backward stepwise selection model depressive symptoms, being unemployed or pensioned, living in Prague or Wroclaw and feeling coerced during voluntary admission predicted lower QoL in each measure point, whereas social functioning and satisfaction of treatment, manic symptoms, living in Vilnus, Orebro or London predict higher QoL.

Conclusions: Subjective feeling of being coerced during psychiatric admission predict lower quality of life even after 3 months of treatment.

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TRANSFORMING PSYCHIATRIC SERVICES TO BETTER RESPOND TO EMERGING NEEDS: THREE INITIATIVES FROM CANADA

INSTITUTIONS

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Statement of the problem: A number of challenges have to be faced in the organization and delivery of contemporary psychiatric services. Among the most common difficulties encountered is the need to: (1) better integrate services, (2) develop services which address multiple diagnoses and (3) orient existing services according to a recovery approach.

Aim of the symposium: To present three distinct initiatives currently being implemented in Montréal, CANADA aimed at transforming existing psychiatric services in order to improve the mental health system.

Methods: presentation of innovative projects involving managers and clinicians and consumers. Dr Marie-Josée Fleury will present the role of general practitioners (GPs) within mental health in the context of current reforms aiming at increasing primary care and the integration of healthcare systems. Dr Myra Piat will describe the

recovery paradigm, and the transition from a traditional model of service delivery to a recovery oriented one through the implementation of a training program for multidisciplinary teams. Dr. Michel Perreault will present the results of a "Cross-Training" program which began in 2003 and is aimed at facilitating communication and knowledge exchange among mental health professionals on dual diagnoses treatment.

Learning objectives:

Participants will learn more about 1) the role of GPs in mental health, new psychiatric service integration models and how to improve linkages between primary care and specialized services, 2) the recovery approach and its implementation through staff training, and 3) the different models of a "cross-training" approach and its application for persons with dual-diagnoses.

DETERMINANTS OF GPS TAKING CARE OF PATIENTS WITH COMMON MENTAL DISORDERS

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Objectives: This presentation is aimed at assessing factors that determine general practitioners (GPs) taking care of patients suffering from common mental health disorders (CMD).

Methods: The study is based on a sample of 398 GPs; representative of all Quebec's GPs. GPs had to answer a questionnaire comprising 59 items, related to their healthcare practices. Descriptive, bivariate and multivariate analyses were performed.

Results: GPs' socio-demographic profile, patients' characteristics and GPs' clinical practice, and perceived inter-professional relationships were found to be the essential categories of variables in determining GPs in taking care of CMD patients. The main characteristic of GPs who take charge of CMD patients pertains to their interest in mental diseases. On the contrary, the principal factor which impedes them is related to the positive perception of their relationships

with psychiatry teams.

Conclusions: This study demonstrates: (1) that interest and knowledge in dealing with CMD patients, (2) the patient diagnosis profile which should not be too complex, (3) availability of diversified services, and (4) the quality and interest in mental healthcare integration, play a critical role in GPs taking care of patients with CMD. The results sustain the importance of promoting awareness campaigns aimed at increasing GPs' interest toward taking care of patients with CMD, as well as implementing integrated care models such as shared care. Improving healthcare systems without such campaigns could lead to perverse effects such as the increase of transfer of CMD patients. Reforms should also invest in mental health training, and in improving psychosocial treatments.

IMPLEMENTING RECOVERY ORIENTED PSYCHIATRIC SERVICES IN MONTREAL, CANADA

INSTITUTIONS

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Statement of problem: Although recovery has become the new guiding vision for the delivery of psychiatric services, there is little consensus on the definition of recovery[1]. As well, mental health service providers struggle with how to move from a more traditional medical and rehabilitative model to recovery oriented system (2).

Aim of the study (1) to provide an overview of the recovery paradigm within a Canadian context, (2) to present a training program for service providers, (3) to present the meaning of recovery from a user perspective. Methods: (1) Descriptive information from 3 pilot projects implemented on the island of Montreal involving 60 mental health service providers and users will be presented. (2) sixty individual interviews were conducted with users on the meaning of recovery.

Results: Fifty nine service providers and users participated in a 2 day training session. Overall satisfaction was directly related to involving users as partners in the training. Consumers defined recovery in terms of two perspectives: in relation to illness and in relation to wellness.

Conclusion: Involving users in the implementation of training around recovery oriented services is essential. Most consumer definitions cut across both perspectives, suggesting that Canadian consumers view recovery as both a medical and psychosocial concept.

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- 2. Davidson, L., Roe, M (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. Journal of Mental Health, 16 (4): 459-470.

A CROSS-TRAINING PROGRAM TO IMPROVE SERVICE INTEGRATION FOR DUAL-DIAGNOSIS PATIENTS OF MONTREAL, CANADA

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- 8. Michel Landry⁶, Dr., PhD
- 9. Jacques Tremblay¹, Dr., MD

Statement of the problem: Treatment for persons with dual diagnoses is frequently characterized by a lack of continuity due to service fragmentation. In Montréal, in order to improve the integration of these services, a cross-training program involving teams from mental health, substance abuse as well as the police services has begun

Aim of the study: to evaluate the implementation of the two phases of this program (i.e. one-day staff rotations and one-day training sessions based on case discussions and conferences) from the participants' perspective. Methods: (a) assessment of staff rotations (72 standardized questionnaires and two focus groups); and (b) assessment of case discussions (149 self-administered questionnaires).

Results: registration to both phases of the program exceeded its capacity: 117 clinicians from 50 different teams participated to the staff

rotations between 2003 and 2005 and 273 staff participated to the case discussions in 2007. Staff rotations' evaluation revealed a high degree of satisfaction among participants. The improvements suggested concern the lack of preparation of some resources and confidentiality of patient information. Some recommend the develop rotations involving longer stays.

Concerning the case discussions, results reveal that participants are highly satisfied with "real" case discussions with colleagues from other teams. They also value the conferences on related topics. They recommend, however, to have smaller groups, of about 8 (instead

Conclusion: by facilitating exchanges between different networks of services, the program appears to fulfill its original aim. To optimize its impact, organizers from different networks should be involved.

OPTIMIZING OUTCOME OF DEPRESSION TREATMENT: SHOULD WE MODIFY TREATMENT ACCORDING TO DEPRESSION CHARACTERISTICS OR COMORBID CONDITIONS?

INSTITUTIONS

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AUTHORS

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- 4. Jack JM Dekker¹, Professor, PhD
- 5. Gerda van Aalst¹, MD

Background: Treatment of depression turns out to be less effective than we are inclined to think, especially when remission is taken into account as outcome measure. Both depression characteristics and comorbid conditions may be associated with treatment outcome.

Aims: To examine predictors of success or failure of depression treatment.

Method: Systematic literature search, and secondary analyses of RCT's effectuated by the JellinekMentrum Depression Research

Group Amsterdam.

Results: Both easily identifiable patient and depression characteristics, and comorbid anxiety of personality disorder are associated with outcome of depression treatment. Specific treatment modalities such as combined therapy or SSRI's may yield better outcome according to depression and comorbidity characteristics.

Conclusion: Future guidelines should specifically address subgroups of depressed patients according to patterns of comorbidity and depression type.

IDENTIFYING PATIENTS AT RISK FOR NONRESPONSE IN DEPRESSION TREATMENT

INSTITUTIONS

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Background: The principal aim of depression treatment is to achieve remission. However, many patients do only partly respond and literature indicates that about a third of the patients do not respond at all to treatment. We will present a study to determine the frequency and predictors of complete nonresponse in different treatments for depression.

Method: Post hoc analysis of the pooled data of three consecutive RCTs of outpatient depression treatment. 313 patients with major depressive disorder and HAM-D-17 scores between 14 and 25 were treated for six months with either pharmacotherapy, Short-Term Psychodynamic Supportive Psychotherapy or combined therapy. Complete nonresponse was defined as less than 25 % response according to the HAM-D-17. Sociodemographic factors, depression features and adherence were investigated as predictors in a multivariate stepwise logistic regression analysis.

Results: Overall, nonresponse occurred in 34% of the patients. In pharmacotherapy this was 46%, in psychotherapy 39% and in combined therapy the percentage was 28%.

Severity of somatic symptoms was associated with nonresponse in both combined therapy and psychotherapy. In psychotherapy nonresponse was related to age above 40, chronic depression and nonadherence by the patient. In the case of combined therapy younger age, previous use of an antidepressant and having a first depressive episode were associated with nonresponse.

Conclusion: Easily measurable patient characteristics may help to identify patients at risk for complete nonresponse to treatment. It is suggested that predictors may differ across treatment modalities. However, head-to-head comparisons are required when selecting the most appropriate treatment for specific depressed patients.

MANAGING DEPRESSION WITH COMORBID ANXIETY DISORDER

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Background: Depression and anxiety disorders frequently co-occur, with comorbidity indicating higher severity and treatment resistance. Still, current treatment protocols often address single disorders.

Aim: To present an overview of the literature on treatment of combined disorders.

Method: Systematic literature search for RCT's in Medline, Embase, Psychlit from 2000

Results: Most research concerns so-called ,anxious depression, defined as a major depression with anxiety symptoms not meeting

criteria for a specific anxiety disorder. 11 RCT's found a difference in efficacy between depression with and without comorbid anxiety, 3 studies dit not find a difference. SSRI's may be more effective in anxious depression. Only 2 studies concerend psychotherapy.

Conclusion: Differering operationalisations of anxious depression complicate practical application of these findings. Available studies show significant variation in design and measurement instruments. Systematic screening for comorbidity should be a part of treatment studies in depression. Research on treatment efficiency in diagnosed comorbidity is urgently needed.

PREDICTORS FOR THE RESULT OF TREATMENT OF DEPRESSIVE AND COMORBID PERSONALITY DISORDER

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Background: Comorbidity of depressive and personality disorder frequently occurs in daily practice; around two third of the depressed patients also suffers from one or even several types of personality pathology. Also, in this extra vulnerable group of patients the depression gets less frequently into remission, and chronicity and recurrence develop more often. These findings emphasize the importance of finding predictors for the outcome of treatment, both positive and negative.

Aim: To offer an overview of positive and negative predictors for the result of different types of treatment of depressive disorder with comorbid personality disorder. **Method:** Systematic review of the literature concerning this subject; also an overview will be given of these predictors in the different types of treatment.

Results: Based on the findings both in literature and in clinical research, robust predictors for the success of different treatment modalities will be presented.

Conclusion: In the prevention of failure in the treatment of comorbid depressive and personality disorder, predictors can be taken into account in the different types of treatment.

The chance of chronicity and recurrence of the diseases can thus be diminished.

RISK FACTORS TO RELAPSE AND/OR A NEW DEPRESSIVE EPISODE?

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Background: Long term effects of treatment for depression do not seem to be brightly, varying from 50% till 60-70% relapses and/or new depressive episodes Once one has already experienced a second episode, this percentage could rise to 80 or 90%.

Aim: Aim of this mega analysis is to determine the long term effectiveness of a treatment for depression and to determine the probable risk factors of a relapse / new episode.

Method: This mega-analysis concerned the original data of three published randomized clinical trials. Ambulatory psychiatric patients with a depression were treated with pharmacotherapy, psychotherapy or combined treatment. The research question is what the longer term effects of these treatment were after 0.5 Year (all three of the trials), 1 year and 1.5 years (two trials) after finishing the acute

6-month treatment.

Results: For now, the relapse percentage during the continuation episode seems to be 20 to 25% (during a period of half-a-year after finishing the acute treatment). About one third of the patients group seems to have a chronic course. Gender (women show less effectiveness) and remnant symptoms at the end of acute treatment, were predictors of remaining recovery.

Conclusion: Long term results of treatment for depression are not promising. The extensiveness of this disease is more than we have expected. One of the most important predictor seems to be the effective result of acute treatment: the better this one is, the longer the duration of recovery.

DROPOUT; A NEGLECTED CAUSE OF NON-RESPONSE

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Background: The efficacy of treatment with antidepressant medication is severely compromised by high dropout rates. Combined therapy (pharmacotherapy and psychotherapy) often yields higher adherence rates than pharmacotherapy alone. The reasons for this association are unknown

Aim: To determine whether time to dropout, reasons for dropout and response to treatment differ between depressed outpatients treated with antidepressant monotherapy or combined therapy.

Results: Treatment with combined therapy significantly reduces dropout rates compared to treatment with monotherapy from week 16 to week 24. Reasons for dropout differed between both treatment

conditions. At 24 weeks, the main reason for monotherapy dropout was "side-effects" (mean HDRS 15). However, the main dropout reason was "feeling better" (mean HDRS 7) for those patients treated with combined therapy.

Conclusion: Available studies on dropout, whether monotherapy or combined therapy, often relate premature termination to side-effects. However in this study, the main reason for dropout in patients treated with combined therapy was ,feeling better and the depression was in full remission. On the other hand, the main reason for dropout in patients treated with monotherapy was ,side effects, those patients were still depressed. Further studies with a treatment duration of at least 12-16 weeks are needed to confirm these results.

ADMINISTRATION OF SAFE AND EFFECTIVE ELECTROCONVULSIVE THERAPY IN COMPLEX CLINICAL CONDITIONS

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Background: Efficacy and safety of ECT has long been established among others conditions for severe depression, mania and certain types of schizophrenia. However safety concern remain for certain complex and co-morbid clinical conditions such as patient in late gestation, patients with intracranial lesions or history of pulmonary embolisms or certain cardiac illnesses. Recent advances in the technique of treatment with close electrophysiological monitoring, close clinical supervision, availability of medications to mitigate physiological effects and advances in technology as to delivery of current (brief pulse wave), comprehensive pre ECT work up, evidenced based diagnosis selection criteria have significantly improved safety and outcome.

Aim: Presenters of this symposium aim to illustrate safety related considerations in treating treatment resistant psychiatric disorders associated with complex and challenging comorbid medical conditions **Method:** Authors will share and discuss information related to safe administration of ECT in various complex clinical conditions, using various precautions like setting of treatment, close monitoring of various physiological parameters before, during and after the treatment.

Conclusion: Using appropriate measures ECT can be administered in a safe and effective manner in complex clinical conditions (1, 2)

- 1. Bhatia SC, Baldwin SA and Bhatia SK. Electroconvulsive Therapy During the third Trimester of Pregnancy. The Journal of ECT, 1999, 15:270-274
- 2. Bhatia SC, Bhatia SK and Gupta S. Concurrent Administration of Clozapine ECT: A Successful Therapeutic Strategy for a Patient with Treatment-Resistant Schizophrenia. The Journal of ECT, 1998, 14:280-283

ECT DURING THIRD TRIMESTER OF PREGNANCY

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The management of severe depression during late stage of pregnancy presents a challenge for clinicians. Antidepressants may have impact on the birthing process or the health of the neonate. In addition psychotherapy may not be effective intervention for psychotic depression. The treatment may require close supervision, availability of tocolytic therapy, monitoring of the cardiac status of the fetus before and during uterine contraction. During and after ECT no negative impact was seen in umbilical blood flow. None of our patients had

ECT related complications. To guard against any ECT related potential complication the treatments should be administered in labor and delivery room under the supervision of the obstetrician with proper monitoring of mother and fetus.

Bhatia SC, Bhatia SK. ECT During Third Trimester of Pregnancy. The Journal ECT, 15:270-274, 1999

REGULAR SYMPOSIA

CONCURRENT ADMINISTRATION OF ECT AND CLOZAPINE IN TREATMENT-RESISTANT SCHIZOPHRENIA

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We are often faced with patients who continue to experience positive and negative symptoms of schizophrenia with conventional and atypical antipsychotics. We treated a patient who failed to respond to conventional antipsychotics, including Pemozide and ECT and atypical antipsychotic pharmacotherapy including clozapine alone. These interventions were also with adjunctive pharmacotherapy. We treated this patient with 850mg/day with clozapine with limited response. However concurrent treatment with clozapine and ECT resulted in substantial improvement with drop in Brief Psychiatric Rating Scale Score from 69 to 37.

There was no prolongation of seizure activity with ECT. However

20 months post discharge while on clozapine patient experienced a grandmal seizure unrelated to ECT and was switched to olanzapine without loosing effectiveness. Combined ECT and Clozapine Therapy interventions may be considered in treatment-resistant schizophrenia.

Bhatia SC, Bhatia SK and Gupta S. Concurrent Administration of Clozapine and ECT: A Successful Therapeutic Strategy for a patient with Treatment-Resistant Schizophrenia. The Journal ECT 14:280-283, 1998

ECT IN PATIENTS ON LONG-TERM WARFARIN THERAPY

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Due to hemodynamic changes with ECT e.g. elevation of blood pressure, potential risk for hemorrhage (s) is a plausible concern about administering ECT in these patients. With adequate coverage with labatolol, bilateral ECT using brief -pulse current we successfully treated four (4) patients, with ECT, on warfarin therapy with diagnosis of severe mood disorders with or with out psychosis and

with or without hypertension. There were no hemorrhage related complications in any of the patients.

Das Piyush, Ramaswamy S, Sharma A, Bhatia SC. Electroconvulsive Therapy in Patients on Long-term Warfarin Therapy. The Journal ECT.23:54, 2007

SAFE ADMINISTRATION OF ECT IN A PATIENT AFTER CEREBRAL ANEURYSM REPAIR

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Hemodynamic changes during and after ECT e.g. elevation of blood pressure may cause intracranial hemorrhage in patients with intracerebral aneurysm. We successfully treated a patient with a diagnosis of major depression and history of ruptured cerebral aneurysm with cerebral hemorrhage. Following hemorrhage patient had the repair of aneurysm and had placement of ventriculoperitoneal shunt. In

this patient the ECT was administered using propofol anesthesia and coverage with 25-50 mg of esmolol. There were no ECT related vascular complications.

Sharma A, Ramaswamy S, Bhatia SC. Electroconvulsive Therapy After Repair of Cerebral Anerysm. The Journal ECT. 21:180-181,2005

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HAMLET'S VIEW ON ANTIDEPRESSANTS AND SUICIDE: TO T(H)REAT(EN) OR NOT TO TREAT

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About 66% of suicide victims have current major depression, of which 50% contact health-care services during the last 4 weeks of their life. Yet over 80% of depressed suicides are untreated or inadequately treated.

Several large-scale, naturalistic, observational follow-up studies demonstrate successful treatment of major depression with anti-depressants, and bipolar disorders with mood stabilizers, antide-pressants and/or antipsychotics, markedly reduce suicide risk and completed suicide. Suicidal behaviour in patients taking antide-pressants is most frequent in the first 10-14 days of treatment, while cohort studies found that continuous treatment substantially reduced subsequent suicidal behaviour risk.

The marked decline of suicide rates in countries where antidepressant utilization increased by three-to-eightfold also supports the anti-suicidal effect of antidepressants.

However, meta-analyses of randomized antidepressant trials in major depression (with severe, acutely suicidal patient exclusion)

show a nonsignificant increase of suicidal behaviour in patients taking antidepressants compared to placebo. This relatively small increase in suicidality relates to depression-worsening potential of antidepressant monotherapy (unprotected by mood stabilizers) in subthreshold bipolar depressives (in trials on unipolar depression) and in unrecognized bipolar depressives (in real-life). The suicide rate of untreated major depressives is 25-30 fold times higher than in the general population, but patients taking antidepressants show "only" 8-fold increase in this risk. Widespread use of SSRIs appears to have caused a marked decline in suicide rates in many countries. The consequences of the FDA black box warnings are now becoming evident, and cannot be underestimated nor ignored.

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PSYCHOTIC EXPERIENCE AND ITS EARLY SIGNS

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In psychosis, external world is given an incomprehensible interpretation, which also leads to distorted interpersonal relationship. Early traumas, certain personality features and developmental deviances increase vulnerability to psychotic experiences and manifest psychosis. The symposium describes the concept of incomprehensibi-

lity and manifestation of psychotic experience within interpersonal relationships. The symposium also shows how early developmental deviances, childhood traumas and alexithymic features associate with vulnerability to psychosis in adulthood.

INCOMPREHENSIBILITY: THE ROLE OF THE CONCEPT IN DESCRIBING PSYCHOPATHOLOGY

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The question on the role of "incomprehensibility" in psychiatry has a long history at the margins of psychiatric discourse. Jaspers' work is the most important exemplification of this query, but recently the whole issue has been in eclipse. The notion of "incomprehensibility" has, however, inherent conceptual connections to key psychiatric concepts (like "psychosis", "delusion", "insight", "understanding").

Jaspers' well-known and controversial thesis was that incomprehensibility is the defining feature of schizophrenic process. The negativistic implications of this thesis lead to its demise and obfuscation of this conceptual issue altogether. Taking incomprehensibility as an

empirical fact stems from a misunderstanding of its grammar but this should not lead us to disregard its role as a concept constitutive for the domain of psychiatry.

Applying these insights into the area of early detection and intervention of psychosis, we recognize that understanding the intrinsic rationale of the field is difficult without appealing to the concept of incomprehensibility. Yet we are also led astray if we try to formulate relevant symptom definitions on this basis. Consequences thereof for recent developments in the field are delineated.

EXPERIENCED POOR ATTITUDE FROM OTHERS - EARLY SIGN OF RISK OF PSYCHOSIS: RESULTS OF THE EPOS STUDY

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Aims: Risk of psychosis is defined by occurrence of positive psychotic-like symptoms or by decreased functioning with familial risk of psychosis. We studied how reported functioning of psychiatric outpatients associates with vulnerability to and risk of psychosis.

Methods: Altogether 790 patients of age 13 to 36 years attending psychiatric outpatient care fulfilled the Prod screen including seven items of functioning.

Vulnerability to psychosis was assessed by specific symptoms of the Prod screen and current risk of psychosis by occurrence of basic symptoms, attenuated psychotic symptoms, brief, limited or intermittent psychotic symptoms or familial risk plus reduced functioning during the past three months. Patients with current risk of

psychosis were followed for 18 months and transition to psychosis was detected.

Results: In all, 219 patients vulnerable to and 55 patients at current risk of psychosis were detected. Six risk patients became psychotic during the follow-up period.

Vulnerability to psychosis associated significantly with all items of functioning. Current risk of and transition to psychosis associated significantly only with subjectively experienced "poor attitude from others". Experienced "poor attitude from others" associated also significantly also with Prod screen specific symptoms.

Conclusion: Subjectively experienced "poor attitude from others" seems to be early sign of risk of psychosis.

SOCIAL AND PRENATAL PREDICTORS OF PSYCHOTIC EXPERIENCE DURING THE POSTPARTUM PERIOD

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Aims: Psychotic illness following childbirth is a relatively rare but severe condition with unexplained etiology.

Methods: We investigated incidence rates and potential maternal and obstetric risk factors of psychoses after childbirth in a national cohort of first-time mothers from 1983 through 2000 (n=745,596).

Results: The incidence of psychiatric hospitalisations for a postpartum psychotic or bipolar episode among women without previous psychiatric hospitalisations was 0.04 and 0.01 percent of first births, respectively, while among women with any psychiatric hospitalisation prior to delivery, the incidence was 9.2% and 4.5%, respectively. The risk increased significantly with recency of pre-pregnancy hospitalizations, number of prior hospitalizations, and length of most recent hospitalization. The incidence of psychotic illness peaked immediately following a first childbirth and 49 percent of the ca-

ses were women without any previous psychiatric hospitalization. Among women without any previous psychiatric hospitalization, higher maternal age and low birth weight of the infant were associated with increased risk of psychoses distinctly during the postpartum period, while maternal diabetes and high birth weight of the infant appear to decrease the risk. Low level of education, not cohabitating with the infant's father and maternal smoking had impact on the risk of psychoses after the first 90 days postpartum among all women as well as among women without any previous psychiatric hospitalization. The increased risk of psychoses among immigrant women was amplified after the first 90 days postpartum.

Conclusions: These findings have implications for the etiology of psychotic illness occurring in the immediate postpartum period.

EARLY TRAUMA AS A RISK FACTOR FOR PSYCHOSIS - EVIDENCE FROM THE RADEP AND EPOS STUDIES

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Objectives: To further evaluate the possible impact of childhood interpersonal trauma and distress as a risk factor for the development of psychosis in various clinical samples with a newly developed instrument, the Trauma and Distress Scale (TADS).

Methods: A first version of the TADS, a 43-item self-rating questionnaire, was administered to samples of subjects attending primary care and community mental care (RADEP study, n = 742 and n = 178), and at high risk for psychosis (EPOS, n = 240). On this basis, an early trauma sum score and scores for trauma and distress subcategories as emotional, physical and sexual abuse, as well as emotional and physical neglect were calculated. Associations with indicators of special and general psychopathology, and for the EPOS sample also transition into psychosis, among others, were determined.

Results: Remarkably comparable, elevated rates of adverse interpersonal childhood experiences and distress were found in both, subjects attending psychiatric care and subject at high risk for psychosis. Some significant associations with positive psychotic symptoms, other psychopathology as e.g. depression, and current level of functioning, but not to transition into psychosis, were found in the high risk sample.

Conclusion: The results confirm that childhood adverse experiences and distress are markedly elevated in psychiatric samples. As the increase in the high risk sample was comparable to a community mental health care sample, and first analyses did not yield a clear association with transition into psychosis, such early experiences may be primarily a risk factor for developing mental disorder in general.

ALEXITHYMIA IS ASSOCIATED WITH PSYCHOTIC AND HYPOMANIC SYMPTOMS

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Objectives: The association of alexithymia with different kind of non-psychotic mental disorders has been verified in numerous studies. On the other hand, there are only sparse studies on the relationship of alexithymia and psychoses and the results seem to be a little bit inconsistent. We wanted to explore how alexithymia is associated with psychotic and hypomanic symptoms.

Methods: The material consisted of 668 primary health care patients in Finland. Data was gathered with a questionnaire. Alexithymia was measured with the Toronto Alexithymia Scale-20. The lifetime psychotic symptoms were 22 questions from the core psychosis section of the Composite International Diagnostic Interview (CIDI) and lifetime hypomanic symptoms with the Mood Disorder Questionnaire (MDQ). The sociodemographic background factors consisted of gender, age, marital status, working status and living situation.

The health status was measured with two subjective assessments (self perceived general health and functional ability).

Results: Alexithymia was significantly associated with both CIDI and MDQ sum scores due to the alexithymia facets Difficulties in Identifying Feelings and Difficulties in Description of Feelings. These associations remained also when the sociodemographic and health status variables were controlled for. Of the separate CIDI items 12 and of the MDQ items 9 had significant association with both TAS total score and the factors Difficulties in Identifying Feelings and Difficulties in Description of Feelings.

Conclusion: These findings warrant new studies on this field, an especially important topic could be to explore the meaning of alexithymia in the so called prodromal phase of psychoses.

TREATMENT RESISTANT DEPRESSION

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PROPOSAL FOR SYMPOSIUM:

Treatment resistant depression has been documented in about 20-30% of patients diagnosed with depression. Future challenges inclu-

de not only phenomenological characterisations but also a distinction on a molecular genetic level.

DEFINITION AND UNDERSTANDING OF TREATMENT RESISTANT DEPRESSION

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Patients for whom the diagnosis of depression was established and who did not respond to adequate treatment are defined as suffering from resistant depression (RD). It has been estimated that 30-40% of depressed patients do not respond to an adequate treatment attempt. Those patients occupy more and more of psychiatrists' time, since for many depressed patients the first-line of treatment is provided by their general practitioners. Hence, there is an over-representation of RD among patients who end up being sent to psychiatrists because they did not to respond to treatment (mostly with SSRIs).

After careful review of issues such as diagnosis, dose, and treatment duration, and ruling out a possible medical condition, the diagnosis of RD is warranted. Although the current knowledge about the biology of RD is lacking, it is becoming increasingly clear that a diagnosis of RD does not imply a ,bad' patient (who does not want to

improve) or a ,bad' physician (an incompetent psychiatrist). It might actually mean that the relevant patient is truly treatment-resistant, and probably reflects one of several subtypes of depression which are yet to be identified.

Along these lines, identifying the various underlying psychobiological abnormalities might assist us in tailoring treatment to the specific patient.

The therapeutic intervention should include, on top of a well-thought-out and carefully built plan of treatment, a fundamental value including empathy, comforting and support, along with a confidence, which might only derive from in-depth knowledge of the current state of the art in treating those difficult-to-treat patients.

EUROPEAN STUDY GROUP ON TREATMENT RESISTANT DEPRESSION

INSTITUTIONS

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Outcome studies have demonstrated that approximately one third of patients treated for major depression do not respond to antidepressant pharmacotherapy and has led to the concept of Treatment Resistant Depression (TRD). In order to investigate clinical predictors of resistance, we collected within a EUROPEAN MULTICENTRE STUDY a large cohort of unipolar depressed patients. The depressive episode was considered as resistant in case of nonresponse to at least two adequate consecutive antidepressant trials during the last episode.

702 subjects were considered for the analysis, including 356 patients defined as resistant and 346 as non resistant. Diagnoses were obtained using the MINI. A HAMD 17 items was obtained for each pati-

ent at inclusion. A two-step logistic regression model was applied for the analysis of predictive factors of resistance.

Among the clinical features investigated, using a two-step logistic regression model, five predictive factors were identified: comorbid anxiety disorder (p<0.001, OR=5.2), current suicidal risk (p=0.05, OR=2), severe intensity of the episode (p=0.04, OR=2.1), melancholic features (p=0.03, OR=2.5) and nonresponse or unsatisfying response to first antidepressant treatment lifetime (p=0.003, OR=4.4). In conclusion, our findings provide a set of relevant clinical variables associated to treatment resistance in major depressed patients. The predictive value of the TRD associated clinical variables can be assessed in well designed prospective therapeutic trials.

IS SWITCHING TO ANOTHER MECHANISM OF ACTION A PROVEN CONCEPT IN TREATMENT RESISTANT DEPRESSION (TRD)?

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It is widely assumed without evidence that switching antidepressants to a different mechanism of action will be beneficial in treating resistant depression. In this prospective study, conducted by the Group for the Study on Resistant Depression (GSRD), a group of patients with a history of treatment resistance or non-response to a range of antidepressants at an adequate dose and for an adequate duration, were treated prospectively with either citalopram (an SSRI) or desipramine (a noradrenaline reuptake inhibitor). Those who failed to respond at 4 weeks and therefore satisfied full prospective criteria

for TRD were randomized to receive the same treatment or the alternate treatment. The results showed significantly less benefit for switching and the most benefit for remaining on the same treatment (p<0.05)

Conclusion: The results of this study show that remaining on the same treatment was associated with best response rather than switching TRD to an antidepressant with an alternate mechanism of action.

SECOND GENERATION ANTIPSYCHOTICS (SGA) IN TREATMENT RESISTANT DEPRESSION

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Although antipsychotics are used mainly in schizophrenia and bipolar disorder, it soon emerged that they are also helpful for treatment of depression.

Typical neuroleptics have been used in clinical practice as an add-on therapy for unipolar depression. However, the emergence of extrapyramidal symptoms (EPS) and subsequently tardive dyskinesia (TD) during this treatment indicated them as a problematic choice. With the introduction of the so-called atypical antipsychotics (second generation antipsychotics, SGA) it was soon apparent that they are also helpful for treating refractory depression. On a pharmacodynamic level, this clinical observation is backed up by the notion that SGAs also exert an antidepressant mechanism of action like the 5-HT2C blocking properties and some of them additionally serotonin or no-

repinephrine reuptake mechanisms. The few studies carried out in this field indicated that the addition of an SGA, like risperidone or olanzapine, results in a significantly higher proportion of treatment responders. A number of studies also documented the therapeutic properties of the combination therapy of antipsychotics and antidepressants in unipolar depression with psychotic features. Interestingly, similar dosages as have been used for treatment of schizophrenia should be used for this indication. Antidepressant properties of SGA are recently also substantiated by the findings that these compounds (like quetiapine and olanzapine) are of therapeutic benefit in bipolar depression. Altogether, atypical SGA can be considered as a valuable addition for treating refractory and psychotic unipolar depression.

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NEW PERSPECTIVES IN THE FIELD OF PSYCHOSOMATIC MEDICINE

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AIMS/OBJECTIVES:

- 1. To learn about current advances in the field of Psychosomatic Medicine
- 2. To be informed about the areas of the field of Psychosomatic Medicine that have achieve great recognition recently, e.g., psycho-oncology, HIV/AIDS, pain management, etc.
- 3. To understand the requirements for fellowships and certification in this area of subspecialization.

The field of Psychosomatic Medicine and/or Consultation & Liaison Psychiatry has gained momentum, recognition and much legitimacy in recent years. For instance, in the United States, this field has been officially accepted as an area of subspecialization in Psychiatry and Neurology. As a result of this action in the early 2000s, a one year fellowship is required to seat for this exam and be officially certified in this subspecialized area of the field of psychiatry.

Additionally, in the last one or two decades, the field of Psychosomatic Medicine has grown extensively in a series of key and relevant areas such as: psycho-oncology, women's mental health, HIV/AIDS, pain management, etc. It is, therefore, very important for psychiatrists and other mental health professionals worldwide to be informed of the new educational and investigational advances in this field. In this symposium, these key and relevant aspects of this field will be presented and discussed with an emphasis on the advances and new perspectives recently secured in the United States.

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CURRENT EDUCATIONAL PERSPECTIVE IN PSYCHOSOMATIC MEDICINE

INSTITUTIONS

2. Tulane University, Psychiatry, New Orleans, LA, United States

AUTHORS

1. Daniel K. Winstead², Dr., MD, winstead@tulane.edu

Objectives

After attending this symposium presentation the participants will

- 1. Learn about the current educational trends of Psychosomatic Medicine in the USA.
- $2.\ Understand$ the content of the USA Psychosomatic Medicine Certification process.
- 3. Able to develop an educational plan directed to certification and re-certification in Psychosomatic Medicine in the USA.

The field of Psychosomatic Medicine has greatly advanced in recent years in the United States. Similar advances are also taking place in this field in other industrialized nations such as Canada, the United States and other European countries. In this regard, the educational process in this type of field has advanced in the last decade that a new certification and re-certification process was designed and implemented in the early 2000s in the United States by the American Board of Psychiatry and Neurology. These efforts have led to the im-

plementation of a one year accredited fellowship in psychosomatic medicine as a pre-requisite to take an exam leading to certification in this subspecialty area which is valid for ten years. Subsequently, a second exam ten years later will lead to re-certification status in this field

In this presentation, we will highlight the most important areas of this exam leading to certification. Hopefully, this presentation will lead to an educational discussion that will offer further light as to how to become competent in this very relevant area of the field of psychiatry.

Reference

1. Seizethy EM, Ruiz P, DeMaco DR, Shapiro F, Beardslee WR: Consultation-Liaison Psychiatry: A longitudinal and Integrated Approach. American Journal of Psychiatry, 159(3): 373-378, 2002.

PHARMACOTHERAPY OF DEPRESSION: A CROSS-CULTURAL PERSPECTIVE

INSTITUTIONS

1. University of Southern California (USC) Keck School of Medicine, Psychiatry, Los Angeles, United States

AUTHORS

1. Edmond H. Pi¹, ehpi@usc.edu

Objectives:

- 1. Understand the issues regarding the role of ethnicity and culture when diagnosing and treating depression
- 2. Recognize the importance of the influence of ethnicity and culture on pharmacotherapy of depression
- 3. Learn recent new developments and future directions with respect to cross-cultural issues of pharmacotherapy of depression

The multiplicity of ethnic and cultural groups throughout the world needs to be recognized. This is particularly essential to understand the issues regarding the role of ethnicity and culture when diagnosing and providing mental health care to diverse populations in the world. The influence of ethnicity and culture on psychotropic medications has become an important clinical consideration. This presentation will provide an overview on the existing information

in regard to cross-cultural perspective on pharmacotherapy of depression which is one of the most common conditions encountered in the field of psychosomatic medicine. The ultimate goal is an integrative approach in which both ethnic or cultural diversity and biological diversity are taken into account and treatment is tailored to specific individual characteristics. New developments and future directions with respect to cross-cultural issues of pharmacotherapy of depression will also be discussed.

References:

- 1. Pi EH and Gray GE: A Cross-cultural Perspective on Psychopharmacology. Essential Psychopharmacology , 2:233-262, 1998
- 2. Pi EH and Simpson GM: Cross-Cultural Psychopharmacology: A Current Clinical Perspective. Journal of Psychiatric Services, 56:31-33, 2005

PSYCHOSOMATICS AND WOMEN: FROM HYSTERIA TO HORMONES

INSTITUTIONS

1. Rush Medical College, Psychiatry, Chicago, IL, United States

AUTHORS

1. Nada L. Stotland¹, Nadast@aol.com

Educational Objectives: After attending this presentation, participants will be able to:

- -identify relationships between hormones and mood
- -take histories incorporating hormonal factors from female patients -critically analyze assertions about psychiatric sequelae of abortion

The relationship between female gender and psychosomatic symptoms goes back at least to Hippocrates, who blamed a "wandering uterus" for physical symptoms without a diagnosable physical cause. Currently, attention is focused on the impact of female hormones on mood, especially premenstrually, postpartum, and menopausally. In the United States, the impact of reproductive events on mood is now a significant focus of the anti-abortion movement, with acti-

vists claiming a parallel between the post-partum and post-abortion periods that is not supported by the evidence. Hormones do have major effects on mood and other psychic manifestations, and studying the effect of female hormones on the central nervous system will be beneficial for both men and women.

References:

Stotland, N.L. Menopause: Social expectations, women's realities. Arch Women's Mental Health 5:5-8,2002

Stotland, N.L., and Stewart, D.E. [Eds.]: Psychological Aspects of Women's Health Care: The Interface Between Psychiatry and Obstetrics and Gynecology, Second Edition. Washington, D.C., American Psychiatric Press, Inc. 2001

PSYCHOSOMATIC MEDICINE WITHIN PRIMARY CARE

INSTITUTIONS

1. University of Islas Baleares, Psychiatry, Palma, Spain

AUTHORS

1. Miguel Roca¹, Dr., MD, mroca@clust.uib.es

Objectives

- 1. Understand the different aspects of depression comorbidity in primary care settings.
- 2. Learn how to assist primary care professionals to better diagnose and treat depression in primary care.
- 3. Recognize the relationship between cardiovascular illnesses and depression in primary care practice.

The field of psychosomatic medicine has advanced very rapidly in all areas of medicine and psychiatry; however, this advance has not taken place within the field of primary care with the same speed then in other areas of medicine. It is, however, very important that efforts to assist primary care professionals to better diagnose and treat psychosomatic conditions be improve in the near future. In the United States, about fifty percent of the mental health care services take

place in primary care settings; therefore, attention and emphasis in this area of medicine is a priority at the present time. This situation is also observed in other countries as well; for instance, in Europe. In this context, my presentation will focus on experiences currently taking place in Spain. Hopefully, this presentation will permit the participants in this symposium to focus in our experiences in Spain, and to adapt these learning experiences to other regions and areas of the world.

Reference

- 1. Sziethy EM, Ruiz P: Depression Among Pregnant Adolescents: An Integrated Treatment Approach. American Journal of Psychiatry, 158(1): 22-27, 2001.
- 2. Eisenberg L: Treating Depression and Anxiety in Primary Care. New England Journal of Medicine, 326: 1080-1084, 1992.

MENTAL HEALTH AND HIV IN VULNERABLE WOMEN ACROSS CULTURES

INSTITUTIONS

- 1. University of Melbourne, Psychiatry, Melbourne, Australia
- 2. Makerere University, School of Public Health, Kampala, Uganda
- 3. National Institute of Mental Health and Neurosciences, Psychiatry, Bangalore, India
- 4. Washington University School of Medicine, Psychiatry, St. Louis, United States

AUTHORS

- 1. Helen Herrman¹, Dr., MD, h.herrman@unimelb.edu.au
- 2. Florence Baingana², Dr., PhD, fbaingana@musph.ac.ug
- 3. Prabha S. Chandra³, Dr., MD, prabhasch@gmail.com
- 4. Linda B. Cottler⁴, Dr., PhD, Cottler@epi.wustl.edu

The four presentations focus on mental health issues related to HIV in women from different cultures.

The first, is a report on a pilot intervention using participatory action groups to promote the mental health of widows of injecting drug users in North eastern India, as a strategy for HIV prevention. Participants' quality of life, mental health and experience of somatic symptoms improved significantly over the course of the intervention. The second presentation from Uganda focuses on mental health, HIV and conflicts and sexual and reproductive health rights among adolescent girls and youth with (peri-natally acquired) HIV. The next report focuses on gender differences in quality of life among people living with HIV in South India using the WHO Quality of Life - 120 instrument. While women had poorer quality of life compared to men in most areas, they reported significantly higher spiritual quality of life, particularly on the facet on Forgiveness. The

cultural relevance of these findings in the context of mental health will be discussed.

Finally , we report findings, from a Midwest city in the US, on a randomized, controlled field trial for reducing high risk behaviors among female offenders enrolled in Drug Court. The peer- delivered intervention focused on assistance completing judge mandated tasks and providing education on health-promoting activities The presentation will address the sociodemographic, psychiatric and sexual risk behavior characteristics of women in our study who participate, who enroll, and who complete the intervention.

Ways in which women's mental health can be integrated into HIV interventions will be discussed.

A PILOT INTERVENTION TO PROMOTE MENTAL HEALTH AMONG VULNERABLE WOMEN IN INDIA

INSTITUTIONS

- 1. University of Melbourne, Psychiatry, Victoria, Australia
- 2. NIMHANS, Psychiatry, Bangalore, India
- 3. Youth Action Resource Development (YARD), Dimapur, India
- 4. Sneha Bhawan, Imphal, India

AUTHORS

- 1. Michelle Kermode¹, Dr., PhD, mkermode@unimelb.edu.au
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- 3. Prabha S. Chandra², Dr., MD, prabhasch@gmail.com
- 4. Bernadette Dzuvichu Dzuvichu³, Ms., B.Sc
- 5. Thomghood Gilbert Gilbert⁴, Mr., B.Sc
- 6. Helen Herrman¹, Dr., MD, H.Herrman@unimelb.edu.au

A pilot intervention aimed to evaluate the use of participatory action groups to promote the mental health of widows of injecting drug users as a strategy for HIV prevention. A pilot intervention over 20 weeks included 74 widows in 6 peer-facilitated participatory action groups, with a focus on promoting mental health. Participants'

quality of life, mental health and experience of somatic symptoms improved significantly over the course of the intervention. A participatory approach to mental health promotion can have a positive impact on the lives of vulnerable women, and the potential to contribute to HIV prevention. Further investigation is warranted.

MENTAL HEALTH, HIV AND CONFLICT AMONG ADOLESECENT GIRLS IN AFRICA

INSTITUTIONS

1. Makerere Institute of Public Health, Kampala, Uganda

AUTHORS

1. Florence Baingana¹, Dr., fbaingana@musph.ac.ug

Mental health and HIV have an important interface across all ages and genders, however some groups are more vulnerable to mental health problems. In Sub-Saharan Africa where there are many adolescent girls and youth with (peri-natally acquired) HIV, mental health subsumes even greater importance.

Children, adolescents and young adults who acquired their infection from perinatal infection are now between 18 and 24 years and are often stigmatised. They have mental health problems which often manifest as somatisation and hence maybe undetected and undertreated.

Several of the areas where these young women live are also areas ridden with conflict that add to the disease burden. Under these circumstances promotion of mental health and enhancement of reproductive health rights for adolescents with perinatally acquired HIV infection becomes very important.

This presentation will focus on sexual and reproductive health rights and their relationship with mental health in this specific group of HIV infected young women, based on experiences from the region.

DO MEN AND WOMEN WITH HIV DIFFER IN THEIR QUALITY OF LIFE? A STUDY FROM SOUTH INDIA

INSTITUTIONS

- 1. National Institute of Mental Health and Neurosciences, Psychiatry, Bangalore, India
- 2. Seva Clinic, Bangalore, India
- 3. University of Miami School of Medicine, Department of Psychiatry and Behavioral Sciences, Bangalore, India

AUTHORS

- 1. Prabha S. Chandra¹, Dr., MD, prabhasch@gmail.com
- 2. Veena Satyanarayana¹, Ms, M.Phil
- 3. Satish K.S²
- 4. Satishchandra P¹, Dr.
- 5. Mahendra Kumar³, Dr.

Gender differences in Quality of Life (QOL) among people living with HIV/AIDS in South India were examined. QOL was measured using the locally validated version of the WHO Quality of Life Instrument for HIV (WHOQOL HIV-120). Participants (N=109) were men and women with HIV1 Clade C infection participating in a cohort study. The study was supported by an NIH R01-41205 grant from NIH, USA. Significant gender differences emerged on five facets and two domains of the WHOQOL- HIV. Men reported significantly higher QOL in the following facets- positive feeling,

sexual activity, financial resources, transport, and in the environmental domain. Women reported significantly higher QOL on the forgiveness and blame facet and the spirituality/religion and personal beliefs domain.

There are gender differences in QOL among the HIV infected. Understanding these gender differences may provide potentially useful information for tailoring interventions to enhance QOL among people infected with HIV/AIDS. The association of better spiritual quality of life in women merits further study.

FEMALE OFFENDERS LIVING IN THE COMMUNITY: INTERVENTION STRATEGIES FOR REDUCING HIGH RISK BEHAVIORS

INSTITUTIONS

- 1. Washington University School of Medicine, Department of Psychiatry, St. Louis, MO 63108, United States
- 2. St. Louis City Probation and Parole, Dept of Corrections, St. Louis, United States

AUTHORS

- 1. Linda B. Cottler¹, Dr., PhD, cottler@epi.wustl.edu
- 2. Catina Callahan¹, Ms.
- 3. Catherine Striley¹, Dr.
- 4. Arbi Ben Abdallah¹, Dr.
- 5. Robert Crecilius²

Data from our prior HIV intervention studies indicate that women, especially female offenders, find it more difficult to change high risk behaviors than men. Based on this, our group, the Epidemiology and Prevention Research Group at Washington University School of Medicine, developed a high risk behavioral, peer delivered intervention focused on the needs of these women. Prior to initiating the study, project investigators sought the input of the staff and leadership of the Department of Corrections—judges, staff and parole officers, as well as the women themselves. Focus groups were conducted with women in correctional facilities to ensure the relevance of the intervention. Through this participatory process, a peer delivered inter-

vention focusing on assistance completing mandated tasks by Drug Court judges, which provided education concerning health-promoting activities, was developed to provide 40 hours of Peer Partnered Case Management Intervention over a 10 week period scheduled at the participant's convenience. To date, this intervention has been randomized to a sample of half the total sample of 225 women. Because these women are usually under-represented in most studies, the data from this study are particularly important. The presentation will address the sociodemographic, psychiatric and sexual risk behavior characteristics of women in our study who participate, who enroll, and who complete the intervention.

RS-61 SPIRITUALITY WELL-BEING AND MENTAL HEALTH

INSTITUTIONS

- 1. Melbourne University, Department of Clinical Trials & Bipolar Program, Melbourne, Australia
- 2. University of Texas, Department of Psychiatry, Houston, United States
- 3. University of Chicago, Deaprtment of Psychiatry, Chicago, United States

AUTHORS

- 1. Russell Franco D'Souza², Dr, MD, rdsouza1@bigpond.net.au
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- 4. Sheila Hollins, MD, shollins@rcpsych.ac.uk

Mental health professionals and their patients are increasingly aware of the basic need of all human beings for a source of meaning that is greater than one's self. This growth in awareness is driven by the professional's practical goal of reducing disability from mental disorders and by the heart felt wishes of the suffering for their therapists to recognize of the need for self transcendence. This has resulted in mental health professionals and the general public's growing awareness of the need to foster spirituality and well-being in clinical practice. We now see a groundswell of professional work to focus on the development of health and happiness, rather than merely to fight disease and distress.

This symposium will consider the practical necessity to reduce disability, and understanding the science of well-being including the

stages of self-awareness on the path to well-being. Presenter will discuss the role of spirituality in recovery and functioning for patients with mental illness. This allows for attention to spirituality based on principles of psychobiology with roots in compassion and tolerance, rather than on the basis of dogmatic judgments that are rooted in fear and intolerance.

Thus only by addressing spirituality in a scientific and non judgmental manner can we make psychology and psychiatry into a science of well-being that is able to reduce stigma and disability of psychological disorders. Speakers will consider the dimensions of spirituality and well-being from its application in Latin Americas, United Kingdom, USA and Asia Pacific regions.

PSYCHIATRY AND MANAGEMENT OF SEXUAL DYSFUNCTION

INSTITUTIONS

- 1. Geha Mental Health Center, Petah Tikva, Israel
- 2. Wayne State University, Department of Psychiatry and Behavioral Neurosciences, Detroit, Michigan, United States

AUTHORS

- 1. Zvi Zemishalny¹, Prof., MD, zzemishalny@clalit.org.il
- 2. Richar Balon², Prof., MD, rbalon@wayne.edu

The symposium's objective is to emphasize the central role that psychosocial factors play in human sexual functioning. The symposium calls on psychiatrists, as they are uniquely trained in the biological

and psychotherapeutic approaches to human sexuality, to actively lead this area of medicine, thus not losing it to other medical disciplines.

DOES PSYCHIATRY HAVE A (SPECIAL) ROLE IN THE MANAGEMENT OF SEXUAL PROBLEMS?

INSTITUTIONS

1. Wayne State University School of Medicine, Department of Psychiatry and Behavioral Neurosciences, Detroit, Michigan, United States

AUTHORS

1. Richard Balon¹, Prof., MD, rbalon@wayne.edu

Recently, we have witnessed an expanded role of various disciplines, such as urology and gynecology in the area of management of sexual dysfunction recently. However, through the history of modern medicine, psychiatry has played a very important, if not central, role in our understanding of human sexuality, and in managing sexual dysfunctions. Many important clinical descriptions and discoveries in this area have been made by psychiatrists. Psychiatrists also created the basic classification of sexual dysfunctions.

Human sexuality presents a very complex and complicated interaction of biology and psychology, which is reflected in a complex physiological response. Every aspect of human sexual functioning, even the simplest one, is regulated on the central and peripheral nervous system levels, modified by various hormones, impacted by vascular changes, and influenced by expectations, interpersonal issues,

intrapsychic processes, personal habits, aging, mental and physical diseases, substance abuse (e.g. smoking), and medications (namely psychotropic ones).

Recent approaches to human sexuality from both "extreme" positions of either biology & pharmacology or psychology & sex therapy, present overly simplistic and trivial solutions of very complex issues. These approaches are not in the best interest of patients.

Only psychiatry with its focus on biopsychosocial aspects of human sexuality seems to be able to handle all the challenges of human sexuality and the management of sexual dysfunctions. In conclusion, we argue that psychiatrists are uniquely trained in the biological and psychological approaches to human sexuality and its impairments. Psychiatry needs to reinvent itself as the leader in this area of medicine

MANAGEMENT OF SEXUAL DYSFUNCTIONS: IS PSYCHIATRY LOSING IT TO OTHER MEDICAL DISCIPLINES?

INSTITUTIONS

- 1. Geha Mental Health Center, Petah Tikva, Israel
- 2. Tel Aviv University, Sackler Faculty of Medicine, Tel Aviv, Israel

AUTHORS

1. Zvi Zemishlany^{1,2}, Prof., MD, zzemishlany@clalit.org.il

Sexual dysfunctions (SD) are common, distressing and complex biopsycho-social conditions. Their prevalence in persons with mental disorders and personality disorders is higher than in the general population. Traditionally, SD was managed by psychiatrists and psychotherapists. In recent years, psychiatrists seem to show less interest in sexual behavior and dysfunction, leaving the field to other medical disciplines, such as urologists, gynecologists and endocrinologists.

The presentation's aim is to focus on the cardinal role that the psychosocial factors play in the development of the two most common sexual dysfunctions: female hypoactive sexual desire and male erectile dysfunction. The high prevalence of desire and arousal disorders among females (40% - 80%) cannot be explained merely by biological or hormonal factors, which are controversial. Individual psychological factors, interpersonal relationships, length of relati-

onship, advanced age, lifestyle, depression, anxiety, socio-economic class and cultural background have been shown to correlate with low sexual desire. Regarding erectile dysfunction, although treatment with phospho-diesterase type 5 (PDE5) inhibitors is revolutionary and effective, the consumption did not grow as expected. More than half the users stopped using the medications mainly for psychosocial reasons: high cost, loss of interest in sex, and partner reluctance.

Conclusions: Low sexual desire and erectile dysfunctions often reflect difficulties in interpersonal relations, depression or anxiety. Their management requires adequate clinical and psychotherapeutic skills. Psychiatrists should not be discouraged from having to take into consideration hormonal or vascular factors while taking an active role in the management of sexual health.

WHY PSYCHIATRISTS ARE AFRAID OF SEX?

INSTITUTIONS
1. UCV, Psychiatry, Caracas, Venezuela

AUTHORS

1. Ruben J Hernandez¹, DR, MD, rubenhernandez@cantv.net

Scientific Sexology began with Krafft-Ebing, with Psychopatias Sexualis in the XIX Century. Later on the German School, with Hirschfield, Moll, Marcuse and Bloch, developed the field before Hitler, (Heaberle 1983, WAS Exhibition) Later on Kinsey, Masters and Johnson, Kaplan and the creation of the World Association for Sexology, in Rome (1978) with many other scientists mainly from Psychiatry created a new science Sexology, Time has changed since 1998 when sildenafil appeared and a complete medical revolution took place, 10 years for now. Now we see a desplacement of Psychiatrists and several specialties are taking over the leadership in this wide and complicated area of Medicine. Several reasons may be

pointed out, We will discuss the basis for this critical phenomena. WPA developed a Section and a Sexual Health Educational Program. Lack of resources and heavily competition for that, are also reasons to complete this very extensive and integrative Program. A book Psychiatry and Sexual Health (Mezzich and Hernandez) was published in 1986. (www.rowman & littlefield.com). Sexual Health and Sexual Human Rights are so important in this today's world. (Valencia Declaration,WAS 1997). Now we have many tasks ahead specially when DSM V and ICD 11 are coming and many sexual problems arise worldwide.

THE RELATION OF SEXUAL ORIENTATION AND GENDER IDENTITY DISORDERS TO SEXUAL DYSFUNCTIONS: HOW TO MANAGE?

INSTITUTIONS

1. Cairo university, Psychiatry, Cairo, Egypt

AUTHORS

1. Said Abdel Azim¹, Professor, MD, PhD, saidazim@yahoo.com

Homosexual orientation can be the cause of Sexual Dysfunction in the male (Erectile Dysfunction) or the female (Failure of arousal) in a heterosexual context. In homosexual males retrospective studies proved that many of them gave histories of gender childhood disorders marked by their feminity which developed later into homosexual, where they are attracted by the same sex as they identified early with female figures.

Prevention early during childhood through the change of attitudes of the parents can help. Later in adulthood it can be more difficult to have a change especially in syntonic types and exclusive homosexuals. Therapy through an eclectic approach of psychodynamic, cognitive behavioral and supportive psychotherapies can succeed in highly motivated persons like those not accepting homosexuality (Ego Dystonic)

References:

Ismond Rosen: Sexual deviation, 3rd Edition, Oxford University Press, 1997.

Kenneth J. Zucker et al: Gender Identity Disorder in Children and Adolescents. Guilford Press, 1995.

PREVALENCE OF ATTENTION DEFICIT DISORDER IN PATIENTS WITH SEXUAL DYSFUNCTION

INSTITUTIONS

1. Autonomous University of Santo Domingo, Human Sexuality, School of Medicine, Santo Domingo, Dominican Republic

AUTHORS

- 1. Rafael Garcia¹, Dr., MD, PhD, raf.garcia@codetel.net.do
- 2. Ramon Almanzar¹, PhD, inst.sex.humana@codetel.net.do
- 3. Ana T. Mena¹, Mrs., PhD, inst.sex.humana@codetel.net.do

Objectives: To identify the presence of Attention Deficit Disorder (ADD) in a population requesting services at the Institute of Human Sexuality (HIS).

Method: Samples of 56 patients attending the HIS were asked to fill out the Brown Rating Scales for ADD. Patients had to fulfill DSM-IV diagnostic criteria for a sexual dysfunction. Thirty-four (60.8%) were males and 22 (39.2) were females.

Results: Nearly 54% of the patients fulfilled the diagnosis of ADD. It is more common in females than males (59% vs 50%). Of the 13 women with ADD 5 (61.5%) suffers from Anorgasmia and 8 (38.5%) from Hypoactive sexual desire disorder. Of the 17 male with ADD 11 (64.7%) had Premature Ejaculation; 5 (29.4%) had Erectile dysfunction. Voyeurism was present in one case. The non-ADD had

similar dysfunction, although less represented.

Conclusions: ADD has been described across the life cycle as a disorder that impairs functioning and interferes with relationships. It is also characterized by a high prevalence of co-morbidities that unless they are treated separately, none of the difficulties will be successfully treated. In this presentation anorgasmia was identified as the most common condition in women and Premature Ejaculation in males. Both conditions are highly prevalent in a sexual dysfunction clinic; therefore psychiatrists have a unique role treating patients with sexual dysfunctions and ADD, therefore, we should bare in mind this co-morbid condition, so that both entities are properly treated. At the Institute we have establish as a routine screening patients for Depression and ADD.

PSYCHOANALYTIC PERSPECTIVE IN DIFFERENT SETTINGS

INSTITUTIONS

- 1. Turkish Neuropsychiatric Society, Istanbul, Turkey
- 2. Dynamic Psychiatric Hospital, Psychiatry, Menterschwaige, Munich, Germany

AUTHORS

- 1. Peykan G. Gokalp¹, Assoc. Prof., MD, peykang@superonline.com
- 2. Egon Fabian², Dr., MD, efabian@klinik-menterschwaige.de

Psychoanalytic perspective is influential in certain treatment settings in mental health institutions and departments. Psychoanalytic theory and principles are used in understanding the person, formulating the disorder and also in the organization of the therapeutic team and setting. Although biological interventions have become dominant in many institutions, psychoanalytic perspective is a means of diagnosis and treatment for both the individual patient and the interaction between the patient and the ward and the team.

Generally valid in the treatment of personality disorders, depression

and anxiety disorders, eating disorders and substance dependency, psychoanalytic approach deals with transference, counter transference issues, defence mechanisms, symbolization of the symptom, institution, medication and language.

The objective of the symposium is to put forward theoretical and clinical experience on different patient groups and treatment settings. The organization and the function of a large psychiatric hospital, group psychotherapy setting, eating disorder and borderline patients.

PSYCHOANALYTIC PERSPECTIVE IN A LARGE PSYCHIATRIC HOSPITAL: IS INSTITUTIONAL PSYCHOANALYSIS POSSIBLE?

INSTITUTIONS

1. Turkish Neuropsychiatric Society, Istanbul, Turkey

AUTHORS

1. Peykan G. Gokalp¹, peykang@superonline.com

Being the first training clinic for neuropsychiatrists in Turkey, Bakirkoy State Teaching and Research Hospital for Psychiatry and Neurology (BSTRH) is now 80 years old in 2007. Apart from its function as the mental health institution serving the whole country even after the foundation of many mental health and university hospitals countrywide, BSTRH is going through changes within the context of mental health reform in Turkey.

Although the tradition of the Bakirkoy Hospital dates back to clinicians some of whom are pupils of Kreapelin, psychoanalysis generally represented by an opposing minority was also present since the foundation period.

Psychoanalytic perspective has been influential in certain mental health institutions in Western countries. In Bakirkoy, The Neurosis Clinic founded in late 1980s was operating with a therapeutic community and psychodynamic concept with an inpatient and outpati-

ent facility. Psychoanalytic concepts were used in the

management of the ward along with psychotherapy training of residents of psychiatry. The implementation of psychoanalysis in an institution can be possible in the management of the ward, and the cases, addressing transference and counter-transference issues and the analysis of the milieu and relationships with the rest of the hospital.

The psychoanalytically informed hospital treatment for non psychotic patients, including personality disorders was conducted through individual interviews, group psychotherapy in different modalities, grand rounds, case conferences, staff supervision and meetings on counter-transference.

The issues about institutional dynamics, problems about creating a place for psychoanalytic perspective and effects on the treatment of the patient will be discussed in the presentation.

PSYCHODYNAMIC AND GROUP DYNAMIC ELEMENTS IN INPATIENT DYNAMIC PSYCHIATRIC TREATMENT

INSTITUTIONS

- 1. Dynamic Psychiatric Hospital Menterschwaige, Munich, Germany
- 2. German Academy for Psychoanalysis, Munich, Germany

AUTHORS

- 1. Egon Fabian¹, efabian@klinik-menterschwaige.de
- 2. Margit Schmolke², margitschmolke@aol.com

The authors will outline the significance of psychodynamic and group dynamic elements in patients and staff members within inpatient psychotherapeutic treatment. They focus on Günter Ammon's concept of dynamic psychiatry and how its practice can aid and enhance group dynamic understanding.

The authors will illustrate various levels of psychodynamics and group dynamics being present in single patients, in patient groups, in the large group of the therapeutic milieu, in staff members and in interaction between patients and staff. By getting access to these

underlying dynamics, illness processes and specific expression of symptoms can be understood more comprehensively.

Reference:

Fabian E (2003): The significance of group dynamics for the inpatient psychotherapy in the Hospital Menterschwaige, Munich - A clinical illustration of Günter Ammon's concept of dynamic psychiatry. Group Analysis 36(2):274-287.

FORMING PSYCHOANALYTIC FRAME IN A LARGE PSYCHIATRIC HOSPITAL: EXPERIENCE WITH BORDERLINE PATIENTS

INSTITUTIONS

1. Istanbul Psychoanalytic Society, Istanbul, Turkey

AUTHORS

1. Dilek Özer¹, cdilekozer@superonline.com

I am working in the largest psychiatric hospital of Turkey which is Bakirkoy State Training and Research Hospital for Psychiatry and Neurology. That was founded in 1927. There are closed acute and chronic inpatient wards and outpatients units in the hospital. Inpatient units have a total number of .1400 psychiatric beds. Acute inpatient beds provide services to all range of psychiatric patients. Chronic inpatient units usually provide shelter for mentally retarded or schizophrenic patients most of whom are homeless.

Bakirkoy State Training and Research Hospital for Psychiatry and Neurology has a special significance in Turkey. It is supposed to provide mental health services and contain all Turkey. So there are huge expectations regardless of the capacity of hospital which causes blurring in the borders of the hospital. Therefore, forming psychoanalytic frame is very important under these conditions, to contain the patients.

There were two Neurosis Units which have open wards for inpatients. Although their name were "neurosis clinics", actually nonpsychotic patients, most of them who had borderline personality organization had in and outpatient treatments.

In this presentation, I will discuss main points in forming psychoanalytic frame in a large psychiatric hospital mostly based upon my experiences with these cases.

HOW RESIDENTIAL TREATMENTS CAN BECOME PSYCHOTHERAPY BY THE ENVIRONMENT WITH BORDERLINE ADOLESCENTS?

INSTITUTIONS

1. Advisor of the French Juvenile Justice Systems Direction, Paris, France

AUTHORS

1. Michel Botbol¹

Based upon the milieu residential treatment offered by a psychiatric clinic (Clinique Dupré of Sceaux), this communication will develop the idea that this treatment can be seen as a form of psychotherapy: psychotherapy by the context.

In our experience this form of treatment is particularly suited to Borderline adolescent's treatment because it takes into account the fact that their main defensive feature is the use of the environment to overcome the weakness of their inner world. An example will be given to show how this allows the therapeutic team to work as the patient's "widened psychic space" (Jeammet) by temporarily lending their thoughts and their imaginary abilities to make up for the patient's disability to bear or elaborate its conflicts in its own inner space.

RS-64

PSYCHIATRIC TRAINING AND CME ISSUES IN EUROPE AND THE WORLD

INSTITUTIONS

1. WPA Southern Europe Zone Representative, Istanbul, Turkey

AUTHORS

Levent Küey¹

To open to discussion the current situation of psychiatric training and the CME issues in the world and in the European countries, and

search the ways to harmonize the CME applications in the world.

CURRENT SITUATION IN PSYCHIATRIC TRAINING IN EUROPE

INSTITUTIONS

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AUTHORS

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According to the aim of the Treaty of Rome from 1957 which postulated the free movement of workers throughout the EU, the European Board of Psychiatry in the UEMS carried out a comprehensive survey of training in psychiatry, including all member countries in order to evaluate the present state of training in psychiatry in each. The survey should indicate whether the training requirements have had an impact on the actual conditions of training in psychiatry in the member countries. We gathered 22 questionnaires from 31 nati-

onal representatives involved and 424 questionnaires completed by the chief of training and the representative of trainees at the responding training centres from 22 countries. The results give an overview about the practice of training in psychiatry in many European countries. While there are great differences between the training centres in the different countries, obvious progress towards developing high standards in training in psychiatry has been made.

U.E.M.S. AND HARMONIZATION OF PSYCHIATRIC TRAINING AND CME IN EUROPE

INSTITUTIONS

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AUTHORS

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Free movement of medical specialists in Europe is promoted by the European Directive on the Recognition of professional qualifications and harmonization of specialist training. The Section of Psychiatry of the Union of Medical Specialists in Europe (U.E.M.S.) presents a common professional platform of 35 countries in Europe for defining the minimum standards for good quality of specialist training, services and CME in Psychiatry.

The Section has issued a European Charter on Psychiatric Training and keeps it updated. By carrying out comparative studies on the status relevant training issues and preparing specific professional recommendations the Section helps the National Psychiatric Associations in their task of promoting best practices in Psychiatry in their countries. Extensive reports and recommendations have been issued on numerous topics concerning training and development of services; psychotherapy, the profile of psychiatrist, private practice

in psychiatry, compulsory care, assessment and visitation of training centers etc.

In cooperation with AEP and WPA the Section and its Standing Committee on CME provides a European programme for quality control of Psychiatric CME.

The National Psychiatric Associations from all over Europe have participated in preparation of the European Training Charter and other recommendations, and they have adapted these recommendations in their National Training Programmes. The harmonization process has been very extensive all over Europe since the early 1990's when the New Members States of EU have joined the Section in a very early stage of their countries' process of joining the European Union.

REGULAR SYMPOSIA

NEW CURRICULUM REQUIREMENTS WITHOUT NEW RESOURCES

INSTITUTIONS

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AUTHORS

1. Allan Tasman¹

Over the last several decades, in many parts of the world, and new era of standardization in medical education has emerged. The impact of this movement has been appreciable, and Psychiatric training has been transformed in significant ways. Historically, sites known for excellence in education emphasized a particular aspect of the field, e.g. psychoanalytic psychotherapy or molecular biology. While training at these sites might not have been outstanding across the board, the centre of excellence was viewed as important enough to attract highly qualified and motivated trainees. As standardization of training expectations has become more extensive, such centers

have needed to shift resources to areas previously under-emphasized, with no new resources available to implement the broadened expectations. In addition, new requirements for documentation of experiences, evaluation, and accreditation have also been implemented without new resources. Thus, a paradoxical response has been seen as educational leadership have embraced policies directed toward improving educational outcomes, but simultaneously have bemoaned the need to accomplish these laudable goals without new resources. The dilemmas about, and possible solutions to, these conflicting phenomena will be explored in this presentation.

HARMONIZATION OF CME IN THE WORLD

INSTITUTIONS

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AUTHORS

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Psychiatry is a medical discipline with branches into fields of other sciences. The medical evolution seen throughout the past 15 years precising the interaction of biology and social and psychological understanding has brought forward new knowledge on least in terms of psychotherapy. There is a need to secure the sharing of new knowledge in order to provide the best possible assessment and treatment for patients around the world in spite of enormous differences in resources and accessibility. One tool is to implement a sys-

tem of CME on a world wide basis. Throughout a number of years the attempt to harmonize training for psychiatry has characterized the countries of EU. CME through a clearing house under UEMS EACCME respecting national rules has been developed. WPA is now developing a system inspired by UEMS but targeting a world wide population. The preparation and thinking behind this system will be presented along with the preliminary plans, in order to bring the plans to discussion in a larger forum.

JOINT SYMPOSIUM OF CZECH (CPS) AND GERMAN (DGPPN) PSYCHIATRIC ASSOCIATIONS

INSTITUTIONS

- 1. Charles University, Department of Psychiatry, Prague, Czech Republic
- 2. Heinrich-Heine-University Düsseldorf, Department of Psychiatry, Düsseldorf, Germany
- 3. Charles University Medical School and Faculty Hospital Hradec Králové, Department of Psychiatry and Psychiatric Clinic, Hradec Králové, Czech Republic

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GERMAN ACADEMIC PSYCHIATRY IN PRAGUE

INSTITUTIONS

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In 1348, the Roman Emperor and at the same time the Bohemian King Charles IV established the oldest University in Central Europe (Charles University) in Prague comprising all the faculties, including medicine. The lectures were held in Latin. In 1654, Charles University was renamed to the German-speaking Karl-Ferdinand University. It wasn't until 1790 that a "mental home for lunatics - Custodiae mente captorum" was established in the newly opened General Hospital in Prague. Education of students in the field of psychiatry based on practical approaches started in 1821 as part of internal medicine while special lectures held by Joseph Riedel who is considered to be the first associate professor in the entire Habsburg Monarchy, were offered only since 1841. In 1882, the university was divided into German and Czech parts; however, corresponding psychiatry clinics were only established in 1886.

Such renowned physicians and scientists as Arnold Pick (1886 - 1921, Pick's disease, Pick's Bundle), Otto Pötzl (1922 - 1928, brain swelling and catatonia) and Eduard Gamper (1930 - 1938, arhincephaly), of "old Austrian" origin were the heads of the German clinic. The last director, Kurt Albrecht (1939 - 1945, brain tumors), who was also the last rector of the German university, came from Berlin. He died tragically in Prague in May 1945. The German Charles University was closed permanently after World War II. In recent years, the current Psychiatric Clinic, 1st Medical Faculty in Prague has participated in a number of European research projects (e.g. EDEN, EUNOMIA, ISLANDS, EUPRIS) together with German partners. The traditional cooperation can go on under new European conditions.

TOWARDS A EUROPEAN PSYCHIATRY

INSTITUTIONS

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During the annual conference of the German Society for Psychiatry, Psychotherapy and Nervous Diseases in Berlin in November 2007, a panel of "European Leaders in Psychiatry" representing eleven European national psychiatric societies and the WHO Regional Office for Europe convened to discuss challenges that both Germany and European psychiatry are currently facing. The prevalence of mental disorders is rising causing a considerable amount of Burden of Disease in Europe. Advances in psychopharmacology and psychotherapy make successful therapy of mental disorders feasible, but there is a gap between a large number of people affected by mental disorders, and the number of people receiving adequate therapy. The stigmatization of people with mental disorders, psychiatrists and psychiatry as a medical specialty are among the major obstacles aga-

inst implementing optimal therapy for all those in need. To improve the situation, the European Health Ministers have already in 2005 agreed upon a Mental Health Action Plan. Today, psychiatrists need to address issues of their identity and the identity of their specialty, not only on a national basis, but also on a European level. The UEMS "Profile of a Psychiatrist" may guide future residency training, and certification of such training programs by the national scientific psychiatric societies is necessary. Also, the question whether the European psychiatrist should be a generalist with more differentiated subspecialties lies ahead. These and other issues concerning European Psychiatry will be discussed from a view of the German Society of Psychiatry, Psychotherapy and Nervous Diseases.

PSYCHIATRIC CLASSIFICATIONS- IS PSYCHIATRY MATURE TO RECONCILE RELIABILITY AND VALIDITY?

INSTITUTIONS

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The birth of psychiatry was related to doubts whether mental disturbances should not be completely separated from the physical phenomena. These brain-mind split and related methodological differences were characteristic for psychiatry during a large part of its history. Contemporary classification represents a mixture of surviving categories from different but interacting classification approaches. Social influences rather than primarily medical discoveries co-determined the development of classification systems. Trade-off between validity and reliability is their persistent feature. From systems based on pure phenomenology and/or analytical narratives, the focus has shifted to the choice between fine grained categorical diagnoses based on clinical data and dysfunctional adaptive dimensions or modules. The technological advance in neurosciences may

help to regain clinical validity of nosology by the identification of cognitive and motivational systems and processes at different levels of description, from molecular, neurochemical and physiological to neuropsychological and social. Personality structure with roots in the biology of adaptive dispositions, stress resilience, and regulatory variables like thresholds for cognitive and behavior releasing events and individual defense mechanisms may become the framework for revitalized clinical psychopathology. Recent psychiatric classification has served the administrative purposes rather than helping to understand recently accumulated knowledge on neurobiology of psychiatric disorders. A discussion on a new groundwork for classifications should precede the discussion on particular categories.

VULNERABILITY TO STRESS: FROM GENETICS TO PSYCHOMETRY - THE SPECIFIC CASE OF DEPRESSION

INSTITUTIONS

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AUTHORS

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Aims: Individuals with one or more copies of the short allele of the 5-HT transporter react more easily to stress-inducing events. Works made with the 23 QVS (a scale to measure "vulnerability to stress") proved that the more vulnerable an individual is the more he/her is prone to react to stress inducing situations ¹. Negative rumination and worry are considered a vulnerability factor for depression ².

Objectives of the present work: to know the relative importance of genetic and psychological characteristics in individuals that have already been depressed.

Methods: 60 former depressed patients were compared with 60 normal individuals. Genomic DNA was extracted from peripheral lymphocytes by using enzymatic method. Used scales: the 23 QVS; the Perceived Stress Scale; the Rumination Response Questionnaire and the Penn State Worry Questionnaire.

Results: In comparison with normals all the scales had higher significant means in the former depressed patients. A stepwise regression analysis, with patient/non-patient as the dependent variable, selected highly significant aspects in formerly depressed individuals. In this group 61% had one or more copies of the short allele of the 5-HT transporter and 39% had two copies of the long allele.

Conclusions: Psychological variables are more significant in depression than just the presence of the short allele of the 5-HT transporter.

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ATTEMPTED SUICIDE, STRUCTURAL EQUATION MODEL, AND EXPRESSED EMOTION

INSTITUTIONS

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AUTHORS

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- 2. José C. Santos¹
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Objectives: From a 15-year experience, 1992-2007, (Suicide Research and Prevention Unit, Coimbra University Hospital, Portugal) involving 933 suicide attempters our aim was not only to define a sociodemographic and clinical scenario, and to find a structural equation model, but also to study levels of expressed emotion among patient's relatives.

Methods: We applied a semi-structured questionnaire designed by our Unit (EACOS 1 77 items) covering both social and clinical aspects which explain the general portrait of the suicide attempters (n=933). Then we studied two sub samples: 1. n=165 assessed by Depression, Self-concept, and Coping rating scales reliable and valid for the Portuguese population 2, 3, 4 and other Psychopathology, and Internality psychometric tools comparing with a normal population with the same size. We used Amos 5.0 in order to establish a mathematical model. 2. n=34, a prospective study carried out over 9 months. We used the Camberwell Family Interview 5 for the eva-

luation of expressed emotion (taping and analysis) comparing with a normal population with the same size.

Results: Concerning the suicide attempters the most relevant data are: Young female, low social class, less schooling, poor family relationships, impulsivity, drugs, toxics, affective quarrel, guilt, alcohol, suicide notes, and multiple vulnerabilities during development, early traumatic life events, and lack of a confidant friend. Concerning the mathematical model: After loading factors and construct analysis we emphasise, by decreasing order, Depression, Coping and Self-concept. Concerning the relatives: Most of them had high expressed emotion with high emotional over-involvement followed by criticism, and hostility.

Conclusions: A systemic better understanding of the suicidal behaviour shows new perspectives for the secondary prevention related to personal circumstances, social and familial problems.

OBSESSIVE COMPULSIVE-RELATED DISORDERS AND PERFECTIONISM: A STUDY IN A PORTUGUESE POPULATION

INSTITUTIONS

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- 11. M.H.P. Azevedo¹

Objectives: The main objective of this study was to evaluate if perfectionism is a personality dimension which is specifically related with obsessive compulsive disorders.

Method: Seventy outpatients - general psychiatric sample - patients with a diagnosis of depression/anxiety (without comorbid OCD), 70 patients - Spectrum sample, patients diagnosed with obsessive compulsive (n=39)/eating disorders (n=24) and a mixed sample with OCD comorbid with ED (n=7) and 65 non-clinical control participants completed the Portuguese versions of the Hewitt & Flett Multidimensional Perfectionism Scale¹.

Results: Compared to non-clinical subjects, individuals of both clinical samples had significantly higher scores on Perfectionism Total scale, Self-Oriented Perfectionism and Socially Prescribed Perfectionism. No significant differences were found in those variables between the two clinical samples, except subjects with an eating disorder had significantly higher scores of Socially Prescribed Perfe-

ctionism, compared with both OCD patients and subjects from the General Psychiatric sample.

Conclusions: Considering the results from the present study we can not conclude that perfectionism (or any of its dimensions) is specifically related to obsessive-compulsive spectrum disorders as a whole. However, differences between Eating Disorder patients and OCD and depressed/anxious patients on socially prescribed perfectionism, warrant further investigation in order to clarify the specificity of this perfectionism dimension in eating disorders.

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ASSESSMENT OF STRESS VULNERABILITY AMONG WAR VETERANS WITH THE 23 QVS - A PORTUGUESE INSTRUMENT

INSTITUTIONS

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AUTHORS

1. João Monteiro-Ferreira¹

Objectives: To evaluate the importance of stress vulnerability as measured by the 23 QVS on the presence of Posttraumatic Stress Disorder (PTSD). Comparing the results of the above mentioned variable in veterans with and without PTSD, as well the impact of each factor on PTSD, are also performed.

Methods: A convenience sample, composed by 196 veterans (former Marines) who volunteered for the Portuguese colonial wars (from 1961 to 1975), was assessed with the following instruments: *Clinician Administered PTSD Scale* (CAPS; Blake et al., 1995), PTSD *Assessment Scale* (EAPTSD; McIntyre & Ventura, 1997), and 23QVS (Vaz Serra, 2000). Differences between groups were assessed through *t Test*.

Results: The study of this sample has shown that 59.2% of the ve-

terans fulfil criteria for PTSD according to DSM-IV. There was an important discrepancy between groups on "Global Vulnerability", greatest among PTSD veterans. The major differences in vulnerability were due to Factor 1 ("Perfectionism and intolerance to frustration") and Factor 5 ("Existence dramatization"). High scores of 23QVS Global Efficiency (84.2%), Sensitivity (85.3%), and Specificity (82.5%) for the diagnosis of PTSD were found. A score of 46 as cut-off point for this diagnosis was determined.

Conclusion: 23QVS must be considered of high value concerning PTSD epidemiologic studies, and the characterization of individuals per se, both for diagnostic/therapeutic purposes, and for preventive effects, detecting those carrying vulnerabilities for developing PTSD.

WORLDWIDE CONTINENTAL ASSOCIATIONS FOR YOUNG PSYCHIATRISTS AND TRAINEES: WORK IN PROGRESS

INSTITUTIONS

1. Free University, Psychiatry, Amsterdam, The Netherlands

AUTHORS

1. Victor JA Buwalda¹, Dr., MD

In the rapid changing world Young Psychiatrists are better and better organised. Since there is a Worldwide organisation for Young Psychiatrists and Trainees, the WAYPT, there are developing more associations per continent. The European Federation of Psychiatric Trainees, the EFPT, is the oldest organization of its kind. It was

found in 1992.

In this symposium the presenters are representatives of different continents: Asia, the North Americas, Europe and the Latin Americas. The new developments in these continents will be highlighted.

TYPAA, TRAINEES AND YOUNG PSYCHIATRISTS AND YOUNG PSYCHIATRISTS ASSOCIATION OF ASIA

INSTITUTIONS

- 1. Symfora Group, Psychiatry, Amersfoort, The Netherlands
- 2. IMH, Psychiatry, Singapore, Singapore

AUTHORS

- 1. Ken Tanaka1, Dr., MD
- 2. Yee Ming², Dr., MD

At this moment, many Asian countries are experiencing economic growth. The globalisation worldwide is merging many countries to expand its capabilities. Because of this globalisation, the mental health care system in many Asian countries is experiencing changes and growth. More doctors and other medical facilities are needed. The interest is growing for an organisation at a national, regional and continental level. This is needed for a specific group of doctors to support the globalisation. This group of people, trainees and young psychiatrists, play a crucial role in development. Because of this we have developed the TYPAA, Trainees and Young Psychiatrists Association of Asia.

The main goals of TYPAA are to exchange ideas, interests, and information amongst colleagues throughout the Asian continent, and

to organize for young psychiatrists and psychiatric trainees broad educational- and training programs ranging from social psychiatry to clinical psychiatry to basic research.

Since March 2007 the formation and plans for creating this association has started. Many Asian countries have already formed a young psychiatrist and trainees group at a national level, some even on a regional level. TYPAA will join all these groups to form a platform at a continental level to make the best use of all the knowledge and expertise of each country.

In October 2008, celebrating the 80th anniversary of the existence of the IMH (Institute of Mental Health) in Singapore, we will organize a symposium, workshops and have the first meeting of TYPAA at the Asia Pacific Psychiatric Rehabilitation Conference (APPRC).

REGULAR SYMPOSIA

RESIDENT ORGANIZATIONS OF NORTH AMERICA

INSTITUTIONS

1. Massachusetts General Hospital, Child Psychiatry, Boston, United States

AUTHORS

1. Abigail L. Donovan¹, Dr., MD

This presenter will discuss the structure and purpose of psychiatric resident organizations in North America, both the United States and Canada. The history and evolution of these organizations will be delineated. Further discussion will include possible future directions and goals for these organizations.

LEARNING OBJECTIVES:

To understand the history of psychiatric organizations in North America

To learn about the current structure of organizations for psychiatric residents in North America

To discuss the potential future directions for these organizations

REFERENCES:

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Harper A. Residents Should Make Joining APA One of Their New Experiences. Psychiatr News, Jul 2003; 38: 30.

THE EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES

INSTITUTIONS

1. Hampshire Partnership NHS Trust, Psychiatry, London, United Kingdom

AUTHORS

1. Amit Malik¹, Dr., MD

,The European Federation for all Psychiatric Trainees (EFPT) is a federation of Psychiatric Trainee organisations from over 24 European Countries.

It aims to improve trainee experience in Psychiatry across Europe by promoting harmonisation of training, formation of trainee organisations and exchange of ideas and trainees across the continent. It also acts as the representative body for trainees' views at the European Union (EU) and Union of European Medical Specialists (UEMS). Currently the EFPT is actively addressing various challenges to training including training in Child and Adolescent Psychiatry, interactions with families and carers of sufferers of mental illness, Competency based training and exchange of trainees amongst various member countries. It is hoped that addressing these crucial aspect of psychiatric training will not only improve the standard of training but also raise the standard of patient care in mental health across Europe.

FELLOWSHIP AND YOUNG PSYCHIATRIST PROGRAM: THE LATIN AMERICAN EXPERIENCE

INSTITUTIONS

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AUTHORS

1. Guillermo C Rivera Arroyo1, Dr., MD, PhD

The Latin American Psychiatric Association [APAL] is composed of the professional psychiatric associations of 21 countries in South and Central America and the Caribbean.

Together with the WPA, APAL has established the Institutional Program to Promote the Professional Development of Latin American Young Psychiatrists. One of the most important activities of this Institutional Program is to organize, conduct and evaluate fellowship and young participants programs at Latin American Congresses in Psychiatry.

Substantial programs for about 100 Fellows have been organized for the past three Latin American Congresses in Psychiatry (2003, 2004 and 2005), as well for the past five Argentine Psychiatric Association Meeting, the past two Central America Psychiatric Association meetings and the Chilean Psychiatric Association Meeting (2006) and the Bolivian Psychiatric Association meeting (2005). Another large program has been organized for the XXV Latin American Congress of Psychiatry in Margarita Island.

RS-68

A YOUNG PSYCHIATRISTS VIEW ON STIGMA AND BURN OUT SYNDROME (BOS)

INSTITUTIONS

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AUTHORS

1. Victor JA Buwalda¹, Dr., MD, imsep@xs4all.nl

The WAYPT as an international democratic organization for Young Psychiatrists and Trainees (YPT) is expanding rapidly. Its aim is to connect different regions of the world and share ideas in an environment of creativity and inspiration. The WAYPT stimulates their members to work on international research-projects like STIGMA and BOS.

In his introduction Professor Norman Sartorius provides an overview on STIGMA and highlights the challenges the YPT have to be aware of. The second presentation is about the first WAYPT research-project ever, on STIGMA which aims to provide a platform for discussion and initiation of individual WAYPT members to ini-

tiate related projects as our patients have the right to lead a normal life as far as possible. We, as future leaders in psychiatry, have the task to help decreasing the pain and enhance our patients' quality of life. We will present the planning and logistics for participation in the project.

The third presentation is about BOS. In the Netherlands recently research on BOS had been done among Psychiatric residents. BOS affects YPTs and it is important is to know what can be done to avoid such BOS. The European Young Psychiatrists and Trainees have carried out a research-project on this issue. The coordinators of this European study will present the research plan and share findings.

WHAT STIGMA IS ABOUT

INSTITUTIONS

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AUTHORS

- 1. Norman Sartorius¹, Dr., MD, PhD
- 2. Victor JA Buwalda², Dr., MD

Professor Sartorius is an international authority in Psychiatry. His experience is world wide know. We have asked him as Young Psychiatrists and Trainees to give an introduction on the issue of STIGMA as one of the initiators of the worldwide campaign against STIGMA.

We as Young Psychiatrists and Trainees are the upcoming generation to follow-up on this campaign. Therefore we ask him to give us some handles so we can continue to break down the STIGMA of our patient.

YOUNG PSYCHIATRISTS AND TRAINEES CONTRIBUTING TO THE ISSUE OF COMBATING STIGMA

INSTITUTIONS

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- 2. South Staffordshire & Shropshire Healthcare NHS Foundation Trust, United Kingdom

AUTHORS

- 1. Victor JA Buwalda¹, Dr., MD
- 2. Nitin Gupta², Dr., MD

Stigma is taken to be a mark of disgrace that elicits negative attitudes and behavior towards and within the patient who suffers from a mental illness.

Research on stigma has been focussing on behavior rather than knowledge and attitudes, but suffers from the drawback that it is primarily from the western countries.

This available literature suggests that western countries have a high stigmatizing attitude. The minority of literature from developing countries reveals less evidence of stigma; being even said to be non-existent in Islamic countries.

It has been pointed out and recommendations made for [1] carrying out more world wide, cross-cultural research and [2] targeting interventions at psychiatrists during their initial training and formative years in the specialty.

WAYPT is in a unique position to be able to address the above recommendations due to it being world wide in representation and also comprised of trainee and newly qualified psychiatrists. At the 160th APA Meeting, WAYPT met and formulated an outline research proposal to identify and address issues around stigma in both developing and developed countries using a questionnaire approach

We will aim to present the approach adopted, strategy outlined, research proposal developed and preliminary findings in the symposium. At the conclusion of this presentation, the participant should be able to recognize and address the issue of stigma and its impact on management of psychiatric illness in different countries and cultures, and how trainee and young psychiatrists can contribute meaningfully to the same.

BURNOUT IN PSYCHIATRIC MEDICAL RESIDENTS IN THE NETHERLANDS

INSTITUTIONS

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- 2. Free University, Psychiatry, Amsterdam, The Netherlands

AUTHORS

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- 2. Victor JA Buwalda², dR., MD

Burnout during the training program of medical residents is a topic that has been debated in the last years. Medical residents are continuous overexposed to stressful and overwhelming events during their residency. The workload and stress is unavoidable. This is because of the structure and organization of their training program. On the other hand the resident is able to obtain the maximum knowledge and experience. Learning to cope with a high workload and attending courses of time-management is therefore a necessity. When the stress is in imbalance with the coping of the resident, they may develop burnout symptoms. International research concludes that emotional exhaustion and burnout symptoms are common in medical residents. Therefore it is of great importance for training hospitals to recognize and prevent burnout because this effects the

quality of patient care that we have to avoid.

Method: Medical residents in psychiatry in the Netherlands were sent a questionnaire about BOS (The Utrecht Burn-Out Scale (UBOS/MBI-HHS)). This self-report questionnaire was originally developed by Maslach & Jackson and adapted and translated into Dutch.

Results: From a total of 631 medical residents in psychiatry 242 questionnaires were sent back a response of 38.4%. 23.2% met with the criteria of moderate to severe BO. The prevalence of severe BO and the score on emotional exhaustion is higher in medical resident working in psychiatry compared to medical resident working in other specialties.

THE EUROPEAN PSYCHIATRY RESIDENT/TRAINEE BURNOUT STUDY: PROGRESS REPORT

INSTITUTIONS

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AUTHORS

1. <u>Julian B Beezhold</u>¹, Dr., MD

Aim: To determine comparative levels of job satisfaction and burnout in psychiatric resident/trainees in over 12 different European countries.

Method: An online survey questionnaire will be completed and results fed directly into an anonymised database for analysis. The technology will allow for anonymised responses whilst also allowing for follow up of non-responders. Sophisticated methodologies will be used to obtain as representative a sample as possible taking into account the large variations in local circumstances.

Results: The process of developing the study will be described, including examples of problems faced and solutions found. Prelimina-

ry results will be presented.

Discussion: This will focus on the experience of developing the study methodology and reference it to pilot studies in Croatia and other countries. Lessons learned and ongoing challenges will be analysed.

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IMAGING TECHNIQUES IN PSYCHIATRY - APPLICATIONS AND BENEFITS

INSTITUTIONS

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Many psychiatric diseases are associated with alterations in brain function. There are many imaging techniques to describe brain function (fMRI, SPECT, PET, NIRS). Schizophrenia is widely used model of mental illness. We would like to evaluate different techniques in three other mental disorders, they possible applications, benefits and disadvantages.

The reason for use of imaging techniques is research and effort to improve current clinical practice. The goal for both ways is to use the most precise, most considerate and most flexible technique for particular objectives. The characteristics of near-infrared spectroscopy is described in conclusion.

ALCOHOL DEPENDENCY AND IMAGING TECHNIQUES

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Objectives: Alcohol abuse and alcohol dependence are very often disorders. During alcohol consumption we can find structural and functional changes in the central nervous system (CNS). Alcohol abuse influences neurotransmitter systems (especially dopamine neurotransmission in the mesolimbic system, necessary for reward mechanisms). Changes are different during acute alcohol intoxication, chronic alcohol abuse and withdrawal, relapse of abuse.

There is possible to examine these changes by using neuroimaging methods. Structural neuroimaging methods (computerized tomography (CT) and magnetic resonance imaging (MRI)) illustrate anatomic changes that alcohol causes in the CNS, mainly chronic alcohol consumption.

In contrast functional neuroimaging methods (such as positron emission tomography (PET), functional MRI and single photon emission computerized tomography (SPECT)) show the metabolic changes in the CNS. Functional neuroimaging methods measure

changes in blood flow and metabolism in various brain regions. The second application of these methods is the detection of neurotransmitter changes.

Imaging studies have demonstrated that some changes in the CNS can be reversed by abstinence or treatment. They may help in explanation of the influence of alcohol abuse on the brain and brain metabolism and in the development of new treatment interventions (medication, psychotherapy...).

It is necessary to be aware that these methods have some limitations (application of radioligands, conditions during examinations, availability and price).

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ANXIETY DISORDERS, COMORBIDITY AND IMAGING TECHNIQUES

INSTITUTIONS

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Background: Anxiety disorders are one of the most common mental disorders with aprox 25 % prevalence in the population. We have either pharmatherapeutical and/or psychotherapeutical way to influence course and relapses of anxiety disorders. The treatment still have deficiency especially in the field of residual symptoms and comorbidity. Unfortunately different anxiety disorders have many faces or more precisely pathophysiological backgrounds.

Method: Distinct anxiety disorders need different treatment modality. In spite of long-term course and need for treatment the patient prefer short and risk benzodiazepine medication. The appropriate and long-term profylactic antidepressive treatment has unclear duration.

Results: The phase of vulnerability is hardly to define. There have been advances in our knowledge of the neurobiological basis of anxiety. It focuses on several brain structures (amygdala, locus coeru-

leus, hippocampus, various cortical regions) and functional interactions among brain monoamines, corticotropin releasing hormone, and hypothalamic pituitary adrenal axis.

Conclusion: Imaging techniques may improve knowledge of neurobiological basis, individualisation of therapy, reduction of residual symptoms and persistency of vulnerability period. To improve further diagnostic, treatment and evaluation procedure we can use different imaging techniques. We describe current possibilities in simulation pathological states using NIRS, fMRI, PET and SPECT techniques.

References:

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VAGUS SOMATOSENSORY EVOKED POTENTIALS - NEW DIAGNOSTIC POSSIBILITY FOR THE EARLY DIAGNOSIS OF DEMENTIAS?

INSTITUTIONS

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Background and aims: As an early event in Alzheimer's disease (AD), the degeneration of Vagus nuclei is discussed. Thus, assessment of Vagus nerve function could provide a means of its early detection. For this purpose, the method of Vagus somatosensory evoked potentials (VSEP) has been introduced into clinical practice. Vascular processes lack the specifity of affection of brainstem nuclei. We thus hypothesized that VSEP parameters should be different between AD and VaD.

Methods: VSEP were elicited via electrical stimulation of the cutaneous representation of the Vagus nerve in the outer ear and measured as brainstem generated far field potentials on the scalp.

Results: VSEP latencies were significantly longer in AD as compared to controls. Contrary to this, ANOVAs for the VSEP latencies and amplitudes in VaD as compared to healthy controls showed no significant main effects of the factor "diagnosis". Likewise, preliminary results point to differences in VSEP parameters in patients with Lewy body disease and frontotemporal dementia in which differences with respect to brain stem affection can be expected.

Conclusions: Our results point to the possibility that VSEP may be used as an easy, non-invasive and cost-effective method for early detection, differential diagnosis and ongoing assessment of dementia syndromes.

NEAR-INFRARED SPECTROSCOPY (NIRS) - A PROMISING BRAIN IMAGING METHOD IN PSYCHIATRY?

INSTITUTIONS

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Background: Many psychiatric diseases are associated with alterations in brain function. This has been shown with multiple brain imaging approaches, in particular with functional Magnetic Resonance Imaging (fMRI). While fMRI is undoubtly the imaging method with the best spatial resolution providing a neuroanatomical image of the brain within the same measurement, it's setting is not optimal for patients with psychiatric illnesses. In particular the lying position, the fixation of the head, the extremely narrow surrounding and the loud EPI sequences are stressing for psychiatric patients and do definitely affect the results of fMRI studies.

Methods: Near-Infrared Spectroscopy (NIRS) is suitable to elegant-

ly measure concentration changes of oxygenated and deoxygenated hemoglobin in a more natural setting than fMRI with high ecological validity.

Results: Examples for brain oxygenation changes associated with different perceptional, cognitive and emotional tasks in healthy subjects as well as patients with different psychiatric diseases will be presented.

Conclusions: Interpretations for differences in brain function between psychiatric patients and healthy controls will be offered. Advantages as well as disadvantages of NIRS (e.g. restriction to cortical brain areas, poor spatial resolution) will be discussed.

RS-70

SUPPORTING FAMILIES OF PEOPLE WITH SEVERE MENTAL DISORDERS IN EUROPE

INSTITUTIONS

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A number of explanatory randomized controlled trials published since 1980s have demonstrated the clinical efficacy of Psychoeducational Family Interventions (PFI) for schizophrenia when provided in combination with drug therapy.

In recent years, there has been a shift from efficacy to effectiveness

studies and great attention by the researchers in developing training programmes in these interventions for ordinary staff.

In this symposium, we will provide an overview of the studies on PFI for schizophrenia which have been carried out in the last decade in routine clinical settings in Europe.

DISSEMINATION OF PSYCHOEDUCATIONAL INTERVENTION IN EUROPE: THE PSYCHOEDUTRAINING STUDY

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- 8. Mario Maj¹

Objectives: This study, promoted by the European Commission (V RTD Programme) and coordinated by the Department of Psychiatry of the Naples University in six European countries, aimed to explore: a) the possibility to provide psychoeducational intervention for schizophrenia in routine settings; b) the impact of this intervention on patients' clinical status and social functioning, and on relatives' burden, coping strategies and social network.

Methods: In each country, a leading centre selected four mental health centres whose staff received training and supervisions in psychoeducational intervention

After the training, professionals applied the intervention for one year with families of patients with schizophrenia. The programme was evaluated by assessing: a) number of treated families; b) advantages and difficulties reported by staff in the implementation phase; c) 1-year impact on treated patients and relatives.

Results: 48 professionals have been officially involved in the study and 55 families received the intervention for one year. The main advantages reported by professionals concerned clinical results and improvement of relationships with users and families. While difficulties related to the method itself decreased over time, the organisational difficulties, especially the need to conciliate the family intervention with other work obligations, were stable and consistent. Patients' symptoms and disability and family burden improved over time. Differences were detected among the six countries in advantages and difficulties reported by the trainees, and families' compliance to treatment.

Conclusions: Family psychoeducational interventions have proved to be effective in routine settings, but their implementation is limited by obstacles related to the mental health centres' organization.

FAMILY BURDEN AND RELATIVES' PARTICIPATION IN PSYCHIATRIC CARE - SOME DATA FROM SWEDEN

INSTITUTIONS

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AUTHORS

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Objectives: Relatives of people with mental illnesses are affected in many different areas of life, and are often concerned that their ill family members might be of danger to themselves or others. The aim of this presentation is to report some results from Swedish studies of relatives focusing on stigma, family burden, participation in care, and attitudes towards coercive treatment.

Methods: In three different data collection periods in a longitudinal project, in all 455 relatives of committed and voluntarily admitted patients were interviewed, using a semi-structured questionnaire.

Results: A majority of relatives experienced psychological factors of stigma by association. Relatives' burden and participation in care were not found to be associated to violent behaviour by the patients

or to the patients' diagnoses, but relatives of patients with suicide attempts scored higher on some of the burden and participation items than other relatives. Relatives reported stronger support for coercion in order to protect the patient than for easing family burden and protecting others.

Conclusion: The results indicate that relatives of psychiatric patients experience stigma by association and low participation in care, but in general support the need for compulsory psychiatric care in specific situations. However, despite a heavy burden due to the patients' mental illnesses, relatives do not primarily call for coercion in order to ease the family burden. There is a need for the psychiatric services to involve and support relatives of patients with suicidal behaviour.

PSYCHO-EDUCATIONAL INTERVENTIONS FOR FAMILIES WITH SCHIZOPHRENIC PATIENTS IN GERMANY

INSTITUTIONS

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Objective: Although the effectiveness of psycho-educational interventions for families with schizophrenic patients has been assessed in Germany several years ago, particularly the approach of behavioural family therapy is currently not provided. Therefore, the research question if therapists having received a training programme specifically tailored to practical problems of implementing this approach will provide this therapy more frequently and effectively than therapists having been trained within a standard programme is of high relevance.

Method: 1. Random selection of (at least 4) routine mental health services from three East-German Federal States. 2. Two staff members from each service randomly assigned to one of the two training programmes (standard vs. "augmented"). 3. Continuously supervised provision of behavioural family therapy by the trainees to at least

one family per trainee in their routine work situation. 4. Assessment of the treated families and of the therapists over a 12-month period using a battery of standardized instruments.

Results: 40% of the mental health services (initially selected and informed about the project) refused participation (reasons: lack of staff, time-budget for the training). Finally, 8 mental health services sent two staff members to the training programmes. 3 trainees in each group withdrew during the training/supervision period. Results on the therapy of 13 families will be presented.

Conclusion: Analyses of problems to implement the successful (e.g. in terms of re-admission rates to hospital) approach point to financial and administrative issues.

Re-funding the costs for this approach and acknowledgement as training element of the residency in psychiatry are main obstacles.

DISSEMINATION OF FAMILY INTERVENTION FOR SEVERE MENTAL DISORDERS IN SPAIN

INSTITUTIONS

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Combined psychopharmacological treatment with family interventions for relatives of patients with schizophrenia are not yet being extensively offered in routine mental health care in Spain. Issues related to case load management accounts for that, but it is partly due to the availability and content of training courses for the staff.

Objectives: a) to review empirical data and conceptual contributions accumulate until today about this kind of actions; b) to outline which variables can help and which ones hinder implementing, real and effective, of this kind of process within the protocols of dairy techniques of intervention.

Method: Several Spanish mental health teams and services, after continued training and external peer supervisions (1), have jointly launched a new Net-work, named GEYFE, with the objective of offering contrasted and quality training in psycoeducative family intervention to motivated staff.

Results: Through the work of GEYFE is being possible now to estimate the extensiveness of psychoeducational interventions that are being routinely used in clinical practice. The main obstacles related to the diffusion of the intervention model but also the progressive advantage achieved are being elicited.

Conclusion: The benefits of using treatment strategies based upon controlled research evidence of their efficacy can only be replicated in routine practice if the quality of application of those strategies approximates that provided in the clinical trials.

Reference

(1) Magliano L. et al. Effectiveness of a psychoeducational intervention for families of patients with schizophrenia: preliminary results of a study funded by the European Commission. World Psychiatry 20054:45-49.

FAMILY INTERVENTIONS FOR SCHIZOPHRENIA IN ITALY: RANDOMISED CONTROLLED TRIAL

INSTITUTIONS

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AUTHORS

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Objective: To evaluate the effectiveness of multiple group family treatment for schizophrenia.

Method: Relatives were randomly provided with an informative program (n =50), or allocated to receive an additional support program (n =26). Patients did not attend the program to overcome cultural and organizational implementation barriers. The 12 and 24 months clinical and family outcomes were assessed.

Results: Patients' compliance with standard care was greater at 12 months in the more intensive behavioural management group over a control group receiving treatment as usual (n =25). A reduction in levels of expressed emotion, significantly more frequent in those receiving the additional support program than just the informati-

ve, occurred after treatment completion. Other clinical and family outcomes did not differ. However, treatment benefits declined at 24 months, when baseline high EE was again predictive of patient's admission and relatives were more vulnerable to objective burden. Baseline illness severity variables predicted a number of medium and long term poor clinical outcomes.

Conclusions: Although family psychoeducation has been tested in a wide range of Anglo-Saxon settings, there remains need to assess outcomes more internationally. Effective family interventions for people with schizophrenia probably require continued administration of key-elements or ongoing informal support to deal with the vicissitudes of illnesses.

RS-71

YOUNG PSYCHIATRISTS TODAY IN EUROPE: PROBLEMS AND PERSPECTIVES

INSTITUTIONS

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AUTHORS

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- 2. Julian N Beezhold²

Models of mental health care have changed dramatically in the last few years throughout Europe. The professional identity of psychiatry is generating uncertainty and controversies about psychiatric educa-

tion and training. Clinical practice, teaching and research are facing new challenges and require new and comprehensive approaches.

TOWARD A COHERENT IDENTITY OF EUROPEAN YOUNG PSYCHIATRISTS

INSTITUTIONS

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Objectives: to propose a model for a coherent identity of young psychiatrists in Europe, balancing both clinical and research competencies.

Methods: self-reported questionnaires on training needs were compiled by young psychiatrists from different European countries.

Results: several differences exist in psychiatric training in Europe, generating uncertainty and controversies about the professional identity of young psychiatrists.

Length of training varies from 4 years to over 6 years; selection criteria vary between countries, and include national examination, local examination, university selection, and waiting list; in some countries, there is no selection.

The move from hospital-based to community-based mental health care occurred in several countries has determined a shift in clinical practice: young psychiatrists are skilled in several pharmacological and psychosocial interventions to be provided in the community, but are less experienced in providing interventions at an hospital base. Psychotherapy is not part of training everywhere; it is voluntary in most European countries and trainees have to acquire such skills in free time and at very high cost. The need for "balancing" community-based and hospital-based mental health care needs to be specifically addressed.

This reflects great variability in training programs for young European psychiatrists and differences in clinical and research skills. **Conclusions**: The harmonization of training in Europe should be a priority for decision-makers, both nationally and at European le-

a priority for decision-makers, both nationally and at European level. Data on European postgraduate psychiatry training as well as a proposal for a coherent identity of European young psychiatrists will be provided.

THE YOUNG PSYCHIATRISTS PROGRAMME OF THE ASSOCIATION OF EUROPEAN PSYCHIATRISTS (AEP) - AN INNOVATIVE TOOL FOR PROFESSIONAL DEVELOPMENT

INSTITUTIONS

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Background

Over the past 5 years, the Association of European Psychiatrists (AEP) has developed an innovative programme for young professionals, for which the term "Young Psychiatrists Programme" was established. Young psychiatrists are defined as physicians after graduation, who are in training of the speciality of psychiatry, including psychiatrists five years after their specialization.

Aim

The initial goal of the programme was to facilitate a smooth integration of young psychiatrists into the annual European conference and to allow those rather conference-inexperienced doctors to network and to meet established leaders in their field.

Method

The programme was initiated in 2004 and due to high interest has expanded constantly and significantly. It has become an integral part of the annual conference of the AEP, with the President and other

members of the Executive Committee contributing to its special sessions.

Results

The professional development of young psychiatrists is successfully supported by offering a set of highly interactive activities such as workshops, meet the expert sessions, presentations. A fellowship programme has been effectively established to support clinical and scientific excellence of young psychiatrists. A designated area - the young psychiatrists' lounge - comprising of large space and technical equipment as well as catering, has been designed to facilitate networking in an informal atmosphere during the days of the conference.

Conclusion

Inherent is the idea of continuity and sustainability. Thus, in a world of increasing separation, rapid change and competition the YP programme contributes to existential goals of a scientific society today - community building and creation of a feeling of affiliation.

YOUNG PSYCHIATRISTS AND OLD AGE PSYCHIATRY: A NEW CHALLENGE FOR THE FUTURE?

INSTITUTIONS

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- 5. Clinique Psychiatrique Universitaire, Centre Mémoire de Ressources et de Recherche, CHRU de Tours, Inserm U 930 & Université François Rabelais, 37, Tours, France
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With the advent of the third millennium, healthcare in Europe faces one of its biggest challenges ever- the ageing population. The ever increasing healthcare demands of this vulnerable age group are rapidly becoming an issue not only for mental health but for the entire public health agenda. Given the complex physical and psychological health needs that are an inevitable accompaniment of ageing, Old Age Psychiatry with its biopsychosocial approach to care is best placed to meet these contemporary and future challenges.

European Young Psychiatrists of today will ultimately bear a great responsibility for this challenge of tomorrow. However, training in Old Age Psychiatry is not yet formalised across Europe.

The European Federation of Trainees in Psychiatry issued a statement in 2003 supporting standardisation of training in Old Age Psy-

chiatry and explicitly stating that all adult psychiatry trainees should have a working knowledge of the specialty of old age psychiatry. Working knowledge should be include an awareness of biological, psychological and social factors involved in the prevention, causation and management of mental health challenges facing the elderly population.

Challenges for European Young Psychiatrists will be discussed and the results of a survey will be presented. The experience of the developmental process in France will be highlighted, where psychiatrists are all too aware of the slow progress made in this area and where it is planned that a specific training programme in old age psychiatry will be implemented next year.

YOUNG PSYCHIATRISTS IN THE UNITED KINGDOM: CHANGE, CHANGE AND MORE CHANGE!

INSTITUTIONS

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AUTHORS

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Profound and far-reaching changes are the context for the working lives of almost 5000 Young Psychiatrists in the United Kingdom. Many of these changes reflect changes and experiences in other European Region countries. They include radical changes to appointment procedures, training programme structure and content, assessment of progress, job prospects and the role of psychiatrists. This presentation will outline and describe these changes, discuss factors driving the changes and consider the impact both now and

into the future. Some specific challenges for Young Psychiatrists will be identified and explored.

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BURNOUT AMONG YOUNG PSYCHIATRISTS: UNSPECIFIC OR PROFESSIONAL RISK?

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AUTHORS

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Introduction: Burnout has been growingly acknowledged as a specific risk factor for health professionals and recent studies demonstrated that, not only it may decrease job satisfaction and motivation, but it also may seriously affect the quality of the health services provided to users. Furthermore, due to the specific emotional quality of the patient-therapist relationship, high levels of burn-out are frequently reported among psychiatrists. Several factors (such as lack of experience, work isolation, lack of support by manager or colleagues, role conflicts, burden of work, work outside usual working hours, etc.) may increase the arise of negative feelings, related to burnout; although such factors seem even more relevant to early career psychiatrists, to date, no systematic studies have been conducted in this specific population.

Aims: We report here the preliminary data of a study aimed to eva-

luate burn-out and work-place associated conditions among young psychiatrists.

Methods: Fifty young psychiatrists were enrolled among different sites and standardized self-reported questionnaires to evaluate burnout and workplace violence syndromes were administered.

Results: The results showed moderate to high levels of burn-out among young psychiatrists. Young psychiatrists working conditions may represent a major cause for concern.

Conclusions: Causative and protective factors for workplace stress among young psychiatrists need to be specifically addressed in further studies. Finally, specific intervention strategies (such as problem-solving, communication skills and team-work monitoring) have to be developed, in order to improve psychological well-being among young medical professionals.

RS-72

MEETING THE DEVELOPMENTAL CHALLENGE: PUBLIC - PRIVATE PARTNERSHIP FOR MENTAL HEALTH CARE IN INDIA AND ITS IMPLICATIONS FOR THE DEVELOPING WORLD

INSTITUTIONS

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AUTHORS

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The Indian healthcare space is dominated by private sector service providers both in terms of service utilisation and as percentage of the GDP. The District Mental Health Programme and the Indian National Mental Health Programme have limited reach. On the other

hand 70% of the privately practising psychiatrists (that form about 60% of all psychiatrists in the country) are located in small towns and district headquarters.

REGULAR SYMPOSIA

SYNERGY FOR CHANGE: NECESSITY, FEASIBILITY AND SCOPE OF PUBLIC-PRIVATE PARTNERSHIP FOR MENTAL HEALTH CARE IN INDIA

INSTITUTIONS

1. Indian Association of Private Psychiatry, Social Security Fund, India

AUTHORS

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With the majority of psychiatrists and Indian mental health professionals working in the private sector, there is an urgent need for partnering between the public and private sectors as they are complimentary not competitive. This presentation analyses the nature and dynamics of the Indian mental health care space and the various service providers. It examines opportunities and identifies areas of

service, training and research where such collaborative programmes can prove synergistic, leading to more organised, effective and quality services with greater reach meeting the developmental challenge in India as well as becoming a model for other developing countries

PARTNERING FOR MENTAL HEALTH: INVOLVING STAKEHOLDERS AND EVOLVING A NATIONAL MENTAL HEALTH POLICY

INSTITUTIONS

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AUTHORS

1. Sunil Mittal¹

This presentation analysis and argues that the since private sector is an important stake holder in the Indian mental health care space, its only by partnering of sectors that mental health care can reach the people as well as lead to manpower development and enhance research. With increasing dependence on private sector in both urban and rural areas, due to poor health insurance penetration the consumers pay out of pocket for private services, yet seek them due to reasons including availability, accessibility and cost efficiency. Analysing economic and other data this presentation shows how

this hitherto poorly understood and under-researched ,unorganised' sector has now grown and matured to become a driving force and strong channel partner for implementation of national, district and local mental health programs. Further, that in order to do so, there is a pressing need for evolving a national mental health policy with the active involvement of all stakeholders from which not just programs but laws and regulations can also flow. Important policy areas and their implications for India as well as it being a model for other countries of the developing world shall be discussed.

MAKING THE PARTNERSHIP WORK: LAWS, REGULATIONS, ETHICAL ISSUES AND CONCERNS

INSTITUTIONS

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AUTHORS

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With the increasing participation of private sector in healthcare, concerns have often been expressed about the quality of services, practice ethics and the regulatory and legal mechanisms in force. While governmental regulatory mechanisms sometimes take time to evolve, their implementation without causing impediment to the service provider and consumer while also protecting their rights poses a challenge by itself. These issues become more complex in the context of mental health care and the vulnerable population groups that the laws and regulations must address. Self regulation, clinical governance, standardisation of services by professional or other bo-

dies to assure quality care, social and judicial activism are some of the ways forward, yet, of urgent importance is the involvement of all stake holders in statutory bodies and in shaping new laws and regulations. Moreover, as the private sector involvement in training and research increases, laws and guidelines to ensure educational standards as well as ethical research need better enforcement. The directions and implications for legal, regulatory as well as legislative bodies to effectively deal with these and other emerging issues in such a dynamic mental health care scenario shall be discussed.

RS-73

PSYCHIATRY FOR THE PERSON: AN ETHIC INVESTISMENT

INSTITUTIONS

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Clinical study from Association Française des Psychiatres d'Exercice Privé (French Association of Psychiatrists in Private Practice)

Hundred French psychiatrists have given an account of their practice through clinical samples they have considered as exemplary of their way to deal with unusual or critical situations.

Beyond guidelines and theorical choices, the way for the practician to reshape and reappropriate to himself the therapeutical tools, the

very singular way to work through a « therapeutical relation », the link that the patient has with his proper symptom, all these appear to be the keys of what is being worked.

Adaptation and inventivity are the real heart of the « psychiatry for the person... »

This study, showing how the practician is involved, insisting about the re-interpretation of any technique at any time, tries to evaluate or measure the ethical dimension of the psychiatrical act.

REGULAR SYMPOSIA

IS SCIENCE HARMFUL FOR PATIENTS?

INSTITUTIONS

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We can't be but delighted by medical science progress and new power over diseases. However, another power is increasing, and threatening to pervert science reliability and leading medical and psychiatric art to dead ends if not failures. It is Money Power and its valet, the marketing. Consumering rules are no ethic.

IS THERE ANOTHER WAY OF THINKING PSYCHIATRY?

INSTITUTIONS

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In Istanbul 2006, the orientation of the congress was about uniqueness and universality. This shows that the singularity is a constant preoccupation.

What would be the meaning of Psychiatry, and of medical art gene-

rally speaking, if it was not at the person's service? It would probably disappear whatever the way of working and the theorical references

REGULAR SYMPOSIA

THERAPEUTIC REPERCUSSIONS OF AN UNUSUAL INTERVENTION DURING THE COURSE OF TREATMENT

INSTITUTIONS

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It is a question of demonstrating, in reference to a clinical case, how an intervention very different from a theoretic frame may have the-

rapeutic repercussions on the evolution of a patient.

SINGULARITY: CONCEPTUALIZATION OF A PRACTICE BEYOND ETHICS THEORY

INSTITUTIONS

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Drawing on a case study, this work comes back to some critical moments which couldn't be resolved with the help of the usual techniques.

We will first define these "singularities". Then, we will consider the

modalities of the answers elaborated by the participants. We will finally see that the therapeutical intuitions and positions on which the pragmatism of their interventions relies ultimately rests on ethical considerations.

PRESCRIBING PRACTICES IN PSYCHIATRIC SERVICES ACROSS THE WORLD

INSTITUTIONS

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- 2. Ludwig-Maximillians University of Munich, Psychiatric Department, Munich, Germany
- 3. Fukuoka University College of Medicine, Psychiatry, Fukuoka, Japan
- 4. Institute of Psychiatry, Belgrade, Serbia and Montenegro
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This symposium will bring together the evidence from several studies in Europe and Asia about the prescribing practices in psychiatric care, including the study conducted by an active research network, EEPSI (Eastern European Psychiatric Scientific Initiative). Strategies for improving current clinical practices in the region will be discussed

PATTERNS OF PRESCRIBING IN PSYCHIATRIC CARE IN EASTERN EUROPE

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There has been no evidence about the prescribing practice in psychiatric care in Eastern Europe. The aim of our study was to estimate the prevalence of polypharmacy and compare the pattern of prescribing across eight centres in Eastern Europe.

Methods: We conducted a survey of psychiatric patients (age≥18) admitted to eight psychiatric hospitals in: Belgrade (Serbia), Bucharest, Iasi and Tgmures (Romania), Strumica (Macedonia), Tirana (Albania) and Zagreb (Croatia). A total sample of 1304 patients was analyzed.

Results: Antipsychotics were prescribed to 70.4% of patients. 47% of patients received typical antispychotics and 28% were given atypical antipsychotics. Depot medication was prescribed to 8.4% of patients. Antidepressive drugs were prescribed to 39.8% of patients. SSRI were given to 15%, non-SSRI to 9.9% and older antidepressants

to 17.3% of the patients. Anxiolitic drugs were prescribed to 20.4% of patients, benzodiazepines to 68.5% and mood stabilizers to 30.2% of patients. One third of patients received an anticholinergic drug on a regular basis. The mean number of prescribed drugs was 2.8 (SD 0.97) with 26.5% receiving two drugs, 42.10% receiving three drugs and 22.08% being prescribed four or more psychotropic drugs. Only 6.8% of patients were on monotherapy. 93% of patients with psychosis received antipsychotic treatment. Antidepressive drugs were prescribed to 80.1% of depressed patients.

Conclusions: Our study revealed high prevalence of polypharmacy across participating centres. Significant number of patients diagnosed with depression did not receive antidepressive treatment. Older generations of antipsychotics and antidepressants were more commonly prescribed than the newer drugs.

DRUG PRESCRIBING PATTERNS IN WESTERN EUROPE-DATA FROM THE AMSP STUDY

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Over the last decades a considerable amount of new psychotropic drugs were introduced in Europe, broadening the spectrum of available pharmacological treatment regimes. As yet data on the use of these new agents and treatment choices are scarce.

The AMSP study (Arzneimittelsicherheit in der Psychiatrie) is a drug safety program for the assessment of adverse drug reactions in psychiatric inpatients, originating in 1993. In 2008, 60 psychiatric hospitals in 5 different countries (Austria, Belgium, Germany, Hungary, and Switzerland) are participating in this program.

Methods: Data were gathered from the AMSP data base from 1994 to 2006. Data on psychotropic use were based on two reference days/year and hospital.

Results: Drastic changes have taken place over this period. Nowadays, second generation antipsychotics are used in 70 -80% of pati-

ents on antipsychotics with quetiapine, olanzapine and risperidone being the most common drugs. New dual antidepressants prevail in the use of antidepressants; mirtazapine is used more frequently than other antidepressants. Antiepileptic drugs are used with increasing frequency across various psychiatric diagnoses, in particular as mood stabilizers; sodium valproate is most commonly used today. The use of psychotropic drug combinations is continually increasing. The use of more than one antidepressant/antipsychotic or combinations of antidepressants with antipsychotics has increased. The concomitant use of mood stabilizers, tranquilizers and hypnotics has also increased over the years.

Conclusion: Naturalistic prescription and safety data of psychotropics give valuable information on drug use in clinical routine and are a useful tool in estimating the risk/benefit ratio of psychopharmacotherapy

REAP (RESEARCH ON EAST-ASIAN PSYCHIATRIC PRESCRIPTION PATTERN) STUDY

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REAP is international collaborative research that started in 1999 to investigate prescription patterns of psychotropic drugs and the background factors. REAP is conducted in 6 countries in East Asia (China, Hong Kong, Japan, Korea, Singapore, and Taiwan). REAP consists of 2 big categories: REAP antipsychotic (REAP AP) and REAP antidepressant (REAP-AD). REAP AP 1st is survey among inpatients with Schizophrenia. REAP AP 2nd is a follow up study, and which is now in data analysis stage. REAP AD-DC is drug centered study, and AD-PC is a patient centered study.

REAP-AP 1st indicated significant variation of antipsychotic medication across the countries. Japan had a high frequency of prescribing high dose antipsychotics and polypharmacy. In REAP 2nd, the prescription rate in atypical antipsychotic drugs increased.

However, one fifth of schizophrenic patients were prescribed typical antipsychotic drugs. Polypharmacy of antipsychotic drugs and coadministration of anticholinergic drugs was still popular among the Japanese psychiatrists. REAP AD-DC revealed that new generation antidepressants (SSRI were prescribed for about 70% of the cases. The rate was similar to all participating countries and regions. Antidepressants were prescribed to various diagnoses.

REAP study was made using a common research protocol and questionnaire in East Asia. The survey provided the prescription patterns of psychotropic drugs in East Asia in comparable manner. The finding will be used for the improvements of prescription of psychotropic drugs in countries and regions in East Asia.

COMPARISON OF DIAGNOSIS AND PHARMACOTHERAPY OF MENTAL DISORDERS BETWEEN GPS AND PSYCHIATRISTS IN TWO CROATIAN REGIONS

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Aim of the study was to compare diagnoses of mental disorders made by general practitioners (GPs) with the diagnoses made by psychiatrists. Use of pharmacotherapy and duration of the treatment of mental disorders by GPs before psychiatric consultation were also analyzed.

Methods: Data on patients coming for the first time for psychiatric consultation at two different psychiatric departments included: diagnoses made by GPs, diagnoses made by blind psychiatrists, previous treatment by GP before coming to psychiatrists, and sociodemographic variables.

Results: There were general differences in evaluation of mental disorders, mostly regarding differentiating anxiety and depressive disorders by GPs. GPs mostly prescribed anxiolitics for any complaint

regarding mental health. Use of antidepressants by GPs without psychiatric consultation was significantly low (less then 5%), and even not long enough for the first efficacy signs. Antipsychotics had never been prescribed by GPs without psychiatric consultation. 95% of the patients were prescribed some pharmacotherapy at the first psychiatric consultation. There were no significant differences between two regions regardless different academic and regional status.

Conclusion: If the need for early recognition and early treatment could be recognized as important factor of outcome of mental disorder, then it is valuable to improve awareness of diagnostic and therapeutic techniques at the point of early complaints from the patient. It would be recommendable not to work solely on education, but as well on exchanging experiences and improving willingness to deal with mental disturbances at every level of health care.

PREVALENCE OF ANTIPSYCHOTIC POLYPHARMACY AT THE UNIVERSITY PSYCHIATRIC HOSPITAL IN BELGRADE

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It was shown that the prevalence of antipsychotic (AP) polypharmacy was low in the year after the initiation of therapy and that polypharmacy was more common in patients with more severe mental illness (1).

The aim of the study was to analyse the prevalence of AP polypharmacy and to explore types of coexisting episodes, at the University Psychiatric Hospital in Belgrade.

A sample of 120 patients, during their 198 hospitalisations, was analysed. The prevalence of polypharmacy was calculated as the proportion of patients receiving two or more APs concomitantly, minimum 28 days. Total daily AP drug load was calculated via defined daily doses of drugs per patient per day. Comparison between patients receiving monotherapy and patients receiving polypharmacy was made.

Results: Minority of patients during 32.3% hospitalisations (n = 64)

had one AP, while polypharmacy was noted in majority (n = 134). Polypharmacy was evident during 63.6% hospitalisations with two and 4.1% hospitalisations with three drugs. Patients' sociodemographic characteristics were not significantly different between those who had monotherapy versus others, but patients on monotherapy had significantly more prior hospitalisations (t = 3.94, df = 119, p < 0.001).

Conclusion: The prevalence of polypharmacy in our sample is higher than the prevalence observed in developed European countries. Antipsychotic polytherapy as well as the types of AP combined may reflect clinician responses to particular symptom patterns and/or duration. Efficacy and safety of combinations of AP and comparison with monotherapy needs controlled trials.

References:

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MULTY-LEVEL MARKERS OF SCHIZOPHRENIA PATHOGENESIS: MULTIDISCIPLINE FAMILY INVESTIGATIONS DATA

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AUTHORS

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Using multidiscipline approach patho-, neuropsychological, neuropsysiological, biochemical and MRI markers of schizophrenia pathogenesis and their relationships were investigated. The material included 145 schizophrenia patients' families.

Multi-level characteristics which have significant heritability and liability to schizophrenia coefficients and discriminate patients, relatives and controls, were revealed.

There were established interconnections some psychological mental activity deviations with schizophrenia defect type; involvement of the insufficient brain activation and the disturbances of brain energy metabolism in pathophysiology of memory impairment; involvement of autoimmune component to FRN in frontal lobes volume decrising; the role of the disturbances of monoamine oxidases , lipid peroxidation activities, albumin functional state, increase in the level of endotoxic molecules in endogenous intoxication, MRI- characteristics of atrophic process and neurodevelopment anomalies. Separate correlations as well as morphofunctional systems of studied multy-level characteristics in patients and relatives were defined. The data support unitary model of schizophrenia summarizing mechanisms of aberrant neurodevelopment and degenerative process.

MULTIDIMENSIONAL NEUROPSYCHOLOGICAL CHARACTERISTICS OF CORTICAL-SUBCORTICAL BRAIN ZONES IN FAMILIES OF PATIENTS WITH SCHIZOPHRENIA

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To study neuropsychological characteristics of cortical-subcortical brain zones 59 schizophrenia patients families (193 subjects: 59 patients, 109 parents and 25 siblings) and 23 controls were examined. Neuropsychological Luria's scheme was used. Functional peculiarities of subcortical, subcortical-frontal, subcortical-temporal, subcortical-parietal-occipital zones of left and right hemispheres were studied by parameters of memory, praxis, visual-space function, gnosis in different modalities, thinking. Integrative scores of studied parameters were analyzed. Statistical algorithm of Duda and Khart¹ were used.

Results revealed a wide spectrum of higher mental functions in patients and their relatives as compared with controls varied from vague to distinct ones. The most informative for discrimination of the subject groups were interrelated characteristics of the left and right

subcortical, left subcortical-frontal and left subcortical-temporal areas. The errors of discrimination between patients and controls (a low risk group) and between the low risk group and siblings (a high risk group) varied from 7 to 19%.

Obtained data indicate to a key role of impairment of mechanisms of interconnection between subcortical region and cortical associative zones (frontal and temporal) in pathogenesis of schizophrenia. They also support the significance of left-side lateralization of morphofunctional anomalies for the disease development. The revealed multidimensional neuropsychological indicators are perspective for being studied as a complex factor of genetic risk for schizophrenia.

 $1.\,\mathrm{Duda}$ R and Khart P. Recognition of images and analysis of scenes. Moscow: Mir, 1976.

PSYCHOLOGICAL PARAMETERS OF MENTAL ACTIVITY AS CHARACTERISTICS OF SCHIZOPHRENIC DEFECT AND SCHIZOPHRENIA RISK FACTORS

INSTITUTIONS

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In order to study psychological parameters of mental activity in schizophrenia patients' families 337 subjects were investigated (100 patients, 107 their relatives, 30 siblings and 100 controls). Characteristics of cognition (thinking, memory, attention), formal dynamic parameters (rate, tempo, ergistic parameters) and personality characteristics (emotions, communication, sociability, self- assessment, rigidity) (30 in total) were analyzed.

The results demonstrated abnormalities of most of the examined characteristics in both the patients and their healthy relatives. In patients they were related to clinical types of schizophrenic defect (total and partial). Emotionality parameters, parameters "span of mediated retention", "productivity of voluntary retention by reproduction data", "attention switching" had high (>50%) heritability coefficients.

Parameters "stability of attention under conditions of continuous concentration", "personal anxiety level", "reflection of unusual social groups" and "self-assessment" had medium (30 - 50%) heritability coefficients.

The data showed that both ongoing disease process and predisposition factors participate in forming of mental activity abnormalities in patients with schizophrenia.

They also indicate to pathopsychological diathesis in their families and its heritability. Obtained results can be used by solving the problems of diagnostics, prognosis and social adaptation as well as in genetic consulting. In pathogenetic context the described abnormalities may be related to the impairments of subcortical frontal and subcortical temporal brain regions and their interactions.

ENDOGENOUS ENTOXICATION AS THE COMPLICATING COMPONENT OF PATHOGENETIC MECHANISMS OF SCHIZOPHRENIA

INSTITUTIONS

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Aims/Objectives: Earlier we have proposed that the degree of endogenous intoxication can serve as a parameter of intensity of homeostasis disturbances in mental disorders, and particularly in schizophrenia. Endogenous intoxication (endotoxicosis) is a pathophysiological process that is characterized by the formation and accumulation in tissues and body fluids of different substances and metabolites, endotoxins in excessive concentrations or in forms that are not characteristic for the normal metabolism. Endogenous intoxication on the clinical level can reveal itself as the different complications of the main disease and as the side effects of the pharmacotherapy.

Methods: To evaluate the contribution of monoamine oxidase and semicarbazide-sensitive amine oxidase activities and serum albumin functional state, lipid peroxidation and middle-mass endotoxic

molecules to the development of endogenous intoxication in schizophrenic patients. The above mentioned parameters were investigated in 77 chronic and the first-episode schizophrenic patients.

Results: There were found that patients with both studied forms of schizophrenia were characterized by the pronounced disturbances of all investigated parameters.

Conclusion: Endogenous intoxication accompanies mental disorders, and plays an important role in their pathogenetic mechanisms. Destructive processes, impairments in membrane functions, disturbances of detoxification processes and activation of catabolic reactions are the main causes of the development of endotoxicosis that leads to the disturbances of homeostasis.

This work was partially supported by the ISTC grant 3156.

ABNORMAL ELECTROPHISIOLOGICAL PATTERNS OF BRAIN ACTIVATION DURING COGNITIVE TESTS IN SCHIZOPHRENIA

INSTITUTIONS

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Cognitive impairment is an essential feature of schizophrenia, but its exact pathophysiological mechanisms are not clear. We studied functional brain alterations involved in cognitive disturbances in schizophrenia by monitoring brain DC potentials during word fluency and auditory verbal memory tests in 25 schizophrenic patients and in 24 age-matched normal controls. The applied noninvasive DC potentials method allows to reveal the changes of pH at the blood-brain barrier dependent on the dynamics of brain energy metabolism (Fokin and Ponomareva, 2003, 2004).

Schizophrenic patients showed moderate verbal fluency impairment relative to the normal controls. In the patients the magnitude of positive shifts of DC potentials during the word fluency test was reduced in temporal and frontal areas reflecting insufficient increase of cerebral energy metabolism. The total number of words produced

correlated with the magnitude of DC potentials shifts in the patients. The marked impairment in delayed recall of auditory verbal memory test was found in schizophrenia. As compared to the normal controls the patients had strikingly lower DC potentials shifts during verbal encoding and immediate retrieval.

Our findings suggest that in schizophrenic patients the insufficient brain activation and the disturbances of brain energy metabolism are involved in pathophysiology of memory impairment.

References

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- 2. Fokin V, Ponomareva N. Neuroenergetics and Brain Physiology. Moscow: Antidor, 2003.

BRAIN STRUCTURE PECULIARITIES IN SCHIZOPHRENIA PATIENTS' FAMILIES: NEURODEGENERATION AND NEURODEVELOPMENT, THE PLACE IN THE MULTI-LEVEL HIERARCHIC STRUCTURE OF MORPHOFUNCTIONAL SYSTEMS

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For the purpose to investigate brain structure abnormalities in schizophrenia patients' families and their interconnection with multi-level markers of disease pathogenesis 145 patients, 232 their relatives and 255 controls were examined.

CT and MRI methods were used. The analysis included assessment of frontal lobes, basal ganglia, hippocampus, amygdala volumes, parameters of ventricles as well as linear and angular indices (LAI) reflecting interconnection of middle brain structures and being sensible to deviations of liquor camera.

Experimental-psychological, neuropsychological and psychiatric positive/negative disorders assessments were done. AAb Level to NGF was estimated.

The results showed abnormalities of majority of studied brain structures both in patients and in relatives. The most of ventricle parameters had high (>50%) and medium (30 - 50%) heritability coefficients. Some ventricle, basal ganglia and frontal lobes parameters

were considered as markers of liability to schizophrenia.

Alteration of LAI was demonstrated in patients and relatives. This alteration indicates to complex nature of ventriculomegalia in schizophrenia which relates both to predisposing factors (primary hydrocephalia) and atrophic process (presumably). Correlation of AAbL and frontal lobes volume decreasing was revealed only in patients. Correlations between tomographic and clinical characteristics were medium in general. Interrelationship between severity of positive and negative disorders and tomographic characteristics was demonstrated by regression analysis. Morphofunctional systems of parameters studied in patients and relatives were defined by cluster analysis. Here, neuropsychological parameters can be considered as a link between substrate and clinical symptoms.

The data support unitary model of schizophrenia summarizing mechanisms of aberrant brain development and degenerative process.

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FROM WESTERN MAINSTREAM TO A CULTURALLY DIVERSIFIED PSYCHIATRY

INSTITUTIONS

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Many countries in Africa, Asia and Latin America have a long tradition of different forms of mental health care, diagnostic nosologies, healing, paradigms and research. These could provide useful advances to Western mainstream psychiatry.

The uncritical application of Western ethnocentric psychiatric concepts in Non-Western societies and among immigrant populations has resulted in an almost complete lack of an inverse view. The question is how can Psychiatry become more culturally diversified and more polyphonic?

FROM WESTERN LIMITATIONS TO THE BENEFITS OF MULTITUDE IN CULTURAL PSYCHIATRY

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Migration has always played a role in history. Ethnic and cultural encounters increased rapidly during the colonial oppression of Africa, Asia and Latin America where the Europeans didn't pay much attention to the mental health of the indigenous population.

Transcultural psychiatry was instead initiated Canada 1956. It has been developed mainly in Western Europe and North America. The immigrants were considered different and studied.

In many countries the immigrants are from former colonies. Immigration is a recurrence of a colonial situation. Immigrants face colonial attitudes and subordination.

Communication and mutual understanding are difficult if the language, social background, hierarchic position and cultural belonging of the patients and the caregivers are very different. The ethnocentric and colonial preponderance of Transcultural psychiatry - perceived as the mainstream - is well documented since decades (Kleinman, Littlewood, Kirmayer, Gaines, Nuckolls, Young, etc). This biases has unfortunately not changed, Transcultural psychiatry studies still the immigrant populations, but the impact of the predominant culture is noted, which is an improvement.

Yet there is almost a complete lack of the inverse view. Many countries the immigrants come from have a long tradition of different forms of mental health care, diagnostic nosologies, healing, paradigms and research - which could provide useful advances to mainstream psychiatry. An evidence based inverse view requires research on the European white population with methods, paradigms and by experts from the countries the immigrants come from.

(D)HIS AND (D)HAT: SEMINAL TRUTHS - HOW CULTURE BOUND IS CULTURAL PSYCHIATRY?

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The uncritical application of western psychiatric concepts in nonwestern societies resulting in culturally invalid psychiatric syndromes, have been extensively documented. Such instances are considered ,category errors'. In contrast, ,reverse category errors' although theoretically postulated, have never been empirically demonstrated.

Diagnostic criteria of an established South Asian culture specific neurosis, DhaŻt syndrome, were deployed by a psychiatrist of South Asian origin, amongst 47 white Britons in London, UK, presenting for the first time with a clinic diagnosis of ICD-9 Depressive Neurosis (Dysthymic Disorder, ICD-11). The procedure yielded a new disorder, Semen Retention Syndrome.

Based on narrative accounts and quantitative scores on the Hamilton Depression Rating Scale, the evidence suggests that a significant subset of white British subjects diagnosed with Dysthymic Disorder, may in fact be expressing a psychological variation of a previously

unknown local White British somatisation phenomena labelled Semen Retention Syndrome.

Anxiety and depressive symptoms presented by this subset of subjects were primarily attributed to a core irrational belief and a cognitive error centered around misunderstood concepts of semen physiology. Consequently, the undue focus on mood idioms by both white British patients and their health professionals, leads to a mistaken diagnosis of Mood Disorder, and results in incorrect treatment.

The implications of this ethnocentric mode of reasoning raises concerns about existing concepts in psychiatric phenomenology and for official international diagnostic classificatory systems. The paper concludes by arguing that category errors in both directions are instances of cultural iatrogenesis, and underscore the importance of a culturally valid psychiatry.

FROM OPPRESSED OBJECTS TO EMPOWERED ACTORS - ISSUES IN FEMALE MENTAL HEALTH

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Most societies have given women a subordinate position and many cultures still treat women as second- class citizens, under control of their fathers, brothers or husbands. Culture, traditions and beliefs allow various forms of violence against women, and war and collective violence affect the health of women disproportionately as societies subordinate women and underprioritise their life and health.

Globalization has considerable effects on women's mental health. A great challenge is to minimize its negative impacts, by e.g. enabling women to take power and control over their life and utilize the globalization process. Women's struggles for human rights have been more pronounced with regard to prevention of violence than

to fulfilling their economic rights. Economic empowerment is a prerequisite for an independent, violence free existence.

The impact of women's multiple roles on their mental health may add to the stress in their lives and be linked to negative health outcomes, but multiple roles may grant benefits to women's physical and mental health. Occupying more than one role appears to buffer women from the stress.

Awareness of the particular problems of women, discrimination at home and at work, should increase if we want to stop that women continue to suffer differential treatment in the world of tomorrow.

"WE" AND "THEY" IN CULTURAL PSYCHIATRY - OPPOSITIONS OR INTERACTIONS?

INSTITUTIONS

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India and other South Asian countries are psychiatrically pluralistic societies with both Western and indigenous psychiatric traditions. The latter are widely used by both urban and rural help seekers in mental disorders, usually unknown to the official mental health care.

Even in the West, viability of indigenous mental health models among immigrant populations also continues.

This presentation portrays with video clips a mini-ethnography of a family seeking help for psychiatric problems in North India. The treatment responses of both Western and indigenous practioners on pluralistic help seeking trajectories are analyzed and compared. The mini-ethnographic documentation method provides concrete empirical material for discussing aspects of the dialectics of Western and indigenous cultural logics.

This presentation contends the implicit assumption that Western mental health professionals have real "knowledge" while patients and healers from other cultures simply have "beliefs". It is argued that instead of reductive a priori oppositions there are needs to study concretely cultural interactions of polyphonic voices.

RS-78

RECENT CHANGES IN ACUTE INPATIENT CARE: A EUROPEAN PERSPECTIVE

INSTITUTIONS

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This symposium presents updates from Romania, Slovenia, Italy, France and the United Kingdom on recent developments in acute

inpatient care. Discussion will focus on common themes and challenges and highlight different approaches.

REGULAR SYMPOSIA

RECENT CHANGES IN ACUTE INPATIENT CARE IN ROMANIA

INSTITUTIONS

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AUTHORS

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In last years in psychiatry in Romania had place multiple changes which had the purpose to improve the quality of older services or to create new services more oriented to community. Keeping in mind the differences - political, social, economical, cultural, etc. - we remark the efforts to develop psychiatry to a level comparable with others EU European countries.

This presentation will underline some of recent changes in Acute

Inpatient Care. The following topics will be presented: changing in structure of services and number and qualification of personal involved in care, accessibility of acute psychiatric services, diagnostic system, changes concerning the pharmacotherapy and psychotherapy, guidelines issues, relations with National Assurance Company and estate supports, follow up procedures.

Problems and proposals for improving the quality of Acute Inpatient Care will be explored and discussed.

AN INNOVATIVE APPROACH TO ACUTE INPATIENT CARE IN PARIS

INSTITUTIONS
1. EPS Erasme, France

AUTHORS

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This presentation describes a department that has a modern way of taking care of in-patients during crisis, in an admission unit (called UIA), with sequential stay and a different approach to what exists elsewhere in France. This is one of only 4 or 5 UIA that exist in France. The approach is almost the opposite way of the usual "community"

French psychiatry care.

In particular the focus will examines the challenges and the solutions experienced in implementing and running this model of acute inpatient care.

ACUTE INPATIENT CARE IN SLOVENIA: CHANGES AND PROBLEMS

INSTITUTIONS

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In Slovenia, there are 5 independent psychiatric hospitals and one department of psychiatry at University Clinical Centre Maribor (UCCM). These 6 facilities offer acute psychiatric inpatient care. Department of psychiatry at UCCM has relocated in October 2005 from an old castle in the rural environment to a brand new facility that was built only for psychiatric purposes in the city centre. In the past few years, some substantial changes in organisation of care were

applied to this department, inpatient care was upgraded, and department's functions were expanded with new educational programmes. This will be presented with a point that these changes were applied only in UCCM but not in the other psychiatric facilities in the country. Additionally, some problems concerning acute inpatient care in Slovenia as a whole will be offered for debate.

COERCIVE MEASURES IN ACUTE INPATIENT CARE IN ITALY

INSTITUTIONS

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Coercive measures represent a common clinical problem throughout Europe, since they are applied with heterogeneity across the different European countries.

Aim: To provide a comprehensive review of past and current implementation of coercive measures in Italy.

Methods: Literature review (cross-referencing in PubMed, Embase, and Index Medicus) concerning the application of coercive measures in Italy. Description of the past and current regulations as well as of the routine implementation of coercive measures in Italy has been also empirically summarized.

Results: The Italian 1978 reform law on mental health care clearly established that medical treatment and tests are mainly voluntary. Only under special circumstances, the medical authority can order a patient involuntary admission and the physician is obliged to provi-

de necessary tests and medical treatment.

However, even if coercive measures are usually placed without patient's consent, the first objective should remain to protect patient's interest and rights, in accordance to the Italian Constitution. In Italy, there are no officially recognised protocols on coercive measures for acute inpatient care and each psychiatric ward adopts its own rules and internal norms.

Conclusions: In Italy, patients with aggressive or dangerous behaviours are approached by the staff according to a "de-escalating" model, in which physical and mechanical restraint should be adopted only when any other therapeutic options previously failed. Proposals aimed to improve the implementation of coercive measures in clinical practice will be provided.

THE IMPACT OF CHANGES TO THE ACUTE INPATIENT CARE SYSTEM

INSTITUTIONS

1. Hellesdon Hospital, County Acute Services, Norwich, United Kingdom

AUTHORS

1. Julian Beezhold¹, Dr, MBChB, MRCPsych, beezhold@doctors.org.uk

Aim

To use robust outcome measure to evaluate the impact of radical changes to the way in which acute inpatient care is delivered to a catchment population of 450 000 in rural central Norfolk

Method:

Data was gathered from 2002 until end 2007 on a number of measurable factors relating to acute inpatient care. These included number of admissions, bed occupancy, length of stay, incidents of deliberate self harm, violence, absconding, and patient and staff satisfaction.

Reculte

Results show a dramatic impact. These included a 75% reduction in incidents of deliberate self harm and a very significant reduction in bed occupancy and length of stay.

Conclusion:

The range of outcomes and the results suggest a very significant and sustained improvement in the quality of care, patient experience and cost has been achieved.

RS-79

CHALLENGES IN PROVIDING PSYCHIATRIC CARE TO A SMALL CARIBBEAN POPULATION

INSTITUTIONS

- 1. Saba University School of Medicine, Chair, Dept of Behavioral Science, The Bottom, Saba Island, Netherlands Antilles
- 2. A.M. Edwards Medical Center, Emergency & Primary Care, The Bottom, Saba Island, Netherlands Antilles

AUTHORS

- 1. Alan Cheney¹, Professor, Ph.D., sabapsych@hotmail.com
- 2. Joke Blaauboer², Dr., MD, jabkoot@yahoo.com
- 3. Naomi Wilson², Nurse

With only 1400 people on 13 sq km, the tiny Dutch Caribbean island of Saba nevertheless presents a microcosm of psychiatric disorders found in larger populations. Depression, anxiety disorders, schizophrenia, substance abuse, attention-deficit and somatoform disorders are among the conditions represented in this small and highly inter-related population. Yet historically only one or two primary care physicians served the island; no psychiatrists or psychologists practiced there until very recently. Adding to the island's remoteness, no airline service existed until relatively recently and fishing boats provided the only medical transport during emergencies or when treatment not available on the island was required.

In this seminar, a Dutch physician, an American psychologist and a native Saban nurse will discuss the creative solutions now being employed to promote mental health and provide psychiatric care to this remote population. Speakers will share historical and demographic peculiarities of the population's ancestry, discuss the difficulty foreign doctors have building trust and rapport among the islanders, address continuous funding and medical/pharmaceutical supply problems, and outline how the native nursing staff is being trained for handling psychiatric patients who are neighbors and often relatives. The necessity of close physician-psychologist-nurse working relationships is emphasized. Ample time will be allotted for questions and audience discussion.

INTRODUCTION: DEMOGRAPHIC AND HISTORICAL BACKGROUND OF SABA ISLAND

INSTITUTIONS

1. Saba University School of Medicine, Behavioral Science, The Bottom, Saba Island, Netherlands Antilles

AUTHORS

1. Alan Cheney¹, Dr., PhD, sabapsych@hotmail.com

Unique among all the Caribbean islands, Saba's population is of half European and half African ancestry, although many families share the two. The island's size has led to a fairly small number of island families, who can trace their surnames back to around a half-dozen families; this phenomenon introduces medical and psychosocial challenges in itself. Despite the island's Dutch affiliation, English is the principal language, although many recent arrivals speak Spanish almost exclusively.

Clinical depression, anxiety disorders, schizophrenia, substance abuse, conduct and learning disorders, marital discord and other

psychiatric problems are amply represented in the small and highly inter-related population of Saba. Yet until five years ago, no practicing psychiatric professional resided on the island. Fortunately, today two American psychologists and two psychologically minded Dutch physicians serve the island. Yet many challenges remain in treating the population, including the difficulty ,foreigners' have with building trust and rapport with the indigenous population and the lingering stigma of islanders receiving mental health treatment. As an introduction to the panel's insights, various historical and demographic peculiarities of the island's 400-plus-year history will be outlined.

CHALLENGES IN PROVIDING PSYCHIATRIC SERVICES TO A SMALL AND REMOTE CARIBBEAN POPULATION

INSTITUTIONS

1. A.M. Edwards Medical Center, Emergency & Primary Care, The Bottom, Saba Island, Netherlands Antilles

AUTHORS

1. <u>Joke Blaauboer</u>¹, Dr., MD, jabkoot@yahoo.com

The small island of Saba in the Dutch West Indies presents a microcosm of physical and mental disorders and the challenges of providing medical care are legion. The 14-bed island hospital is rudimentary and medications are not always consistently available. Funding sources are not always clear. Until relatively recently there was no air service to the island and only one ferry boat existed for providing medical transport in emergencies or when seeking treatment not available on the island. Even now, transportation off the island is entirely dependent on good weather conditions. Tenacity and creative solutions are required.

The few psychologists and physicians on Saba must work closely together to provide comprehensive care to patients in need of psychiatric treatment. Each has a critical and complementary role in recognizing the signs of mental and emotional distress in residents and in determining the correct diagnosis and treatment of a distressed patient. When physician and psychologist works well together, each patient has available the full range of pharmacotherapeutic and psychotherapeutic options. Specifics for how cooperation can be created and enhanced, and special challenges for physicians and psychologists working together in a geographically remote area, will be discussed in this presentation.

NURSING CHALLENGES IN PROVIDING PSYCHIATRIC CARE TO A REMOTE CARIBBEAN POPULATION

INSTITUTIONS

1. A.M. Edwards Medical Center, Nursing, The Bottom, Saba Island, Netherlands Antilles

AUTHORS

1. Naomi Wilson¹, Nurse

Every medical team needs good nurses and this is doubly true when providing psychiatric care. Yet most nurses who practice in geographically remote areas have little if any formal training in psychiatric nursing. When working with an indigenous population, knowledgeable nurses who are from the area and of the local population can be crucial in helping patients understand the need to seek help for

emotional problems as well as physical ones. Local nurses can also play an important role in helping patients overcome the social stigma of seeking psychiatric help. In this presentation, the head nurse on tiny Saba Island in the Dutch West Indies will discuss special problems nurses encounter when providing psychiatric nursing care to their fellow islanders.

RS-80

KEEPING CARE COMPLETE: FAMILY CAREGIVER PERSPECTIVES' ON MENTAL ILLNESS AND WELLNESS

INSTITUTIONS

- 1. World Federation for Mental Health, Springfield, United States
- 2. National Health Service Scotland, Dundee, United Kingdom
- 3. EUFAMI, Salzburg, Austria

AUTHORS

- 1. Preston J. Garrison¹, PJGarrisonPJG@aol.com
- 2. Helen H. Millar², h.millar@nhs.net
- 3. Sigrid Steffen³, aha-salzburg@hpe.at

The disruption of a family member's treatment for mental illness and subsequent worsening of psychiatric symptoms can have harsh financial, physical and emotional consequences for families. The World Federation for Mental Health's Keeping Care Complete: Caregivers' Perspectives on Mental Illness and Wellness, the first international survey of family caregivers of individuals with schizophrenia, bipolar disorder and schizoaffective disorder, reveals the devastating consequences of relapse, defined as the worsening of symptoms after apparent recovery, and sheds light on a desire among caregivers for doctors to focus on long-term care, building a cooperative relationship to promote optimal management of the needs of all parties through integrated services, rather than on managing crisis situations.

The results of the survey demonstrate the critical role that family caregivers play in today's mental healthcare system in assisting family members to effectively manage their disorder, comply with treatment, and deal with the social, physical and emotional aspects of a serious mental illness. It also highlights the many challenges faced by families that provide primary caregiving and support to people with mental disorders.

This symposium will present the results of the survey, and will provide perspectives concerning those results from the mental health professional, family caregiver, and mental health advocate viewpoint. Consideration of how the survey results can be utilized to promote mental health policy advocacy for increased support for the family caregiver role will also be a part of this symposium.

KEEPING CARE COMPLETE: AN OVERVIEW AND SUMMARY OF THE INTERNATIONAL SURVEY OF FAMILY CAREGIVERS FOR PEOPLE LIVING WITH MENTAL ILLNESSES

INSTITUTIONS

1. World Federation for Mental Health, Springfield, United States

AUTHORS

1. Preston J. Garrison¹, PJGarrisonPJG@aol.com

The World Federation for Mental Health (WFMH) and Eli Lilly and Company released the results of the first international survey to gain the perspective of family members and caregivers of people with serious and persistent mental illnesses - schizophrenia, schizoaffective disorder, and bipolar disorder - in Paris on September 18, 2006. The survey responses came from caregivers in Australia, Canada, France, Germany, Italy, Spain and the UK. Research into schizophrenia and bipolar disorder rarely opens a dialogue with family caregivers about their important role in the day-to-day life of their family loved ones who suffer from these two illnesses. This survey provides valuable insight into the effect that schizophrenia and bipolar disorder have on families coping with these conditions.

This presentation will provide an overview of the results of this first international survey to gain perspectives on issues and challenges facing family caregivers of people living with mental illnesses, and from a new follow-up survey of psychiatrists, present a summary of the survey results, and highlight the importance of promoting a positive working relationship between family members, healthcare professionals, and service users. The presenter will also present advocacy and public policy recommendations developed as a result of the and focusing on the need to increase supports for family caregivers and the role they play in assisting their loved ones to live with and manage their mental illness.

KEEPING CARE COMPLETE: A HOLISTIC APPROACH TO WORKING WITH INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESSES

INSTITUTIONS

1. National Health Service - Scotland, Dundee, United Kingdom

AUTHORS

1. Helen H. Millar¹, h.millar@nhs.net

Dr. Helen Millar is a consultant psychiatrist who works with adults living with a serious and persistent mental illness. Through her work, she has developed and implemented an innovative holistic approach to assisting people with mental illnesses to live effective and productive lives in the community. Dr. Millar's presentation will provide scientific and clinical context to the Keeping Care Complete international survey of caregivers, and will discuss the results of the

survey in demonstrating the critical role that family caregivers play in today's mental healthcare system in assisting family members to effectively manage their disorder, comply with treatment, and deal with the social, physical and emotional aspects of a serious mental illness. Dr. Millar will also present information on her holistic approach to working with adults who live with mental illness.

CHALLENGES AND CONCERNS OF FAMILY CAREGIVERS FOR PEOPLE LIVING WITH MENTAL ILLNESSES: A PARENT'S PERSPECTIVE

INSTITUTIONS

1. EUFAMI, Salzburg, Austria

AUTHORS

1. Sigrid Steffen¹, aha-salzburg@hpe.at

Mrs. Sigrid Steffen is the mother of an adult son who has lived with a severe and persistent mental illness for much of his life. Based on her experiences as a primary caregiver and support person for her son, she has gained valuable insights and skills in working with and supporting a family member living with mental illness. From these experiences and lessons, she has become a knowledgeable and committed advocate who works through the EUFAMI to inform and assist other families facing similar challenges in their role as family caregivers of individuals with a mental disorder. In her presentation, Mrs. Steffen will share her personal story - and that of her

son - and will provide valuable suggestions and strategies to mental health professionals who need to recognize and support the role of family caregivers. Mrs. Steffen will also speak about the importance of developing and sustaining community-based family and caregiver support organizations such as those that belong to EUFAMI and that serve an important role of reducing the sense of isolation and hopelessness experienced by many family members and caregivers dealing with the challenges they and their loved ones face because of serious mental illness.

RS-81

ASIA-PACIFIC COMMUNITY MENTAL HEALTH DEVELOPMENT PROJECT

INSTITUTIONS

- 1. University of Melbourne, International Unit, Department of Psychiatry, Melbourne, Australia
- 2. Mental Health Division in Disease Prevention and Control Bureau, Ministry of Health China, Beijing, China
- 3. Kwai Chung Hospital, Hong Kong Hospital Authority, Hong Kong, Hong Kong Special Administrative Region of China
- 4. National Centre of Neurology and Psychiatry, Department of Mental Health Administration Studies, National Institute of Mental Health, Tokyo, Japan
- 5. Mental Health Policy, Division of Mental Health, Ministry of Health and Welfare, Seoul, Republic of Korea
- 6. Department of Mental Health, Ministry of Public Health, Bangkok, Thailand

AUTHORS

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- 2. Jun Yan², Dr
- 3. Se Fong Hung³, Dr, MD
- 4. Tadashi Takeshima⁴, Dr
- 5. Kim Hyeon Kim⁵, Dr
- 6. Somchai ML Chakrabhand⁶, Dr, MD

In response to an increasing global trend to move from institutional care to community mental health services, many Asia-Pacific countries have begun to establish mental health policy and guidelines to reflect this change. While these reforms are in line with the recommendations of the World Health Report (WHO, 2001) and the WHO Mental Health Global Action Programme Plan (WHO, 2002), the sociocultural and economic factors in the Asia-Pacific countries requires culturally appropriate and local translation of contemporary community mental health models of care. Governments and service providers often face challenges in the implementation of community mental health services due to resource constraints. However, there are vast experiences in the region that can serve as valuable lessons and inspiration for future development. For change to occur in our region, it is clear that innovative, culturally sensitive and economically sustainable pathways for community treatment models need to be explored and developed. The Asia-Pacific community mental health development (APCMHD) Project facilitated by Asia-Australian Mental Health (AAMH) provides resources, networking and information-sharing about community mental health reform in the region. Currently involved in the project are high level ministries

of health representatives from China, India, Indonesia, Japan, Malaysia, Cambodia, Korea, Singapore, Taiwan, Thailand, Hong Kong, Vietnam and Mongolia. Several country representatives will present their reports documenting their country's current community mental health services and future plans for service development.

Presentations:

Hong Ma (China) - COMMUNITY MENTAL HEALTH SERVICES DEVELOPMENT IN CHINA

Se Fong Hung (Hong Kong) - COMMUNITY MENTAL HEALTH CARE IN HONG KONG

Yutaro Setoya (Japan) - CURRENT SITUATION OF COMMUNITY MENTAL HEALTH IN JAPAN

Tae-Yeon Hwang (Republic of Korea) - DEVELOPING COMMUNITY MENTAL HEALTH SERVICES FOR THE MENTALLY ILL PEOPLE AS HUMAN RIGHT MOVEMENT

Somchai Chakrabhand (Thailand) - COMMUNITY MENTAL HEALTH: THAILAND COUNTRY REPORT 2008

Benedetto Sareceno (Switzerland) – Discussant

COMMUNITY MENTAL HEALTH SERVICES DEVELOPMENT IN CHINA

INSTITUTIONS

- 1. National Center for Mental Health, China-CDC (Peking University Institute of Mental Health), China
- 2. Shanghai Mental Health Center, China, CAO Lianyuan, Beijing Huilongguan Hospital, China
- 3. Mental Health Institute, Second Xiang-Ya Hospital, Central South University, China
- 4. Suzhou Guangji Hospital, China

AUTHORS

- 1. Hong Ma1
- 2. Jin Liu¹
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- 4. Mingyuan Zhang²
- 5. Yanling He²
- 6. Bin Xie²
- 7. Yifeng Xu²
- 8. Wei Hao³
- 9. Ming Li⁴

Across China, rapid and widespread developments of community mental health services have taken place. Community mental health services in China are developing according to several key principles: services should be delivered in the community where possible; services should cover all of the general population; be easily accessible, continuous/seamless and comprehensive; meet the needs of different groups of patients; be jointly implemented and supported by different departments and organizations. Commencing in 2004, the "686 Program", led by the National Center for Mental Health, China CDC and based on the model of community mental health services used in Victoria, Australia was established to pilot community mental health services across China.

The community mental health service reform demonstration sites across China have been immensely successful. A total of 60 demon-

stration areas have been built in 30 provinces covering a population of 43 million people. 602 training courses have resulted in nearly 30,000 health and community staff being trained. A national computerized case database of patients with mental illness has also been built

There are three key conclusions. Firstly, developing countries can refer to mental health service models in developed countries, and modify them to make them suitable to the current situation in their own countries. Secondly, in a country where primary mental health care or community mental health is not well developed, a psychiatric hospital led, general hospital/CDC supported, community-based model can be established. And thirdly, a national program is a very rapid way to implement a new service model to different places in a country.

CURRENT SITUATION OF COMMUNITY MENTAL HEALTH IN JAPAN

INSTITUTIONS

1. National Institute of Mental Health, National Center of Neurology and Psychiatry, Japan

AUTHORS

- 1. Yutaro Setoya1
- 2. Tadashi Takeshima¹

The Japanese mental health system is currently undergoing reform aimed at shifting from inpatient centered treatment towards community based health, medicine and welfare. Since 2002, many national reports, laws and amendments to the existing laws have been released, and rapid changes in the mental health system have occurred.

However, there are still many issues to be solved. For example: excessive hospital beds; a shortage of community mental health services such as housing, outreach and employment services; insufficient

care management and networking between services; and scarce involvement of consumers and families. But when you look into local practices in Japan, some issues are solved in certain areas which provide effective and unique practices.

In this presentation, the current situation and issues involved in mental health care in Japan are explained, and some local best practices in community mental health are introduced. We hope these practices will be informative and helpful, and have some application to other countries and regions.

DEVELOPING COMMUNITY MENTAL HEALTH SERVICES FOR THE MENTALLY ILL PEOPLE AS HUMAN RIGHT MOVEMENT

INSTITUTIONS

1. WHO Collaborating Center for Psychosocial Rehabilitation and Community Mental Health, Yongin Mental Hospital, Korea

AUTHORS

1. Tae-Yeon Hwang

Korea is quickly developing a comprehensive mental health service system in each community and the government has invested in a community-based, public mental health system rather than in an institution-based system, but the average length of stay in mental hospitals is still too long. In order to reduce the length of stay, more residential facilities are needed. However, social stigma against by many of the people in Korea makes it difficult to reintegrate people with mental disorders into the community that the government plans to develop another 10-years mental health plan, up to the year 2017. The government will develop new policy through amendment of Mental Health Act on mental health promotion to provide mental health services for general population, suicide prevention, program for substance abuse and program for people in the early stage of psychosis.

The National Human Right Commission will influence mental heal-th service through publishing ,National Report for the Human Right of Mentally Ill People' in June 2009. For this report there will be surveys of mental health institutions, development of new strategies of deinstitutionalization and establishing mental health network to improve quality of care.

In order to transforming a mental health system in Korea, the government, mental health professionals, NGOs, consumers and families, and civil movement leader should come together to develop revolutionary policy to stop institutionalisation of the mentally ill patients and develop community-based mental health services.

COMMUNITY MENTAL HEALTH: THAILAND COUNTRY REPORT 2008

INSTITUTIONS

1. Department of Mental Health, Ministry of Public Health, Nonthaburi, Thailand

AUTHORS

- 1. M. L. Somchai Chakrabhand¹, Dr, MD
- 2. Phunnapa Kittirattanapaiboon¹, Dr, MD
- 3. Suchada Sakornsatian¹, Ms, OTR
- 4. Taweesin Visanuyothin¹, Dr, MD

Community Mental Health (CMH) in Thailand has been developed and expanded to cover all population across lifespan. Department of Mental Health, as a government organization, is mainly responsible for the national mental health policy and strategy, knowledge and skills transfer, and academic support in mental health as well as providing specialized care in psychiatric hospitals/institutes. The mental health care includes not only psychiatric care and rehabilitation, but also covers mental health promotion and prevention.

The CMH services are integrated into the health service system throughout the Ministry of Public Health infrastructure and network from the village to regional levels.

The village health volunteers make up the main manpower in the community. The psychiatric hospitals/Institutes and the mental health centers have the important role to empower the local CMH

network to: (1) integrate mental health into their services in collaboration with the community and (2) provide training for health personnel to strengthen and sustain the effectiveness of the CMH system.

Due to the limitations of manpower and budget, there is more emphasis on human resource capacity building especially the psychiatric nursing coverage at the sub-district level. Through the national universal coverage, the mental health care cost is allocated to the respective local health facilities responsible to provide services. Furthermore, the strategic mental health plan has been implemented at the national level together with mental health indicators such as suicide rate monitoring. In the long term, CMH should be implemented through the local authority administration to meet the community needs.

RS-82

APCMHD PROJECT: COUNTRY MODELS IN COMMUNITY MENTAL HEALTH CARE IN ASIA-PACIFIC

INSTITUTIONS

- 1. International Unit, Department of Psychiatry, University of Melbourne, Melbourne, Australia
- 2. Health Services, Ministry of Health and Welfare, New Dehli, India
- 3. Directorate of Mental Health, Ministry of Health, Jakarta, Indonesia
- 4. Hospital Bahagia Ulu Kinta, Ministry of Health, Malaysia
- 5. Institute of Mental Health, Institute of Mental Health, Singapore, Singapore
- 6. Taiwanese Society of Psychiatry, Taiwan Republic of China

AUTHORS

- 1. Chee Ng1, A/Prof, MD
- 2. R N Salhan², Prof, MD
- 3. H M Aminullah³, Dr
- 4. Suarn Singh⁴, Dr, MD
- 5. Kim E Wong⁵, Prof, MD
- 6. Chiao Chicy Chen⁶, Prof, MD

Community mental health service system has many advantages including early intervention, promote the rights and dignity of mentally ill patients, and increase accessibility of mental health treatment. In many parts of Asia, such community care facilities are only found in less than 50% of the countries (Atlas Report 2005). Where present in these countries, community mental health services are often restricted to well-resourced urban areas within the country. The Asia-Pacific community mental health development (APCMHD) project has been established to explore diverse leading models or approaches to community mental health service delivery in the Asia-Pacific. It aims to illustrate and promote best practice in mental health care in the community through use of information exchange, current evidence and practical experience in the region. Such collaborative exchange based on local practices will help enhance regional solutions to challenges in building capacity and structures for community-based mental health systems in the future. . An emerging network of mental health leaders in the region is working to build collaboration and partnerships to support culturally appropriate mental health policy frameworks and workforce development in the implementation of community mental health services. Key delegates of participating Asian countries will present country reports current best practice approaches and outline future implementation of practical models in the region.

Presentations:

R. N. Salhan (India) - COMMUNITY MENTAL HEALTH CARE IN INDIA

H. M. Aminullah (Indonesia) - COMMUNITY MENTAL HEALTH CARE IN INDONESIA

Suarn Singh (Malaysia) - COMMUNITY MENTAL HEALTH DE-VELOPMENT IN MALAYSIA

Erin Wu (Taiwan) - COMMUNITY MENTAL HEALTH CARE IN TAIWAN

G. Tsetsegdari (Mongolia) - MENTAL HEALTH SERVICES IN MONGOLIA

Benedetto Sareceno (Switzerland) - Discussant

COMMUNITY MENTAL HEALTH DEVELOPMENT IN MALAYSIA

INSTITUTIONS:

1. Chief Psychiatrist, Ministry of Health, Malaysia

AUTHORS

1. Dato' Dr Suarn Singh a/l Jasmit Singh¹

Malaysia has taken a balanced care approach for community mental health development due to the availability of medium level of resources. The way forward is by gradually downsizing psychiatric institutions, opening up more acute psychiatric beds in general and district hospitals, assessing needs of patients and managing appropriately in the community. This is aided by a hospital based community psychiatry service which consists of provision of acute and assertive care at patient's home, including the follow-up of "patients with high level needs". Once the patient is stable and the level of care and needs can be downgraded, the case is discharged to the primary care setting at the Health Centre. The Health Centers are also gradually being equipped to do home visits and trace defaulters of follow-up appointments.

Self help groups and NGOs have assisted towards the direction of care in the community with trained carers, volunteers and families on managing and coping with mental illness. With the introduction of the new Mental Health Act, provision for community care by the private and government sector will be further streamlined and enhanced.

This model of community care services is being replicated, strengthened and integrated in most psychiatric settings. The general outcome is positive in reduction of hospital stay, reduced rehospitalization and increased client satisfaction and a better quality of life. This paper discusses the development of three practice models for community psychiatry care in Malaysia, namely urban, semi-urban & institutional settings.

MENTAL HEALTH SERVICES IN MONGOLIA

INSTITUTIONS:

- 1. Department of Mental Health, Ministry of Health, Mongolia
- 2. Psychiatrist, Department International, Research and Training, National Center of Mental Health, Mongolia

AUTHORS

- 1. G. Tsetsegdari1
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The Law of Mongolia on Mental Health (2000) and National Mental Health Program (2002) emphasized reorientation of mental health care in accordance with WHO recommendations. Components addressed in the policy and plan include: developing community mental health services; developing a mental health component in primary health care; e.g. Currently, Mongolia spends 2% of its total health budget on mental health. Within the mental health budget, funding is mainly directed towards mental hospitals, accounting for 64% of all mental health expenditure.

A number of good results have been achieved in the development of community mental health services, such as the establishment of a mental health database and the introduction of psychosocial rehabilitation services. Deinstitutionalization has been gradually implemented but is not currently comprehensive.

The mental health system is still largely hospital-based. However there are now 35 outpatient facilities, seven day care centres and about twelve residential (tent-based) programmes which provide occupational rehabilitation and residential services with sixty beds for patients with chronic mental illness. There are only seventeen mental health professionals per 100,000 populations. There are very few psychiatrists, psychologists and occupational therapists and no social workers.

Our best practice is Community-based day centres in Mongolian as Ger project. The aim of the Ger project is to give people with chronic mental illness an opportunity to increase their social and living skills through activities focusing on psychosocial rehabilitation: life skills, self-care, cooking and leisure skills (handicraft, vegetable growing, and other vocational training).

RS-84

DRAFTING A NEW MENTAL HEALTH ACT IN EGYPT

INSTITUTIONS

- 1. The Behman Hospital, Cairo, Egypt
- 2. Cairo University, Department of Psychiatry, Cairo, Egypt
- 3. Abbasyia Hospital, Cairo, Egypt

AUTHORS

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The first mental health act was introduced in Year 1949 to exclusively deal with detaining those afflicted with mental disorders. The referred to law has jurisdiction only to hospitals that are authorized to admit patients against their will and that opt to be registered under the law, leaving the majority of psychiatric hospitals that opt not to register, without being subjected to its provision. This led to violate patients' rights at those hospitals that opt not to be registered. There is no strict time frame for detention of patients and no regular checks

The draft law has extended the scope of its applicability to all psychiatric hospitals and covered all patients that receive treatment in

these hospitals- no matter whether their admission there to be voluntary or involuntary. It has set forth supervisory bodies and has made presidency of those councils, assigned to members of judicial authorities and that is done by way of guaranteeing the rights of psychiatric patients; likewise, this draft law intensified laying down accurate measures for the patients and their treatment against their wills. The draft law has determined specific periods for the stay of those patients under those measures that would limit freedom. And it also laid down as a condition, that those measures be repeated on a periodical basis.

RS-86

DEPRESSION 2008: NEW KNOWLEDGE AND ITS USE IN EDUCATION

INSTITUTIONS

- 1. Association for the Improvement of Mental Health Programmes, Geneve, Switzerland
- 2. University of Louisville, School of Medicine, Louisville, United States

AUTHORS

- 1. Norman Sartorius¹
- 2. Allan Tasman²

WPA developed its educational programme about the recognition and treatment of depression 10 years ago. The programme materials that were prepared at that time have been translated into many languages and used in many countries. WPA has now produced an updated and more comprehensive version of this programme and will concentrate on its wide distribution and use. The experience gained during the past ten years will guide WPA in this effort. Thus,

major emphasis on training programmes will be placed on the acquisition of diagnostic skills and accurate assessment of the need for treatment; on adapting the programme materials to local conditions; and on the provision of expert advice as and when necessary.

A brief description of the components of the programme materials will be given during the presentation and as a handout.

Part I

Allan Tasman (USA) - Introduction

David Goldberg (UK) - Revising the meta-structure we use in our classification: towards DSM-V and ICD-11 Shigenobu Kanba (Japan) - Advances in knowledge in neurobiology of mood disorders and their impact on the treatment of depression

Danuta Wasserman (Sweden) - Prevention of suicide related to mood disorders: experience from recent European studies

Part II

Linda Gask (UK) - Training general practitioners about depressive disorders

Michelle Riba (USA) - Co-morbidity of physical illness with mood disorders: Consequences for treatment of depression

Edmond Chiu (Australia) - Depression in old age: New approaches to recognition and treatment

Norman Sartorius (Switzerland) - The WPA education programme on depression: Future prospects

PART I

REVISING THE META-STRUCTURE WE USE IN OUR CLASSIFICATION: TOWARDS DSM-5 AND ICD-11

INSTITUTIONS

1. Institute of Psychiatry, King's College, London, United Kingdom

AUTHORS

1. David Goldberg1

Previous classifications have been largely based on mental disorders as they have been known o psychiatrists - most often practicing in large mental hospitals. Recent national surveys of mental disorders in the USA, UK, Holland and Australia have provided very similar information about the relationship of common mental disorders. These surveys indicate that "generalised anxiety" and the common form of depression are best thought of together, and are closely related to other forms of anxiety disorders such as panic and phobic disorders. Instead of separate classifications of affective disorders and anxiety neuroses, we may well move towards one broad group of common mental disorders called "internalising disorders", itself subdivided into anxious depression and "fear disorders".

Longitudinal surveys confirm that very similar risk factors in infancy and early childhood occur in all these disorders, and genetic studies confirm that the same set of genes are responsible for anxiety states and depression, with considerable overlap with the fear disorders. Brain imaging studies complement these findings by showing that all of them share some basic disorders in central functioning, and all of them respond in some degree to treatment with SSRI's. Within the broad group of internalising disorders there are of course also important differences, so that clinicians will still need to recognise sub-varieties of internalising disorders. Differentiation within this group is likely to be largely influenced by the extent to which different disorders have different treatment needs

ADVANCES IN KNOWLEDGE IN NEUROBIOLOGY OF MOOD DISORDERS AND THEIR IMPACT ON THE TREATMENT OF DEPRESSION

INSTITUTIONS

1. Department of Neuropsychiatry, Kyushu University, Fukuoka-shi, Fukuoka 812-8582, Japan

AUTHORS

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Several major findings in neurobiology of mood disorders have changed the ways of psychiatrists to understand and treat patients. (1) Depression is a heterogeneous disorder with complex and multifactorial factors ranging from genes to environment. In a cohort study of children born in Dunedin, New Zealand, Caspi and his colleagues (2003) have shown that those with the homozygous long version are relatively resilient in that they tend not to develop depression even when they have experienced several stressful events. (2) Many studies have indicated that antidepressants and ECT increase neurogenesis. While acute and chronic stressors produce a down-regulation of neurogenesis, antidepressants can reverse the stress-induced down-regulation of neurogenesis, partly by increasing neurotrophic factors such as brain-derived neurotrophic factor (BDNF). (3) A number of alterations of the somatic immune system

have been observed in major depression; particularly increased levels of pro-inflammatory cytokines and reduced receptor sensitivity. In addition, central cytokines are possibly involved in the pathogenesis of depression. Stress increases intekeukin-1 in the rat brain. Chronic treatment with different classes of antidepressants has been reported to significantly increase the production of IL-1 receptor antagonist (IL-1ra) mRNA in specific regions of the rat brain. (4) In structural neuroimaging studies in depression, well replicated findings include an increased rate of deep white matter hyperintensities, and the smaller frontal lobe, hippocampus, cerebellum, caudate, and putamen. (5) Cerebrovascular diseases which are visualized with MRI in the deep white matter and the basal ganglia are associated with late-onset depression. The concept of vascular depression has been discussed.

DEPRESSION AND PHYSICAL ILLNESS

INSTITUTIONS

1. University of Michigan, Department of Psychiatry, Michigan, United States

AUTHORS

1. Michelle Riba1

Depressive disorders are common in primary care settings and even more prevalent in patients with chronic medical illnesses. In patients with existing cardiovascular disease, depression predicts morbidity and death. There is strong evidence for poor post-myocardial infarction (MI) prognosis in patients with depression or depressive symptoms. Approximately 15-20% of acute MI patients have a major depressive disorder and, as multiple longitudinal studies have shown, depression post-MI often persists. Cardiac death risk in the six months after an acute MI is approximately four times greater in patients with depression compared with post-MI nondepressed patients.

In patients with cancer, the reported prevalence of major depression, up to 38% and depression spectrum syndromes, up to 58% varies

significantly because of different criteria and rating scales used to define depression, different methodological approaches to the measurement of depression, and different patient populations studied. Nevertheless, quality of life and adherence to treatment are influenced in patients who have depression in the course of their cancer

The updated WPA Educational Programme module on Depression and Physical Illnesses addresses major chronic medical disorders in endocrinology; pain; neurology; oncology; cardiovascular diseases; rheumatology; HIV; obstetrics/gynecology. This presentation will present an overview on the module and highlights of the relationship between depression and co-morbid medical disorders.

PART II

TRAINING GENERAL PRACTITIONERS ABOUT DEPRESSIVE DISORDERS

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AUTHORS

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Traditional experience provided in the setting of the psychiatric unit is insufficient for acquisition of the competencies required for managing depression and other common mental health problems in the primary care setting.

In some parts of the world undergraduate medical education in psychiatry may have been defective and there is a knowledge gap to close

What psychiatrists want to teach may not be the same as what primary care workers need or want to learn about.

Unhelpful attitudes to mental health problems can be challenged in group discussion and through the acquisition of new skills.

Both general and specific skills for the recognition and management of mental health problems can be acquired using a combination of modelling, role-pay and video-feedback.

Most educational programmes have not received an adequate level of evaluation.

A range of methods will be described in particular for challenging attitudes and teaching and learning specific skills.

PREVENTION OF SUICIDE RELATED TO MOOD DISORDERS: EXPERIENCE FROM RECENT EUROPEAN STUDIES

INSTITUTIONS

1. National Prevention of Suicide and Mental Ill-health at Karolinska Institutet, Stockholm (NASP)

AUTHORS

1. Danuta Wasserman¹

Psychiatric disorders, and especially mood disorders, are amongst the most relevant factors contributing to suicide all over the world. In addition, help seeking behaviour, access to psychiatric treatment and the public health attitude to suicide and depression are relevant associated aspects. There are several examples of awareness campaigns like the Depression Campaign in Great Britain (UK Department for International Development, DFID) Beyond Blue Campaign in Australia (The National Depression Initiative), Public relations and broad public information campaigns in German (European Alliance Against Depression, EAAD) which show that interventions targeting whole populations can improve public awareness and general recognition of depression. From the clinical perspective,

General Practitioners detecting and treating depressive conditions as the principle feature of the suicidal process, can significantly lower the numbers of completed suicides, especially in females. This has been demonstrated in the Gotland (Swedish) study and studies in Kiskunhalas, Hungary. It is likely that a combination of educational programmes concerning the detection and treatment of depression as well as alcohol dependence are necessary to decrease suicidality in men (Wasserman 2001).

Reference

 Wasserman, D. (Ed) (2001) Suicide: An unnecessary death. Martin Duntz, London

DEPRESSION IN THE ELDERLY- SIMILARITIES AND DIFFERENCES

INSTITUTIONS

- 1. University of Melbourne, Australia
- 2. The Chinese University, Hong Kong

AUTHORS

- 1. Edmond Chiu¹
- 2. Helen Chiu²

"Is depression in the elderly just the same as that in the younger adult?", a very frequent question asked by primary care physicians (PCPs).

This education module will attempt to pay some attention to such a question as it targets the education of PCPs.

The similarities in clinical presentation and the differences will be described and will highlight the challenges to our current classification systems of ICD-10 and DSM-IV. The place of "minor" depression, "vascular" depression, depression with medical co-morbidities requires some consideration.

The treatment challenge in psychopharmacology, electroconvulsive therapy, psychotherapy (such as CBT and IPT), treatment resistance and suicide prevalence are all important matters requiring attention and education for PCPs.

In our understanding of aetiological and/or risk factors, the role of vascular diseases contributing to the development of late life depression and its relationship to dementia have raised a fascinating debate in the literature arising from recent neuroimaging observations. Such advances in late life depression research has given it a very powerful position in the conceptual basis of the aetiology of depression and the possible prevention of both depression and dementia.

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ACTUAL PROBLEMS OF STRESS RELATED DISORDERS IN RUSSIAN PSYCHIATRY

INSTITUTIONS

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AUTHORS

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Acute stress disorder and other stress related disorders are among the most common conditions that psychiatrists and clinical psychologists as well as GP doctors encounter in modern Russia. There is a widespread problem connected with a deal of causative factors such as social transition, local military actions, terrorist acts, unemployment, difficulties with new social, national and even cultural identifi-

cation of a great part of population in many regions of the country. Mental health specialists in Russia have rich experience in rendering care to people with stress related disorders. This experience is often out of keeping with traditional conceptions of stress disorders and especially of PTSD in West European countries and in the USA.

WAR-RELATED MENTAL HEALTH PROBLEMS IN PRIMARY HEALTH CARE IN CHECHEN REPUBLIC

INSTITUTIONS

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AUTHORS

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The most of research articles cover the narrow groups the population, such as: combatants, refugees, women, children etc. However there are less researches showing prevalence of war-related mental health disorders in the whole of population who faced long-term war actions.

Objective: The aim of this study is to determine the prevalence of the mental health problems among the population of Chechen Republic (ChR) and creating the model of assistance to people with mental health disorders.

Method: 1000 inhabitants from four regions of ChR were examined three times: 2002, 2004 and 2006. The assessment consisted of a General Health Questionnaire - 28, Symptom Check List -90-Revised, clinical semistructured interview based upon the DSM-IV criteria.

Results: General indicators of distress according to the GHQ-28 showed a slowdown from 2002 - 86%, to 2004 - 75% and 2006 - 65%, but still remained quite high. The same indicators for the control group from the Chechen area where there were not any military actions, gave in 2004- 44% and in 2006 - 44.5%. The acute PTSD prevalence was 31% in 2002 and 4% in 2006 but chronic PTSD is still high - 30%. According to SCL-90-R general index (GSI) consisted of 1.32 in 2004 and 1.04 in 2002 with the highest level of somatisation, anxiety and depression.

Conclusions: The organized violence forms high level of mental health disorders among the population in war area. At lack of in-time assistance such disorders transfer into chronic forms and lead to social desadaptation of personality.

SOCIAL STRESS DISORDER

INSTITUTIONS

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AUTHORS

1. Yuri Aleksandrovsky¹, Prof, MD, PhD

Studying social changes influenced on mental health during the critical development periods of the society during XX century has put a lot of new psychopathologic, therapeutic and organizational problems which decision appreciably defines psychiatry «points of growth».

In 1991 on the basis of the mental health condition analysis of the population of Russia and former Soviet republics we had been put forward the concept about existence of special group of so-called social stress disorder (SSD), determined by social, economic and political situation psychogenically actual for the great amount of people. SSD is caused by disturbance of individual mental health, but it always reflects a condition of public mental health dew to specificity of the occurrence reasons which are beyond the microsocial factors.

SSD are widely spread in population of many countries while changes of the mass consciousness roots, the way of life, behavior stereotypes are taken place. In these cases trauma is stretched in time that necessary for comprehension of the event. It distinguishes such disorder from post-traumatic stress disorder and some other variants of neurotic and somatoform disorders.

It reflects the practice requirement to appreciate the developed situation and to compare the change of the social, economic and political situation, which affected millions of people, and mental health disturbances in population. It is necessary not only for the decision of the actual medical questions, but also for development the rational socially-medical references which promote improvement of the psychological climate in the society and mental health in population.

PTSD IN CHILDREN: DIAGNOSTIC CRITERIA AND CLINICAL REALITY

INSTITUTIONS

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AUTHORS

1. Evgeny Koren¹, Dr, MD, PhD

Objectives: Well-known evidence of vulnerability to extreme traumatic events among child population suggest that mental health practitioners worldwide need to be able to recognize those poststress disorders in children that require adequate care. This study focuses on the relevance, efficacy and utility of current PTSD assessment criteria in childhood.

Method: We have examined 58 child subjects (age 3-17) suffered from extreme traumatic events according with the clinical interview based on criteria ICD-10 and DSM-4 and matched with 30 not extreme traumatically-injured children addressed to consultation. The Schedule for Affective Disorders and Schizophrenia for School Age Children (K-SADS) with a PTSD module as well as direct reports from parents, teachers and other observers were used.

Results: A number of different PTSD related symptoms revealed

at whole sample of children with prevalence flash-back type over avoidance type symptoms.

High-rate comorbidity with depression, anxiety, enuresis, tics, hyperactivity disorders and aggressive behavior are marked. There were also shown presence of flash-back and avoidance symptoms in the not extreme traumatically-injured children with adjustment disorders. There is some evidence that the risk of PTSDs in children increases with physical proximity to the trauma and previous trauma exposure, and it may be greater for girls than for boys.

Conclusion: Variety of symptoms not quite satisfying the requirements of PTSD are marked. Since not all children who experience a trauma will go on to develop PTSD, there is an urgent need for identification of risk factors, etiological mechanisms, pathogenesis and additional diagnostic criteria of these disorders.

DYNAMIC OF MORTALITY UNDER THE STRESS CONDITIONS IN RUSSIA AT THE END OF THE 20TH CENTURY

INSTITUTIONS

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AUTHORS

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Aim of the study was to evaluate the correlations of the dynamics of violent (suicides and homicides) mortality rates as indicators of societal stress and mortality from some somatic disorders: circulatory system, gastric/duodenal ulcer and malignant neoplasms in male and female population in young and middle (15-55 yrs) ages in 1990-2002.

Methods: Correlative analysis of the statistical data for mortality (age-sex specific death rates per 100 000 population) derived from WHO Statistical Information System and the State Statistical Committee for 1990-2002 years.

Results: The results have shown strong agreement for the dynamics of suicides and homicides causes of death for males (25-54 age group)

and females (15-45). For suicides and disorders of circulatory system the dynamics of mortality rates was in a very strong agreement in males (15-44) and in females (25-34) groups. The similar strong agreement of the dynamics of rates of homicides and disorders of circulatory system mortality for males (25-54) and females (15-54) revealed. For suicides/homicides and gastric/duodenal ulcer strong agreement of dynamics of mortality rates was for males (25-54 and 35-44). None significant correlations of the dynamics of both violent caused and neoplasms mortality rates revealed.

Conclusion: The results of the study have confirmed the stress-related hypothesis of the rapid growth of mortality from different causes of death in young and middle age groups of population of the Russian Federation in the 90s.

PSYCHOSOCIAL FACTORS OF MALADJUSTMENT AMONG STUDENTS UNDER EXAMINATION STRESS

INSTITUTIONS

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Objectives: Depression and anxiety have been shown to be a serious problem for university students. Study is aimed at the system research of personality, family and interpersonal factors of emotional disorders and daily stress among university students.

Method: 145 university students (90 male, 55 female, mean aged 17 years) were administered a test battery including Beck Depression and Anxiety Inventories, SCL-90-r, Kohn Inventory of College Students' Recent Life Experiences, original perfectionism and hostility scales, Zommer-Fydrick Perceived Social Support Scale and originally developed Parental Family Emotional Communications' Style Inventory. The assessment was done a week before examination period.

Results: A significant proportion of students

(25%) before examination demonstrate increased depression scores, 36% demonstrate increased anxiety varying from moderate to high level. 24% subjects reveal suicidal ideations. 25 % of assessed students report on increased daily stress associated with 50% chance of mental or physical illness. Students with high perfectionism and hostility indications perform significantly greater scores of depression and anxiety along with intensive daily stress. Students from highly dysfunctional families of origin and unsatisfying social support exhibit significantly greater scores of depression, anxiety and daily stress.

Conclusions: These data indicate that dysfunctional personality traits, family and interpersonal dysfunctions are associated with high daily stress and emotional disorders among first grade university students before examination.

ACUTE STRESS DISORDERS: DIAGNOSIS AND TREATMENT APPROACHES

INSTITUTIONS

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AUTHORS

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We have produced complex clinical research of 221 medical rescuers. Aims of research were description of early clinic and elaboration of criteria for ASD estimation, prevention, and psychotherapy.

Three clinical groups were allocated: resistant to mental stress (47%); mental reaction to stress (26 %) (depressive (13 %) and asthenic (13%)) syndromes); somatic reaction to stress (27%) (short-term somatic reactions to stress (12%), chronic somatic diseases aggravation (15%))

The traumatic mental stress trigger mechanism presents dichotomic estimation of events by principle - "usual - unusual", based on personal world model. An event estimation as leaving for personal norms triggers stress disorder.

Two phases of ASD development are described: initial reaction; reduction/localization. The initial reaction phase includes subphases of mental stress inclusions and canalization. The inclusions sub-

phase (1-5 days) characterizes development of nonspecific psychovegetative alarm symptoms. The canalization subphase (5-9 days) divides ASD population on predominantly mental and somatic type of ASD development. The reduction/localization phase (2-5 weeks) characterizes reduction or further development of mental or somatic disorder.

Initial ASD prevention needs the expansion of personal diapason of "usual" experience. Secondary ASD prevention needs interruption of mental stress in inclusion phase by means of pharmacotherapy/psychotherapy. Chronic diseases need preventive treatment.

Psychotherapeutic strategy for ASD and PTSD and their somatic equivalents must include: understanding by patient mental stress trigger mechanisms; expansion of diapason of "usual" with inclusion of traumatic events in category of "usual"; desensitization of traumatic event; treating of somatic disorders.

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SOCIAL CHALLENGES IN EASTERN EUROPE PSYCHIATRY AND VULNERABILITY OF POPULATION

INSTITUTIONS

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AUTHORS

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During the last two decades after the collapse of the SU social transition in Eastern Europe was connected with the dramatic changes in health conditions of the population. These changes consider increased rates of suicides, common mortality, stress related disorders. At the same time, such social challenges suggest that mental health

specialists should create appropriate screening and diagnostic procedures, develop new forms of aid for different groups of population and increase their professional qualification. The above mentioned issues are supposed to be discussed at this Symposium.

PATHOPSYCHOLOGICAL PECULIARITIES OF FORMATION OF SUICIDAL BEHAVIOR IN PATIENTS WITH NEUROTIC AND ENDOGENOUS DEPRESSIONS

INSTITUTIONS

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Researches of differentiated pathopsychological mechanisms of suicidal behavior formation in depressions of a various etiology are an important problem of psychiatric theory and practice.

70 patients with neurotic depressions (F41, F43) and 70 patients with endogenous depressions (F31, F32) were examined. Methods included: the method of detection of a subjective control level; the method of an investigation of value orientations, modified by E.B. Fantalova; the method of determination of characterological personality accentuations and nervous-psychic instability; the test of detection of individual way of life; the Bass-Darky questionnaire.

A predominance of explosive features in a characterological profile in patients with neurotic depressions with a suicidal risk and a predominance of psychasthenic characteristic features in patients with endogenous depressions were found out.

The structure of values in patients with suicidal risk of both groups was characterized with a prevalence of private life values and a low importance of values of professional and creative self-realization, with a high internal conflictness regarding the most significant values

As concerns the ways of manifestation of aggression, patients with suicidal intentions were characterized with an accumulation of aggression inside, that reflected in prevalence of feelings of guilt in patients with neurotic depressions and feelings of offence and suspiciousness in patients with endogenous depressions.

These pathopsychological peculiarities of patients with a suicidal risk it is necessary to consider as predictors of suicidal behavior and to take into account in diagnostical and preventive measures.

THE INCREASING GAP IN SUICIDE RATES BETWEEN RURAL AND URBAN AREAS: CASE OF BELARUS

INSTITUTIONS

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AUTHORS

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Objectives: To investigate the differences in suicidal rates in rural vs. urban population of Belarus and the gap among different regions within the country and to discuss the possible reasons.

Method: Official data of suicidal rates were investigated.

Results: In the period from 1990 to 2005 in Belarus there was a dramatic rise of suicidal rates - from 18,5 in 1988 to 30,8 per 100 000 in 2005. During the last decade rapid socio-economic changes in the period of transition were traditionally suggested as a main factor contributing to increase of suicide rates in the post-soviet states. But nowadays became more and more clear two specific features of that phenomenon in Belarus: first, permanently increasing gap between rural and urban population (53,6 and 19,6 per 100 000 in 2006 accordingly) and second - very considerable gap (3-5 times and more)

among different regions of the country: e.g.Vitebsk region (oblast) - 70,4 among rural population vs. 42,2 in the rural population of the Brest oblast in compare with 11,5 per 100 000 in Minsk city. It looks more unusual because for the first view there are no considerable difference in the main socio-demographic characteristics within the rural areas of our country - like the rate or depth of the recent economic changes, income rates, unemployment, divorce rates as well as alcohol consumption.

Conclusion: The probable reasons of the gap between suicide rates of the different regions within the country including religion and activities of the local mental health services are discussed in the report.

PRINCIPLES OF MENTAL HEALTH SUPPORT OF ETHNIC MINORITIES

INSTITUTIONS

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The purpose: To develop a model of social and psychiatric examination of mental health of small ethnic groups of Kazakhstan for the development of the relevant psychohygienic programs.

Objective: to develop social and psychiatric approaches to improvement of the mental health of ethnic minorities on the basis of the German ethnic group.

Material: A study of non-psychiatric population of 541 members of the German ethnic group in Kazakhstan.

Methods: clinical and epidemiological (SCL-90-R, SF-12), a clinical-psychopathological (ICD-10), social, the socio-psychological (acculturation scale) questionnaires were used, and clinical and statistical methods of research.

The results and conclusions: On the basis of in-depth study of the balance of social stressors and resources relevant to the German minority in Kazakhstan, a programme to improve mental health is proposed. The main principle of the programme is the leading psychohygienic approach. The next principle is a focused activities to increase the personal resources of the members of surveyed ethnicity. Implementation of the relevant activities is suggested to be conducted by an appropriately trained specialist within ethnic cultural centres. This principle satisfies the lead psychohygienic strategy to strengthen mental health of small ethnic groups and can be easily implemented within the existing cultural programs. Up until now mental health problems of ethnic minorities were only addressed in clinical centers, or immigrant support centers, and the help was of largely consultative personal nature, but our research proposes the activities to improve personal resources within cultural centers and cover entire population groups.

TOWARDS ICD-11: NEEDS AND REQUESTS OF RUSSIAN PSYCHIATRY

INSTITUTIONS

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Goal: to formulate main defects of ICD-10 and proposals for their elimination.

Method: critical analysis of ICD-10 from position of paradigmatically new, synergetic scientific methodology on the basis of half a century of clinical investigation.

Results: the main defects of ICD-10 refer to its main claims.

1. ICD-10 is not atheoretical, it reflects positivist approach and is built on purely inductive approach and statistical research of big samples, meanwhile deep study of separate patients by phenomenologically oriented authors is not less importance. As a result, "summative" and "essence" resemblance is constantly mixed up, spasmodic qualitative transitions are ignored and typologically unsepatared one is quantified. Separate indices are integrated for the whole group instead of preliminary integration for each concrete patient, although without

it they have absolutely different meaning. Being purely conventional instrument for statistical purposes ICD-10 excluded clinical classifications because of mechanism of "economy of efforts".

- 2. The statistical apparatus used for creating ICD-10 doesn't correspond to the latest achievements of taxonomy, mathematical modeling, synergetics, the theory of catastrophes and so on.
- 3. Destignatization has been substituted by simple renaming and is characteristic of inconsistency: many terms including "patient" have been replaced, but term "dementia" has been intact and it is diagnosed when intellectual weakening is insignificant.

Conclusion: In ICD-11 one should prefer notion of "theoretical unprejudiced". The integration of the inductive and the phenomenological method are necessary as well as such statistical processing, which operates with phenomenologically adjusted examples and uses mathematical apparatus of synergetics.

MODERN PROBLEMS OF PROFESSIONAL PSYCHIATRIC EDUCATION IN RUSSIA

INSTITUTIONS

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AUTHORS

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Social and economic process in Russia has led to changes in the medical professional education. The system of administrative allocation and control in education is being replaced with contractual relations. Governmental regulation and financing have been substantially reduced. Teaching programs were amended to take away ideological issues and to include some formerly ignored topics, such as economics and legislation of health service.

But these changes didn't substantially affect organizational structure and profound content of medical professional education. Besides, negative consequences of the social crisis have enabled the decrease of teaching and scientific potential. They contributed to decline of the motivation for professional growth, bureaucratization and appearance of economic barriers. Specific difficulties that hamper professional education in psychiatry include social stigmatization, ambiguous influence of pharmacological companies, necessity to assimilate international approaches to classification and relatively new areas such as professional ethics, psychotherapy and social rehabilitation. The most important task is seen as preservation and transformation of domestic clinical experience, modernization of the original psychiatric schools and competent participation in international projects.

INTERACTION WITH THE PATIENTS IN PRIMARY CARE: NEW DEONTOLOGICAL AND ORGANIZATIONAL ASPECTS

INSTITUTIONS

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AUTHORS

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The growth of appeals to psychiatric and psychological aid in primary care services is stated during the last years in Russia. It is the result of changes in population's attitudes and gradual decrease of stigma regarding non-psychotic psychopathology as well as the effect of mental health preoccupation and additional opportunities of receiving such help. New psychiatric and psychotherapeutic services, counseling centers come around. Interaction between mental health professional and patient has acquired a special meaning in these conditions. The problem is that patients often can't decide what kind of mental health professional they need. There are no clear notions on specificity and limits of competence of different professionals in social mind yet. Therefore, the first ethical duty of the specialist is to explain the most adequate approach to rendering care, to refer to

other specialist if it is necessary or to suggest combining methods of therapy.

Deontological principals of interaction with patients have got not only moral value but are also of great practical significance by promoting psychotherapeutic contact and providing compliance. Advance in psychological state of the patient is achieved by such humanistic factors as empathy hearing, non-judgemental perception and support assistance. Placing the patient in the focus of attention as well as confidentiality and professional qualification of the specialist are the main ethic conditions of efficient therapy. Appropriate interaction with the patient as one of therapy factors leads to the activation of coping behavior and prevents the patient from "falling ill" and dependency relations with mental health professional.

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INITIAL DYSPHORIC REACTION

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AUTHORS

- 1. Pavel Mohr², Dr.
- 2. Lubos Janu¹, Dr., PhD
- 3. Jiri Masopust³, Dr.
- 4. Sylva Rackova1, Dr.

Initial dysphoric reaction (IDR) is neglected and hardly to diagnose adverse event of the antipsychotic (AP) treatment, correlated with D2 receptor occupancy. In spite of long-term history of the description of IDR and importance for AP adherence the diagnostic is

rare

We want to offer the review of history of IDR, the importance, the clinical experience and the proposal of the diagnostic and evaluation tools.

HISTORY AND CLASSIFICATION OF INITIAL DYSPHORIC REACTION

INSTITUTIONS

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AUTHORS

1. Pavel Mohr¹, Dr.

Since the introduction of first neuroleptics more than 50 years ago, patients have been complaining of feeling ,fuzzy or dull', being ,unable to think straight', or feeling ,like a zombie'. Broadly defined mental side effects were differentiated from the physical side effects and various terms were coined: psychotoxicity, behavioral toxicity, neuroleptic anxiety syndrome, neuroleptic anhedonia, neuroleptic-induced deficit state. However, there is a current consensus that all subjectively unpleasant experiences and responses to antipsychotics are being labeled as ,neuroleptic dysphoria' (ND). Terminology helps us to distinguish subjective response from disturbances of mood, cognition, or behavior. ND is a valid concept, defined as a self-reported feeling of dislike towards antipsychotic medication

that can follow administration even a single dose of a drug. If present as an initial dysphoric reaction, ND can adversely affect compliance with treatment.

In order to confirm the presence of ND, other possible confounding factors have to be ruled out (e.g., subjective reactions to other side effects, or affective symptoms). ND can be measured using various psychometric instruments (DAI, POMS, ROMI, SWN); ongoing research is trying to find out a neurobiological basis of the syndrome that has been traditionally linked to dopamine.

Supported by the research project MZ0PCP2005.

IMPORTANCE OF INITIAL DYSPHORIC REACTION

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Background: Initial dysphoric reaction (IDR) is neglected and hardly to diagnose adverse event of the antipsychotic (AP) treatment, correlated with D2 receptor occupancy (more than 70 %) in the striatum. IDR may be evaluated as an part of the subjective extrapyramidal syndrome. The importance of IDR consists of influence of subjective well-being (quality of life), prediction of other D2 related adverse events and long-term adherence to the antipsychotic treatment (doctor-patient relationship).

Result: Since the first reports of symptoms like IDR the adherence was key argument for diagnostic of IDR. Patients presented IDR are not willing to cooperate and plan escape from the treatment procedure. In addition the frequency of IDR is not yet well determined. We know that IDR is correlated to the AP doses irrespective to the type of AP (sedative, incive or atypical). Because of indefinite diagnostic the clinical focus is limited. We should differentiate IDR

from other complication of AP treatment as a kinetic or postpsychotic depression or secondary negative symptoms.

Conclusion: The only way for improvement of this situation is to give more attention to the IDR (video presentation including), diagnostic enhancement and carefully selected first doses of the AP treatment.

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SUBJECTIVE WELL-BEING WITH ANTIPSYCHOTIC TREATMENT

INSTITUTIONS

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AUTHORS

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Objectives: The factors that influence compliance with antipsychotic treatment in schizophrenia are related to the patient, the patient's environment, the attending physician, and the treatment itself. Important causes of nonadherence are adverse effects (AEs) of antipsychotics. Initial dysphoric reaction, extrapyramidal symptoms, akathisia, sexual dysfunction and obesity belong to the most frequent AEs. The patient's subjective well-being and attitude toward antipsychotic medication are considered important for compliance.

Methods: Severity of symptoms was estimated using the PANSS (Positive and Negative Symptoms of Schizophrenia) and CGI (Clinical Global Impression) scales.

Self-rating Well-being Neuroleptic scale (SWN) was applied to evaluate the patients' subjective well-being. We also administered the

Drug Attitude Inventory (DAI) to evaluate the attitude of the study subjects toward antipsychotic medication.

Results: Seventy-five outpatients (women N=25) at the average age of 34.6 years (median 32 years) with the diagnosis of schizophrenia were included into the study. The patients with the most pronounced subjective well-being were in remission, treated with monotherapy, and low doses of antipsychotic drugs.

Conclusion: Subjective well-being is increasingly being accepted as a valid and important measure of antipsychotic treatment outcomes and tolerability. Meaningful way of antipsychotic treatment with minimal AEs can increase the patient's subjective well-being and compliance.

INITIAL DYSPHORIC REACTION - DIAGNOSTIC AND EVALUATION TOOLS

INSTITUTIONS

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Objectives: Initial dysphoric reaction (IDR) is often and serious side effect of antipsychotic medication (AP). Dysphoria is subjective unpleasant experience which leads to interruption of medication and poor compliance.

We can find many descriptions of IDR. IDR is a generalized feeling of unwellness that the patient attributes to the AP. Patients develop changes in mood, motivation, emotions, concentration in the beginning of AP medication (first 48 hours). These changes persist for weeks or months.

Development and intensity of IDR correlate by the rate of D2 occupancy in the striatum (critical occupancy is 70%). The "safe" D2 occupancy is between 60-70%.

IDR is possible to meassure and evaluate by scales (Neuroleptic Dysphoria Scale, Dysphoric Response Index, Drug Attitude Inventory, Rating of Medication Influences, Self Well-being on Neuroleptic medications scale, Personal Evaluation of Transitions in Treatment.

Scales measure the presence of dysphoria but mostly they evaluate the compliance and patients' attitude to the medication.

We have many definitions and decriptions and scales to measure, the diagnostic criteria of IDR are still missing. IDR is often non-recognized complication because of its unspecific clinical symptoms. Patients often use the high doses of AP which impair their compliance.

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RS-90

PROFESSIONALISM AND PSYCHIATRY

INSTITUTIONS

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Professionalism dates back to over a millennium ago when guilds set the standards for training and apprenticeship in Britain and the USA. The guilds controlled entry into a craft, training and standards of quality until their monopoly began to hinder the progress of capitalism Now that the National Health Service is moving from a strong socialist base to a partial independent market economy it is an apposite time to revisit the notions of professionalism. There is little doubt that professionalism in psychiatry and in other medical specialities is under attack. Medical professionalism is linked to an occupation that regulates itself through systematic mandatory training and collegial disciplines. It has a base in technical specialised knowledge that has a service rather than profit orientation established in its code of ethics. The commitment to the patient by improving competence, access to care, and scientific knowledge are some

of the key factors that the profession must take on board.

The old professionalism relied on mastery, autonomy, privilege and self regulation within which mastery suggested control, authority, power and superiority. The changes in social expectations internationally make it crucial that the profession has a look at itself and redefine its values. The ,new' professionalism sees itself as a set of values, behaviours and relationships that underpin the public trust in doctors.

The focus on improving clinical services is our first priority - the core of our professional activities. This session will deal with some of the challenges and solutions.

RS-91

DISATER RECOVERY AND DISASTER MENTAL HEALTH

INSTITUTIONS

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Recently the world has experienced a number of natural disasters that have taken a toll on the most vulnerable. This symposium will discuss the experiences of working with and supporting the recovery process following the recent Disasters from the Tsunami to most recent cyclone.

The need to have plans for the immediate term and the longer term effects to those who have been affected by a Disaster This symposi-

um will discuss there area of Disaster mental health from experts who have worked in disaster recovery in the recent disasters. After working with the post Tsunami, the Kashmir earth quake, and the recent cyclones. The need for disaster response plans and operationalising of these plans to suit the regions will be discussed. Considering the lessons learnt from the Tsunami, Kashmir earthquake and the recent cyclone in Bangladesh.

RS-92

SOUTH ASIAN FORUM ON MENTAL HEALTH AND PSYCHIATRY PERSPECTIVES ON CURRENT AND FUTURE FOR THE CHAPTERS

INSTITUTIONS

- 1. University of Melbourne, Northern Psychiatry Research Centre, Melbourne, Australia
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- 3. Indian Psychiatric Society, Cochin, India
- 4. Bangaldesh South Asian Forum, Dhaka, Bangladesh
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The South Asian Forum International an organization spreading over the world in 18 Chapters from the West such as the US, UK, Australia, Canada, New Zealand to a number of South Asian and South East Asian regions and South Africa whose objectives are around capacity building in the Asian Region and cooperation and mutual support and training under the SAFI, s motto of Supporting Brain Circulation using the resources of the Large Asian ancestry mental health professionals in the West to return and exchange expertise in Asia and South Asia Region. This has seen an unprecedented increase in activity and cooperation with in the region and bevond. This symposium will have the Chairpersons of the Chapters

of India, Pakistan, Bangladesh, Sri Lanka, and Nepal discuss the directions in capacity building with in the constraints of resource shortages but with abundance of will and innovations together with enhanced teaching and training programs of the SAFI that have made the SAFI a bank of professionals with abundant will, motivation and passion, a capacity building organization for the South and South East Asian Regions of the World. Speakers will present the innovative development with locally acceptable models that has shown results in strengthening the resource basis in the region although much more is needed.

RS-93

MENTAL HEALTH AND ASIA - AFPA PERSPECTIVE

INSTITUTIONS

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Asia which houses 65% of the world humanity has mental health that has vast needs and very limited resources. Asia also has some of the richest and the poorest in its population. The Asian Federation of Psychiatric Association launched at the World Congress at Cairo has organized the 6 zones in working with the entire Asian region in capacity building and enhancement of mental health of this continent. This symposium will present the current state of the various regions of Asia including the challenges that are foreseen. The AFPA Vice presidents representing South Asian Regional Coo-

peration Psychiatric Federation, The Association of South East Asian Nations Psychiatric Federation, East Asian Group, Central Asian region, West Asian region and South Asian Forum International will present the respective status of mental health and well-being in the various Asian Regions. This symposium will have presentations relating to the current position of psychiatry in the various regions and an analysis of needs and challenges. Plans and directions to achieve the required capacity building will be spelt out.

NRR-12-01

YOUNG PSYCHIATRISTS IN AFRICA AND MIDDLE EAST: CULTURAL PERSPECTIVE

INSTITUTIONS

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AUTHORS

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Africa and Middle East have been a region in the world where war, poverty and lack of resources, with many funds drained in weapons and politics led to many health problems and prevalence of many psychiatric disorders predominantly depression, anxiety and psychosomatic disorders, etc.. A sample of which is demonstrated in the epidemiologic survey conducted by Cairo University Hospital (Kasr El Eini) in collaboration with Ministry of Health and WHO to assess the prevalence of mental disorders all over Egypt. Other surveys that were conducted in other countries like Palestine demonstrated the prevalence of PTSD among the various age groups specially children. African And Middle Eastern young psychiatrists encounter particular issues while practicing psychiatry in their countries. The

economic problems, cultural and war state in some of the countries, religious beliefs and stigma to psychiatry are among many issues comprised in the survey conducted by the Egyptian Young psychiatrists and Trainees Section EYPTS to assess the difficulty and problems faced by their peers in Middle Eastern and African countries. Results of the survey and references from the updated WHO surveys in the region will be demonstrated and discussed in this presentation. Update from EYPTS and 2007/2008 activities will be reported as well.

NRR-22-01

CONTRIBUTION, CHALLENGE, OR THREAT? DUTCH PSYCHIATRISTS' ATTITUDES AND OPINIONS TOWARD PHARMACEUTICAL PROMOTION

INSTITUTIONS

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AUTHORS

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Introduction: This qualitative study seeks to contextualize the interaction between pharmaceutical promotion and psychiatrists and to contribute to the available – mostly quantitative – literature.

Method: 26 Dutch psychiatrists, residents included, were selected based on a purposive sampling method and interviewed using an in–depth semi–structured technique. The respondents' accounts were then analyzed in accordance with the critical theoretical perspective in medical anthropology.

Findings: Pharmaceutical promotion often appeals to the psychiatrists' unconscious selves, influencing their decisions and prioritization in prescribing. Channels of promotional influence are extremely diverse, innovative, and often intense. Rational prescription is viewed as maintaining a proper combination of introspection, knowledge, and criticality towards the 'why–ness' of prescribing medicines. However, uncritical colleagues are believed to be dominant among the Dutch psychiatrists. The perceived conflict of interest due to the influence of promotion is conceptualized differently.

Conservative psychiatrists view it as a threat, thus hesitate to interact with the industry while those who call themselves liberal keep cautious communication. Psychopharmaceuticals are principally viewed as not efficacious well enough. This pharmacodynamic uncertainty is often astutely redirected in promoting new products with claimed lesser side effects. Simultaneously, the inherent "newer–is–better" mindset in promotions may create an ongoing hope for more efficacious medicines to come.

Conclusion: The extent of the influence of pharmaceutical promotion has been progressively moving beyond compelling advertisements. Whether this influence is conceptualized as a contribution, challenge, or threat to psychiatric practice, a slight paranoia derived from the critical scrutiny of the dynamics of promotion seems to be reasonable to prevent inappropriate prescribing.

NRR-07-01

PRIMARY AND FOCAL TRAUMATIC BRAINSTEM INJURY

INSTITUTIONS

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Introduction: Brainstem haemorrhage is common in cases of head injury when it is associated with space—occupying lesion and increases in the intracranial pressure (duret haemorrhage), in cases of diffuse axonal injury (in dorso—lateral quadrant) and diffuses vascular injury (in the periventricular tissue). However focal traumatic brainstem injury is rare (Firsching et al. Neurlogical Research; 2002 (24) 145–146).

Material and method: We identified 11 cases of focal traumatic brainstem injury from review of 321 case of head injury. The head trauma had been caused by from different mechanisms of complex fall from height and assaults. 9/11 are associated with skull fracture, 10/11 with contre coup contusions in the frontal and temporal lobes, 4/11 direct contusions to cerebellum, 4/11 haemorrhage in corpus callosum and 2/11 have gliding contusions. None of the case had

pathological evidence of increased in the intracrainal pressure. The bleeding in the pons was at the edge in 2/11 and cross the section in 9/11. The majority of patients were unconscious immediately after the incident (9/11) and 7/11 died within one day.

Conclusion: Focal traumatic brainstem injury occurs most likely due to direct impact at the back of the head or stretching forces affecting the brainstem in cases of complex fall from height and after assault, particularly those associated with kicks. It is a serious and commonly fatal brain damage, which needed to be differentiated from other causes of brain stem haemorrhages

NRR-20-02

IS IQ IN CHILDHOOD ASSOCIATED WITH SUICIDAL THOUGHTS AND ATTEMPTS? FINDINGS FROM THE MATER UNIVERSITY STUDY OF PREGNANCY AND ITS OUTCOMES

INSTITUTIONS

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Background: This study explores associations of IQ at age 14 with adult symptoms of suicidal thoughts and attempts at age 21.

Methods: Analysis was based on the Mater University Study of Pregnancy and its outcomes, an Australian prospective birth cohort study started in Brisbane Australia in 1981. We assessed associations with suicide thoughts, plans and attempts. We used two measures of IQ: the Raven's Standard Progressive Matrices and the Wide Range Achievement Test.

Results: In multivariable analyses, there was an inverse association

between Raven's IQ and suicide thoughts, plans and attempts, but no strong evidence of an association between the WRAT3 and the three suicidal items

Conclusion: specific aspects of intelligence may be associated with suicidal thoughts, plans and attempts

NRR-15-01

METABOLIC ABNORMALITIES IN GIRLS SUFFERING FROM ANOREXIA NERVOSA

INSTITUTIONS

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Aims. Studying the correlation between serum leptin and hormonal disorders in the girls with Anorexia Nervosa (AN).

Subject: three groups of girls aged 15–16. 1) Basic group – 59 AN diagnosed patients with body mass index (BMI) = 15,34+1,04; 2) comparison group – 53 patients with oligomenorrhoea and low BMI = 15.7+0,6, without AN; 3) control – 20 intact girls with BMI of 20.3+1,4.

Methods. Measuring of serum insulin, leptin, tumour necrosis factor– α (TNF– α), gonadotropines, somatotropic hormone (STH) and oestradiol by ELISA.

Results: There was revealed hypoinsulinaemia, caused by both food deficit and high levels of contrinsular agents – STH and TNF– α at the anorectic stage. Negative strong correlation between insulin and TNF– α levels was revealed. The specificity of this phenomenon for

the AN anorectic stage is indicated by glucose—stimulated hyperinsulinemia in the comparison group. Hypoinsulinemia resulted in absolute hypoleptinemia and hypoestrogenia, which is proved by a strong positive correlation. BMI in the comparison group did not differ from AN, but the leptin level exceeded values of the patients with AN (p≤0,05), and did not differ from the control (p≥0,05). Therefore the leptin level in the comparison group was not associated with low BMI, and probably was determined by a higher level of oestrogens, as suggested by the results of the correlation analysis.

Conclusion: These results are supportive of an association between hypoleptinemia and hypoestrogenia, and specific disorder of the nutrition behavior; they also emphasize the lack of hypoleptinemia in immature underweight girls suffering from oligomenorrhea and relative hyperfolliculoidism.

NRR-13-01

A CLASSIFICATION OF SCHIZOPHRENIC THOUGHT DISORDER BASED ON A MULTITHREADED MODEL OF THOUGHT PROCESSES

INSTITUTIONS

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Abstract Body:

Introduction: For many decades, the brain has been believed to be capable of parallel processing using multithreading. Of late, multithreading has become a popular computer programming paradigm allowing the optimum use of multiple and/or multicore processors.

Aims: The present work attempts to classify thought disorder in schizophrenia based on a model of thought processes employing multithreading.

Methods: We implemented the the model of thought processes using a programming language that allows multithreaded programming, Microsoft C# version 2008 (Microsoft Corporation, Redmond, WA). Two description engines were encoded that generate sentences in English assigned the task of describing a simple scene. Locks of these multithreaded applications were allowed. When a thread locks, another simultaneously running thread from another process was allowed to step in to generate language.

Results: Our model is capable of replicating various thought disorders occurring in schizophrenia. Interruption of various threads leads to the entire spectrum of thought disorder from tangentiality all the way to incomprehensible sounds: topic formulating thread interruption leads to tangentiality; paragraph formulating thread, to circumstantiality; sentence formulating thread, to knight's move thinking; clause formulating thread, to word salad; word selection thread, to paraphasias and neologisms and finally, interruption of the phoneme generating thread leads to the production of incoherent sounds.

Conclusions: The brain must employ the above or a very similar scheme for thought generation in health. Schizophrenic thought disorder offers a unique window on thought and language processing by the brain in health and disease.

NRR-12-02

"BRAIN FAG": THE MIGRATION OF A "CULTURE BOUND SYNDROME"

INSTITUTIONS

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Brain Fag Syndrome¹ was described as a Culture–Bound Syndrome nearly half a century ago as a disorder associated with study among Africans in transitional society imbibing new educational culture. Characterised by affective, anxiety and somatic symptoms, reference to this syndrome abound in contemporary journals and textbooks.

Objectives: 1. To identify the etymology of the phrase "Brain Fag" in Britain and North America. 2. To explore contextual use of the term "Brain Fag" and if analogous to descriptions of Brain Fag Syndrome in Africa.

Methods: Detailed manual and electronic archival search of 18th, 19th and 20th century scientific literature and bibliography was carried out for the phrase "Brain Fag". Analysis of contextual use and symptom profile was carried out and compared with features of the "Brain Fag Syndrome" in current literature.

Results: "Brain Fag" was described in 19th and 20th century Western scientific literature². Descriptions were similar in context and

symptom pattern to the Brain Fag Syndrome. In the early 1800s and 1900s, the disorder was linked with mental exertion and "overstudy". Idiomatic use of the phrase to communicate mental exhaustion among students and "brain workers" predated the description of this disorder in West Africa by over a century. Use of the phrase later declined

Conclusion: Brain Fag is neither time nor "culture–bound" but has migrated as an idiom of distress over centuries.

Reference

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- 2. Forbes W. The Overworked Mind. The Journal of Psychological Medicine and Mental Pathology, 1852,5(257–272)

NRR-11-01

BURNOUT AND COPING STRATEGIES IN PSYCHIATRISTS

INSTITUTIONS

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Aims: This study investigated burnout and coping strategies among a sample of Iranian psychiatrists.

Methods: The Maslach Burnout Inventory (MBI) for assessing burnout and Ways of coping questionnaire for evaluating coping strategies were used. The questionnaires were posted for a random sample of psychiatrists who have registered in Iranian Psychiatric Association

Results: A total of 87 psychiatrists were evaluated. High level of burn out was reported by 23.9% of respondents on depersonalization subscale, and 17% on personal accomplishment. The results showed that only 11% of psychiatrists had low level of depersonali-

zation. Comparing ways of coping, it has been figured out that those psychiatrists, who reported high level of depersonalization, significantly used more wishful thinking and less detachment, encountering stressful events. Moreover, psychiatrists who reported poor personal accomplishment, significantly sought less social support, less emphasized on the positive aspects, less detached from the problem and more isolated themselves in stressful conditions.

Conclusion: High depersonalization and poor personal accomplishment as symptoms of burnout were relatively common in Iranian psychiatrists and associated with poor coping strategies facing stressful events.

NRR-16-01

ARE THE CHARACTERISTICS OF GENERAL PRACTITIONERS RELATED TO HOW THEY MANAGE FOR MENTAL DISEASES?

INSTITUTIONS

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Aims: The aim of research is scientifical and methodological foundation of the educational programme of prophylaxis and earlear diagnostics of mental disorders in primary care. The main task was to determine the relationship between general practitioners' characteristics and adequacy of their diagnostic of mental disorders and their decisions regarding mental health in primary care.

Methods: In 2005–2006 years 100 primary care doctors of Khabarovsk territory responded to a 57–item questionnaire assesing their practice and demographic characteristics, and their knowledge for prevention, diagnosis, and treatment questions for common mental disorders. They also answered questions of 6 psychological tests assessing their interpersonal relationships, achievement motivation, conflict management, level of empathy, burn–out syndrome. Above that, 700 people were examined by family doctors. 315 (45%) people showed abnormalities.

Results: In spite of the algoritm of research, including sending to regional psychiatrist, only 75 (24%) patients were sent. Tendency to diagnose mental disorders correctly was significally associated with being in practice for shorter time, being more satisfied with practice, more achievement motivated.

Conclusion: Thus we can establish that in activity of family doctors in the villages spoken of Khabarovsk territory popular approach in the sphere of psychological health is not developed enough. In the system of professional teaching of family doctors it is necessary to stress studying the problems of psychology and psychiatry in the primary care. The research in this direction is quite necessary.

NRR-14-01

CLASSIFICATION OF RECURRENT DEPRESSION WITH SEASONAL PATTERN: A COMPARISON BETWEEN TWO DIAGNOSTIC INSTRUMENTS

INSTITUTIONS

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Objectives: To compare the performance of the Seasonal Pattern Assessment Questionnaire (SPAQ), the most commonly used tool for assigning a diagnosis of Seasonal Affective Disorder, with the Seasonal Health Questionnaire (SHQ), which uses the DSM–IV criteria for recurrent depression with seasonal pattern.

Methods: Two samples of approximately 200 medical students in Tromsř, Norway (69° north) and Ferrara, Italy (44° north), filled in both questionnaires. Prevalence of recurrent depression with seasonal pattern was calculated according to gender and latitude of living, with both instruments. Using SHQ diagnosis as the gold standard, sensitivity and specificity of the SPAQ as a diagnostic instrument was ascertained.

Results: The prevalence of depression with seasonal pattern measured by SPAQ was 12% in Norway and 14.5% in Italy, the difference was not significant. Prevalence was highest in females in both countries (Norway: males 4.2%, females 14.7%, Italy: males 2.3%, females 18.8%), but the difference was only significant in Italy (p=0.007). According to SHQ, the corresponding figures in Norway 5.9% and 7.1% (p=0.77) and in Italy 3.9% and 3% (p=0.75). The specificity of the SPAQ was 88.8 % and the sensitivity was 47.3%.

Conclusion: Compared to a DSM–IV diagnosis of depression with seasonal pattern as measured by the SHQ, the SPAQ seriously overestimates the prevalence of seasonal depression, especially in women, and the sensitivity is far too low.

NRR-08-01

ANALYSIS OF A COMMUNITY SURVEY TO EXAMINE SOCIAL INEQUALITIES IN ANTIDEPRESSANT USE

INSTITUTIONS

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Aims/Objectives: A social gradient in the prevalence of depression is well established: social disadvantage is associated with greater risk of depression. There is, however, mixed evidence about whether social inequalities are evident in use of antidepressants. This aim of this study was to examine antidepressant use in Australia as a function of a socio–economic status.

Methods: Analysis of data from a large community survey conducted in Canberra and Queanbeyan in south—east Australia. The PATH Through Life Study used a narrow cohort design, surveying people from three birth cohorts (1975–1979; 1956–1960; 1937–1941). Data are from the 2nd wave of the survey conducted between 2003 and 2005, with 6715 respondents. Depression was assessed using the Patient Health Questionnaire. The survey also collected information on anti–depressant use, socio–economic circumstances and demographic characteristics.

Results: Antidepressant use was more common amongst respondents of lower socio–economic position measured in a variety of different ways (employment status, reliance of government welfare payments, financial hardship, educational attainment). The effect remained after controlling for age, gender and presence of depression symptoms.

Conclusions: The results suggest that, in Australia, socio-economic status is not a barrier to antidepressant treatment. In fact, relative to measures of need, antidepressant use is more common amongst those in more disadvantaged social circumstances. Implications in terms of the design of the Australian health system and social safety net, and the possible influence of health professional's perceptions of patient capacity and availability of alternative treatments such psychotherapy are discussed.

NRR-17-03

EFFECTS OF PAIN AND ANALGESIA ON INTRACRANIAL SELF–STIMULATION (ICSS) IN RATS

INSTITUTIONS

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A high co-morbidity between clinical depression and pain has produced interest in examining the relationship between pain and depression in preclinical assays. The present study examined the effects of an acute pain stimulus on the pain-stimulated behavior (writhing test), motor ability (rotarod test), and behavior in the intracranial self-stimulation paradigm (ICSS; a test used as a model of depression). Morphine's effects on pain-associated behavior was also assessed. Sprague-Dawley rats were administered of IP lactic acid injections and/or morphine pretreatments, after which behaviour was examined. For the ICSS procedure, rats implanted with electrodes in the lateral hypothalamus were tested on a FR1 schedule of reinforcement to respond for electrical stimulation, and response rates were recorded. Acid-induced writhing and rota-rod activity were measured over 60 min and 30 min, respectively, in separate groups of animals.

Writhing, ICSS, and rota-rod activity were evaluated under baseline conditions and after treatment with lactic acid (0.32–3.2 %, IP). Writhing and ICSS were also assessed after lactic acid (0.32–3.2 %, IP) injections and morphine (1.0–10 mg/kg, IP) pretreatment. Lactic acid produced concentration-dependent suppression of ICSS and stimulation of writhing, Lactic acid produced concentration-independent decreases in rota-rod activity relative to control. Morphine alone did not alter ICSS behavior but dose-dependently prevented both acid-induced suppression of ICSS and stimulation of writhing. The current findings suggest that acute pain produces depressive-like behaviour in the ICSS test, and morphine pretreatment effectively suppresses pain-induced ICSS behaviour. Therefore, ICSS may be a useful assay for evaluation of the affective components of pain.

NRR-21-02

COMMUNITY-BASED COGNITIVE BEHAVIORAL INTERVENTIONS FOR ADOLESCENT WOMEN

INSTITUTIONS

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Objective: There is a need for community—based, culturally sensitive, cognitive—behavioral interventions to reduce sexual risk behavior among minority adolescents for prevention of STI/HIV, unintended pregnancy and abuse. Aims include: 1) To obtain a more in—depth understanding of configurations of psychosocial and situational factors associated with high—risk sexual behavior, substance use, STI/HIV and contraceptive use among abused minority adolescent women with STI; 2) To implement a controlled randomized trial of a risk—reduction intervention consisting of small group sessions, individual counseling and support groups for this group; 3) To evaluate effects of the adolescent intervention model versus enhanced counseling for this group on high—risk sexual behavior, substance use, abuse recurrence, contraceptive use, unintended pregnancy and STI/HIV at 6 and 12 months follow—up.

Methods: Mexican— and African—American women (aged 14–18 years) with STI and history of abuse were recruited from

public-health clinics. Following enrollment participants received targeted physical exams, contraception counseling and interviews including assessments for abuse, sexual risk behavior, substance use, health seeking behavior, genitourinary symptomatology and STI. Follow-up was conducted at 6 and 12 months.

Results: At study entry, participants (n=535) reported early first coitus, high numbers of partners per year sexual activity, concurrent relationships and high STI and re–infection rates. They waited to seek medical care, experienced many barriers to health care and had more pathological genitourinary symptomatology.

Conclusions: Findings differentiate abused minority adolescent women at high risk for STI/HIV, unintended pregnancy, substance use and pelvic inflammatory disease. Abuse assessment is essential in clinical management of abused adolescents with STI.

NRR-01-02

COMMON PATHOGENETICAL MECHANISMS OF ALCOHOLIC AND FOOD ADDICTION

INSTITUTIONS

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Objectives: to estimate the neurophysiologic mechanisms of alcoholic and food addiction.

Methods of research: We tested twenty alcoholic addicts, twenty food addicts and twenty people in the control group. The neurophysiologic tests (functional asymmetry of a brain, its visually-spatial abilities, and estimation of the right and left hemispheres participation in speech functions, reproduction of the specific speech information and definition of inversion) have been performed.

Results: The right hemisphere is active at addicts. It is expressed in good reproduction of emotional words, directed to the left ear, and impaired transfer emotional information from the right to the left hemisphere. It leads to inversion of normal interrelations of hemispheres which are active in healthy persons and to formation of the

excitation center in the right hemisphere. This center starts to dominate and suppresses other inclinations.

The person concentrates on the alcoholic or food experience. The existential organization of mental activity of addicts does not give into the likelihood forecast, does not install relationships of cause and effect and provides greater freedom in manipulation of information and in this connection requires smaller physiological expenses. An addict is peculiar inversion of emotional reflection.

Conclusion: addiction is such property of the person which is caused by neuropsychological mechanisms connected with domination of the right hemisphere on a background of deficiency of function of the left hemisphere. Thus, there is an infringement of the coordinated activity of hemispheres and transfer of emotional information.

NRR-14-02

WORSE FOR WHOM? DEPRESSION FOLLOWING MARITAL PROBLEMS IN MOTHERS AND CHILDREN

INSTITUTIONS

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Aim: Little is known about whether the long term mental health outcomes of marital problems and marital change different for mothers and their children. The aim of this paper is to prospectively examine the effects of marital quality and marital change on symptoms of depression in mothers and their children over 21 years.

Methods: A population based pregnancy cohort of 3512 mothers and 3334 of their children participating in the Mater–University of Queensland Study of Pregnancy and Its Outcomes (MUSP), a study which commenced, in Brisbane, Australia in 1981. Mothers and children were followed up at birth, 6 months and 5, 14 and 21 years after the initial interview. Marital status and marital quality were assessed at 5 and 14 years. Symptoms of depression were assessed in mothers and children at 21 years using the Centre for Epidemiological Studies–Depression (CES–D).

Results: Change in the quality of a primary marital relationship from good to poor increases symptoms of depression in both mothers (+3.3) and children (+1.1). Symptoms of depression are lower if the mother moves to unpartnered status (-1.31) however children experience an increase in depression (+1.30). There was a substantial increase in mothers depression (+3.9) associated with a poor reconstructed relationship but no change for children (0.68).

Conclusions: Although some marital transitions are associated with improved symptoms of depression in the mother no marital transitions were associated with improvement in depression in the children.

NRR-18-01

ANXIETY DURING AND AFTER PREGNANCY LEADING TO ATTENTION PROBLEMS IN CHILDREN

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Aim: Few studies have prospectively examined the effect of the timing and chronicity of maternal anxiety on child attention outcomes. The aim of this paper is to examine the association between maternal anxiety from pregnancy to 5 years and child attention problems at 5 and 14 years.

Method: Birth cohort of 4109 individuals born in Brisbane between 1981 and 1984. Self–reported measures of maternal anxiety were assessed at four time–points. Maternal reports of child attention problems using Achenbach's Child Behaviour Checklist were assessed at 5 and 14 years.

Results: After adjusting for child age and sex, antenatal anxiety was strongly associated with persistent attention problems (OR 3.10 95% CI 1.82–5.29). Children with chronically anxious mothers were 5.96 (95% CI 3.81–9.33) times more likely to have persistent attention problems. These associations remained consistent after adjusting for potential confounders.

Conclusions: Repeated exposure to maternal anxiety increases the rate of attention problems suggesting that attention problems may partly constitute learned behaviour.

NRR-16-03

DEPRESSION TREATMENT PREDICTORS AMONG U.S. ELDERLY: SOCIOECONOMIC AND INSURANCE FACTORS

INSTITUTIONS

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Objectives: Depression diagnosis and treatment rates have increased rapidly in the past 15 years for US elderly, but socioeconomic disparities persist. Of particular interest are effects of prescription drug coverage and its quality. We examine associations of demographic, clinical, and coverage factors with depression treatment in a large, nationally representative sample of U.S. elderly.

Methods: We analyzed 1992–2004 Medicare Current Beneficiary Survey data on community dwelling elderly diagnosed with depression (n=3190). Prescription drug coverage quality was measured by ratio of out–of–pocket to total prescription drug expenditures (<30% = "comprehensive" coverage). Other explanatory variables included gender, age, race/ethnicity, education, income, perceived access to care, functional impairment, disease severity, self–rated health and comorbidities.

Results: In 1999–2004, African Americans continued to have lower odds of receiving antidepressant treatment (OR=.51, CI .36–.74) as did individuals with income under 150% of poverty. There was no evidence of improvement in the gap for African Americans from the 1992–98 period, when the odds ratio for treatment was .56 (CI .34–.91). Compared to beneficiaries without pharmacy coverage, the OR for limited coverage was 1.38 (CI 1.01–1.89) and the OR for comprehensive coverage was 2.46 (CI 1.77–3.41). Other access barriers did not predict treatment. Results of models for use of any treatment (antidepressant or psychotherapy) were similar to those for antidepressant use.

Conclusions: Disparities in depression treatment persist for African American elderly diagnosed with depression. Quality of drug coverage was a strong predictor of treatment, suggesting that cost—sharing requirements can function as a significant treatment barrier.

NRR-05-02

EARLY PERINATAL PROPHYLAXIS OF PSYCHOSOMATIC DISORDERS IN INFANCY

INSTITUTIONS

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Psychological component of gestational dominance (PCGD) and the relationships in the "Mather–and–Baby" dyad are of the great influence in the beginnings of the disorders that are marked as F 98.2 in ICD–10. PCGD is a complex of regulatory psychological mechanisms functioning in pregnancy and changing the attitudes of an expecting woman towards herself and those around, directing to creation the specific circumstances for the development of a fetus.

Goa

To explore a correlation between the type of PCDG in pregnancy, psychosomatic disorders, and perinatal encephalopathy in early childhood

Method

Longitudinal research of 72 families with clinical and psychological methods. The formalized self–administered questionnaire was designed to answer the main research question. The primary goal of the

questionnaire was to define PCGD type. The research project has been conducted in collaboration with pediatricians from policlinics in the cities of Saint–Petersburg and Cronshtadt from 2004 to 2007.

Results

Five types of PD were revealed. There were the statistically significant relationship between pathological types of PCGD and complications during pregnancy (in 68% of cases), somatic pathology in expecting women (72%), eating disorders in infancy (82%), and perinatal encephalopathy (67%). It was also found that mothers whose children weighted less than 2 kg or more than 4 kg had pathological type of PCDG in 68.5 % of cases.

Conclusion

Detection of the type of PCDG can help to reveal those expecting women who are more likely to give a birth to a child with psychosomatic disorders.

NRR-03-01

ATYPICAL ANTIPSYCHOTICS AND DIABETES MELLITUS IN THE FDA AERS DATABASE: A SYSTEMATIC ANALYSES

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Aims: To examine reporting patterns of atypical antipsychotic—associated diabetes related events in the United States Food and Drug Administration (FDA) Adverse Event Reporting System (AERS)

Methods: An analysis of the FDA AERS was conducted for clozapine, risperidone, olanzapine, quetiapine, ziprasidone or aripiprazole with 24 diabetes—related adverse events using a Multi—item Gamma Poisson Shrinker (MGPS) data—mining algorithm. Haloperidol was included as an example of an older typical agent. Using MGPS, adjusted reporting ratios (Empiric Bayes Geometric Mean or EBGM) and 90% confidence intervals (CIs; EB05—EB95) were calculated to estimate the degree of association between drug—event combinations relative to all drugs and events in this database.

Results: All seven atypicals had an EB05≥2 for at least one hyperglycemia–related event. The most common event was diabetes mellitus, with 2,784 cases reported. Adjusted reporting ratios (with CIs) for diabetes mellitus were: olanzapine 9.6 (9.2–10.0; 1306 cases); risperidone 3.8 (3.5–4.1; 447 cases); quetiapine 3.5 (3.2–3.9; 283 cases); clozapine 3.1 (2.9–3.3; 464 cases); ziprasidone 2.4 (2.0–2.9; 74 cases); and aripiprazole 2.4 (1.9–2.9; 71 cases). The adjusted reporting ratio for haloperidol was 2.0 (1.7–2.3; 139 cases).

Conclusions: In AERS a lower reporting of diabetes is seen for haloperidol, aripirazole and ziprasidone compared to risperidone, quetiapine, clozapine and olanzapine. Olanzapine has the highest reporting ratio for diabetes. These findings will be discussed in relation to prior epidemiological, clinical and experimental studies and their practical implications for clinicians.

NRR-07-03

CEREBROVASCULAR PULSATION AND WIDTH OF SUBARACHNOID SPACE DURING ELECTROCONVULSIVE THERAPY

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Background: The mechanism of ECT has been insufficiently explained and documented so far. The elaboration of a new method allowing monitoring intracranial changes undergoing during and after ECT have allowed to eliminate these inconveniences. The investigations in changes in SAS width and intracranial pulsation amplitude by NIR-T/BSS method can throw new light on changes in type and volume induced by EC-therapy.

Method: In this study new method of non–invasive investigation of width of SAS and intracranial pulsation parameters was used. This method has been called Near InfraRed –Transillumination / Back Scattering Sounding – NIR–T/BSS. The basis of this method consists in light beam analysis in near infrared whereby the light beam is emitted by an emitting diode. The light beam passes through

head's anatomic layers, is reflected multiple times in SAS and returns outwards – to be recorded by the receiving diode. The novelty of this method is the patented invention which allows skin flow under the probe to be eliminated and thereby "to look" under the skull bone.

Results: After ECT, a highly significant increase in pulsation amplitude was observed. The pulsation amplitude rose above 2.5 times after the average time of 90 seconds since the moment ECT were administered. A pause in SAS pulsation – not longer than 26 seconds – directly after administration of electroshocks was observed. After ca. 90 seconds the amplitude decreased slowly but never returned to the initial values within the investigated period of time of 5 minutes, and this in all cases being analyzed.

NRR-20-03

DYSFUNCTIONAL PERSONALITY TRAITS IN RECURRENT DEPRESSION

INSTITUTIONS

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Objectives: Many clinicians believe that dysfunctional personality traits may interfere with the treatment of depression. Treatment resistance in depressed patients is generally believed to be associated with high rate of personality disorders or dysfunctional personality traits comorbidity. However relatively little attention has been devoted to assessment of low order traits associated with treatment outcomes. Present comparative study is aimed at the exploration of low order personality traits in the groups of responders and non responders diagnosed with recurrent depression.

Methods: 30 patients meeting ICD-10 criteria of recurrent depression (with poor response to medication with antidepressants) have been compared with 30 patients of the same diagnostic category (good treatment response) on the battery of symptomatic and personality measures. Beck Depression and Anxiety Inventories, origi-

nally developed Perfectionism Scale and Hostility scales, SCID–II questionnaire have been administered.

Results: To the end of treatment period (of same duration for both groups) non responders exhibited higher scores on the both symptomatic measures. There was a significant difference on personality measures between compared groups. Patients with poor therapeutic outcome demonstrated significantly greater perfectionism and hostility scores in comparison with responders. Dysfunctional personality traits of "anxious – fearful" personality disorders cluster (according to operational criteria of DSM–IV) were predominant among non responders.

Conclusions: Dysfunctional personality traits are associated with poor treatment outcome in recurrent depression.

NRR-21-01

EFFICACY OF FLUOXETINE AND COMBINATION OF FLUOXETINE AND COGNITIVE BEHAVIOUR THERAPY FOR THE TREATMENT OF OBSESSIVE—COMPULSIVE DISORDER

INSTITUTIONS

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Aim: This study was conducted to see the effectiveness of fluoxetine and combined fluoxetine and cognitive behaviour therapy (CBT) for the treatment of obsessive compulsive disorder (OCD).

Methods: Thirty OCD patients were divided into two groups (Group A and Group B); each consisting of fifteen patients. Group A received capsule Fluoxetine and Group B received combined Fluoxetine and CBT. CBT consisted of thirteen weekly sessions of around one hour duration. Twenty six participants completed the study. To measure the symptom severity Dhaka University Obsessive Compulsive Scale (DUOCS) was used before treatment and at 5th, 9th, and 13th weeks (after treatment).

Results: Mean initial score of DUOCS in Group A was 46.6±16.04

and in Group B it was 36.67±12.85. Mean DUOCS score at 13th week in Group A was 28.23±12.96 and in Group B it was 18.77±6.3. Comparison of means of initial DUOCS score and 13th week score using paired t test in both the treatment groups were done. In both the groups the mean score changes were highly significant (p=0.000). Mean of Difference between 1st week and 13th week score in group A was 17.85±10.02 and in Group B was 19.31±10.56. From analysis it was seen that mean symptom reduction was more in Group B but it was not statistically significant (p=0.721). Mean of percentage of reduction of symptoms from 1st week to 13th week in Group A was 39.29±15.45 and in Group B was 48.95±13.68.

Conclusion: reduction of symptoms was also more in case of CBT+Fluoxetine group (p=0.104).

NRR-22-04

SOCIODEMOGRAPHIC AND BIOLOGIC PREDICTORS OF SUICIDAL DEATH: 40 YEAR FOLLOW-UP OF THE SEVEN COUNTRIES STUDY

INSTITUTIONS

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Objectives: Because many previous studies involved attempted suicide or have a cross–sectional or retrospective design, potential causal sociodemographic and biologic factors associated with suicidal death remain largely unknown.

Methods: Baseline data was gathered between 1957 and 1964 in 12,763 men aged 40–59 years living in the United States, Finland, The Netherlands, Italy, Croatia, Serbia, Greece, and Japan. Suicidal death and death from external causes were assessed during 40 years of follow–up. In Cox multivariable models, hazard ratios (HR) were adjusted for age, socioeconomic status, smoking, body mass index, total cholesterol, and systolic blood pressure, and stratified for country.

Results: The rates for suicidal death and death from external causes were 0.38 (n=118) and 1.01 (n=313) per 1,000 person-years,

respectively. In multivariable models, HRs for suicidal death were increased in men who were single (1.83; 95% confidence interval [CI]: 0.94–3.53; P=0.07), with low socioeconomic status (2.96; 95% CI: 1.14–7.66; P=0.002 for trend), and with a low pulmonary forced vital capacity (FVC) (3.26 for lowest vs. top quartile; 95% CI: 1.67–6.74; P=0.001 for trend). Independent risk factors for death due to external causes were being single, with low blood pressure, and low FVC.

Conclusions: Independent risk factors for suicidal death and death due to external causes were being single and low FVC. An additional risk factor for suicide was low socioeconomic status. Low respiratory function may be markers of impaired fetal and postnatal development, or low respiratory function may lead to impulsivity and emotional dysregulation.

NRR-12-03

ARE MIGRANTS MORE OFTEN AFFECTED BY MENTAL DISORDERS THAN THE GENERAL POPULATION?

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Objectives: There are few, methodically heterogeneous and unsatisfactory studies about mental health of migrants. Commonly these studies are referring to a single group of migrants and in the consequence general statements about mental health in migrants are impossible.

Methods: In a representative population survey in Germany (N=2510) depressive and somatoform symptoms are screened with the Patients Health Questionnaire (PHQ), Post Traumatic Stress Disorder (PTSD) was screened with the PTDS. Migration was inquired: if at least one parent was born abroad, people are classified as migrants.

Results: 11.1% of the sample are migrants. These people are slightly more often affected by Major Depression (2.5% vs. 2.1%), other

depressive symptoms (2.9 vs. 2.5%), somatoform disorders (4.7% vs. 4.1%) and PTSD (5.2% vs. 3.7%) than the native Germans. No significant impact of the migration could be proven in logistic regression analyses taking age and gender under account. In a linear regression model with the sum score of the PTDS a significant influence of the migration background were found (p<0.01; PTDS–Score 2.4 vs. 1.6).

Conclusion: The sample includes all groups of migrants and is not referring to a single group. Undocumented migrants and those with low language skills might be underrepresented. Against our expectations only slight differences in mental health between migrants and native Germans could be proven. The results will be discussed on the background of the sampling procedure, the expectations on the health status of migrants and the concluded health care needs.

NRR-19-03

A NEW TREATMENT FOR BIPOLAR DISORDER AND SUBSTANCE DEPENDENCE: ONE-YEAR FOLLOW-UP

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Aims Despite: the high prevalence of co-occurring bipolar disorder and substance use disorder (SUD), treatment of patients with both disorders is understudied. We developed a cognitive-behavioral treatment (CBT) focused on both disorders, entitled Integrated Group Therapy (IGT); in a previous trial, IGT was more efficacious than standard Group Drug Counseling (GDC) in reducing substance use. The current randomized controlled trial of IGT vs. GDC used substance abuse counselors with no previous CBT training and reduced treatment from 20 to 12 sessions to increase feasibility.

Methods: Patients (N=61) were treated for 3 months, then followed for another year to assess "good clinical outcomes," i.e., good outcomes for both disorders, which we defined as a combination of abstinence and no mood symptoms. We hypothesized that IGT patients would be more likely to have good clinical outcomes than

GDC patients at the end of treatment and that they would continue to have better outcomes one year post–treatment.

Results: Although patients in both treatment conditions reduced their substance use and experienced mood improvement during treatment, IGT patients were twice as likely as GDC patients to have good clinical outcomes in the final month of treatment (45.2% vs. 20.0%; $c^2(1)=4.38$, p<.04), as well as one year post–treatment (42.3% vs. 15.4%; $c^2(1)=4.59$, p<.04).

Conclusion: These findings extend earlier results by demonstrating that IGT is more effective than GDC in treating both SUD and mood, and that treatment gains are maintained at one year post—treatment.

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NRR-03-03

THE DURATION OF UNTREATED PSYCHOSIS AND ITS CORRELATES IN PATIENTS OF FIRST-EPISODE SCHIZOPHRENIA

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Aims/Objectives: A longer duration of untreated psychosis (DUP) has been shown to predict poor functioning and outcome in schizophrenia. However, results have been inconsistent and there is paucity of research from developing countries. This study sought to determine the duration of untreated psychosis, its correlates, and its impact on outcome in patients of first–episode schizophrenia attending the psychiatric unit of a teaching hospital in north–India.

Methods: Structured assessments of diagnosis, onset of psychotic symptoms, mental state, functioning, quality of life and outcome were carried out in a consecutive sample of 30 patients with DSM–IV diagnoses of schizophrenia in their first episodes. A follow–up asse-

ssment was carried out after 6 months for the 22 patients available to determine outcome on the above parameters.

Results: Mean DUP was 47 weeks, the median value 36 weeks, with a range of 6–180 weeks. Mean and median values as well as the range of DUP of the follow–up sample were essentially similar to the initial sample. Very few clinical, demographic or psychosocial parameters demonstrated significant associations with DUP. There was no significant association between the period of untreated psychosis and several different aspects of outcome at the end of 6–months.

Conclusion: The lack of positive association between a longer DUP and outcome could be due to several reasons such as methodology,

NRR-17-01

FACTORS AFFECTING PLASMA CGRP LEVELS IN THE TTH AND MIGRAINE SUBJECTS

INSTITUTIONS

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Background: Calcitonin gene related peptide (CGRP) is an inflammatory marker specific for the activation of trigemino–vascular system, involved in migraine and tension type headache. Very few studies have examined plasma CGRP levels during spontaneous headaches

Objectives: To find association between the plasma alpha–CGRP levels outside acute spontaneous attacks of migraine and tension type headache and clinical factors.

Method: Fifty subjects of each of the following– migraine, TTH were included in this study after obtaining written informed consent. Blood was drawn from cubital venous blood and plasma was separated. Samples were stored at –70C for further use. During the blood sampling, severity and duration of headache was also noted. Levels of alpha–CGRP were assessed with the help of enzyme linked

immunoassay method (Peninsula Laboratories, LLC).

Results: Levels of CGRP were not different among three groups outside the acute episode of headache. Gender did not have any effect on the CGRP concentration.

Presence of aura, phonophobia, photophobia and allodynia, did not affect the CGRP levels. Similarly, CGRP levels were not different among subjects with and without different cranial autonomic symptoms. Only the severity of pain during sample drawing influenced CGRP levels and these were highest in subjects with severe pain. These results were similar for migraine and TTH subjects both.

Conclusion: Plasma CGRP concentration is associated with the severity of episode only. Hence, CGRP antagonists that are under development may help to reduce the severity of pain in migraine and TTH.

NRR-16-02

PATIENTS' EXPECTATIONS IN THE MENTAL HEALTH HOSPITAL SETTING

INSTITUTIONS

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Aims: The aim of the present study is to learn more about patients' views and expectations and the characteristics expected from the health care providers in the mental health hospital.

Method: The survey was carried out in nine departments in Mazra Hospital in 2007. The sample was random and response rate was approximately 90% (65 patients agreed to interview). The questionnaire included two parts. Part one asked questions about the characteristics of the ideal physicians and nurses. Part two asked questions dealing with their emotional status and sources of support.

Results: Patients (56%) prefer physicians who focus on diagnosis and treatment procedures rather than on emotional support. Patients who report more frustration or anger prefer physicians who give them a chance to contribute to the decision making process

during their treatment. Approximately 75% of patients expect to be involved actively in this process. Differences were found according to anxiety level: patients reporting anxiety or threatened feelings expected more emotional support from nurses and continuing contact, even beyond discharge in outpatients clinics, than patients with less anxiety. A significant correlation was found between emotional status and patients' preferences. Patients feeling anxious or threatened preferred diagnostically oriented physician; however, they will expected to obtain emotional support from the hospital nurses.

Conclusions: There was a significant variance in patient expectations according to the hospital setting and the emotional status of the patients. Most patients preferred to be involved in the decision making process during their treatment or hospitalization.

NRR-06-01

THE MENTAL HEALTH AND BEHAVIOUR OF CHILDREN WHO WERE A CONSEQUENCE OF AN UNPLANNED AND/OR UNWANTED PREGNANCY AT THE TIME OF CONCEPTION: A 21 YEAR FOLLOW-UP STUDY

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Aims/Objectives: Despite the availability of effective birth control, and sometimes widely accessible pregnancy termination services, many children are born to mothers who did not want to have a child at the time the child was conceived. While a great deal of concern has been expressed about the health and well—being of such children, little is known about their long term developmental outcomes.

Methods: Data are taken from a large population based pre-birth cohort study. Some 7223 children were recruited to the study over the period 1981–3. Details of the wantedness of the pregnancy are taken from the first obstetrical visit. The children were followed–up some 21 years later using a computerised version of Composite International Diagnostic Interview (CIDI–Auto). The outcomes of interest are DSM–IV anxiety, depression and substance use disorders.

Results: Unwanted children are not a cross section of the population but are disproportionately conceived by young, single mothers living in economically disadvantaged circumstances. While unadjusted comparisons suggest that unwanted children may experience a higher rate of some mental health problems, after adjustment there are no mental health differences between wanted and unwanted children

Conclusion: While there is an understandable concern about the mental health of a child who was unwanted at the time of conception, there has been little objective evidence that such children have worse mental health outcomes. This study finds that most mothers 'change their minds' about wanting their baby and that there are no mental health differences between wanted and unwanted children once they reach adulthood.

NRR-04-01

PRESCRIPTION DRUG COST-SHARING AND ANTIPSYCHOTIC DRUG TREATMENT – UNINTENDED ADVERSE CLINICAL EFFECTS

INSTITUTIONS

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Rationale: Health plans are increasingly using cost-sharing for patients with psychiatric conditions. There is limited information on the potential clinical ramifications.

Objectives: We investigated the impact of a \$1,600 annual drug benefit cap in 2001, changing to a \$1,000 annual cap in both 2002 and 2003, compared with a concurrent control group with no benefit limits

Methodology: All 4,973 subjects were 65+ years with Medicare insurance and were members of an integrated, prepaid delivery system. We used regression models to examine the association between having a cap and drug consumption, and to assess the association between having a cap and drug adherence. We adjusted for individual characteristics and time.

Results: In 2001, 48% of subjects had a \$1,600 annual cap, and the others had no benefit limit. In the multivariate model, subjects with a cap consumed 21% less than their expected drug consumption if they had no cap (p-value<0.0001): 14% less in 2001; 25% less in 2002; and 27% less in 2003. Adherence was lower in cap versus non-cap subjects, e.g., OR=0.82 (95%CI:0.74-0.90) for all antipsychotics; OR=0.80 (95%CI:0.65-0.99) for subjects originally on a conventional antipsychotic at the beginning of the study period; and OR=0.82 (95%CI:0.74-0.91) for subjects on atypicals. Compared to non-cap subjects, cap subjects had higher out-of-pocket drug costs (144% higher, p-value<0.0001): 93% higher in 2001; 176% higher in 2002; and 189% higher in 2003.

Conclusions: In patients with Medicare insurance receiving antipsychotics, drug caps were associated with less drug consumption, lower treatment adherence, and higher out–of–pocket costs.

NRR-11-03

THE SELF, THE OTHER AND THE OTHERS – HOW TO BE ABLE TO SHARE PSYCHOTIC EXPERIENCES IN THERAPEUTIC GROUP?

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Objectives: A main point of psychosis psychotherapy is the correction of confused reality testing and desintegrated borders of self through the participation/sharing of the inner world of the patient. Is the manifestation of a given psychotic experience a matter of a connection between two individuals within the group, which only serves as a facilitating background for this diadic attunement? Or, rather, on the transpersonal level of the group as a whole can the psychosis be unfolded, and all the members take part of it?

Methods: We examined the patterns of the interactions and the symbolic contents working with patients with acute psychosis in a group—psychoterapy led by a coterapeutic team, at an active psychiatric ward. We used the notes of the group sessions, our individual, personal reflections and the topics of the team conversations following the sessions held.

Results: The members of the team were several times part of diadic interactions, which implicated the empatic understanding of psychotic contents, both on the level of emotional utterance, and on the level of understanding the possible meaning. The major part of these interactions had an interpretation also at the level of the group dynamics, looking at the group as a whole.

Conclusion: Diadic connection and connection with the group as a whole can be well defined theoretically. Differentiating the levels of connections concerning the psychotic experiences and the conscious participation in these complex relational patterns can help the unfolding of these experiences, and the validation of the healing factors of the group therapy.

NRR-10-01

OBSESSIVE-COMPULSIVE AND DEPRESSIVE SYMPTOMS AND ANXIETY IN ANOREXIA NERVOSA (AN)

INSTITUTIONS

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AUTHORS

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Aims: The aim of the paper is to asses the intensification of obsessive–compulsive and depressive symptoms and anxiety in anorexia nervosa (AN) patients during a 6–month observation. For each female patient (aged 12.5–24) the following were calculated: BMI, obsessive–compulsive symtoms with Children's Yale–Brown Obsessive–Compulsive Scale (CY–BOCS), depressive symtoms with Hamilton Depression Rating Scale (HAM–D), and anxiety as trait and state with Spielberger STAI C.D. Assesments were made upon admission and after 2, 3 and 6 months of treatment. Control group consisted of 20 healthy girls.

Results: In the AN group, BMI is statistically significantly lower than in the control group. Comparison of obsessive—compulsive symtoms intensification showed no statistically significant differences between the two studied groups. Analysis of depressive symptoms in AN patients and the control group showed a statisticly signifiant

increase in AN patients upon admission and after 6 months of treatment. Comparing the levels of anxiety as a state showed a statisticly significant intensification in AN patients upon admission and after two months of treatment, while the analysis of anxiety as a trait showed a statisticly significant intensification in AN patients only upon admission.

Conclusions: It is of crucial importance to be very careful when stating a double diagnosis, i.e. AN plus obsessive—compulsive disorders, or AN and depression or AN and anxiety disorders.

The presence of obsessive-compulsive and depressive symptoms and anxiety in both anorexia nervosa patients as well as the control group suggests characteristic mental manifestations of the adolescence as such, rather than symptoms co-occuring in AN.

NRR-04-02

PREDICTORS OF RAPID RE–INCARCERATION IN YOUNG DETAINEES WITH PSYCHIATRIC DIFFICULTIES REFERRED FOR COMMUNITY MENTAL HEALTH FOLLOW–UP

INSTITUTIONS

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Background: Little was known about the characteristics and outcomes of juvenile detainees treated for psychiatric illnesses in NSW juvenile custody and subsequently referred to community mental health services (CMHS) upon release from custody. Anecdotally, such detainees seemed to quickly re–enter custody, though actual numbers were not known.

Aims: To identify demographic and mental health trends for this population, rates of subsequent incarceration and predictors of a rapid return to custody.

Methods: A retrospective audit of the health files of 51 young detainees consecutively referred to CMHS upon release from custody between 1 January 2005 and 31 December 2007. Earliest dates of return to custody were determined.

Results: Ages ranged from 16 to 20. 47% were Indigenous. 43% were from regional communities. Substance misuse was high: alcohol 82%, cannabis 100% and amphetamines 59%. 39% were suicidal and 18% homicidal in custody. 57% satisfied diagnostic criteria for schizophrenia. Further relevant findings will be presented. 76% returned to custody in the follow-up period, 31% of which was to adult jail. A Kaplan-Meier survival analysis found the median time to re-incarceration was just below 4 months. Linear regression analyses found that diagnoses of schizophrenia and bipolar disorder, a family history of mental illness and temporary accommodation on release predicted a rapid return to custody (p<.01). The length of time treated prior to release predicted a longer stay in the community (p=.02).

Conclusions: These valuable findings involving this vulnerable population should assist service planning, delivery and hopefully better integration into community care.

NRR-02-01

MALE INFERTILITY AND DEPRESSION DISORDER IN GREECE

INSTITUTIONS

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Aims/Objectives: Infertility has come to be defined almost exclusively as a medical condition. The psychological and social needs are addressed only for their implication with assisted reproduction approaches.

Methods: 26 male individuals who faced infertility of mean age of 37 years, married, well educated, with no children at all, participated in this study, in the three major Greek cities. Participants answered a questionnaire and a structured interview respectively as well as a standardized questionnaire calculating Major Depressive Disorder risk (MDD). Data were analyzed through SPSS 15.0 statistical and NVIVO 7.0 software packages.

Results: Severe psychosocial problems impact the everyday life of Greek males mainly the elders (74%) that include feeling of stress (47%), anger (68%) and guilt for the infertility (81%). MDD study resulted in an elevated risk factor (p< 0.05) that was accompanied

with an emotional disorder in comparison with 30 male parents of the same age used as "normal" group in our study. Most of them ask for health care psychiatric assistance, as well as social intervention among other systems as friends, and colleagues (57%).

Conclusion: Elevated MDD risk introduces the need for further studying of men and women as individuals, and as part of couples and systems considering that infertility impacts also working environments.

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NRR-16-04

INTERNATIONAL COMPARISON OF URBAN PSYCHIATRIC EMERGENCY SERVICES ADMISSIONS

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Aims/Objectives: Societal context affects disease prevalence and health services. This project compared patient and neighborhood characteristics of involuntary admissions to psychiatric emergency services (PES) in two cities, San Francisco (SF) and Prague, to illustrate differences in safety net services for persons with severe mental illness.

Methods: Demographic, clinical and referral source data were extracted for 1262 involuntary admissions of adults to SF General Hospital (PES) from January 1, 2005 through March 30, 2005, and 544 admissions to all of Prague's inpatient psychiatric hospitals from January 1, 2003 to December 31, 2003. Neighborhood data were obtained from U.S. and Czech Republic Censuses and negative binomial regressions used to examine factors affecting PES admissions.

Results: Primary diagnosis for admissions to Prague and SF PES reflected similar proportions of psychoses (48% and 53%), but Prague had more substance abuse disorders (30% vs. 3%) and San Francisco had more depression (33% vs. 5%). Police were involved in 45% of admissions in San Francisco, versus 13% in Prague, and friends/family members were involved more frequently in Prague's admissions (53% vs. 20%). Males accounted for more admissions in San Francisco (65% vs. 50%). Some neighborhood characteristics were associated with admissions in San Francisco, but not in Prague.

Conclusion: Higher rates of police involvement and admissions of males suggest that PES admissions in San Francisco serve more of a public safety function than in Prague. Higher rates of depression and lower rates of family involvement suggest greater social isolation amongst those who use PES in SF.

NRR-03-02

QUALITY OF LIFE OF A SAMPLE OF SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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Quality of life is taking account of everything beyond mortality and symptoms levels., Improving the quality of life of persons with chronic mental illness is becoming an important treatment goal. In this study, 55 patients with schizophrenia were interviewed using Lehman's Quality of Life Interview. A particular focus was whether clinical characteristics, such as medication compliance, medications side effects and social skills, could be changed by

interventions. Self–reports of better quality of life were associated with fewer depressive symptoms, fewer medication side effects, and better family interactions. Results indicate that clinical interventions to improve quality of life in this population should include family psychoeducational programs and better detection, evaluation, and treatment of both depressive symptoms and side effects of medication.

NRR-18-02

METHYLPHENIDATE IN THE TREATMENT OF ADULT ADHD – A META–ANALYSIS

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The aim of this study was to review the effectiveness of MPH treatment of adult ADHD and to examine the influence of methods on meta–analytic results.

Electronic databases were searched to identify clinical trials comparing MPH with placebo in the treatment of adult ADHD. Studies were summarized with meta—analytic methods. Subgroup analyses were conducted with respect to parallel group vs. cross—over trials and self vs. observer ratings. The relationship between dosage and effect size was explored by weighted regression analysis. The results were tested for publication bias, and several sensitivity analyses were

performed. Findings and methods were compared with a previous meta–analysis.

Eighteen studies met the inclusion criteria of which 16 were included in the meta–analysis. The overall effect size (d=0.42) was significant different from zero, but was only half the size expected on the basis of a previous meta–analysis. No significant differences could be observed in the subgroup analyses. The regression analysis showed no significant influence of mean daily dose on effect size. These results contradict findings of a previous meta–analysis and challenge guideline recommendations.

NRR-12-04

A COMPARATIVE STUDY OF MENTAL HEALTH OF JAPANESE BRAZILIAN CHILDREN IN JAPAN AND BRAZIL

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Introduction: Like most of developed countries, mental health of immigrants' children is becoming a big issue in Japan, though few studies have been done so far in this field.

Objective: To assess the mental health state of Japanese–Brazilian children in Japan, we conducted the research both in Japan and Brazil by using Strength and Difficulties Questionnaire (SD).

Method: The subjects in Japan were students, aged from 4 to 16, studying at 5 Brazilian schools in Gunma and Tochigi.

The subjects in Brazil were Japanese–Brazilian students, aged from 4 to 16, studying at one private school in Sao Paulo.

SDQ was applied for guardians, teachers and students themselves over 11 years old. The implementation of this research was from August to October in 2007 both in Japan and Brazil.

Result: 228 cases in Japan and 122 cases in Brazil for pupils aged 5 to 10, and 73 cases in Japan and 59 cases in Brazil for students aged 11 to 16 were available for the analysis. Combining the result of SDQ obtained from guardians, teachers and students, signii cant difference (p<0.05) was seen in the diagnostic hypotheses of conduct disorde for the children aged 5 to 10 between Japan and Brazil. (The pupils in Japan showed the higher rate than those in Brazil.)

Conclusion: Japanese–Brazilian children in Japan are supposed to have more difficulties in their mental health than those in Brazil.

This work was supported by Grant–in–Aid for Young Scientists (B) (19790836).

NRR-14-03

THE RELATIONSHIP BETWEEN DEPRESSION AND INTERNET USE OF YOUNG PEOPLE IN GREECE

INSTITUTIONS

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Aims/Objectives: Although extended research has shown that psychiatric illnesses such as depression are often associated with alcoholism, drug addiction, eating disorders, pathological gambling and recently internet addiction, little research has been conducted to examine if similar underlying psychiatric illnesses may contribute to Internet use.

Methods: 98 young Greek individuals (51 male and 47 females) that were selected from active Internet users who responded to electronic support groups of mean age of 23,1 years, participated in this study. Participants answered a standardized questionnaire detecting Major Depressive Disorder (MDD) and the results were correlated with hours/day of Internet use and their demographic data.

Results: Mild psychological problems impact the everyday young Greek Internet users that include feeling of emotional difficulty (32 %) and depression (7 %). MDD study resulted in an elevated depression factor accompanied with emotional disorder and proved high

correlation with time of internet use (p<0,01), even taking account ender, age and education correlations after t and x–square tests as well as Factor Analysis with SPSS 15.0

Conclusion: Elevated MDD introduces need for comprehensive study of young individuals, and as part of systems as schools and families considering that increased levels of social isolation subsequent to excessive time spent in front of a computer may result in increased depression rather than Internet use only.

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NRR-22-02

MEDIEVAL MYSTIC CONSCIOUSNESS: DISSOCIATION IN THE VISIONS OF HADEWIJCH

INSTITUTIONS

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Aims: This study examines the consciousness of a mystic from medieval civilisation. A contemporary contextual psychiatric model of dissociation is applied to the Flemish writer Hadewijch of Brabant, whose work (31 letters, 61 poems, 14 visions and some songs, written in middle Dutch, *c.* 1221–1240) represents an integration of Latin theology with courtly troubadour love poetry – hence a love mysticism.

Methods: As a document–based, instrumental case study, Hadewijch's life and work as a leader in the beguine spiritual movement are examined for contextual sources of ambivalence and conflict. Her visions are analysed thematically for altered states of consciousness or potential dissociation. Phenomenological research methods are used to construct a cohesive interpretation. Furthermore, her dissociative experiences are interpreted in the light of the contextual model of dissociation, according to which dissociation is

an information-processing tool that aids the development of one's sense of self-in-society, in the face of conflicting messages from one's intrapsychic, interpersonal, socio-cultural and spiritual contexts

Results and conclusions: Hadewijch moved freely between alternate states of consciousness. Moreover, she had sufficient conscious access to material from her trance states, to integrate this in her teaching of fellow beguines. Her visions and dissociative experiences reveal her growth towards, and her teaching on, an integrated God–experience, despite pernicious socio–cultural–spiritual dichotomies. Her theological synthesis seems to reflect her inner psychological integration of consciousness and the unconscious. The contextual model of dissociation proves to be a useful psychiatric hermeneutical tool for interpreting a person's consciousness in a different historical and cultural epoch.

NRR-18-04

BEHAVIORAL ALTERATIONS IN RATS POSTNATALLY EXPOSED TO INHIBITOR OF DIPEPTIDYL PEPTIDASE IV: ANIMAL MODEL OF ANXIETY-DEPRESSION STATE

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Clinical data and recent experimental data in rodents with targeted inactivation of the gene of dipeptidyl peptidase IV (DPPIV/CD26, EC 3.4.14.5) testify for the implication of proline specific serine type peptidase, in the pathophysiology of depression and anxiety. This peptidase is involved in several physiological functions by cleavage of dipeptides from regulatory peptides including behaviorally active neuropeptides, e.g. neuropeptide Y and substance P shown to modulate anxiety— and depression—related behaviors as well as stress response in various animal models. The aim of present work was to study the effects of DPPIV activity modulation in early postnatal period from day 5 to day 18 in rat pups (males and females) by administration of irreversible synthetic inhibitor of DPPIV methionyl—2(S)—cyano—pyrrolidine (1 mg/kg, i.p). Anxiety— and depression—related behaviors were evaluated monthly in 1–4— and

7-months-old animals. Increased anxiety in elevated plus-maze was revealed in 1-2-months-old males and 1-3-months-old females treated with inhibitor of DPPIV. Besides, 1-month-old adolescent males exhibited prolonged latency of leaving the centre of the open field comparing with saline-treated control. Adult males (2- and 7 months-old) also showed increased anxiety in a battery of tests for evaluating anxiety-phobic states. Depression-related immobility behavior and rhythmological index of depression were higher in adult rats of both genders as compared with control in forced swimming test. Adolescent and adult rats in experimental groups presented anhedonia in sucrose preference test. Adult males also exhibited social deficit. Data prove the development of anxiety-depression state in rats postnatally exposed to inhibitor of DPPIV.

NRR-13-02

USEFULNESS OF STRUCTURED FAMILY INTERVENTION FOR INDIAN OUTPATIENTS WITH SCHIZOPHRENIA: A RANDOMISED-CONTROLLED TRIAL

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Aims/objectives: There are very few randomised—controlled trials of structured family interventions for schizophrenia from developing countries. This study attempted to evaluate the impact of a structured family—based intervention for schizophrenia on several patient and family—related parameters and compare the effects of family intervention with "routine" outpatient treatment on these parameters.

Methods: Seventy six patients with DSM–IV diagnoses of schizophrenia and their caregivers were randomly allocated to receive either a structured family intervention consisting of monthly sessions for 9 months(n = 38) or "routine" outpatient care consisting of medication management and supportive counselling for the same duration (n = 38). Structured assessments of severity of illness, levels of dysfunction, coping, burden, perceived support and satisfaction with treatment among caregivers were carried out at baseline and upon completion, and compared between the two intervention groups.

Results: Comparisons were carried out for an "intent—to—treat" sample as well as those who completed the entire trial. Although both family intervention and routine outpatient care were efficacious, structured family intervention was significantly better than routine care on a number of clinical and psychosocial indices including psychopathology, disability, social support and satisfaction with treatment. The family intervention package used was simple, feasible and 'value for money.'

Conclusions: The results suggest that structured family intervention is a viable option for treatment of schizophrenia even in non–Western settings like India. However, many more trials will be required to resolve issues regarding the format of structured family interventions, implementation of treatment, training requirements, and cost–effectiveness.

NRR-18-03

ACTIVITIES OF PROLYL ENDOPEPTIDASE AND DIPEPTIDYL PEPTIDASE IV IN BRAIN STRUCTURES OF RATS WITH ANXIETY-DEPRESSION STATE INDUCED BY POSTNATAL ADMINISTRATION OF DIPEPTIDYL PEPTIDASE IV INHIBITOR

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Clinical data give evidence that psychiatric disorders, such as depression and anxiety are associated with significant decrease in serum and plasma activity of prolyl endopeptidase (PEP, EC 3.4.21.26) and dipeptidyl peptidase IV (DPPIV, EC 3.4.14.5). However there is lack evidence to the implication of these proteases in the genesis of anxiety and depression. Recently we have shown that rats postnatally exposed to inhibitor of DPPIV exhibit the increase in anxiety—and depression—related behaviors. The aim of present work was to study the activity of DPPIV and PEP in brain structures of rats with DPPIV inhibitor—induced anxiety—depression state. Irreversible synthetic inhibitor of DPPIV methionyl—2(S)—cyano—pyrrolidine was injected in rat pups throughout 5—18 postnatal days (1 mg/kg, i.p). In experimental groups the increased anxiety in 1—month—old males was associated with the increase in DPPIV and PEP activi-

ties in frontal cortex (FC), whereas in females – with the increase in DPPIV activity in nucleus accumbens (NAcc), striatum (STR) and in DPPIV and PEP activity in hippocampus (Hip). In hypothalamus DPPIV activity was increased in both males and females. Depression—like behavior in 3—month—old male rats was associated with increased activity of both peptidases in NAcc comparing with control and experimental females. In 7—month—old males anxiety and higher pain sensitivity were accompanied by increasing PEP activity in FC, and DPPIV activity in Hip. Data confirm the hypothesis that modulation of DPPIV activity in early ontogenesis may cause persistent disturbances in behavior such as anxiety—depression state together with alterations in DPPIV and PEP activity in various brain structures.

NRR-09-01

DEPRESSION 5-HTT POLYMORPHISM & STRESSFUL LIFE EVENTS IN COMMUNITY EPILEPSY

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Aims: To identify contributions of established depression risk factors (early caregiving environment, neuroticism, stressful life events, social connection, and the serotonin transporter polymorphism) to the risk of developing depression in patients with epilepsy.

Method: The Tasmanian Epilepsy Register (TER) was recruited from the Australian national prescription database. Following enrolment, participants aged≥16 years without intellectual disability were mailed a written questionnaire and saliva (DNA) collection tube. The self–completed questionnaire consisted of the following components; Centre for Epidemiologic Studies Depression Scale (CES−D), SF12, Measure of Parenting Style, Global Perception of Early Life Stress, List of Threatening Experiences, past and family psychiatric history questions, IPIP−Neuroticism and socioeconomic status. Logistic regression analysis was performed to assess factors predictive for depression.

Results: Of 1050 enrolled on the TER aged≥16, 820 were eligible (230 excluded: 17 died, 97 intellectual disability, 116 unable to be traced). Initial enrolment rate was 76% (624 consented, 197 refused). DNA and questionnaires were completed by 514 participants and questionnaires only by 36 (response rate 67%, 550/820). Depression (CES−D >15) was present in 46% of participants, with 27% reporting severe depression (CES−D≥22). Serotonin polymorphism genotype was not associated with depression. Predictive factors of depression were stressful life events and social supports. Potential serotonin transporter polymorphism x environment interactions are presented.

Conclusion: Depression is common in community–treated patients with epilepsy. Depression risk factors include stressful life–events and social supports and resemble those seen in depression in the general population. Gene x environment interactions require further investigation in patients with epilepsy.

NRR-17-02

GAMMA VENTRAL CAPSULOTOMY FOR OBSESSIVE COMPULSIVE-DISORDER: A CONTROLLED TRIAL

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Background: Treatment refractoriness in Obsessive Compulsive Disorder (OCD) can be observed in up to 40% of patients. For these refractory cases, radiosurgery is a treatment option. An improved, radiosurgical technique was recently developed (Gamma ventral capsulotomy – GVC). Preliminary findings of a double—blind, randomized controlled trial (RCT) with this procedure are already available.

Objectives: To conduct the first double—blind, randomized controlled trial of Gamma ventral capsulotomy for refractory OCD patients.

Methods: Fifteen refractory OCD patients were selected. A pilot study was conducted with the first five subjects. The remaining 10 patients were randomly allocated to receive active (5 subjects) or a false radiosurgery (5 subjects), in a double–blind RCT. All patients were followed–up for at least one year, with multiple assessments

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which included psychopathological, global status, neuropsychological and personality scales, and magnetic resonance imaging scans with voxel-based morphometry (VBM).

Results: Twelve months or more after surgery, three out of five patients (60%) from the pilot study and three out of five (60%) from the active surgery group became responders. None of the five patients allocated to false radiosurgery responded, up to the 12th postoperative month. Few side effects were seldom observed, like hypomanic/manic episodes, delirium, episodic headaches, dizziness, nausea. The pilot patients showed postoperative improvements on simple visual attention (p=0.04), logical memory (p=0.04), and verbal/full IQs (p=0.04).

Conclusions: Preliminary findings suggest that GVC for OCD is efficacious when compared to a placebo surgery and is relatively safe.

NRR-19-02

NEUROPSYCHOLOGICAL IMPAIRMENTS ACROSS UNMEDICATED ACUTELY-ILL AND MEDICATED REMITTED PHASES OF BIPOLAR I DISORDER

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Background: Previous research has demonstrated neuropsychological impairments in bipolar disorder. Only few studies compared cognitive functions across different clinical states of bipolar disorder.

Objectives: To investigate and verify the patterns of cognitive dysfunction in the different phases of bipolar disorder and to find out the relationship between clinical features and cognitive impairments.

Methods: Four groups; 28 manic, 21 depressed, 25 euthymic patients and 20 healthy control were administered a brief battery of neuropsychological tests for assessment of attention, executive function, visual and verbal memory.

Results: All bipolar groups showed poorer neuropsychological performance in all tests compared to the control group. The 3 bipolar groups showed some distinct pattern in types and severity of cognitive impairments. Patients with longer duration of illness, early onset, greater number of episodes and with history of psychotic features were found to show poorer performance.

Conclusion: Cognitive impairments are present across all phases of bipolar disorder. Although they seem to be genuine in nature, they are influenced by chronicity of illness, frequency of episodes and psychiatric symptoms.

NRR-08-03

TIME UNTIL INSTITUTIONALIZATION IN INCIDENT DEMENTIA CASES – RESULTS OF THE LEIPZIG LONGITUDINAL STUDY OF THE AGED (LEILA75+)

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Aims/Objectives: Information on the time until institutionalization and its predictors in demented subjects has so far been based on studies with selected samples or prevalent dementia cases. Thus, the aim of the study is to analyze the time until institutionalization and associated patient—related predictors in incident dementia cases.

Methods: Data were derived from the Leipzig Longitudinal Study of the Aged (LEILA75+), a population–based study of individuals aged 75 years and older. Kaplan–Meier survival analysis was used to determine the time until institutionalization. Predictors of time were analyzed using Cox proportional hazards models.

Results: 109 subjects with incident dementia who resided in a private home setting at the time of the dementia diagnosis were identified. 52 (47.7%) of these subjects had become residents of a nursing home by the end of the study. The median time until institutionalization was 1,005 days (95% CI = 808-1,202) or 2.8 years (95% CI = 2.3-3.3). Marital status of being divorced/widowed was found to be an important predictor of a shorter time (HR = 4.50).

Conclusion: Findings on time until institutionalization in incident dementia cases can contribute to service planning. Knowledge about predictors of time until institutionalization may help in designing interventions to delay institutionalization.

NRR-02-02

DIRECT COSTS ASSOCIATED WITH DEPRESSION IN OLD AGE IN GERMANY

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Aims/Objectives:Only few studies, exclusively conducted in the USA, have examined the impact of depression on direct costs in the elderly (60+). This study aims to determine the effect of depression on direct costs of the advanced elderly in Germany from a societal perspective and compared direct costs of GP–recognised and –unrecognised depressed elderly.

Methods: 451 primary care patients aged 75+ were investigated face—to—face regarding depressive symptoms (Geriatric Depression Scale), chronic medical illness (Chronic Disease Score) and resource utilisation and costs (cost diary). Resource utilisation was monetarily valued using 2004/2005 prices.

Results: Mean annual direct costs of the depressed (ε 5,241) exceeded mean costs of non–depressed individuals (ε 3,648) by one third

(p<.01). Significant differences were found for pharmaceutical costs, costs for medical supply and dentures, and for home care. Only few costs were caused by depression treatment. Depression has a significant impact on direct costs after controlling for age, gender, education, chronic medical illness and cognitive functions. A one–point increase in the GDS–Score was associated with a \in 336 increase in the annual direct costs. We found direct costs of EUR 5,582 for unrecognised and EUR 4,722 for recognised with no significant difference.

Conclusion: Depression in old age is associated with a significant increase of direct costs, even after adjustment for chronic medical illness. Future demographic changes in Germany will lead to an increase in the burden of old age depression. Therefore health policy should promote the development and use of cost–effective treatment strategies.

NRR-11-02

TYPES OF REACTIONS TO MALIGNANT DISEASE IN VIEW OF V.E. FRANKL CONCEPTION

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Cancer disease influences all aspects of human functioning (biological, psychological, psychosocial and spiritual level). The aim of this work was to find an answer to the question whether there is an interdependence between assessments of all these levels. With appropriate tools 590 persons (ill and healthy) were examined and asked to take into consideration the level of fear, depression, aggression, quality of life, the purpose and the meaning of life.

Using statistical procedures three clusters were established. The first cluster consists of healthy people. Second and third consist of sick persons – although they have estimated their level of physical fitness and general quality of life similarly, there were some essential differences in ways of reacting connected with disease (second cluster was worst and third better adjusted).

The majority of people suffering from cancer is well adapted to early stages of illness. While the cancer advances the percentage of those worse adjusted rise. However, even in the terminal stage some of the patients (about 1/3) still belongs to the cluster of quite well adjusted. Established sense of life, system of values, and personal religion help to adapt to difficult situations.

Results show that there is no connection between assessments on biological and other levels. We can distinguish group of patients, that are similar in judging their physical condition, and still vary in their judgements of their emotional state or sense of life.

NRR-15-03

DECREASED DENSITY OF THE PLATELET SEROTONIN TRANSPORTER IN PATHOLOGICAL GAMBLERS

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Aims/objectives: Recent findings would suggest a possible involvement of the serotonin system in the pathophysiology of pathological gambling (PG) [1,2]. The aim of this study was to investigate the serotonin transporter (SERT), by means of the H-paroxetine ([3H]-Par) binding to platelet membranes, in patients affected by PG, as compared with a similar group of healthy control subjects.

Methods: Seventeen drug–free PG patients were recruited in the study. The diagnosis was assessed according to DSM–IV criteria and the PG severity was measured by means of the South Oaks Gambling Screen. The platelet [³H]–Par binding was carried out according to a standardized method. The binding parameters, the maximum binding capacity (Bmax) and the dissociation constant (Kd), were obtained by means of the Scatchard analysis.

Results: The Bmax values of PG patients were significantly lower than that of healthy subjects, while the Kd values were not diffe-

rent in the two groups. No significant effect of age, sex or psychiatric comorbidity on Bmax or Kd was observed.

Conclusions: the decreased density of SERT proteins in PG patients would suggest involvement of presynaptic serotonergic neurons in this condition whose alterations may provoke, reflect or predispose towards to onset of impulsive behaviours, such as that typical of PG.

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NRR-13-03

PARAPHRENIA IN HOMICIDAL AND NON-HOMICIDAL SCHIZOPHRENIA

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Paraphrenia is described as delusional state with predominantly absurd and fantastic delusional ideas. This category is not included as a distinct nosological entity in contemporary classifications. Some psychopathological instruments are used to assess paraphrenic states in patients with schizophrenia and delusional disorders. Special attention on the topic is focused in PANSS–GP, where the item "unusual thought content" was placed.

Methods: We investigated 40 patients with homicidal schizophrenia and compared them to 43 patients with non–homicidal schizophre-

nia by means of PANSS.

Results: Significantly higher levels of "unusual thought content" was found in the group of homicidal schizophrenia (4.16 in homicidal compared to 1.95 in non–homicidal group, p<0.001). Gender differences in both groups were non significant.

Discussion: These results suggest that patients with homicidal course of the illness have same differences in psychopathology, which can reflect not only the level of symptoms, but also the form of the disease.

NRR-20-01

SUICIDAL RISK IN MOOD DISORDERS: RELATIONSHIP WITH CLONINGER'S TEMPERAMENT AND CHARACTER

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Suicide, the most serious complication in patients with mood disorders, is the cause of death in 15 to 25% of untreated patients with mood disorders.

Aim Of the study: To assess suicidal risk in patients with mood disorders through its correlation to the personality profile of those patients.

Subjects & Methods: The cases were selected from inpatients admitted in the Institute of Psychiatry. The sample is a selective one including the first 50 patients admitted at the institute and fulfilling the criteria of bipolar or unipolar mood disorders according to DSM–IV. Patients were diagnosed by SCID–I, personality was assessed TCI–R, Suicidal ideation was assessed using Beck scale for suicide ideation

Results: 64% of patients did not have a previous history of suici-

de, 22% were classified as ideators and14% with previous suicidal attempts. Correlation of Cloninger temperament and character to Scores of patients in Beck Scale for suicide ideation revealed Direct relationship with total scales of personality dimension reaching point of statistical significance with Harm Avoidance (HAt) (p=0.017) and Correlation held with history of suicidality revealed a higher mean scores of HA1 (Anticipatory worry and pessimism vs. uninhibited optimism) among patients with previous suicide attempts with significant statistical difference. Also higher mean scores of RD2 (Openness to warm communication vs. aloofness) among patients with previous suicide attempts with significant statistical difference.

Conclusion: Suicidal risk in patients with mood disorders is correlated to their personality profiles. Personality assessment in patients with mood disorders is essential to predict risk of suicide in those patients.

NRR-08-02

PROTECTIVE FACTORS AND RISK FACTORS FOR HIV INFECTION OF MEXICAN—AMERICAN GAY MEN

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Objective: Latinos, particularly Mexican—American are disproportionately affected by the HIV epidemic. The purpose of this study was to explore the lived experience of Mexican—American gay men regarding what it was like to grow up as a Mexican—American gay male. The study focused on protective and risk factors for HIV infection, in the hope that information drawn from the research may later be used to develop culturally sensitive interventions targeted towards Mexican—American gay men.

Methods: Mexican–American gay men 30 to 60 years of age who are living in Dallas, Texas. A phenomenological approach was utilized, including semi–structured interviews with open–ended probes. Van Manen's method of interpretive phenomenology and data analysis guided the data analysis.

Results: Identified patterns included: 1) Accepting, 2) Machismo, 3) Loving, 4) Respecting, 5) Dating, 6) Being HIV negative and 6) Being HIV positive. Within each of these patterns, themes were identified: 1) Accepting: (a) accepting one's sexuality and (b) hiding related to shame and oppression, 2) Machismo: (a) protector and (b) hypermasculinity, 3) Loving: (a) being in love and (b) loneliness, 4) Respecting: (a) family, (b) self and (c) life, 5) Dating: (a) using protection and (b) taking risk, 6) Being HIV negative: (a) taking risk, 7) Being HIV positive: (a) living then – taking risk and (b) living now – using protection and (b) living now – taking risk.

Conclusions: Themes identified as protective or risk factors for HIV infection may promote development of effective HIV preventive interventions geared towards Mexican–American gay men.

NRR-01-01

POLYSOMNOGRAPHIC FINDINGS IN PATIENTS WITH "DYSTHYMIA": A STUDY IN AN EGYPTIAN SAMPLE

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Background and Objective: Characteristic sleep patterns have been described in some psychiatric disorders, but the sensitivity and specificity of such changes have been always a matter of debate. REM sleep changes, especially short REM latency, have been thought as "specific" to depression. With more extensive studying, similar changes have been reported in other psychiatric and non–psychiatric disorders, but the changes were, more in depression. The difference between dysthymia and major depression is thought by some investigators to be "quantitative", and by others to be rather "qualitative". The aim of the present study was to highlight this area, evaluating sleep profile in patients with dysthymia and how far it resembles , or differs from what has been previously described in major depression.

Subjects & Methods: 20 patients fulfilling DSM–IV criteria of dysthymic disorder (according to SCID–I assessment) have been

recruited from those attending outpatient department of Ain Shams University Psychiatric Institute, together with 10 age and sex matched healthy controls. Both patients and controls were subjected to physical and psychiatric examination, standardized sleep questionnaire for assessment of subjective sleep complaints, as well as all–night polysomnography (repeated, when needed).

Results: Significant findings included: short REM latency, prolonged first REM period, decreased slow wave sleep and decreased sleep efficiency. REM % and REM density were not significantly different.

Conclusion: dysthymic disorder shares some of the polysomnographic features described in major depression, which is in favour of considering it a "subtype" of mood disorders, rather than being a "separate" entity.

NRR-06-02

CHILDHOOD BODY MASS INDEX EVOLUTION: RISK FACTOR FOR ANOREXIA DURING ADOLESCENCE?

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Introduction: Occurrence of anorexia and body mass index (BMI) fluctuations are explained in similar proportions (30% and 70% respectively) by non-shared environmental factors and genes, some being implied in weight and food intake regulation. This case-control study explored a possible different BMI evolution between 2 and 10 years of age between anorexic and healthy volunteers.

Methods: Cases and controls were between 10 and 35 years old, without previous overweight. Anorexia should have been diagnosed according to DSM–IV criteria after age 10, without any previous bulimic phase nor weight related addiction. Controls' proxies had no eating disorder. Weight, height, diseases and their occurrence date were extracted from each subject's administrative medical notebook. Social—demographic data were recorded with a self administered questionnaire. Mixed models were used for data analyses.

Results: Social—demographic data from the 107 patients and 75 controls were similar. At age 2, BMI were significantly higher in cases than in controls. This difference remained until age 5 (p<0.0018). Mean adiposity rebound (5.48 years and 5.59 years) were similar between cases and controls. Absolute slope values before and after adiposity rebound were similar in cases whereas they tended to differ in controls (p=0.063).

Conclusion: Between 2 and 10 years of age, the BMI evolution would differ between anorexic and control subjects. In anorexic subjects, BMI would be higher before adiposity rebound and increase after as fast as it decreases before whereas in controls, it would increase faster. An early screening of anorexia based on both parameters is relevant, improving the prognosis.

NRR-13-04

FORMAL CAREGIVERS OF SCHIZOPHRENICS IN CALABAR, NIGERIA–THE BURDEN AND EMOTIONAL DISTRESSES

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Background: Schizophrenia imposes a considerable burden on the caregivers of the patients who suffered from it. Assessing the psychosocial burden borne by these caregivers is crucial.

Objectives: (1) Assess the burden borne and relate the psychosocial burden to sociodemographic characteristics of patients and caregivers

Method: This was a descriptive cross sectional study of 84 schizophrenics (42 inpatients and 42 outpatients each respectively) seen at a national psychiatric referral hospital at Calabar over a 3 month period. Their main (formal) caregivers were identified. Goldberg's questionnaire: GHQ-12 (at a cut off of 3 for caseness and the Involvement Evaluation Questionnaire; IEQ were used to assess the extent of psychosocial burden on the main caregivers. Sociodemographic questionnaire was used for the patients and caregivers. Data was

analyzed using SPSS version 11.0 for Windows. Correlations were computed using Pearson's r with level of significance set at 0.05.

Results: Siblings (38.1%) were the most frequent category of caregivers and the caregivers' relationship to patients was significant (x^2 =13.22, df=4, P=0.04); the GHQ caseness was significant(x^2 =18.33, df=1, P=0.019). Caregivers' had high degree of *tension* when the patients were of younger age (Pearson r = -0.19, P =0.007) and when the patients were poorly educated(r = -0.21, P = 0.003), they also experienced *urge burden* when the caregivers' themselves were poorly educated (r = -0.16, P=0.018).

Conclusion: The burden of caring was responsible for the high GHQ-12 scores (psychological distress). There is the urgent need to offer psychological support like psychoeducation to other family members during patient's treatments.

NRR-19-01

ALTERED OSCILLATORY RESPONSES TO VISUAL STIMULI IN BIPOLAR DISORDER REDUCES WITH CHRONIC VALPROATE USE

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Objectives: Oscillatory electrical activity reflects integrative brain functioning. Valproate is a mood stabilizing anticonvulsant with GABA/Glutamate modulating and neuroprotective effects. We aimed to detect differential oscillatory activity in patients with bipolar disorder before and after treatment with valproate.

Methods: Event Related Potentials (ERPs) to target stimuli in visual odd–ball paradigm in twenty medication free (10 manic, 10 euthymic) bipolar patients were measured before and after six weeks of valproate monotherapy in comparison to healthy controls. Different frequency band responses were obtained by digital filtration of ERPs. Repeated measures and one–way ANOVA, Wilcoxon and Mann Whitney U tests were used.

Results: At baseline, euthymic patients showed significantly higher left frontal delta (p: 0.03), whereas manic patients showed significantly higher occipital beta (p: 0.01) and lower occipital alpha responses compared to controls. After valproate, fronto-temporal

delta responses decreased significantly compared to baseline in the euthymic group (respective p values for Fz, F3, T3, T4, T5 are 0.04, 0.03, 0.02, 0.01, 0.01). In the manic group occipital (O1–2) beta, occipital and anterior temporal (T3–4) alpha responses showed significant reduction compared to baseline (pO1–2/beta: 0.01 pO1–2/alpha:0.02, pT3–4/alpha:0.04) and became significantly lower than controls (pT3–4: 0.00; pO1–2: 0.02).

Conclusions: Bipolar patients show state dependent altered oscillatory activity which is reduced after valproate treatment. This may be through modulation of GABA/glutamate and indicative of medication's neuroprotective effect.

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NRR-03-04

PSYCHIATRISTS' ATTITUDES TO ANTIPSYCHOTIC DEPOT INJECTIONS: CHANGES OVER 5 YEARS

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Abstract Body:

Background: Previously, when only typical antipsychotic depot injections were available, some clinicians perceived depots as having an "image" problem despite them being associated with reduced rates of rehospitalisation when compared to tablets. This study investigated psychiatrists' attitudes and knowledge concerning depots (typical and atypical) and whether they had changed over time.

Method: Cross-sectional postal survey of consultant psychiatrists working in NorthWest England. A pre-existing questionnaire on clinicians' attitudes and knowledge regarding depots was updated. Results were compared with a former sample (SouthEast England, 2001: N=143).

Results: The sample comprised 102 consultant psychiatrists (response rate 71%). Depot use over the past 5 years had: decreased (50%), not changed (27%), increased (23%). Psychiatrists with decreased

depot use had significantly lower scores for the side effects knowledge subscale than those who had unchanged or increased rates of depot use (mean 51.5% vs 54.8%, p=0.029). When compared to psychiatrists sampled five years previously, our current participants had more favourable patient–focussed attitudes (63.5% vs 60.4%, p=0.034); other subscales did not differ. Item–by–item analysis revealed specific changes over time including significantly less respondents regarding depots as: (i) compromising patient autonomy (mean 0.99 vs 1.28, p=0.036); being stigmatising (1.88 vs 2.42, p=0.002); being old fashioned (1.49 vs 2.04, p=0.002).

Conclusions: During the period that an atypical antipsychotic depot has been available, and depot prescribing rates have reduced, some attitudes have changed. These mainly encompass aspects regarding the patient rather than the depot injection and include reducing concerns about stigma and autonomy although concerns about patient acceptance continue.

NRR-06-03

MOTHER-CHILD TRANSMISSION OF INTERNALIZING SYMPTOMS: IMPORTANCE OF FAMILY CONTEXT

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This study investigates interaction effects between mother's depressive and anxiety disorders and psychosocial correlates of children's internalizing symptom scores in the Quebec Child Mental Health Survey. This research design is unique since this type of interaction was never evaluated 1) with children of this age—group, 2) with scores of internalizing disorders as reported by children, 3) in an epidemiological setting.

A representative sub–sample of 1,490 Quebec children aged 6 to 11 years was selected from the original sample (N=2400). Methodology has been described elsewhere¹. A multiple linear regression model was built using scores of internalizing symptoms as reported by children through the Dominic questionnaire², based on DSM–III–R criteria, as the dependent variable. Individual, family and socioeconomic characteristics were used as independent variables.

Significant interaction effects are found between mother's depressive

and anxiety disorders and the following variables: child's age, family history of suicidal behaviors and mental disorders, mothers' caring and punitive behaviors and social support.

The findings support the multifactorial and developmental perspective of psychopathology. It suggests a major contribution of the child's age and of several family characteristics in addition to mothers' depressive and anxiety disorders, for internalizing symptom scores reported by children aged 6 to 11 years. Implications for preventive interventions targeted at these high–risk groups¹ will be discussed.

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NRR-17-04

THE DIFFERENCE IN THE SERUM LEVELS OF BDNF, IL-6, IL-8, IL-10 AND EGF IN ONCOLOGY PATIENTS DEVIDED ACCORDING TO THE PRESENCE OF SYMPTOMS OF DEPRESSION

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Objective: To assess the differences in the serum levels of Brain–derived neurotrophic factor (BDNF), Interleukin 6 (IL–6), Interleukin 8 (IL–8), Interleukin 10 (IL–10) and Epidermal growth factor (EGF) in oncology patients with the symptoms of depression and in oncology patients without the symptoms of depression.

Methods: We administered following self-report questionnaires to the hospitalized oncology patients (n=32): Zung's Self-Rating Depression Scale (ZSDS) and Symptom Check List Psychiatric Rating Scale (SCL 90). We also collected blood samples from these patients for the detection of the following factors: BDNF, IL-6, IL-8, IL-10 and EGF. The procedures had been fully explained to all patients and written informed consent had been obtained too. The patients were divided into two groups according to the scores in ZSDS: a group with the presence of symptoms of depression (n=20) and a group without the symptoms of depression (n=12). The dif-

ferences in the levels of BDNF, interleukins and EGF between the groups were statistically assessed by Wilcoxon rank—sum test.

Results: Oncology patients with the symptoms of depression showed significantly lower levels of BDNF (medians 1452.3 vs 3229.0 pg/ ml, p=0.014). There were no significant differences in the levels of IL-6, IL-8, IL-10 and EGF between the groups.

Conclusion: This result supports the hypothesis of diminished neuroplasticity in oncology patients with the symptoms of depression as measured by the serum levels of BDNF.

This study was supported by the grant of League Against the Cancer 2006–2007 and by the research projects MSM 0021620819 and MSM 0021620812, Charles University and Teaching Hospital Pilsen, Czech Republic.

NRR-07-02

PERSPECTIVES OF PATIENTS AND RELATIVES ABOUT ELECTRO CONVULSIVE THERAPY: A QUALITATIVE STUDY FROM VELLORE, INDIA

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BACKGROUND: Electro convulsive therapy (ECT) is controversial but widely practised in developing countries like India.

OBJECTIVES: This study aims to ascertain patients' and their relatives' perspectives on ECT, to compare patients' and professionals' perspectives and to compare patients' and their relatives' perspectives.

METHODS: We employed semi–structured qualitative methodology to interview 52 patients and their relatives before and after ECT. We conducted further in–depth interviews with ten most eloquent patients.

RESULTS: 31 (59.6%) patients were unaware of the details of ECT

but were not unhappy about their treatment. Patients and relatives assessed benefits and risks of ECT with emphasis on functional recovery. They differed in their willingness to receive more information, the perceived adequacy of their knowledge about ECT, their ability to recall details, and their belief systems. Differences between patients' and professionals' perspectives on efficacy and cognitive adverse effects of ECT were not statistically significant.

CONCLUSIONS: This study highlights the complex issues in the process of providing information and obtaining consent for ECT in resource poor settings. Pertinent ethical issues are discussed. We suggest feasible strategies to ensure a basic minimum standard for obtaining informed consent for ECT.

NRR-10-02

MUSCLE DYSMORPHIA SYMPTOMATOLOGY IN A SAMPLE OF WEIGHT TRAINERS IN ITALY

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Aims: To investigate body image perception, self–esteem and Muscle Dysmorphia (MD) symptomatology in a sample of 94 male weight–trainers in local gymnasia, categorized as recreational fitness lifters (N=30), amateurs fitness lifters (N=33), non competitive body–builders (N=31).

Methods: Subjects underwent psycho-physical assessment comprehensive of the administration of Rosenberg Self-Esteem Scale (RSES), Drive for Muscularity Scale (DMS), Muscle Dysmorphia Inventory (MDI) and body composition evaluation by tetrapolar bio-impedentiometry.

Results: Non-competitive bodybuilders showed significantly higher levels of dissatisfaction with their muscularity (DMS) with respect to recreational fitness lifters (p<.05) and greater symptoms of muscle dysmorphia (MDI) compared to both the other two groups, scoring significantly higher on most subscales (Diet Behavior Size/Symmet-

ry, Physique Protection, Exercise Dependance; pd.001). Though the three groups showed similar levels of self–esteem (RSES), specific correlations emerged for each group. Body Cell Mass and Lean Mass were above normal levels in all groups, with a progressive increase from recreational to amateur fitness lifters and non competitive body–builders; the reverse for Fat Mass.

Conclusions: Body dissatisfaction, self-esteem and image distortion appear strictly intertwined not only in Eating Disorders but also in Body Dysmorphic Disorders. As the media representation in western society calls for an idealization of muscularity and body appearance, these issues becomes more relevant even among men and especially vulnerable population such as weight trainers, leading to the identification of increasing cases of MD related psychopathology. Specific prevention programmes should be adopted focusing on the whole spectrum of pathological attitudes towards body appearance disorders, including MD.

NRR-15-04

LIPIDS AND SEROTONIN AS PREDICTORS OF PHYSICAL SELF HARM IN AN ACUTE PSYCHIATRIC UNIT

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The risk of self–harm and violent behaviour in psychiatric patients is an important research topic. The literature reports a relationship between low lipid concentrations and aggressive behaviour, and between low serotonin– and lipid concentrations and suicidal behaviour. In the acute psychiatric ward at Ålesund Hospital we conducted a prospective naturalistic study of risk assessment of self harm at admittance and at discharge, followed by prospective measurement of occurred episodes during hospital stay (phase1) and 3–6–9–12 months after discharge (phase2).

All acute admitted patients during one year (494 persons with 717 admittances) were included. At admittance and discharge items taping suicidal thoughts and behaviour and patients' self–reported risk of self–harm were recorded. At admittance the patients were also asked to give a blood sample to measure lipids (317 samples) and serotonin (286 samples). Statistics were binary logistic regres-

sion using Exp(B) as measure of Odds Ratio for suicidal and self mutilating episodes, using lipids and serotonin as predictive variables, and controlling for different confounders.

Preliminary results from phase1 indicate that total cholesterol concentrations correlated negatively with suicidality, and triglycerides concentrations correlated with self mutilation. Serotonin showed no correlation with any kind of self harm.

We will present results from the analyses of the strength of the relationship between lipids and serotonin and occurred suicidal and self mutilating episodes during hospital stay and one year after discharge.

The project is approved by The Regional Committee for Medical Research Ethics, The Norwegian Social Science Data Services and The Ministry of Health and Care Services.

NRR-07-04

WHOLE-BODY CRYOTHERAPY AS ADJUNCTIVE BIOLOGICAL TREATMENT OF DEPRESSION AND ANXIETY

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Objective: to assess the efficacy of whole–body cryotherapy (WBCT) as an adjunctive method of treating depressive and anxiety disorders.

Methods: Control (n=34) and study group (n=26) (18–65 yrs) with depressive and anxiety disorders (ICD-10) received standard psychopharmacotherapy in out–patient psychiatric clinic. There were no differences in age, gender, marital status, education, work ability and diagnosis between both groups. The study group was additionally treated using 15 daily visits (3 weeks) to a cryogenic chamber (2–3 min, from -160° C to -110° C). Hamilton's scales of depression (HDRS) and anxiety (HARS) were used before and after cycle of WBCT and additionally after 3 and 6 months.

Results: After 3 weeks of WBCT a response (decrease of at least 50% in the baseline scores of depressive and anxiety symptoms) was noted

significantly more frequently in the study group. After 3 months the response of anxiety was observed in 23.1% in study group and in 3% in control group (p<0.05) and of depressive symptoms in 34.6% and 3.0% respectively (p<0.01). After 6 months the response concerning anxiety symptoms was still observed (p=0.006). Reduction of symptoms in both time–points was noted in somatic subscale of HARS (p<0.05). During 6 months follow–up AUC analysis showed that combined therapy WBCT with thymoleptics was significantly more effective than standard antidepressive drug therapy.

Conclusions: Our findings are promising concerning the short—term and long—term efficacy of WBCT in treatment of affective and anxiety disorders. WBCT can be considered as adjuvant therapy giving faster reduction of symptoms in comparison to standard pharmacotherapy.

NRR-05-03

IDENTIFICATION OF EPILEPTICS AND MENTALLY ILL PEOPLE IN THE COMMUNITY BY THE PRIMARY HEALTH ASSISTANTS— A DREAM OR REALITY? A SURVEY IN RURAL INDIA

INSTITUTIONS

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Aims– The scar that is more then skin deep, the stigma of mental illness, suicide and epilepsy. Depression is universal, a hidden epidemic. 85% of the world's epileptic patients are not getting proper medicines. 1/8th of worlds epileptic populations are Indian. 1 million people commit suicide every year. WHO decided to involve primary health care assistance for the detection of mentally ill people and epileptics in the society and as a referral service provider. Our aim is to study how far this model is applicable in India.

Methods–A survey was conducted over 600 primary health assistance of different rural areas within 50km periphery of Kolkata city, West Bengal, India through a semi structured questionnaire desi-

gned to get information from them about mental illness, suicide and epilepsy and to study there attitude towards all these.

Results–95% of the PHAs are willing to learn about mental illness, suicide and epilepsy. 88% is in opinion that depression is a treatable disease, 89% thought that epilepsy is curable, 68% thinks suicide is a preventable cause of death. 76% think that suicidal people are mentally ill.

Conclusion—Identification of mental patients and epileptics are possible by primary health care assistance. Only thing they need is a continuous training support and encouragement.

NRR-08-04

DEVELOPING CLINICAL GUIDELINES FOR VIOLENCE RISK ASSESSMENT IN MENTAL HEALTH TRIAGE: A SYSTEMATIC REVIEW

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Abstract Body:

Background

Mental health triage services provide the primary interface between the community and mental health services. On a global level, there is a growing trend to utilise mental health triage service models as a way of providing consumers with access to 24 hour mental health care. At present, violence risk assessment in mental health triage lacks a suitable evidence base and clear guidelines.

Aims

The objective of this study was to develop Clinical Guidelines for violence risk assessment in mental health triage. Four aims underpinned this study:

- (1) To locate the highest level of evidence on violence risk assessment through a systematic review
- (2) To develop Clinical Guidelines for violence risk assessment in mental health triage based on the findings of the systematic review (3) To further refine the Clinical Guidelines for violence risk assessment through the use of expert multi–disciplinary panels and consumer groups

(4) To pilot test the Clinical Guidelines in two major hospitals in Melbourne

Method

The method employed in the study was a systematic review, as per the Australian National Health and Medical Research Council's methodology for developing Clinical Guidelines. Research was also conducted at the Royal Melbourne Hospital and the Alfred Hospital to establish the utility of the Guideline in practice.

Results

The systematic review established the highest level of evidence for violence risk assessment. Clinical Guidelines for mental health triage were developed from these findings.

Conclusions

Evidence based Clinical Guidelines maximise the potential for creating safer outcomes for consumers, families/carers, and health care workers.

NRR-09-02

SMOOTH PURSUIT EYE MOVEMENT ABNORMALITY IS ASSOCIATED WITH G72/G30 POLYMORPHISMS IN SCHIZOPHRENIA FROM THE KOREAN POPULATION

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Aims: Smooth pursuit eye movement (SPEM) disturbance is one of the most consistent endophenotype in schizophrenia, but there have been a very few reports about the genetic origin. The aim of the current study was to examine the association of eleven *G72/G30* SNPs and Val108/158Met polymorphism of COMT gene with SPEM abnormality in schizophrenia.

Methods: We quantitatively measured SPEM function by electrooculography and analysis of the natural logarithmic values of Signal/ Noise ratio in 216 schizophrenia patients (male 116, female 100). We divided the patients into two groups according to the SPEM function. We compared the differences of genotype and allele distributions of the eleven SNPs of G72/G30 gene and Val108/158Met polymorphism of COMT gene among the two groups. **Results**: The Ln S/N ratio (mean \pm sd) of the good SPEM function group was 4.39 \pm 0.33 and the Ln S/N ratio of poor SPEM function group was 3.18 \pm 0.71. There were no statistically significant differences of age and male/female ratio between the two groups. There was a significant difference of genotype or allele distributions of the rs3916970 (M20 G>A) polymorphism on G72/G30 gene between the two schizophrenia groups (P=0.04 by logistic regression analysis). But there was no significant difference of genotype and allele distribution of other ten SNPs of G72/G30 gene and Val108/158Met polymorphism of COMT gene between the two schizophrenia groups.

Conclusion: The present study provides evidence that the rs3916970 polymorphism on G72/G30 gene might be related to SPEM function abnormality in schizophrenia.

NRR-21-03

PSYCHOSOCIAL IMPACTS ON PEOPLE WITH MENTAL ILLNESS RECEIVING THE INDIVIDUAL PLACEMENT AND SUPPORT (IPS) SERVICE

INSTITUTIONS

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Objective: The impact of Individual Placement and Support (IPS) approach in helping people with severe mental illness (SMI) on the psychosocial functioning of participants was examined in this study by means of quantitative and qualitative approaches.

Method: One hundred and eleven participants with severe mental illness were recruited from two non–government organizations and three day hospitals in Hong Kong and were assigned into TVR or IPS group. Data of perceived personal wellbeing and self–efficacy using validated scales were collected by an independent assessor at 7th, 11th, and 15th month. Meanwhile, thirteen eligible participants in the IPS group were randomly recruited for the first interview and eight of them who met selection criteria were recruited again for

second interview. Data was collected through a tailor—made interview guide during their third and sixth months of employment.

Results: The employed participants in IPS group showed better outcomes in both personal wellbeing and self–efficacy, compared with the TVR group after 15 months of service provision. Results were essentially in line with the qualitative data. Both positive and negative impacts were obtained based on the interviews. A dynamic model was suggested based on the findings to explain the job tenure of participants.

Conclusion: The IPS approach was shown to be effective enhancing psychosocial outcomes for people with severe mental illness in Hong Kong. Suggestions to consolidate the IPS approach were made.

NRR-04-03

EVALUATING MENTAL HEALTH TARGETS

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Objective: This research aims to describe, analyse and assess the evaluation process and results of mental health targets.

Methods: The research has a grounded theory based orientation. The empirical data consists of official as well as unofficial evaluations of mental health targets of Health for All –based national health strategies of England and Finland.

Results: It seems that mental health targets are not easy subjects for evaluation. Suicide presents the only quantitative indicator and is therefore easiest target to monitor. For some of the targets there was no available monitoring system at all and therefore evaluation of their advancement was impossible.

Conclusions: Evaluators should choose tailored evaluation methods.

Especially qualitative methods should not be underestimated. There are certain difficulties in evaluating mental health targets and benefiting from them for the future health promotion policy. For example, policymakers may think that mental health cannot produce proper evidence and therefore the action is useless. Furthermore, decision—makers tend to act on changes and emergencies, which mental health rarely produces. Finally, policymakers tend to see mental health as a rival to other health issues, instead of seeing it as part of whole health. Doing evaluation is not a simple process. Tailored evaluation costs time, money and manpower. Effects of the programme may be difficult to point out as behaviour is affected by multiple background factors, as is the case in suicide and mental health problems. Choosing not to evaluate may also be a conscious decision as stakeholders and policymakers may be afraid of unexpected or unwanted results.

NRR-05-01

LAY CONCEPTIONS REGARDING MENTAL ILLNESS IN ROMANIA: IMPLICATIONS IN DEVELOPPING ANTI–STIGMA PROGRAMS

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Objectives: Romania started in 2006 an extensive process of reforming mental health care. Part of the national action plan is the implementing of public information and anti–stigma campaigns. The research has as main objective the identification of public attitudes towards mental illness, lay beliefs regarding causality, access to treatment and the prospects of developing evidence–based anti–stigma actions.

Methods: A representative sample of 1070 persons from the general population was included in a national survey. The questionnaire adapted the devalorization—discrimination scale of Link, used also in research on European population. A second instrument replicated the MacArthur Mental Health Survey from USA, based on a vignette methodology. The survey was conducted in July—August 2007.

Results: The results illustrate a low level of knowledge of the general public regarding mental health problems and treatment. This low level of information has an negative impact both on attitudes towards people with mental health problems, as well as on access to professional mental health services. Compared with similar research conducted in Germany, Russia and Slovakia, Romanians manifest a stronger potential of excluding, stigmatizing and discriminating persons with mental health problems.

Conclusions: This study shows that there is a strong need in increasing the level of information in the general Romanian public regarding mental illnesses and how they can be treated, in order to change attitudes and modify social distance towards people with mental health problems. Recommendation to conduct appropriate anti–stigma actions will be discussed.

NRR-10-03

WEIGHT AND PSYCHOLOGICAL PROBLEMS IN 10–17 YEAR OLD GERMAN PUPILS

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Objective: To study in children and adolescents associations between body mass index (BMI) on the one hand and socio-demographic variables and psychosocial problems on the other hand.

Method: 874 pupils aged 10 to 17 years completed the Youth Self–Report (YSR, 1), at least one of their parents the Child Behavior Checklist (CBCL, 1), and one of their teachers the Teacher Report Form (TRF, 1). Socio–demographic data and information about height and weight was also gathered.

Results: Unlike the findings of the nationwide German survey (2) that children and adolescents from families with lower SES had a higher risk for overweight and obesity, the three BMI–groups in our study did not differ in SES SES, age and gender. All CBCL, TRF and YSR mean scores were rated within the normal range. All TRF mean scores were globally higher than CBCL mean scores,

and CBCL mean scores were higher than YSR mean scores. Differences between CBCL, TRF and YSR have been found before (1). For overweight participants CBCL, TRF and YSR mean scores were globally higher than for underweight pupils. Higher scores on the scales anxious/depressed and social problems may be due to stigma attached to overweight. The lowest CBCL, YSR and YSR mean scores were found for participants with a normal BMI.

Conclusions: Overweight children and adolescents are more at risk for psychosocial problems than normal or underweight pupils.

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NRR-01-03

ALCOHOLISM RISK FACTORS AND GENDER DIFFERENCES

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Numerous psychosocial factors associated with alcoholism reflect a complex ethiology of this disorder. This study deals with assessment of psychosocial factors of persons addicted to alcohol, with the aim to determine their representation and distribution per gender of assessed individuals in our socio—cultural environment.

The assessed sample included patients who reported for treatment of alcoholism at the Mental Health Institute, Belgrade, in one year (101 persons of male and 67 persons of female gender).

Apart from socio-demographic questionnaire applied was also Alcoholism risk factors inventory (ARFI), which for the first time combines all factors in a unique instrument. By use of statistical method of factorial analysis, isolated were six factors: intrapersonal, social influence, family emotional dysfunction, family history of alcoholism, low socio-economical status and disorderly conduct.

We find representation of particular factors in relation to gender and age: personality factors, particularly low self–esteem and stress reduction by drinking, are to a more considerable extent related to female gender, while the factor of social influence and disorderly conduct are more represented with male assessed individuals, particularly of younger age.

Summed value of all factor is more significantly correlated with alcoholism of persons of male gender, therefore we conclude that men are exposed to a higher risk of alcoholism development due to presence of larger number of risk factors, particularly those of social influence and aggressive behaviour.

In relation to a marital status the factor of social influence was more represented with not married individuals. Marital status is predictor of the fourth factor (low socio–economical status).

NRR-11-04

THE GROUP, THE OTHERS AND THE SYSTEM – HOW TO BE ABLE TO SHARE THERAPEUTIC GROUP EXPERIENCES ON ACUTE PSYCHIATRIC WARD

INSTITUTIONS

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Objectives: Functioning of an inpatient psychotherapeutic group at a hierarchic, acute psychiatric ward is only possible with the sharing and reflecting of group events by the ward staff. Whether this necessary process can be realized on the level of interpersonal, diadic relations or, rather, on the level of the system structured by different groups as collective agents.

Methods: Working with acute psychotic patients in a group led by a cotherapeutic team, we examined the external, active and controlled thematization of the group events in two ways. 1. Each members of the team personally chose a topic after the group sessions and communicated it frankly at a common scene of the ward system. 2. Following the sessions the team constructed a "good enough metaphor" (1), which symbolised the given session, then put it out to the public sphere of the ward. The process of the fur-

ther tematization was followed by the method of participating observation.

Results: Protecting the boundaries of the group are necessary to maintain the inner therapeutic space. Presenting the own inner world is essential in order to joint the superior system. This paradox carries on a constant dinamic tension in the inner and outer environment.

Conclusion: The thematization of the group events outside the group can avoid being destructive only if the reflection of this is possible inside the group. Therefore it's necessary for each member of the team to respect the therapeutic frames both personally, and as a group.

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NRR-15-02

STATISTICAL CORRELATES OF ELEVATED TEMPERATURE IN NMS

INSTITUTIONS

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Aims/Objectives: Major systems for diagnosing NMS unconditionally require the presence of elevated temperature (> 37.1°C by DSM-4 and > 38.0°C by Caroff's system). We evaluated statistical relationships of temperature to other physiological and behavioral symptoms relevant in the research on NMS.

Methods: Data from a survey of 233 suspected NMS cases (mean age 40.8 years, SD=17.9) from various centers across USA and Canada have been analyzed: the majority (83.7%) met DSM-4 criteria for NMS. Correlations were calculated of temperature to other vital signs (BP and pulse), to laboratory measures (Creatine Kinase, WBC, PH, P-0₂, P-C0₂), and to ratings of behavioral symptoms (rigidity, dysarthria, dysphagia, agitation, coma, etc.) relevant in the NMS research

Results: More than two thirds of the sample (71.7%) had recorded temperatures above 38.2°C. More than half of the sample (56.2%) had recorded temperatures of at least 39°C, 33.9% of the patients at least 40° C, 16.3% at least 41°C, 5.2% at least 42°C, and the highest recorded temperature was 43.0° C. Higher temperature was associated with less elevated systolic (r= -.19, p=.004) and diastolic blood pressure (r= -.20, p=.003), with lower frequency of waxy flexibility (r= -.20, p=.003), and also with the presence of coma (r= .20, p=.003). Although significant, these coefficients are of low magnitude, suggestive of only weak trends.

Conclusion: No high correlations (r>.60) of temperature to other NMS signs were found: in this statistical respect, temperature may be a relatively independent dimension in the evaluation of NMS.

NRR-02-03

THE METABOLIC BASIS OF ALTERED BOLD RESPONSES IN MAJOR DEPRESSION – A COMBINED FMRI/MRS STUDY

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Objective: Converging evidences exist for altered cortical activity, as revealed by functional MRI (fMRI), in major depressive disorder (MDD), in particular in the pregenual anterior cingulate cortex (pgACC). This region is characterized by deactivations during a variety of tasks and is involved in subjective evaluation of internal states by attributing hedonic values. Earlier studies in MDD found decreased concentrations of glutamate in the pgACC using magnetic resonance spectroscopy (MRS). The aim of our study was to relate altered fMRI responses in MDD to specific metabolic alterations.

Methods: We investigated 24 healthy subjects and 16 MDD patients in a combined fMRI/MRS study on a 3 Tesla scanner: The fMRI session used an event related design which included both passive viewing and subjective judgement of visual emotional material. MRS sessions used single voxel acquisitions of the pgACC with

a two dimensional JPRESS sequence which allowed spectral differentiation of GABA, glutamate and glutamine.

Results: Both patients and controls showed reliable negative BOLD responses (NBR) in pgACC during picture presentations, with significantly stronger NBR in controls. NBR correlated with GABA concentrations in the pgACC only in the healthy controls while a correlation between NBR and glutamate levels was found for MDD patients only. Glutamine showed correlations with NBR for both groups. Glutamine levels in the pgACC differed also between patients and controls and between highly anhedonic patients and patients with low anhedonia scores.

Conclusion: We could show that altered glutamate/glutamine cycling is related to neuronal abnormalities and state parameters like anhedonia.

NRR-02-04

CAN WE BELIEVE META-ANALYSIS? THE CASE OF VENLAFAXINE VS SSRIS

INSTITUTIONS

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Objective: There is an increasing number of newer antidepressants available claiming superiority compared to older ones. These claims need to be proven by meta–analysis. However, different meta–analyses may show differing results. The aim of this review was to evaluate the influence of methodological issues on the meta–analysis effect sizes in the case of venlafaxine vs. selective serotonin reuptake inhibitors (SSRIs) in major depression.

Methods: Following a systematic literature search, we pooled data on depression scores, response, remission and dropout rates. A number of sub–group analyses were performed.

Results: We could include seventeen studies. There was no significant superiority in remission rates (risk ratio [RR]=1.07,95% confidence intervals [95%CI]=0.99 to 1.15, numbers needed to treat [NNT]=34)

and a small superiority in response rates (RR=1.06, 95%CI=1.01 to 1.12, NNT= 27) over SSRIs. We found a small advantage to venlafaxine in change scores (effect size=-0.09, 95%CI=-0.16 to -0.02, p=0.013), which did not reach significance when posttreatment scores were used (effect size=-0.06, 95%CI=-0.13 to 0.00). Discontinuation rates due to adverse events were 45% higher in the venlafaxine group. The main reasons for the differences between this analysis and previous industry sponsored reviews were the exclusion of low–quality–studies, avoiding to pool selectively reported study results and exclusion of studies available as abstracts only.

Conclusion: This analysis does not support a clinically significant superiority of venlafaxine over SSRIs. It seems that not only publication bias but also the choice of meta–analysis methodology may contribute to the inflation of antidepressant effect sizes.

NRR-19-04

A NEW VERSION OF INTEGRATED GROUP THERAPY FOR BIPOLAR DISORDER AND SUBSTANCE DEPENDENCE

INSTITUTIONS

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<u>Aims</u>

Bipolar disorder (BD) is the Axis I disorder with the highest risk of a co-occurring substance use disorder (SUD). However, treatment of patients with both disorders is understudied. We developed a manualized cognitive-behavioral treatment, Integrated Group Therapy (IGT), focusing on similarities in recovery from BD and SUD. In a previous randomized controlled trial, IGT was more effective than standard Group Drug Counseling (GDC) in reducing substance use. We conducted an effectiveness trial using substance abuse counselors with no previous CBT training, and reduced treatment from 20 to 12 sessions to increase feasibility.

Methods

A randomized controlled trial (N=61) compared 12 weekly sessions of IGT to GDC, with a 3–month post–treatment follow–up. We hypothesized that IGT patients would have fewer days of substance use and fewer weeks ill with a mood episode than GDC patients.

Results

Although patients in both treatment groups reduced their substance use and experienced mood improvement during treatment, IGT had better substance use and mood outcomes than GDC. During treatment, more IGT patients achieved complete abstinence, and IGT showed a trend toward fewer days of substance use during follow—up. Further, IGT patients had fewer weeks ill with mania than GDC patients during follow—up.

Conclusion

These findings corroborate earlier results showing that IGT is more effective than GDC for patients with BD and SUD. This study also demonstrates that substance abuse counselors can be trained to implement this intervention effectively, and that a shortened version of IGT remains effective.

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NRR-22-04

HEALTH-RELATED QUALITY OF LIFE IN RESTLESS LEGS SYNDROME IN THE SLEEP HEART HEALTH STUDY

INSTITUTIONS

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Objective: This is an examination of the relationship between Restless Legs Syndrome (RLS) severity and health related quality of life (HRQOL) in a large community based study.

Methods: This is a cross–sectional observational study of 1271 men and 1550 women (mean age of 67.4 years) enrolled in the Sleep Heart Health Study, a community–based study of the cardiovascular consequences of sleep–disordered breathing. RLS was defined by positive responses on a self–administered questionnaire to the four IRLSSG diagnostic criteria, with symptoms occurring at least five times per month and associated with at least moderate distress. HRQOL was determined using the SF–36, a 36 item self–report instrument. Data were assessed using general linear models with adjustments for multiple covariates.

Results: RLS was associated with decrements in all physical domains of the SF–36 (Physical Functioning, Role Physical, Bodily Pain, General Health perception, and Vitality, all p<0.0001 except Role Physical, p=0.013). Higher frequency symptoms were associated with worsened scores for Bodily Pain and General Health. More bothersome symptoms were associated with worsened Physical Functioning. In the psychological domains, RLS was observed to have a negative effect on the Mental Health domain (p=0.0272), but not on Social Functioning or Role Emotional domains. More frequent and more bothersome symptoms were associated with worse Mental Health scores.

Conclusion: This data further documents HRQOL decrements in RLS, and demonstrates that RLS severity, as measured by symptom frequency and bothersomeness, independently contributes to reductions in HRQOL.

NRR-09-03

ASSOCIATION OF SMOKING IN SCHIZOPHRENIA WITH GENETIC POLYMORPHISMS IN BRAIN DERIVED NEUROTROPHIC FACTOR (BDNF) AND BDNF LEVELS

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AUTHORS

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Objective: Brain–derived neurotrophic factor (BDNF) may play a role in the etiology of nicotine dependence and susceptibility to schizophrenia. Since schizophrenics also have a substantially increased rate of smoking, BDNF genes may be one of the factors connecting smoking to schizophrenia. The present work was therefore undertaken to examine the association of smoking in Chinese schizophrenics with two BDNF polymorphisms: –196G/A (Val-66Met) and – 270C/T.

Method: The two polymorphisms were studied in 149 unrelated male schizophrenics, including 101 smokers and 48 non–smokers. Genotyping was performed via restriction fragment length polymorphism analysis. Serum BDNF levels were measured by sandwich ELISA.

Results: Individuals with G alleles (G/G+G/A genotypes) of

BDNF–196G/A demonstrated a 1.5 fold increased risk of smoking compared to those with A/A genotype (95% CI: 1.0–2.37, p=0.05). The combination into haplotypes showed that men with 196G+/270T+ and 196G+/270T- haplotypes had an approximately 3.6 and 2.7 fold increased risk of smoking, respectively, compared to those with 196G-/270T- haplotype. Furthermore, smokers had higher BDNF serum plasma levels than no-smokers (p<0.05). The G/G or G/A genotype in combination with high BDNF levels raised smoking risk in schizophrenia significantly when compared to those with low BDNF levels and the A/A genotype (OR=1.85; 95% CI: 1.17–2.78, p=0.007).

Conclusion: Our findings suggest that the G196A polymorphism in the BDNF gene, or another mutation in linkage disequilibrium with G196A, combined with high BDNF levels increases smoking risk in Chinese schizophrenics.

NRR-21-04

EFFECTIVENESS OF RATIONAL-EMOTIVE BEHAVIORAL GROUP COUNSELING ON RUMINATION, AGGRESSION AND BENIGN CONTROL OF CLIENTS

INSTITUTIONS

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The goal of this study was investigation of effectiveness of Rational-emotive behavioral group counseling on rumination, aggression and benign control of clients in welfare counseling centers of Tehran city. To do so, 24 volunteer clients were intentionally selected from population of individual who had enrolled for attending group counseling sessions in counseling centers of Tehran welfare agency. They have been randomly divided in two groups (treatment and control group). On a pre and post—test design, the participants assessed by the Emotional control Questionnaire (1.Roger and Najarian,1989). The data analyzed by the analysis of Covariance and LSD Posthoc test. Findings revealed that the Rational—emotive behavioral group

counseling were effective on the increase of aggression and benign control and decrease of rumination of clients. The findings prove the goals of Rational – emotive behavioral group counseling in control emotions of clients (2. Flanagan and Flanagan, 2004).

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NRR-04-04

EXPLORATION OF PSYCHIATRISTS' ATTITUDES TOWARD EVIDENCE-BASED MEDICATION ALGORITHMS

INSTITUTIONS

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The objective of this paper is to present findings from a study that examined physician beliefs and attitudes about the use of algorithms in the treatment of psychiatric patients, the perceived barriers to use of algorithms, and the methods that physicians used to educate themselves about best practice.

The study employed a qualitative methodology in order to more fully understand the physician's experience. Ethnographic methods used included focus groups, in—depth interviews using a semi—structured interview format, and participant observation over a two year period. All interviews were audiotaped, transcribed, and independently coded by two members of the research team, a psychiatrist and a therapist.

Study findings were consistent with literature that suggests that complex barriers limit the impact of clinical practice guideliness on physician behavior and that strategies to improve physician adherence may not be generalizable from one clinical setting to another (1). In diverse psychiatric practice settings that were the subject of this study, physicians were not resistent to the use of credible practice guidelines in principle. Use of practice guidelines were considered, instead, in the context of complex clinical reasoning and a collaborative physician/patient relationship. Several examples of the unique employment of guidelines in the care of psychiatric patients will be presented.

Successful implementation of credible clinical practice guidelines in psychiatric settings hinges on a rich appreciation of the physician/patient realtionship and the culture in which it occurs.

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NRR-10-04

INTERNATIONAL CO-OPERATION IN POSTGRADUAL EDUCATION AND RESEARCH BY EATING DISORDERS AND FIRST RESULTS OF THE PILOT STUDY

INSTITUTIONS

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Aims/Objectives: This project INTACT (Individually Tailored Stepped Care for Women with Eating Disorders) is a Marie Curie Research Training Network (RTN) that will research and develop innovative strategies for the optimization of health care in the prevention and treatment of eating disorders. There are 9 European centers of clinical excellence contributing by their national projects based on a postgradual educational program (weekly on–line seminars, workshops held twice a year).

Methods: We are presenting two parallel studies. In the first study, the goal is to investigate the course of the key symptoms of Anorexia Nervosa and patterns of change during the inpatient treatment. The second project aims to develop an aftercare chat program for patients suffering from an eating disorder and their families. This project is a continuation of the pilot study on multifamily therapy

conducted at the Eating disorders unit. One of the goals of the project is the implementation of new technologies into clinical practice (computerized data collection and evaluation by a specialized software Web–Akquasi).

Results: The preliminary results will be presented.

Conclusions: We are presenting our first experiences with applying new technologies in international collaboration in research combined with postgradual education.

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OC-01: SCHIZOPHRENIA 1

OC-01-01

PSYCHOPATHOLOGY, INSIGHT AND TREATMENT COMPLIANCE IN SCHIZOPHRENIA: A FOUR WEEK LONGITUDINAL STUDY

INSTITUTIONS

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A four week longitudinal study was conducted to assess the relationship between insight, psychopathology and treatment compliance in schizophrenia using Insight and Treatment Attitude Questionnaire (ITAQ), Positive and Negative Syndrome Scale (PANSS) and Medication Adherence Rating Scale (MARS). Study sample consisted of 50 patients with schizophrenia diagnosed according to the research criteria of International Classification of Diseases [ICD - 10] with a mean period of illness being 5.32 years. There was substantial psychopathology at intake which improved significantly after 4 weeks.

Similar changes were found with the scores of insight and compliance over 4 weeks. Insight and compliance were positively correlated to each other at intake and at the end of 4 weeks. Both of these were negatively correlated with psychopathology scores on both the occasions. On stepwise logistic regression, compliance on first visit was predicted by insight [63.6%] and psychopathology [16%] while on second visit compliance on first visit and insight significantly predicted compliance and psychopathology didn't have any significant influence on it.

OC-01-02

SCHIZOPHRENIC DISORDERS AMONG FIRST AND SECOND GENERATION IMMIGRANTS TO ISRAEL

INSTITUTIONS

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Aims: The debate of the role of social causation versus social selection factors in schizophrenia continues [1]. The social-causation hypothesis was tested by examining if ethnically disadvantaged groups had higher treated incidence rates for schizophrenia than their advantaged counterpart, and if immigrants had higher rates than non-immigrants.

Methods: Israel-born subjects first hospitalized during 1977 and 2003 were selected from the national psychiatric case register. Immigrants were selected based on the range of years of birth comparable to those of parents of the non-immigrant sample.

Results: All immigrants had higher incidence rates than Israel-born individuals. The two most disadvantaged immigrant ethnic groups had the highest incidence rates. The first generation of immigrants

had statistically significantly higher incidence rates of schizophrenia than their second-generation counterparts.

Conclusions: This study supports a role for social causation in schizophrenia, and confirmed the existence of an association between migration and schizophrenia [2]

References

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ATYPICAL NEUROLEPTICS TREATMENT OF SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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Objective: The investigation of therapeutic efficiency, dynamics of immune parameters and aminotransferases serum level of schizophrenic patients during 6-week therapy atypical neuroleptics.

Methods: We examined 58 schizophrenics (22 patients quetiapine (Seroquel) treatment, 12 olanzapine (Zyprexa) treatment, 12 risperidon (Rispolept) treatment, 12 amisulprid (Solian) treatment) in two points: first before the prescription of atypical neuroleptics, second in 6 weeks of treatment. The psychometric estimation on scales PANSS and CGI was used at clinical examination. We defined the parameters of cellular immunity (phenotyping of surface receptors of immunocompetent cells with using of homogeneous antibodies), humoral immunity (IgG, IgA, IgM, level of circulating immune complexes in blood serum) and serum levels of aspartate (S") and alanine aminotransferases (L") of schizophrenics.

Results: The research has revealed positive changes of psychopathological symptomatology on a scale PANSS: decrease of the total estimation on 25-36 %, a total number of positive symptoms on 20-41%, negative on 25-32% and general psychopathological on 25-36%. In first point of examination of schizophrenics the "-immunodeficiency was determined; authentically high S" and L" levels were observed in groups of patients treated by olanzapine and quetiapine. Immunomodulatory effect on the "-cells immunity after olanzapine and rispolept treatment and immunosuppression effect on the "-cells immunity after amisulprid treatment is established. S" and L" levels reduced up to the control indices during of olanzapine and quetiapine treatment.

Conclusion: Atypical neuroleptics render various influence on immune parameters. Dynamics of aminotransferases level which depends on their initial level is marked.

OC-01-04

NEW DIAGNOSTIC AND TREATMENT APPROACHES TO SCHIZOPHRENIA WITH OBSESSIVE-COMPULSIVE SYMPTOMS

INSTITUTIONS

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Background: Obsessive-compulsive (OC) symptoms have been observed in a substantial proportion of schizophrenia patients. The complex nature of the treatment response of OC and schizophrenia symptoms is as yet unclear. Here we present our model of the clinical typology of schizophrenia with prominent OC symptomatology and some possible predictors of response of OC and schizophrenia symptoms on some atypical antipsychotic agents (AAAs).

Methods: This case series study describes our experience with clozapine, risperidone, olanzapine, quetiapine, ziprazidone and amisulpiride as sole agents and in combination with serotonin reuptake inhibitors (SRIs): clomipramine, fluvoxamine, fluoxetine, paroxetine, citalopram, sertraline, in patients with OCD-schizophrenia (n=41) and schizo-obsessive disorder (n=44).

Results: In OCD-schizophrenia the better results were achieved in combination with SRIs, while the olanzapine showed the fastest ove-

rall improvement. In schizo-obsessive patients AAAs as monotherapy was the better therapeutic modality, and the risperidone showed the best results. Quetiapine, amisulpiride and ziprazidone were approximately equal in their antipsychotic and antiobsessive activity and overall safety.

Conclusions: The effects of different AAAs (with or without SRIs) on psychotic and OC symptoms are vary, probably due to different origin of OC symptoms. Based on the clinical typology of OC symptoms in schizophrenia, we suggest that: 1) schizo-obsessive patients might be successfully treated with AAAs alone; 2) in OCD-schizophrenia AAAs monotherapy may be less efficient and in some cases even may worsen OC symptoms, so it should be treated concomitantly with SRIs. Further investigations are needed to substantiate our observations and to elaborate the most effective and safe approache to these difficult-to-treat group.

FIRST NUTRITIONAL ASSESSMENT OF ISRAELI PATIENTS WITH SCHIZOPHRENIA

INSTITUTIONS

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BACKGROUND: The prevalence of obesity among schizophrenic patients in Israel is increasing. No systematic assessment of the actual nutritional composition of the diet of schizophrenic patients in Israel has been carried out. For that reason we conducted a survey based on the first National Health and Nutrition Survey (Israeli Ministry of Health, 2004).

AIM: The aim of this study is to formulate a basis for the evaluation of health and different nutritional variables indicators in schizophrenic patients, and to identify of sub-population groups at increased risk of morbidity.

METHODS: A face in face interview was completed in 30 acute and 30 chronic schizophrenia inpatients to gather information on de-

mographic variables, different nutritional variables, knowledge and attitudes regarding nutrition, health status, alcohol intake, exercise and smoking habits.

RESULTS: $\dot{B}MI$ of chronic patients [BMI < 20.0 in 4 (13.8%) of subjects] was significantly higher then of acute patients [BMI > 35.0 in 4 (13.8%) of subjects] (Likelihood ratio = 12.8; df = 4; p < .012), but were no differences in nutritional status (NS) and eating habits (NS).

CONCLUSIONS: The results can be used by health organization to evaluate the existing programs and government policies and to plan future ones.

OC-01-06

NEUROFEEDBACK IS AN OPTION TO ENHANCE SELF-REGULATION IN SCHIZOPHRENIA?

INSTITUTIONS

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Neurofeedback or electroencephalogram (EEG) biofeedback is a technique developed to train self-regulation of a specific aspect of the electrical activity of the brain. It has been used successfully in the treatment of several disorders (e.g., Depressive and Bipolar Illness, Epilepsy, Substance Abuse, Attention Deficit Disorders and Learning Disabilities, Traumatic Brain Injury) using different treatment protocols. Despite accumulation of evidence showing the efficacy of this treatment, few studies reported its use with schizophrenic patients. In this sense, the aim of this presentation is to discuss the

clinical protocol which will be used during a program of cognitive remediation of patients diagnosed with Schizophrenia. Literature review suggests that self-regulation of cortical excitability and the alteration of interhemispheric asymmetry through learned control may be a useful application of EEG Biofeedback. Moreover, several Neurofeedback protocols used to treat other disorders were shown to be effective improving attention, motivation and self-control, making them good options to help persons with Schizophrenia to train brain toward stability.

HOW GOOD IS ,GOOD OUTCOME' IN SCHIZOPHRENIA? OBSERVATIONS FROM A TEN YEARS ,LONG-TERM STUDY OF SCHIZOPHRENIA' AT MUMBAI

INSTITUTIONS

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Introduction: The illness of schizophrenia has always been a matter of concern for its nature and extent of outcome particularly for its regional and cultural differences. The concept of outcome has been evolving and this study examines the ,real - life -state of recovery' amongst recovered patients.

Methods: Re-examination of recovered patients in ten years long term, naturalistic, prospective study using Meltzer et al's 13 outcome criteria.

Results: The recovered patients (N=67, 62.7% on CGIS) of available 107 at ten years had deferential outcomes. 70% had persisting positive symptoms, 53% had negative symptoms, present in some form. 76% patients were free from EPS side effects; 62% had improved in Interpersonal function; 43% were capable of independent living; 50% showed cognitive decline; 68% showed improved quality of life;

38% had hospitalization within previous 2 year; 60% had significant family burden and 32% some or the other kind of social burden; 23% were still living with suicidal thoughts, Less than half resumed work/school and sustained; 58% had GAF more than 80.

Conclusion: The study reveals that clinical profile of CGIS ,Good Outcome" in long term is not as bright as expected. More than 50% patient in fairly recovered group live with varying degrees of disability.

Reference:

Alex Cohen, Vikram Patel, R. Thara, and Oye Gureje Questioning an Axiom: Better Prognosis for Schizophrenia in the Developing World? Schizophrenia Bulletin doi:10.1093/schbul/sbm105

OC-01-08

COMPARISON OF ORAL AND DEPOT RISPERIDONE TREATMENT ON C-FOS EXPRESSION, AND ITS EFFECTS ON SEROTONIN AND DOPAMINE LIKE RECEPTORS IN SCHIZOPHRENIC PATIENTS

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Risperidone is now one of the most commonly prescribed antipsychotic drugs in the world. Recent innovations in drug formulation have contributed to the availability of risperidone in both oral and depot preparations. A liquid formulation of risperidone is also currently available which may be useful in psychoagitation. A depot formulation of risperidone has been developed for the long-term control of psychotic symptoms and to avoid daily oral administration. We have previously reported the effect of risperidone on c-fos expression in various rat brain regions (Singh et al. BAP 2002). The aim of the present study was to compare the effect of oral and depot risperidone administration on c-fos expression, dopamine D2-like and serotonin receptors in schizophrenic patients. A double-blind

study paradigm was utilized to investigate the effects of two risperidone preparations. C-fos, D2-like dopamine and serotonin receptor expression were measured in lymphocytes and platelets respectively at various times (0, 6, 12 weeks) after treatment. Both oral and depot formulations of risperidone significantly increased c-fos expression at 6 and 12 weeks following treatment. Similarly, both preparations of risperidone significantly down regulated both D2-like dopamine and serotonin receptors. The results of this study show that both oral and depot formulation of risperidone were equally effective with respect to risperidone's ability to increase c-fos gene expression and neurotransmitter receptor regulation in schizophrenic patients.

TYPE 2 DIABETES MELLITUS IS A PREDICTOR OF IN-HOSPITAL MORTALITY IN SCHIZOPHRENIA

INSTITUTIONS

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Objective: Schizophrenia is a chronic debilitating psychosis. Type 2 diabetes mellitus has been noted to have an increased prevalence in patients with schizophrenia compared with the background population. This study investigated if type 2 diabetes mellitus is a predictor of in-hospital mortality in schizophrenia.

Methods: During 2000-2007, 679 patients with schizophrenia were admitted to University Hospital Birmingham NHS Trust. Predictors of in-hospital mortality were calculated using the Cox regression model.

Results: Of the 679 patients with schizophrenia, 100 patients died

in hospital. The predictors of in-hospital mortality in schizophrenia were shown to be age (p<0.001), diabetes (p=0.024) and heart failure (p=0.001). The relative risk of in-hospital mortality in patients with schizophrenia and type 2 diabetes mellitus is 1.80.

Conclusion: Diabetes has been found to be a predictor of in-hospital mortality in schizophrenia. This is a new finding, with research so far identifying a link between an increased likelihood of diabetes in patients with schizophrenia but not as a predictor of in-hospital mortality. Therefore, clinical practice should include rigorous monitoring of type 2 diabetes mellitus in patients with schizophrenia.

OC-02: PREVENTIVE PSYCHIATRY & DYNAMIC PSYCHOTHERAPY

OC-02-01

CREATIVE ARTS THERAPIES IN PSYCHIATRY AND MENTAL HEALTH: APPLICATIONS AND UPDATE

INSTITUTIONS

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Creative arts therapies have been more popularly researched over the past twenty years by the power of evidence based medicine, meta-analyses and validated research work. CAT comprises multiple disciplinaries of Dance Movement Therapy, Music Therapy, Drama Therapy, Art Therapy, Poetry Therapy etc.. Although the use of Artsin

therapy has been ongoing since the Shaman in tribes, the priest in ancient Egypt and before many civilization to relate man to his nature, the contemporary applications and technique of creative arts the-

rapies have developed remarkably along the years, competing with the effect of medication in treating some mental disorders as will be shows by some evidence based research work using forms of creative arts therapies as monotherapy with patients and control groups. Populations of Adolescents and children suffering from emotional and behavioural disorders according to ICD 10, cancer patients, Addicts, Adults with Stress disorder according to DSM IV Tr. A discussion will follow the different presentations.

OC-02-02

PROMOTING POSITIVE MENTAL HEALTH IS THE KEY IN PREVENTING PSYCHIATRIC ILNESS

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OBJECTIVES: WHO defines health as: ...a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Mental health is described by WHO as: ...a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. There is no health without mental health. Promoting mental health can be enhanced by suitable public health measures, also with contribution by several associated agencies like education, nutrition. Social services, labour and many others with politician's wish too. METHODS: Intervention for mental health promotion can starts even before birth. Home visitation during pregnancy and child-birth up to 2 years is the first crucial period. Home visits by professionals reduce the psychiatric and behavior anamolys as detected by behavior check list(CBCL).Parent training(2-5yrs) ,School-based programmes (5-18), and community programme integrated with general multi-purpose health programme, when planned and implemented have a reduction in childhood-adolescent mental disorders. Job pre-placement & periodical check-up, intervention and early diagnosis and early treatment can promote the mental health at large. Healthy cultural activities, sports, music, art, literature or other creative activity will promote mental health.

RESULTS: Results in health promotion scheme in reducing school drop-out, preventing suicidality is well documented. Early in 20th century mental hygiene movement succeeded in putting mental health promotion on the international agenda. Some 200 studies during past 30 years have been published on mental health promotion

CONCLUSONS: Tiny no. of clinician and treating mental disorder in isolation, without the wider dimension of schemes for promoting mental health, will fail to achieve totality in preventing mental disorders.

OC-02-03

THE ADAPTIVE BIOLOGY OF KINSHIP, PUBLIC POLICY AND THE PREVENTION OF CHILD ABUSE

INSTITUTIONS

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AUTHORS

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Aims: Although there is agreement that child abuse and neglect create an enormous public health burden there is a relative dearth of research on its prevention. This dilemma is not due primarily to a lack of data. Rather, there is a need to integrate findings from different disciplines on the adaptive biology of kinship to inform clinical models and public policy for abuse prevention.

Method: Research on the biology of kinship from various disciplines including evolutionary theory, ethology, anthropology, and behavioral endocrinology are reviewed and contrasted with relevant clinical data and public policy.

Results: Cross-disciplinary research could effectively improve efforts to prevent child abuse. Two of many possible examples will be discussed. One: There has been compelling evidence for a biological adaptation for incest avoidance, from ethology and anthropology (the Westermarck effect) for over 30 years, yet with rare exception

complementary studies have not examined this finding at the level of behavioral endocrinology or clinical research. Two: Parental leave policies in Europe and the US have been developed without reference to the biology of kinship. There are striking differences across nations in mortality rates due to child abuse. Ethological and endocrine research suggests how parental leave policies may contribute to a greater or lesser prevalence of this most severe form of child abuse. Conclusion: Cross-disciplinary integration of the biology of kinship is critical for developing optimal programs for preventing child abuse and neglect.

Erickson, M. Nature disrupted: Evolution, kinship and child sexual abuse. Clinical Neuropsychiatry 2006, 3: 110-120

OC-02-04

DYNAMIC OF COPING-STRATEGIES AND COLOR PREFERENCES IN FORMATION OF NEUROTIC DISORDERS

INSTITUTIONS

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We examined 120 patients (2 groups - persons with single symptoms of neurotic spectrum (50 persons) and with neurotic disorders (70 persons, from them - 25 persons with anxious-phobic disorders (F-40 according to ICD-10), 25 with adjustment disorders (F-43), 10 with dissociative disorders (F-44) and 10 with somatoform disorders (F-45)). We assessed strategies of coping with difficulties with questionnaire of coping behavior developed by E. Heim based on study of psychological stress by L. Murphy and R. Lazarus. Among preferred strategies, patients with initial neurotic manifestations distinguish adaptive strategies "analysis of problem" and "maintenance of self-control" - 70% and 52%; patients with neurotic states choose these strategies more seldom. The third preferred strategies in both groups are maladaptive: patients of group 1 present with "ignoran-

ce" (30%), in patients of group 2 in 45,71% of cases we documented "submission". Dynamic of preferences is noticed (in emotional domain) from relatively neutral position ("passive cooperation") (48% in patients with single psychopathological symptoms) to severe autoaggressive trends - strategy "suppression of emotions" in 47,14% of patients with neurotic disorders. Relatively adaptive strategy "destruction" (42% in patients of group 1) is replaced by "resentment" manifesting through isolation and strive to remain one by him/herself.m During analysis of color preferences (Lusher test) we reveal a reliable preference by patients with neurotic disorders of violet color (47,14%), refusal of "working" or "active" colors. Patients oa group 1 demonstrate in first positions classical "working group" - yellow (66% of cases), green (64%), red (62%).

OC-02-05

MUSIC APPRECIATION AND INTERVENTION ON STRESS INDUCTION: A RANDOMIZED CROSSOVER TRIAL

INSTITUTIONS

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AUTHORS

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Objectives: The purpose of this randomized cross-over controlled trial is to examine the effects of music preference and intervention on stress indices.

Method: Using a cross-over design, 54 subjects were randomly assigned to music / chair rest or chair rest/music sequence. Subjects were in each sequence for 30 minutes. Subjects in the music condition listened to selected-sedative music by headphones throughout 30 minutes. In the chair rest condition subjects sat quietly for 30 minutes. Using a repeated measures design, subjects' heart rate, mean arterial pressure, finger temperature, and cortisol were measured with BP monitor and chemillumincent immunoassay respectively before the study and every 15 minutes interval until the end of the whole procedure.

Results: The mean music appreciation scores was ranged between 7 and 10, with a mean score 8.81 (SD=1.05), and was significantly associated with mean arterial pressure, cortisol, self-perceived stress, and finger temperature. Subjects when listened to music compared with chair rest had lower perceived stress level, cortisol, heart rate, and mean arterial pressure as well as higher finger temperature (all p < 0.05 to 0.001). Paired t-test results were also significant for posttest heart rate, cortisol, finger temperature and mean arterial pressure between the two conditions (p < 0.05 to 0.001).

Discussion: The effect of music on stress was confirmed, the findings provided evidence for nurse to use soothing music as a research-based nursing intervention for stress reduction.

OC-02-06

CONFROTATION IN THE INITIAL INTERVIEW

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My principal objective of this work is to illustrate the clinical usefulness of confrontations in the initial interview. Among many authors Balint, Kernberg, Fromm Reichmann, Sullivan pointed out importance of initial interview and the consequences of the interview for the future psychotherapeutic work. Initial interview represents two persons, therapist and the persons who needs help, who doesn't know anything about each other and meet for the first time. Interaction between therapist and patient through communication is a major source of information in initial interview. The nature of disorder, capacity and motivation for psychotherapy can be evaluated in the current interaction with the person who needs help. In the initial interview we can establish an immediate link between the patient's psychopathology and the indications for psychotherapeutic treatment. Confrontation is a routine technique in psychoanalysis

and psychotherapy, unilateral and potentially dangerous, especially when working alliance is not established and that's the case in the initial interview. Purpose of confrontation in the initial interview is to collect information about patient, his psychopathology, his structural personality features, presence of defensive operations, capacity and motivation to work and what kind of psychotherapy is best suited for him. Confrontation can be very harmful so it requires tact and patience.

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OC-02-07

CHILDREN AND PARENTS WITH MENTAL DISORDERS: RANDOMIZED CONTROLLED TRIAL TO PREVENT CHILDHOOD DEPRESSION - PRELIMINARY RESULTS

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Aims/Objectives

Children whose parents have depression are at a higher risk than other children to be diagnosed with a psychiatric disturbance. The objective of the present study is to compare the Beardslee family intervention to the control intervention in preventing children's psychiatric symptoms.

Methods

The complete randomized sample has been collected and consists of 118 families and their children aged 8-16. At least one parent in the family was treated for an affective disorder. There are four measurements: before the intervention (T1), and at 4 (T2), 10 (T3) and 18 months after the intervention. Preliminary findings concerning the effectiveness of the intervention is reported for the oldest child in the family (N=104) using the Strengths and Difficulties Questionnaire. T-test for dependent samples and repeated-measures ANOVA were used for these comparisons.

Results

Mother-reported total symptoms decreased significantly between T1 and T2 (p=0.04) as well as between T1 and T3 (p<0.01). Moreover, hyperactivity decreased from T2 to T3 (p=0.02), emotional symptoms from T1 to T2 (p<0.01). Peer problems decreased from T1 to T2 (p=0.02) and the increased again between T2 and T3 (p=0.01). Prosocial skills increased between T1 and T2, and between T1 and T3 (p<0.01, p=0.04). The changes in the total, emotional, conduct, peer problems and prosocial skills subscale scores were significantly related to the given intervention (p<0.01; p=0.07; p=0.07; p=0.02; p=0.01), the family intervention being more effective.

Conclusion

Both interventions were effective with family intervention being more effective in preventing children's psychiatric symptoms in families where parents suffer from depression.

OC-02-08

RE-IMAGINING PANIC DISORDER THROUGH A METAPHORICAL VIEWPOINT

INSTITUTIONS

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AUTHORS

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OBJECTIVE: The diagnostic criteria for Panic disorder (PD) are presented in the DSM IV and ICD X as categories of empirical evidence. They configure a syndrome or a behavioral and psychological pattern clinically important in an individual, one associated with suffering, incapacitation and important loss of freedom. The Archetypal Psychology perspective questions the very idea of individual by reviewing psychopathological descriptions from a metaphorical standpoint, considering the importance and limitations of those descriptions, while opening for a more psychological approximation of the concerned issues. The intent is to provide a new approach of the disorder by bringing empirical and metaphorical perspectives together. **METHOD**: Reading the symptoms listed for PD in the ICD-10, DSM-IV and the Kaplan & Sadock's Comprehensive Textbook

of Psychiatry in a metaphorical way makes it possible to connect the empirical and literal perspective with a form of modern subjectivity - understood and presented here as the heroic Ego - and its likeness with the Greek myth of Odysseus and Penelope. The myth of Hermes introduces the metaphorical viewpoint. The relation of these two myths with that of Pan composes the framework that posits the integration of both perspectives.

RESULTS: A parallel is drawn between the reactions of Odysseus/ Penelope upon the vision of Pan and the symptoms of PD, as well as Hermes' relationship with Pan as a different way of looking at the same things. CONCLUSION: This approach makes it possible to reimagine PD, valuing its psychological aspects, without abandoning the empirical view or the psychopharmacological treatment.

ORAL COMMUNICATIONS

OC-02-09

THE NEW SCIENCE OF POSITIVE EMOTIONS: LESSONS FOR PSYCHOTHERAPY

INSTITUTIONS

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AIMS: This paper suggests that seven positive emotions: love/attachment, trust/faith, compassion, forgiveness, joy, gratitude, and hope as important to psychotherapy as they are to religion.

EVIDENCE: The neuroscience of the positive emotions came of age with the fMRI, which permitted them to become tangible. The last three decades of neuroscience

reveals a brain that is really two brains: a mammalian brain that can feel, love and trust and empathize via limbic mirror cells and spindle cells in the insula and anterior cingulate and a Homo sapiens neocortical brain that can speak, think and analyze. A leading American textbook CTP-8 devotes 100-600 lines each to shame, guilt, anger, hate and sin, and thousands of lines to depression and fear/anxiety. In contrast it devotes only five lines to hope, one to joy and none to

faith, compassion, or love. The so-called negative emotions of anger, sadness, and fear on which psychotherapy focuses are present oriented, predominantly self-oriented, activate the sympathetic nervous system, and elevate cortisol. In contrast, the positive emotions are future oriented, prosocial, activate the parasympathetic nervous system and suppress cortisol. Negative emotions move us toward narcissism; positive emotions lead us away from narcissism.

CONCLUSIONS: Neither Freud nor psychotherapy manuals mention emotions like joy, forgiveness and gratitude. Yet the evidence based efficacy of interventions like positive psychology and Alcoholics Anonymous are based on eliciting these emotions. Our whole concept of psychotherapy might change, if clinicians enhanced positive emotions, as well as focusing upon negative emotions.

OC-03: SCHIZOPHRENIA 2

OC-03-01

DISPELLING A MYTH: DEVELOPING WORLD POVERTY, INEQUALITY, VIOLENCE AND SOCIAL FRAGMENTATION ARE NOT GOOD FOR OUTCOME IN SCHIZOPHRENIA

INSTITUTIONS

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AUTHORS

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The WHO ten-country studies concluded that course and outcome of schizophrenia was better in developing countries. This has become psychiatric lore. However, the reality is that significant political, social and economic ills that characterize many countries in Africa, Latin America and Asia constitute psychosocial stressors that mediate strongly against recovery in individuals living with this disorder. The author reviews outcome studies of schizophrenia in developing countries, and debates concepts of poverty, inequality, violence and social capital in relation to the course of the illness in this context.

The generally poor state of mental health services and policies in these regions are discussed. The belief that community and family life in the developing world is widely intact and that it provides a nurturing environment that facilitates recovery and promotes social and economic empowerment of seriously mentally ill individuals is dispelled as a myth. Idealisation of the under-developed South as a haven for schizophrenia sufferers will only add to the already heavy burden experienced by these individuals, their families and these societies in coping with this disabling disease.

OC-03-02

2 YEAR OUTCOME OF FIRST-EPISODE PSYCHOSIS IN SOUTH AFRICA

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INTRODUCTION

There is little data on medium term outcome of first-episode psychosis in developing countries. The WHO Ten Country Study findings that outcome of schizophrenia is better in the developing world needs to be tested by current analyses.

METHODOLOGY

90 first-episode psychosis patients admitted to a psychiatric hospital in South Africa were followed up at 2 years with a range of measures to assess clinical and functional outcome. Measures included diagnostic evaluation (SCID), symptom rating (PANSS), quality of life (WHO-QOL) and assessments of social and occupational functioning.

ANALYSIS

A descriptive analysis was performed to evaluate measures of outcome at 2 years. Correlations between diagnosis and outcome as well as between symptoms and outcome were determined using SPSS Version 13.0.

RESULTS

Results of this study will be presented.

DISCUSSION

Medium term outcome of first-episode psychosis is not favourable in the developing world. The long-held belief that psychotic patients fair better in the developing world is challenged and dispelled as a dangerous myth.

OUTCOMES OF PATIENT EMPOWERMENT PROGRAM FOR SCHIZOPHRENIA(PEPS) IN KOREA

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Object: Mental health professionals and family association developed PEPS program in European countries for mentally ill people supported by Sanofi-Aventis Pharmaceutical company. The Korean Version was published in 2005 and this study was performed to measure the outcomes of this program.

Method: Totally 691 patients from seventy institutions (41 community mental health centers, 6 social rehabilitation centers, and 23 hospitals) participated in this program. Empowerment Scale, Internalized Stigma of Mental Illness (ISMI) scale, Self-Esteem scale (SES), and Quality of Life scale (Happy QoL) were applied to before and after the education. Paired t-test was used to compare the data.

Results: Over 80% were schizophrenic patients. The mean age of them was 36.94(9.35). Over 70% were educated for at least 12 year. Just 10% of them have jobs and their monthly income was US\$ 900(93.4). The empowerment scale of the patients was increased after the education (P<.001). Total internalized stigma was reduced

after the education (P<.05). Among the ISMI subscales, alienation, negative stereotype and devaluation were improved, but perceived discrimination and stigma resistance were not changed. Self-esteem and quality of life did not show any changes.

Conclusion: PEPS program proved to be a effective psychoeducation program to empower the schizophrenic patients and helpful to overcome the internalized stigma of them.

References:

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- 2. Ritsher JB, Phelan JC (2004). Internalized stigma predicts erosion of morale among psychiatric outpatients. Psychiatry Res 2004;129: 257-265

OC-03-04

DETERMINANTS OF QUALITY OF LIFE AMONG FIRST-EPISODE SCHIZOPHRENIA PATIENTS IN MALAYSIA

INSTITUTIONS

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Aims: Male gender, unemployment, negative symptoms, depressive syndromes, anxiety symptoms, weight gain, obesity, long duration of untreated psychosis and cognitive impairment (executive function and working memory) have all shown to be predictors for poorer quality of life among patients with schizophrenia. Nevertheless, there has been lacking of data from developing countries. The objective of this study was to determine the predictors of quality of life among compliant patients with first-episode schizophrenia (FES).

Methods: This is an observational, naturalistic cross-sectional study on patients with FES after compliant with treatment for a year. 124patients were assessed with WHOQOL-BREF in Hospital Kuala Lumpur, Malaysia. The other assessments were socio-clinico-demographic data during diagnosis and after 1 year. ANCOVA was employed to determine the predictors of subjective quality of life taking a number

of potential confounders into account simultaneously.

Results: Gender and HoNOS-Impairment score were the only predictive variables for the sub-scale on Physical domain in WHOQOL-BREF. For Psychological domain in WHOQOL-BREF, gender and BPRS-Anergia were the best predictors. Social relationship domain of quality of life was best predicted by HoNOS-Impairment score that emphasized cognitive and physical impairments. Gender and BPRS-Thought Disturbance were the best predictors of quality of life in relation to environment.

Conclusion: Domains of self-rated quality of life in patients with FES in this center are differentially correlated with malleable and non-malleable aspects of socio-demographic and clinical characteristics

IDENTIFYING SCHIZOPHRENIC PSYCHOSES WITH PSYCHOLOGICAL SCALES

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Aim: To study the predictive power and associations of several psychological scales with respect to hospitalisations due to schizophrenic psychoses.

Methods: Temperament and Character Inventory, Physical Anhedonia Scale, Social Anhedonia Scale, Perceptual Aberration Scale, Hypomanic Personality Scale, Bipolar II Scale, and Schizoidia Scale were included in the 31-year follow-up survey of the prospective Northern Finland 1966 Birth Cohort (N=4,926). We compared subjects without any previous hospitalisations to those with previous hospital diagnoses (concurrent validity) and to those who in the eight year long follow-up were hospitalised due to schizophrenic psychosis (predictive validity). We also compared the subjects with schizophrenic psychoses and subjects with other psychiatric disorders (discriminant validity).

Results: In most scales, subjects with schizophrenic psychoses differed from healthy subjects. The Perceptual Aberration Scale was the best scales for concurrent (Effect Size, d=1.89) and discriminant validity (d=0.64). Subjects having a high score in Hypomanic Personality Scale were in the highest risk for schizophrenic psychoses in eight-year long follow-up (OR 10.72; 95% CI 2.87-40.06).

Conclusion: Subjects with schizophrenic psychoses differed in most of the scales from healthy controls and from subjects with other psychiatric disorders. Many of the scales were useful predictors for future hospitalisations due to schizophrenic psychoses; the scales were, however, not very diagnosis specific. The predictive power of the scales is limited; these scales as such are probably not useful as screening instruments but can be used in several ways when studying e.g. risk factors or genetics of schizophrenic psychoses.

OC-03-06

TWO TYPES OF SCHIZOPHRENIC PATIENTS CLASSIFIED BY WAY OF LIFE

INSTITUTIONS

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AUTHORS

outcome.

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Objective: The purpose of this study is to investigate the long-term course and outcome of the two types of schizophrenic patients classified by way of life and to examine the validity of this classification. Methods: The subjects are 48 Active type and 29 Passive type patients who were discharged from Gunma University Hospital between 1958 and 1962. The investigation of the course and outcome of the subjects was concentrated mainly on the aspect of social adjustment. We assessed the course of social adjustment of each case, month by month, throughout the whole term by using Eguma's Social Adjustment Scale (ESAS). Based on these data, the comparison between the two types of patients was made with regard to longitudinal course, number of relapses during the entire period and long-term

Results: The average number of relapses in the Active type patients was 3.1 during the first 5 years and 4.4 during the following period, while in the Passive type patients the number was 1.3 and 1.8 respectively. As to social adjustment course, of the Active type patients, 23% were ,stable self-supportive and 42% were ,chronic institutionalized. Among the Passive type patients, 55% were ,stable self-supportive and only 7% were ,chronic institutionalized.

Conclusions: The long-term course and outcome were more favorable for the Passive type than the Active type patients. The results show that the classification of two types is useful for predicting the long-term course and outcome and for making appropriate interventions.

EFFICACY OF INTEGRATED PSYCHOLOGICAL THERAPY (IPT) FOR SCHIZOPHRENIA PATIENTS: WHAT WORKS?

INSTITUTIONS

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Objectives: In recent years studies could demonstrate an association of deficits in neurocognitive domains and functional outcome with social cognition as a mediating factor. The Integrated Psychological Therapy (IPT) for groups was one of the first comprehensive therapy programs to target deficits in all three of these areas. The first IPT subprogram addresses neurocognition, the second one social cognition and the following subprograms social functioning. Up to now, research groups in 11 countries in Europe, Asia, North and South America have conducted 33 evaluation studies on IPT including 1496 schizophrenia patients.

Methods:The aim of this study was to examine which therapy components work best in integrated treatment represented by IPT technology. For that purpose 33 IPT studies were quantitatively reviewed.

Results: IPT demonstrates significant global therapy effects in inpatient and outpatient settings and in academic and non-academic sites compared to control conditions. Two weekly sessions optimise treatment and a longer lasting therapy supports additional benefits in social functioning. The use of only neurocognitive, social cognitive or social functioning subprograms show strong effects in proximal outcome, but only moderate effects in distal outcome. The combination of the neuro- and social cognitive subprograms improves the effects in proximal and distal outcome and leads to a reduction of drop-out rates of 50%. Only the complete implementation of IPT strongly improves the effects at follow-up.

Conclusion: Efficacy of IPT implementing single subprograms is strong with regard to proximal outcome. For generalisation effects a combination of all IPT components seems to be essential.

OC-03-08

THE EMPIRICAL STATUS OF PSYCHOLOGICAL THERAPY IN SCHIZOPHRENIA: A SYSTEMATIC REVIEW OF META-ANALYSES

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Objectives: Clinical, ethical and economic considerations have encouraged clinical practice to be guided by an evidence base resulting from evaluations of the efficacy of treatments. Regarding the treatment of schizophrenia guidance now includes several psychological therapy approaches. The present study aims to provide a comprehensive, systematic review of their empirical status.

Method: Evidence from available meta-analyses is systematically reviewed with regard to the comparative and differential efficacy of different psychological therapy approaches. Meta-analyses were identified by Medline and PsycInfo searches. The reported effect sizes were transformed into a uniform effect sizes measure. A cumulative data synthesis, moderator analyses and homogeneity tests were applied to examine the influence of different study, patient and therapy characteristics on the size, significance and consistency of the effects.

Results: From the 24 meta-analyses identified, social skills training, family interventions, cognitive behaviour therapy, and cognitive remediation emerge as effective adjuncts to pharmacotherapy. However, in comparison with unspecific psychosocial interventions the benefits of these psychological therapy approaches are much less distinct. Moreover, the distribution of effect sizes is frequently heterogeneous indicating substantial differences in the effects depending on study, patients and therapy characteristics.

Conclusions: There is now sound evidence for the benefit of psychological therapy in schizophrenia. However, many questions remain: the maintenance of treatment effects, the differential indication, the therapeutic ingredients as well as the synergistic effects still need to be addressed. Another major issue is whether therapies that have been validated in clinical trials can be rolled out into clinical practical.

SCHIZOPHRENIA COURSE: DISEASE "PROFILES" AND GLOBAL FUNCTIONING EVALUATION

INSTITUTIONS

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This research analyzes the disease histories in 1000 consecutive patients affected with schizophrenia syndrome, after their first contact with Psychiatry Department, either Community Care Unit or Psychiatric Unit for acute inpatients. Follow up goes from 3 to 29 years

Disease "profiles", developed using data bases and case histories, describe individual paths and trends of disease; they point out age at first contact, follow up years, no. of admissions, no. of community care interventions per year, important life events, therapies carried out, compliance and clinical conditions. Global functioning evaluation at present time is measured using FPS scale (VADO, Morosini

and Coll., 1998, 2000). This systematic individual course's analysis allows to highlight prognosis factors, positive or negative, long-term therapies efficacy, and underline clusters with different courses and outcomes. In our sample, favourable outcomes, with complete remission or feeble residual symptoms and a good global functioning, are beyond 60%, whereas in 10 % of cases schizophrenia leads to a very serious disability. The early period of care proves to be a crucial moment for future course and outcome: from first contact it's very important to work on give complete information to patients and families, obtain reliance and achieve compliance, agree on an individual therapeutic plan, and prevent disability and stigma.

OC-04: DISASTERS AND MENTAL HEALTH & MISCELLANEOUS

OC-04-01

RECOGNITION OF THE SYMPTOMS OF VIOLENCE AGAINST WOMEN BY THE HEALTH STAFF EMPLOYED AT 112 EMERGENCY AID STATIONS

INSTITUTIONS

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Objective: The study was conducted in order to analyze the state of recognition of health staff employed at 112 emergency aid stations concerning the symptoms of violence against women.

Method: The sample of the research consisted of 100 health staff who works at 112 emergency aid stations. The data was collected using Introductory Information Form and a scale form measuring the recognition of health staff employed at 112 emergency aid stations concerning the symptoms of violence against women (1, 2).

Results: It was noted that 90.0 % health staff have witnessed violence cases and 87.0 % have not received an in-service training for acquiring recognition of the physical and psychological symptoms of violence executed against women. The average score the health staff received from the scale measuring the recognition of health staff concerning the symptoms of violence against women was 21.50 \pm 4.25. It was seen that 10 % of staff was sufficient, 75.0 % was partial-

ly sufficient and 15.0 % was insufficient concerning their recognition of the symptoms of violence against women.

Conclusion: It was concluded that health staff was insufficient in recognizing the symptoms of violence against women. It can be proposed that in-service training programs would be designed on violence against women.

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OC-04-02

PROJECT RECOVER: A PROGRAM FOR DISASTER RESPONSE MENTAL HEALTH RECOVERY USED AFTER HURRICANE KATRINA USA 2005

INSTITUTIONS

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AUTHORS

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In the aftermath of Hurricane Katrina along the Gulf Coast of the United States in 2005.there was a great deal of emotional trauma associated with the massive upheaval in families and disruption of society infrastructure. A program called Project Recover was utilized in a series of schools in Mississippi and Louisiana, including New Orleans in the 3 years after the disaster. Project Recover was developed by a team of medical, psychological and technical experts. It is in English and is aligned to standards for education in the United States. It has been designed for the middle school level and is accessed with a computer connected to the Internet. Use of the program takes about 5 hours total time and can be done in one day

or over several sessions. It has primarily been in school but also in an after school setting. Some psychologists have used in conjunction with clinical therapy sessions. This is an online program that guides students through the knowledge, skills, and resources necessary to help them identify there issues, and make a plan for how to deal with them. The program utilizes many techniques such as games, flash animation , and video to supplement its written content.. Participants will receive a license to the program and be able to understand the learning and treatment objectives of the program, how this program is implemented, how to use pre and post testing, and understand the research documenting its usefulness.

OC-04-03

POSTTRAUMATIC STRESS DISORDER AND DEPRESSIVE SYMPTOMS AMONG RESIDENTS OF TSUNAMI AFFECTED AREAS IN SRI LANKA

INSTITUTIONS

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OBJECTIVES:

On 26 December 2004, a large earthquake occurred off the west coast of Sumatra and devastating tsunami struck surrounding countries. Sri Lanka was the second most seriously affected country after Indonesia, with more than 31,000 deaths and 4,000 people missing. The purpose of the study is to elucidate the relationship between factors of tsunami-related exposure and psychological effects among the residents in southern Sri Lanka.

METHODS: A survey of personal interview by using questionnaire is conducted on the subjects who were living in the differentially affected areas (i.e. severely, moderately and little affected area) of southern Sri Lanka at the time of tsunami attack. The questionnaire includes information about demographic (age, sex and marital status), socio-economic (occupation, education and religion) and lifestyle

(smoking and drinking habit) factors and somatic health condition (activities of daily living, presence of chronic diseases and self-rated health status). Detailed questions about objective and subjective features of tsunami-related exposure (death of family member, suffering serious injury, damage of house, forced relocation and thoughts of fear) are also included. Posttraumatic stress disorder and depressive symptoms are assessed by Impact of Event Scale-Revised (IES-R) and Center for Epidemiologic Studies Depression Scale (CES-D), respectively. General Health Questionnaire 12-item version (GHQ-12) is also used to assess general mental health status.

RESULTS: The survey is being carried out. The results will be presented at the meeting.

OC-04-04

PART OF THE DENIAL AND SILENCING CENSORSHIP IN PSYCHOTRAUMA PATHOLOGY

INSTITUTIONS

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AUTHORS

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In psychopathology it is very important to distinguish from one disaster with its near consequences to other post-traumatic disorders which are bound to the denial and silencing censorship all throw previous generations. The listening of these last kinds of symptoms suggests taking care for the person over beyond their repression and

censorship psychological process.

Key words: denial, silencing censorship, post-traumatic psychological disorders, trans-generational

OC-04-05

PSYCHIATRIC MORBIDITY AMONG THE SIDR-HIT PEOPLE ONE MONTH AFTER THE DISASTER

INSTITUTIONS

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Aims: Bangladesh is a disaster prone country. Geographical location, poor telecommunication facilities, lack of shelter, poor economical status have made our people at high risk of disasters. A devastating cyclone named Sidr hit the southern and middle districts of Bangladesh with 215 to 250 km per hour speed at the highest on 15th November 2007. The damage was extensive, including tin shacks flattened, houses and schools blown away and enormous tree damage. Some local officials have described the damage as being even worse than that from the 1991 cyclone. The entire cities of Patuakhali, Barguna and Jhalokati District were hit hard by the storm surge of over 5 meters (16 ft). This study was done among the Sidr affected areas of the southern districts of Bangladesh to see the extent of psychiatric morbidity among them.

Methods: A total of five teams worked in three districts. A 24-item Self Reporting Questionnaire was applied to 326 people over 18 years of age.

Results: The results showed a high prevalence (76 - 99%) of Psychiatric morbidity among those people. Correlates of vulnerability factors were also evaluated. Death of relatives; loss of property, social status, household etc. were related with high prevalence of Psychiatric morbidity.

Conclusion: All these information necessitates the institution of a Disaster Mental Health Program in those areas.

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OC-04-06

SEXUAL DYSFUNCTIONS IN PATIENTS WITH TEMPORAL EPILEPSY

INSTITUTIONS

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Objective: the current study was carried out in order to find any possible relationships between seizure semiology, their frequency, antiepileptic drugs treatment and affective disorders and sexual disorders in epileptic patients.

Design and methods: Two groups of epileptic patients with (100 persons) and without (50) sexual disorders were compared in study. Munich Personality Test (MPT; SCL-90; Hamilton Depression Scale and National Hospital Scale for Severity of Seizures (NHS3) were used in study.

Results: Obtained results have shown that libido reduction was the

most frequent complaint in epileptic patients and it has occurred in 75% of patients. Patients with sexual dysfunctions were mostly characterized by temporal lobe epilepsy, concomitant depressive disorder, frequent complex partial seizures and long duration of epilepsy compared with epileptic patients without sexual disorders.

Conclusion: Sexual dysfunctions in patients with epilepsy seem to have interrelationship with temporal epilepsy with co-morbid depression and represents one facet of Geschwind-Gastout triade. Suggestion can be made that mesial temporal epilepsy is risk factor for possible sexual dysfunctions development.

OC-04-07

VIOLENT INJURIES AND RELATIONSHIP TO ALCOHOL USE

INSTITUTIONS

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AUTHORS

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Aims: Injuries are major causes of mortality and morbidity in Taiwan. Alcohol involvement often plays a role in injuries. The purpose of this study was to determine the prevalence of alcohol-related violent injuries and their epidemiologic characteristics at an emergency department.

Methods: Patients, aged at 13-80 years, who were injured due to self deliberate or interpersonal violence, were studied. For each patient, the attending nurse completed an injury-coding sheet which included the results of an assessment of whether the patient had an alcohol odor or alcohol consumption related behavior.

Blood alcohol testing was also performed based on the decision of the attending physician. Injuries were defined as alcohol-related based on the report of ,'alcohol odor" or ,'intoxicated" by the nurse or a positive blood alcohol test. Epidemiologic characteristics of violent injury were analyzed. Results: A total of 561 violent injuries were studied and 43.4% were classified as alcohol-related. The prevalence of alcohol-related violent injuries was 50.2% for males and 34.9% for females. More than half (53.7%) was noted among aged 25 to 45 years. Alcohol used also noted among adolescents (age 13-17, 8.9%). Alcohol use was common among self-deliberate injury (47.6%) and interpersonal injuries (42.9%). The top two occurrences of violent injuries were home (34.6%) and recreational location (29.4%). Of those identified with alcohol use, 17.5% of them were admitted for further treatment.

Conclusions: Nearly half violent injuries were related to alcohol use. Particular attention needs to be given to preventing and reducing the burden of alcohol-related homicide and violence.

OC-04-08

WORKING; COPING; EATING AND CORTISOL RESPONSES IN DIFFERENT TYPES OF IMPULSIVITY

INSTITUTIONS

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Objectives: Hyperactivity and attention deficit subtypes of impulsivity have been defined for ADHD and differ in several behavioural and physiological variables. Since Motor and Nonplanning Impulsivity as defined by Barratt´s questionnaire may be taken to represent the two clinical groups in healthy populations, the aim of this experiment was to compare high and low scorers on these dimension with respect to their working style, coping strategies, eating habits and cortisol responses.

Methods: In experiment I 70 medical students provided saliva samples for measuring cortisol awakening responses (CAR) and samples before and after a written exam, filled in questionnaires on impulsivity, working strategies during the exam, and coping styles. In experiment II Impulsivity was investigated with respect to eating habits and food intake in 57 students.

Results: High and low Motor Impulsives differed in working strategies and coping styles resembling the deficits of the hyperactivity type of ADHD whereas high Nonplanning Impulsives differed in aspects characteristic for attention deficit. Motor Impulsivity also moderated the relationship between cortisl and working style: CAR and stress responses indicated successful ways of working in low impulsives but an ineffective way in highs. The most striking result of study II was that high Motor Impulsives tended to eat more unhealthy food while believing in health food while lows acted according to their attitudes, a finding not observed for differences in Nonplanning Impulsivity

Conclusions: Questionnaire dimension in healthy persons reflect those in psychopathology and impulsivity may moderate relationships between endocrine responses or attitudes and behaviour

OC-05: DISASTERS AND MENTAL HEALTH

OC-05-01

MENTAL HEALTH IN WARTIME: A SURVEY OF DISPLACED POPULATIONS AMIDST JULY 2006 WAR IN LEBANON

INSTITUTIONS

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Objectives This study reports on prevalence and determinants of anxiety in civilians at an early stage of displacement, and investigates the relationship between anxiety, displacement and war experiences in specific cultural and political contexts.

Methods A Cross sectional study of 218 Internally Displaced adults settled in 4 centers in Beirut was done during the July 2006 war in Lebanon. Anxiety was assessed using an Arabic translated version of the Hamilton Anxiety Rate Scale (HAM-A). Participants were categorized as having no or low level of anxiety, moderate level of anxiety and severe level of anxiety. Data were collected using a structured interview.

Results The prevalence of severe level of anxiety (13.3%) was relatively low in a population having undergone major stressful events. Logistic regression, done only for females due to a small count of

males presenting the outcome of interest, revealed that anxiety was significantly associated with sharing rooms at IDP centers, where females sharing with family members being more prone to anxiety as compared to those sharing with strangers (AOR = 3.41).

Conclusions During the July 2006 war, a general picture of resilience was displayed by those displaced to institutional centers monitored by representatives of their community leadership. The importance of social environment contributing to the psychological well being of females was highlighted. The authors also discussed the importance of common ideological commitment of the displaced, their high communicative nature and their trust in their political leadership in buffering the impact of individual experiences of war trauma and displacement.

OC-05-02

PROLONGED TERROR AND EXTERMINATION, HOW DOES DARFURIANS MENTALLY SURVIVE? IMPRESSIONS FROM THE INSIDE

INSTITUTIONS

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AUTHORS

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The atrocities inflicted on the Darfurians are extreme and includes burning villages, harassment, killing and rape. According to statistics 3 million Darfurians (1 of 3) have been forcedly displaced. 200 000 have died because of unmet health or physiological needs -lack of basic necessities as food and water. No-one knows how many have been killed.

Darfurians experience constant fear and lack of trust when they are at large. The situation of the forcedly displaced (IDPs) is much worse. They are any time vulnerable to arrests and maltreatment in addition to harassment and thefts by armed Janjaweed tribes and others.

The first issues the Darfurians focus on in order to cope and maintain their mental stability are housing and the basic activities of daily life. They establish markets and start to practice religious customs.

Wedding parties, music, singing - sometimes sadly - indulging in sophist activities - all supports and strengthens the coping capacities. Women entertain their families, good hearted, with smiles - though always apprehensive and vigilant (a high paranoid axis). They produce and use "forbidden drinks" as self-medication.

The antagonism between the common terror and the family life requires the ability to endure a reactive paranoid reaction to threat and persecution. The coping capacity of the Darfurians is amazing, particularly the womens, who use their maximum surviving ability and over consume their endogenous endorphins.

The author is a psychiatrist who has worked for many years in Darfur. He will show pictures of how the families maintain their mental health.

OC-05-03

PTSD: FROM THEORY TO PRACTICE (IN CONNECTION WITH AN ALGERIAN EXPERIENCE)

INSTITUTIONS

1. EHS Drid Hocine, Alger, Algeria

AUTHORS

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For more than a decade, the Algerian "shrink" has been confronted to post traumatic syndrome disorders. In view of the scope of the events, he had to intervene quite urgently, on the one hand, and ponder rather quickly over his approach and intervention on the other hand.

Confronted with the multitude of theoretical, nosographic, etiopathological and therapeutic models, as well as with various school squabbles, he was compelled to make his own choices, not arbitrarily

of course, but choices that were imposed by the needs of the field, urged by the Algerian setting and context.

This tough and painful experience, but nonetheless enriching and enlightening, has helped the Algerian "shrink" find his own niche in the realm of the reflection on PTSD.

Key words: violence- terrorism- victim- intervention

OC-05-04

SYSTEMIC INTERVENTION IN AN EMERGENCY CONTEXT: THE ALGERIAN EXPERIENCE

INSTITUTIONS

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AUTHORS

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Our purpose would be a re-reading of the care and assistance professional's interventions during the last ten years with violence and disasters in Algeria (1992 - 2003). From about several typical and clinical cases we will show how we had to translate some classical guidelines in another specific one, as systemic intervention in ex-

treme situations of disaster, to help people in distress and their professionals of care.

Key-words: emergency context, victim, systemic intervention

OC-05-05

CURRENT TRENDS IN TAKING CARE OF PSYCHOLOGICAL TRAUMATISM

INSTITUTIONS

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Evident gaps exist between theoretical management of psychotraumatic symptoms and psychologically injured patients in our every-day clinical practice. Sticking to guidelines based on the DSM-IV classification is essential. But we must also consider the patient's clinical evolution, which needs theory adjustments and tailored treatments. Several clinical trends have already tried to steel the "gold

standard" seat. Some have reached an interesting notoriety, others have been rejected from a decent clinical practice. Many others are playing the outsider role. These debates about different treatment cultures need some concise description and critical spotlight that we are going to provide.

OC-05-06

PATHOLOGICAL JOURNEYS: IS THERE A GENEVA'S SYNDROME?

INSTITUTIONS

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The present study aimed at characterizing pathological travellers, a population seldom studied in psychiatry, who come in Geneva in reaction to persecutory delusions to ask for help, often as a last recourse. It is important to distinguish people seeking help for human right abuses from pathological travellers, since responses to their

suffering should of course be different.

Key-words: persecutory delusions, human rights, travellers, international, Geneva

OC-05-07

A SPECIALIZED UNIT OF HOSPITALISATION FOR PSYCHOTRAUMATOLOGYICAL DISEASES

INSTITUTIONS

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AUTHORS

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The private psychiatric clinic "La Métairie", in Switzerland, is now offering multi-fields hospital cares for holding undergone psychotrauma patients. Our multidisciplinary team proposes, in a single residential place, all the recognized therapeutic approaches up to day (EMDR, behaviour therapy, hypnosis, body-care, occupational

therapy) and others fields. We present here, in the form of clinical labels, the advantages and the limits of this structure of care.

Key-words: psychotraumatology, private practice in psychiatry, hospital specialized unit

OC-05-08

LET THE CHILDREN PLAY: A MULTILATERAL THERAPEUTIC APPROACH TO PSYCHOTRAUMA IN DOMESTIC VOLENCE

INSTITUTIONS

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AUTHORS

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Psychotrauma is a major consequence of various forms of domestic violence (physical, psychological or sexual abuse, and neglect), and has severe implications for health or general life. Children are the most sensitive victims. The author will present methods of assessment and of systemic therapy in this field, with more than one thou-

sand families followed and treated in the psychiatric center where he works as head clinician.

Key words: maltreatment, domestic violence, abuse, neglect, systemic therapy

OC-06: MISCELLANEOUS 1

OC-06-01

THE RECOVERY PROCESS OF PERSONS WITH PSYCHIATRIC DISABILITIES: VALUES AND PRINCIPLES OF INTEGRATED PERSONAL DEVELOPMENT MODEL (IPDM)

INSTITUTIONS

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AUTHORS

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Aims: The Integrated Personal Development Model (IPDM) was raised based in some nuclear assumptions as suppressing the stigma always associated with the disease, defocusing from the mental health role, promoting empowerment and self-determination, as well as developing personal competencies directly related to the individuals social integration specific context. The aim of this communication is to present the rational of this model and the outcomes of a pilot study designed to test it.

Methods: This psychosocial rehabilitation program (9 months/3hours-day) was developed in a non segregated organisation and it integrated people with and without psychiatric disease. The intervention was based in training and virtual reality methods, applying diverse instruments such as 'Cognitive Rehabilitation Integrated Virtual' or 'Readiness, Choosing and Achieving Valued Roles - Practitioner Tools'. Assessment integrated pre and post tests, evaluating different functional domains: cognitive, emotional, social behaviour,

self-efficacy, employability competencies, life quality and program satisfaction.

Results: Results point towards very positive outcomes, since there were identified significant differences between both groups in pre and post test regarding cognitive and emotional performance, employability competencies, subjective perspective on life quality and self-efficacy. More over, the frequency and satisfaction level with the program were notably high, all the persons completed the Portuguese minimum qualification required level, and some were professionally integrated.

Conclusions: Although these initial results are promising concerning promotion of functional competencies, social integration and quality of life in people with psychiatric disabilities, the current research is an initial step in establishing the efficacy of this new rehabilitation model.

OC-06-02

MENTALLY ILL OFFENDERS: QUALITY OF LIFE AND LEVEL OF PSYCHOLOGICAL WELL-BEING.

INSTITUTIONS

1. The Serbsky National Research Centre for Social and Forensic Psychiatry, Department of prevention of socially dangerous acts of the mentally ill, Moscow, Russian Federation

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Aims and Methods: The goal of this study was to examine the relationship between quality of life and level of psychological well-being during coercive treatment on the sample of schizophrenic patients. 88 patients with schizophrenia disorders during initial and expiry period of compulsory treatment were interviewed with inventory of quality of life (A, Shmukler), scales of psychological well-being (C, Ryff) and scales of self-esteem (mod. Dembo-Rubinshtein).

Results: The elder patients demonstrated a highest level of such scales as "Positive Relations with Others" and "Purpose in Life". All the patients had a low level of "Autonomy" without dependence of their age, social status and the forensic history. Moreover, their self-esteem and self-concept did not mediate the process of construction and reconstruction of subjective appraisals and psychological well-

being. The presence of the hallucinations, paranoid symptoms, affective disorders and the presence of the motivation on adaptation influence on satisfaction of the quality of life and social functioning of patients. And at the same time constant and high level of motivation on re-socialization causes low level of self esteem and psychological well-being among these persons, especially before discharging from the hospital.

Conclusions: Characteristics of self-esteem and some parameters of psychological well-being can be considered as the targets of psychotherapeutic interventions during coercive treatment. Scales of psychological well-being are an adequate additional instrument for the evaluating the efficacy of psychosocial rehabilitation.

COUNSELLING FAMILIES OF ALCOHOLICS (SIGNIFICANT OTHERS)

INSTITUTIONS

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AUTHORS

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Alcoholism is very serious public health problem which is hidden most of the time. Through several decades of work with alcoholics and their families, it seems that we step away from ordinary world and overlook or forget that not everyone think that alcoholism is a family problem. Our working program, based on Ecosystemic approach involve so called "significant others" (network therapy) in treatment of alcoholism, and this approach/ program helps more because we work with family members as part of consultancy before alcoholic stops drinking. Working difficulties which are part of transition changes in 21st century reflect on quantity and quality of counselling work, and this bring less number of family involved in this kind of professional treatment. It is well known that abusers motivation for treatment is minimal, family support is necessary as well

as support of significant others. Therefore our experience has been aimed on free services (without any records) as a way to gain and motivate the families to look for help. This text will present data on project "Alcoholic prevention through the counselling" financed by Belgrade Parliament, which main idea was to give professional help to citizens by re-organizing counselling unit. Final purpose is implementation of these services on the local level of the community with slogan "closer and faster to the healthy family". It is necessary to state that we don't cure alcoholism, neither give diagnose, because this procedure is done in institutes specialized on alcoholic treatment.

Key words: alcoholism, significant others, family, counselling

OC-06-04

AN INFANTICIDE: ACTING OR PREMEDITATION?

INSTITUTIONS

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AUTHORS

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Aim: To present a case of infanticide that is hard to comprehend and to discuss the principle difficulties. The case deals with the charge of infanticide brought against Mara, age 40, married with four children. The statement arose from the finding of a plastic sack containing the clothing and the body of a newborn without apparent signs of external injury. The statement continues that some days earlier during the night the accused had requested help from people who lived close to the place where she had had a road accident. The neighbours remembered that the woman appeared very agitated and was unable to explain what had happened. Despite being in midwinter the accused was dressed in a sweater with half-length sleeves and in shoes but without stockings. She remembered nothing of the birth and only confusedly what happened there after.

Method: We are not able to refer to any standard proof of insanity. We have instead to follow the hermeneutic analysis, characterised by a specific, methological sequence of steps, unique to this particular plea of insanity.

Discussion: the prosecution maintains that Mara deliberately killed her daughter after the birth to hide the facts. The defence maintains that the pre-existing psychological condition, the disequilibrium engendered by the birth induced a crepuscular state, taking her back to a primitive condition.

Conclusion: This case demonstrates how the most sophisticated epistemological methodology has become an integral part of clinical practice.

DETECTION OF RISK FACTORS IN THE SUICIDE IDEA DURING ADOLESCENCE

INSTITUTIONS

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Suicide is one of the main cases of adolescent death all around the world. In the last few years, a deeper knowledge of different risk factors related to it, generated the need for a predictive model that discriminates the differential importance of these factors in each context. The purpose of this investigation is to detect the group of factors that are more related to the suicide idea ion teenagers, regarded that this idea is directly linked to the attempt of suicide. The root of this investigation lies in the hypothesis of the suicide idea

in teenagers is associated to a combination of both individual and social factors, building a predictive model of risk. To detect them, a psycho-measuring technique will be tested in teenager samples in Buenos Aires (800 men and women, between the ages of 12 and 20 years old) in twin stages: 1-Tracking from a universe of items extracted from different evaluation tests and classified by expert judges. 2-Instrument testing, resulting of a posterior elimination of the items without significant correlation.

OC-06-06

THE RELATIONSHIP BETWEEN PERSONAL KNOWLEDGE, SOCIAL SUPPORT SYSTEMS, MENOPAUSAL SYMPTOMS, SELF-CARE, DEPRESSIVE SYMPTOMS, STRESS, AND HEALTH STATUS AMONG SOUTHERN RURAL AFRICAN AMERICAN MENOPAUSAL WOMEN

INSTITUTIONS

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Aims: Menopause affects millions of women worldwide. This presentation will explore the relationships between: (1) knowledge about the perimenopausal or menopausal health, (2) support systems, (3) symptom management, (4) self-care approaches used among the women, (5) depressive symptoms and stress, (6) hassles in their lives, and (7) their overall health status.

Methods: This descriptive correlational study is based on data that were obtained from 206 southern rural African American women, between 40 and 60 years of age. The women were invited to participate in a face-to-face interview. An alpha of 0.05, beta of 0.15, effect size of 0.30, and power of 0.85 were used in this study. Instruments that were used in collecting data were the Menopausal Health Survey, People In Your Life Questionnaire, Life Stress Questionnaire,

and the Beck Depression Inventory. Specifically, descriptive statistics, chi-square, correlation analyses, and multiple regression were used to analyze the data.

Results: The study results indicated that the women who reported fair or poor health were less likely to have health insurance, to be employed, to have a support system, and to be engaged in meaningful relationships.

Conclusion: African American women are a vulnerable population that need to have culture-specific interventions that address their health and social needs. The health disparities that exist among the population could be related to knowledge deficits about their health and how to best engage in health-seeking behaviors.

DEPRESSIVE SYMPTOMS AND SELF-PERCEIVED BURDEN IN PRIMARY CAREGIVERS OF THE DISABLED ELDERLY AT HOME

INSTITUTIONS

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OBJECTIVES: The purpose of the study was to elucidate the mental health conditions and self-perceived burden in family caregivers of the disabled elderly.

METHODS: A total of 101 subjects (21 men and 80 women) who were primary caregivers of the disabled elderly at home were included in the study. We assessed their mental health conditions by using 12-item version of the General Health Questionnaire (GHQ-12) and the Center for Epidemiologic Studies Depression Scale (CES-D). A high GHQ-12 score was defined when the score exceeded the threshold value of 3, while a high CES-D score was defined when the score exceeded the threshold value of 15. Information about demographic factors of caregivers and self-perceived burden were interviewed by using a questionnaire.

RESULTS: The mean age of the subjects was 63.5 years, ranging from 38 to 87 years. The relationship to the disabled elderly was 28 daughters, 26 daughters-in-law, 23 wives, 14 sons and 10 others. The median duration of caregiving was 3 years. Eleven subjects rated their health as bad, 28 subjects as fairly bad, 51 subjects as medium and 11 subjects rated as good. Among the subjects, 77 (76%) caregivers had self-perceived burden in caregiving. A high GHQ-12 score was observed in 23 (23%) subjects, and a high CES-D score was observed in 28 (28%) subjects. Self-perceived burden of family caregivers were significantly associated with high GHQ-12 score (p<0.001) and high CES-D score (p<0.001).

CONCLUSIONIt was indicated that mental health support for the self-perceived burden of family caregivers is important.

OC-06-08

MUSLIM SUICIDE - KASHMIR EXPERIENCE

INSTITUTIONS

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AUTHORS

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Background: Kashmir, a predominantly Muslim society had lowest rates of suicide in whole India(0.5/100,000) but not any more, 17yrs of conflict has brought trauma and turmoil .PTSD,MDD,SUBSTANCE USE are at all time high. Suicide is becoming the second common cause of unnatural death.

Methods: This study was based on data from, longitudinal medico legal registers of S.M.H.S Hospital of GMC Srinagar. The registers were surveyed for all suicide, Para - suicide and deliberate self harm cases. Medical record number - a unique registration number - was used for identification of case files of suicide behaviour, which were then used to reflect on various socio - demographic variables and psychiatric assessments.

Results: The result of the study reveals that on an average 3.5 persons report / day to SMHS causality with suicidal behavior. Most of the people who complete suicide are males of the age group 25 - 34. Most of the attempts are made by female- 4 times Para suicides and 7 times more DSH. Violent methods of suicide like cut throat and burns are a new phenomenon. All types of suicidal behavior are common in age group 25 - 34 except DSH in females were 63 % are in age group 19 - 24yrs

CONCLUSION: Suicide as health problem has announced its arrival in an unlikely socioreligious scenario and perhaps taking all health planners unawares. And preventive strategies at all levels from primordial to primary to secondary to tertiary need to be taken to address this problem.

FACTORS INFLUENCING THE QUALITY OF LIFE OF RELATIVES OF PERSONS SUFFERING FROM SCHIZOPHRENIA

INSTITUTIONS

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Objective: Caring for a relative suffering from a serious mental disorder is a chronic, stressful process that considerably influences caregivers' lives. Assessments of health-related personal experiences confirmed the deterioration of their quality of life. The aim of this research was to establish the factors that influence the quality of life of relatives of persons suffering from schizophrenia.

Method: The study included a total sample of 100 family members, relatives of 60 patients diagnosed for schizophrenia, who are over 18 years old and live in the same household with the patient. Sociodemographic data about the subjects, patients, their cousinship, the time they spent together, as well as the characteristics of their illness were collected. Medical Outcomes Study 36-item Short-Form Health Survey was used as the quality of life instrument.

Results: The subject's age, marital status, existence of cardiovascular disease, cousinship and the time spent with the ill relative were significantly connected with the quality of life of patients' family members. Religiousness was inversely related with the caregivers' quality of life. The level of education is the only important variable among patient's characteristics. Duration of illness, symptoms' intensity and the global level of functioning were very important factors too.

Conclusion: Identification of influencing factors is the first step in the improvement of the quality of life of family members of persons suffering from schizophrenia. Although some of them can not be changed, there are still those that require constant attention of both: formal, professional caregivers as well as of informal, family caregivers.

OC-07: SUICIDALITY

OC-07-01

SUICIDE ATTEMPT AS A COPING STRATEGY IN ADOLESCENCE

INSTITUTIONS

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AUTHORS

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- 4. Mario Speranza⁴, DR, PhD

Aim: To study the coping skills in suicide attempted adolescents and the impact of psychopathological suicidal risk factors, as the depressive level, anxious trait, hopelessness and self-esteem, on these coping skills.

Methods: Fifteen adolescents hospitalized owing to suicide attempt were compared with 12 healthy adolescents by the *Coping Inventory Stress Situation* (CISS) and the *Adolescent Coping Scale* (ACS). Psychopathological risk factors were evaluated by the *Beck Depression Inventory* (BDI), the *Beck Hopelessness Scale* (BHS), the *State-Trait Anxiety Inventory* (STAI) and the *Self-Esteem Scale* (SES).

Results: Two groups are comparable according to socio-demographical characteristics. Suicide attempted adolescents show significantly higher scores at the subscales "Emotion" of CISS and the "Non-Productive Style" of ACS, and a significantly lower score to the subscale "Productive Style" of ACS. Besides, they are more depressive

and more anxious, and they present a lower self-esteem and a higher hopelessness degree than the control subjects. In Multiple Regression Analysis, the increase in scores of both "Emotion" and "Non-Productive Style" is correlated to the depressive level and to anxious personality; instead, the decrease in scores of the "Productive Style" is associated with low self-esteem, hopelessness and anxious personality. Age and sex variables have no impact on the differences in coping skills between both groups.

Conclusions: Suicide attempted adolescents use emotional and non-productive coping skills, in association with the depressive degree and anxious personality; hopelessness and low self-esteem decrease the use of productive coping strategies.

Keywords: Suicide Attempt, Coping, Depression, Anxiety, Hopelessness, Self-Esteem, Adolescents

OC-07-02

SUICIDAL BEHAVIOUR FOR SEXUAL REASONS

INSTITUTIONS

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Objective: According to the data of our research most of the suicides are committed for sexual (6%), intimate-personal (15%) and family (52%) reasons.

Methods: Among the patients who asked for sexological help, persons at the age from 18 up to 50 years old, prevalented. Among them there were 57% of men and 43% of women. In the work clinical, clinico-psychopathological, sexological testing

Results: Suicidal behaviour manifested in suicidal intentions, attempts and thoughts. Those patients who were susceptible to demonstrative-blackmail kinds of suicide (62%) on the strength of their personal peculiarities, psychopatology manifestations, peculiarities of their constitution and with situational circumstances, rarely turn for sexological help with violations in the intimate area. By their be-

haviour they prefer provoking feelings of guilty and compassion for their partner's part. For the patients who had real suicidal attempts (38%), concealment of the information about the given incident, is strong-willed and typical. They sense feeling of groundlessness, manifestation of feebleness, shame because of their suicidal behaviour in the past. And a brought down self-appraisal of the person, that is found in 72% of the cases, assist of forming ideas of their own little-value, superfluousness, loneliness.

Conclusions: The elaboration of adequate measures for prevention, early revelation and timely treatment of the patients who had suicide attempts in consequence of sexual confusions downs, assists to increase of effectiveness in the actions of medical-psychological and social rehabilitation of patients.

OC-07-03

PECULIARITIES OF SUICIDAL BEHAVIOR OF MINSK RESIDENTS

INSTITUTIONS

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Over one million people commit suicide annually, which causes considerable economic damage to the society. To prevent suicide in Minsk a suicidal activity monitoring was conducted during two years; it included registration of all cases of suicide and parasuicide. It was revealed that among parasuicides prevailed women (53% in 2006, 58,4% in 2005), aged 20-39 (64,6% in 2006, 63% in 2005); main type of suicide is medicines poisoning (30% of all suicides in 2006, 33,8% in 2005). For those cases, low quality of asking for psychotherapeutic help was characteristic (only about 2% of all those who asked for help). Only every fifth of those who had committed parasuicide, committed suicide later.

Among suicide, me aged 40-59 prevailed. The main method (85%

of all cases) was hanging. Among men, 62,3% had certain blood alcohol concentration (in most cases, from 1,5 to 2,5%). Seventy nine individuals or 16,6% of all suicides, were registered at the narcologist. One hundred and five or 22% of all suicides were psychiatrist's cases.

The monitoring allowed to develop a strategy for prevention of suicidal behavior among men of 40 to 59 years old with alcoholic intoxication, but, not alcohol addicts). It was marked that members of this risk group do not ask for psychotherapeutic help (it is mainly women aged 35-45, who apply: 85% of all who asked for help). This work allowed to decrease the number of suicides from 19,7 cases per 100,000 in 2003 to 11,5 -11, cases per 100,000 in 2006.

OC-07-04

STUDY OF PREVALENCE OF SUICIDAL IDEATION AND ITS SOCIO-DEMOGRAPHIC CO-RELATES IN AN URBAN COMMUNITY IN NORTH INDIA

INSTITUTIONS

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Objective: To study the nature and prevalence of suicidal ideation in the community population of Delhi.

Methodology: The study was conducted on a gender equated sample of 1100 respondents belonging to different socio economic strata. The number of colonies was selected using Probability Proportionate to Size technique and the colonies were selected by draw of lots. The screening of suicidal ideation was done by using GHQ -12 and Suicide Related Behaviour tool. Those respondents whose SRB response was positive or those who had both GHQ & SRB score positive were recognized as the ideators

Analysis: Data entry and analysis was done using SPSS statistical software and non parametric tests (chi square).

Results: The prevalence of suicidal ideation in our study was 11.1 %(95% CI 11.04%-11.16%) has suicidal ideation in the total sample. The prevalence of suicidal ideation beyond last six months was 2.55 %(95% CI 1.90%-3.25%), within two to six months was 5.18 %(95% CI 4.82%-5.40%) and the last one month was 3.36 %(95% CI 3.33%-3.9%). Further, 63.1 %(95% CI 62.31%-63.89%) of the ideators had common mental disorders. Suicidal ideation was significantly correlated with gender (2 =21.24, P=0.000), educational level (2 =18.53, P=0.001), Occupational status (2 =25.27, P=0.001) & Family income (2 =12.98, P=0.011).

Conclusion: Suicidal ideation is similar across adult age groups (but lower in adolescents and elderly), marital status and employment whereas it is higher in women, less educated, lower occupational level and lower SES.

OC-07-05

THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENTS WHO ATTEMPTED SUICIDE

INSTITUTIONS

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Objective: The aim of this study was to identify the socio-demographic characteristics of adolescents who attempted suicide and determine the contributing factors to suicide attempts.

Method: The descriptive study was conducted between October 2006 -January 2007 using a sample consisting of 122 outpatients who were being treated at Izmir Education and Research Hospital, Emergency Service, Polyclinic for Children, 61 of whom had attempted suicide and 61 had not. The data was collected using descriptive information sheet (1,2).

Findings: It was seen that adolescents who attempted suicide were relatively less successful at school and belonged to lower income families and had worse relations with friends which is statistically significant (p<0.05). Furthermore, it was determined that parents of these adolescents in question had lower education levels and had been experiencing frequent breakups in addition to the presence of

psychiatric diseases, use of alcohol, suicide attempts and violence in their families (p<0.01).

Conclusion: It was concluded that factors such as success at school, relationship with friends and family, education level of parents, problems in the family structure as well as psychiatric disorders, use of alcohol, suicide attempts or violence in the family were characteristics closely related with the suicide attempts of adolescents.

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OC-07-06

ANTIDEPRESSANT PRESCRIPTION AND SUICIDE RATES IN BÁCS-KISKUN COUNTY (1999-2006)

INSTITUTIONS

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AUTHORS

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Objectives: The author determine the effect of antidepressant prescription on suicide rate in Bács-Kiskun County. Despite the number of suicides is significantly decreasing in Bács-Kiskun County since 1984 it is still at a very high level. There are several new hypotheses to explain the decrease, among which, the most controversial is the one looking for connections between the decreasing number of suicide victims and the increasing consumption of antidepressants (N06A).

Methods: The connections between suicides and the consumption of antidepressants were analyzed in the population in 1999-2006, in Bács-Kiskun County. Four indicators were used in the analysis of antidepressant consumption and suicides: 1. The number of patients. 2. DOT. 3. The amount of the antidepressant. 4. DHD. The connections were identified with correlation coefficients.

Results: The results of the analysis supported the hypothesis that

despite some contradictions there is a connection between the increase in the antidepressant use and the decrease in the number of suicides.

Conclusions: The complex diagnostics and treatment of depression will lead to the decrease of the risk of suicide of depressed patients.

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Keywords: suicide, antidepressants, suicide prevention.

OC-07-07

SUICIDE AS A CHALLENGE FOR PUBLIC MENTAL HEALTH

INSTITUTIONS

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AUTHORS

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Objective: persons committed completed suicides.

Methods: statistical analysis of suicide rate in the Russian Federation from 1990 to 2007.

Results: Despite of recent advances in psychiatry and improvement of social conditions of life in developed countries, the suicide rate still has remained high exceeding significantly the WHO critical level. Particularly it is true for Russia where the rate for completed suicides in 2007 was 30 cases for 100,000 populations. Hence this is a major challenge for public health and well-being. Specificity of suicidal situation in Russia is that suicidal rate in its regions varies from 1 to 120 cases per 100,000. The correlation between suicidal

activity of population and its ethno-cultural compound has been found. Taking in consideration this factors the differential programs for suicide prevention were elaborated. That has allowed to lower suicidal rate in average in 1,5 times for 5 years. That indicates the possible beneficial effects of the ethnocultural approach and taking into consideration of social and economical conditions in suicide prevention strategies.

Conclusion: at present the integrative programs for suicide prevention taking into account ethnocultural peculiarities of the population as well as social and economical conditions of the regions of their inhabitance.

OC-07-08

A DESCRIPTIVE ANALYSIS OF 1000 ATTEMPTED SUICIDES

INSTITUTIONS

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AUTHORS

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Introduction: Suicide and Attempted Suicides are important public health problems. Annual global suicide rate is 14.5 per 100,000 population. Attempted suicide is 8 to 20 times more frequent than of completed suicides. Kerala State is unique with 100 % literacy rate. But the suicide rate is 27.3/1Lakh which is about 3 times the national suicide rate-10.6/1lakh. There is much difference among various states of India and various countries in terms of different variables of attempted suicide. Hence this study was conducted.

Objectives: To study the clinical, psycho-socio-demographic and other variables of 1000 attempted suicides.

Method: One thousand suicide attempters referred to the Suicide Prevention Clinic of Government Medical College Hospital Kottayam were evaluated with a proper History, Physical Examination, Mental State Examination and Psychological Assessment. A specially-designed Proforma was completed to collect socio-demographic

and other details in the case of each subject. ICD-10 Criteria were used for diagnosis.

Results were analysed statistically. Findings were discussed.

Conclusions: Association between suicidal attempts and variables like age, socio-economic class, education, occupation, marital status, alcohol consumption, psychiatric diagnosis, gender, past history of psychiatric relevance, place & time of attempt, method of attempt and triggers is noted.

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ORAL COMMUNICATIONS

OC-07-09

CHARACTERISTICS OF SUICIDE ATTEMPTERS ATTENDED IN A PUBLIC HOSPITAL IN RIO DE JANEIRO, BRAZIL

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AUTHORS

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- 5. Lucia Abelha², Dr, MD, PhD

Objective: To describe a prospective follow-up study of all suicide attempts (N: 106) handled during a one-year period (2006-2007) by a public hospital in Rio de Janeiro. We describe the characteristics and identify the main differences between men and man of this sam-

Method: We utilized assertive outreach methods to recruit participants from our target population. Ratters were blind to the aims of this study. Participants were assessed in face-to-face interviews on their demographic and clinical histories.

Results: We recruited 90.6% of our sample. The majority were female (62.5%), young adults (55.4%) with a low education (66.7%). Over a third (38.6%) was unemployed and 44.8% was single. Half (51%) had a history of prior suicide attempt, 44.8% reported prior psychiatric/psychological treatment and 40.6% had a current history

of psychotropic medication use. Women used medication (46.7%) and men used pesticides (38.9%) as the preferred suicide method. There were statistically significant differences between men and women in unemployment, 47.1% and 17.5%, respectively (X² 8.79; p= 0.01); histories of family mental disorders, 36.1% and 18.3%, respectively, (X2= 10,602; p= 0,007); and only use of alcohol during the suicide attempt, 36.1% and 13.3% respectively ($X^2 = 6.831$; p = 0.01). Women were significantly more likely to attempt suicide at home than men, 65% and 35%, respectively (X² 4.6, p=0.03).

Conclusion: Our study suggest that suicide prevention needs to be comprehensive, focusing on young people and those individuals with prior suicide attempts and address the distinctive characteristics of women and men at risk for suicide.

OC-08: COMPUTER AND INTERNET APPLICATIONS & MISCELLANEOUS

OC-08-01

ART & PSYCHIATRY-HOW FAR WE HAVE EXPLORED THEIR RELASIONSHIP & UTILITY.

INSTITUTIONS

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AUTHORS

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Objectives: Art & medicine are interrelated. Psychiatry is almost interwoven with art & literature creative avenues in bilateral way. A fine artistic, creative way works in the handling & tackling of mentally ill patient or person in emotional crisis. Art in schizophrenia is overtly abstract in nature & sometime too bizarre. In Bipolar artists it may vary. Vincent Van Gogh (1853-1890), used extraordinary brilliant colours in his landscape & other famous painting, that looks as if he is in a hypomanic creative phase. Gogh in his later years suffers from a number of spells of mental disorder, insomonic and later end his life by shooting himself "for the good of all" at 37 years of age. Marilyn Monroe, the famous cine artist of Hollywood on top of her carrier died of barbiturate overdosing, an act of suicide.

Art and painting in depressive phase may loose bright colours, show faded shades. Recent Kaplan and Sadocks "Comprehensive text

book of psychiatry cover" is designed by a Norwegian artist Munch "Melancholy". A lady with a hunch back shoulder looking downwards in front of a beautiful landscape which in others may bring joy on gazing to the nature.

Methods: Here art utilisation is explored. Rosarach's Ink-blot test or TMT test are utilised for unfolding the unconscious.B.G Test is used when organicity involvement is assessed.

Results: Art are interrelated, where by studying a portrait or a landscape may reveal enormous angles if we can judge them. Conclusions: It's encouraging to get utility topics like ,Art & Psychiatry' which may be vast field yet less traversed.

OC-08-02

NEURODEGENERATIVE DISORDERS IN PEOPLE WITH DEVELOPMENTAL DISABILITIES

INSTITUTIONS

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AUTHORS

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AIMS/OBJECTIVES: This paper addresses the problems inherent in the differential diagnosis of neurodegenerative disorders in individuals with developmental disabilities. The process of differential diagnosis is complicated by pre-existing cognitive and adaptive deficits, neurological disorders such as epilepsy, and the tendency to misattributing neuropsychiatric symptoms for those associated with primary mental disorders.

METHODS: Case materials regarding Huntingtoin's disease, Multiple sclerosis, neuroacanthocytosis, and several mitochondrial disorders will be reviewed. The emphasis is on a description of the psychiatric symptomatology and problems associated with differencing these symptoms from those associated with other psychiatric disorders in individuals with developmental disability.

RESULTS: Most neurodegenerative disorders are associated with

atypical forms mood/anxiety disorders, impulsive/repetitive behaviors and a range of psychotic symptoms. The differential diagnosis requires clinicians to incorporate cognitive changes and evolving neurological symptoms into the assessment. Among individuals with moderate to severe developmental disability, the recognition of these conditions requires a high index of suspicion, and sensitivity to atypical features of primary psychiatric disorders.

Conclusion: Even among individuals with severe developmental disorders clinicians can differentiate degenerative disorders based on further loss of adaptive skills, cognitive changes, gait and coordination changes, emergence of new seizures, abnormal movements and sensorimotor changes. Once diagnosed appropriate palliative treatments can be initiated and the risk/benefits of psychotropic medications reassessed.

ORAL COMMUNICATIONS

OC-08-03

THE CANARY ISLANDS HEALTH SERVICE TELEPSYCHIATRY EXPERIENCE. ACCEPTANCE, SATISFACTION AND CLINICAL RESULTS

INSTITUTIONS

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AUTHORS

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The results of two telepsychiatry pilot projects and seven years of telepsychiatry as a routine service at the Canary Islands Health Service will be presented. After 265 patients, 1260 teleconsultations and

more than 1300 hours of clinical practice, we have available information about acceptation, satisfaction and clinical efficacy of this welfare activity that will be presented.

OC-08-04

ETHICAL CHALLENGES IN TELEPSYCHIATRY

INSTITUTIONS

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Telepsychiatry in the 21st century poses a wide range of ethical challenges. In this presentation, issues related to privacy, security, confidentiality, informed consent, and professional liability in the

use of telepsychiatry services will be revised remarking the need to create formal professional ethical guidelines for the practice of telepsychiatry.

OC-08-05

LESSONS LEARNED AFTER TEN YEARS OF TELEPSYCHIATRY PRACTICE

INSTITUTIONS

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As Arthur Schopenhauer said (1788-1860) "There are three steps in the revelation of any truth: first, it is ridiculed; in the second, resisted; in the third, it is considered self-evident". Considering telepsychiatry, and according to our experience, we have no doubts about that telepsychiatry is an adequate vehicle for mental health-care that increases access to care and user satisfaction constituting an effective means of delivering mental health services to psychiatric outpatients living in remote areas with limited resources with a clinical efficacy

indistinguishable of the corresponding one to face-to-face psychiatric treatment. Nevertheless, we had to face significant technical and interpersonal barriers and deeply embedded professional constructs about the nature and practice of therapeutic relationships were challenged. The lessons learned along our telepsychiatry experience will be presented with the aim that could be useful for future telepsychiatric developments.

OC-08-06

DEVELOPING AND IMPLEMENTING AN E HEALTH MENTAL HEALTH RECORD IN NHS AYRSHIRE AND ARRAN

INSTITUTIONS

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AUTHORS

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NHS Ayrshire and Arran have over the past 5 years developed and implemented a clinical information system across their mental health service. The system supports the systematic collection of demographic, assessment, care planning and patient contact activity within an e-health framework that allows for secure easy access to patient information from pc terminals within the organisation. A development, support and training team has worked with clinical staff to analyse the care processes and create an information system that reflects both the care process and the professional record keeping standards. New developments recently have included the access to child protection information stored by social work, an interface to display test results and associated information stored within shared systems. Staff have the ability to use the system in a mobile fashion

from patients homes allowing for the smooth flow of information between community and hospital services. National developments have led to the development of integrated care pathways for mental health conditions. The system allows for the collection of variances from pathways in order that the reporting systems can analyse aggregated information and support the development of action plans to help improve service provision. There has been a large focus on training staff to improve their IT skills and then apply those skills within the electronic record. The presentation will focus on the development and implementation challenges, explore the benefits of the system to staff and patients. A series of screenshots will demonstrate the application of the clinical processes in the e-health framework.

OC-08-07

ART MAKING AS A STRATEGY TO IMPROVE THE HEALTH OF INDIVIDUALS WITH PSYCHIATRIC CONDITIONS

INSTITUTIONS

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AUTHORS

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This paper will present findings of a study that explored the impact of participation in a community arts studio on persons with and without psychiatric conditions, including the effect of art-making on social isolation, stigma, and discrimination. Ethnographic methods used during this year-long participatory research study included semi-structured in-depth interviews of twenty student artists prior to and following studio participation, field observation within the studio, document review, and member checks. All interviews were audiotaped and transcribed. Each transcript was independently coded by members of the research team, and a code book was developed by consensus. A key finding of the study was that art making acted as a scaffold for personal change and the development of a community of artists. Student artists described changes in

their perceptions of themselves, in their roles and routines. Further, art making provided a bridge between the studio and the greater community, offering participants opportunities for access and greater inclusion. Student artists with psychiatric conditions described art making and the studio experience as therapeutic, but strongly differentiated it from traditional therapy. Clearly demonstrated in this study was the value of engaging in shared interests with others, specifically making art. As clinicians and policy makers continue to struggle with well-intended but inadequate efforts and programs to improve the health and quality of life of persons with mental illness, it is programs such as the one in this study that offer practical local strategies to enhance social inclusion and recovery.

OC-08-08

POSTTRAUMATIC STRESS REGRESSIVE SYNDROME (PSRS) IN RUSSIAN JUVENILE PRISONERS

INSTITUTIONS

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AUTHORS

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Background: Russian juvenile prisoners can be characterized as a "caste-structured" population; that is, they are informally stratified along a peer social hierarchy which is tolerated within the system. A notable minority of juvenile prisoners are chronic victims of physical violence, sexual assault, torture, and threats of violence. Case Study: This paper reports 85 juvenile cases of all 623 imprisoned Russian male adolescents from 14 to 18 years old (13.6%), who were under psychiatric examination in 1998-2000 in two Russian juvenile jails. These jails were located in Sterlitamac city, the Republic of Bashkortostan. These 85 juveniles were victims of physical and/or sexual violence, or torture. They expressed a similar constellation of psychiatric symptoms suggestive of PSRS: (1) psychic and behavioral regression symptoms (loss of neatness, loss of normal human speech, loss of fastidiousness, and eating food waste); (2) bulimia; (3) some PTSD symptoms, and (4) depression. Genesis of this psychiat-

ric constellation is discussed as an example of dissociative thinking. Etiologic factors, predisposing factors, and factors that influence the clinical picture of this disorder are discussed. Conclusion: The authors describe a regression syndrome that should be considered as an additional form of traumatic stress mental disorder, specified in an adolescent prison population. Its clinical description seems suitable to a heading ICD-10 "Reaction to severe stress, and adjustment disorders" (F43).

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OC-09: PSYCHIATRIC SERVICES

OC-09-01

DO PYCHIARTISTS THEMSELVS ARE AWARE OF SUICIDALITY AMONG PSYCHIATRISTS

INSTITUTIONS

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AUTHORS

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INTRODUCTION: In suicidal risk factors assessment, "current evidence supports, that both male and female physicians have elevated rates of suicide. Among physicicians, psychiatrists are considered to be at greater risk, followed by ophhalmologists and aneastheisist, but all specialties are vulnerable." Incidence of suicide is highest among psychiatrists specialty, and lowest in pediatrician specialty indicating exposure to children may uphold the mental health, whereas exposure to mentally unhealthy population may cause harm.

METHODS: Analysis of a suicidal death report of a psychiatrist, Calcutta Pavlov Hospital, a 250 bedded largest governmental mental Hospital, is the issue here. The death, by hanging in a semi-neel-down state, is copied from a recent suicide in the hospital by an old man >60 years: took place on 14th of Feb08, in the Doctors duty room, on 53rd years of age. He is married, with 1daughter and

2sonsA month back, after the old man's death, death report papers were made by this psychiatrist, who felt guilt punishment. His wife consulted one medical college psychiatry dept. psychiatrists of the Pavlov hospital review his depressive-illness.

RESULTS: It was learnt from her wife, he refused all treatment. He did not leave any suicidal-note, & actually suffered from some aloofness, as he failed to keep relation with any relative of him or in-laws. He worked recently in withal-state and non-communicative way. No family members ever contacted and no follow-up. Alarm of a suicide was never raised.

CONCLUSION: Adoption of suitable treatment method, psychotherapy, and failure to send signal to family members on possibility of suicide shows our lack of awareness of dealing fellow psychiatrists' disorder properly.

OC-09-02

PRINCIPLES ASSOCIATED WITH DEVELOPING A MENTAL HEALTH PATIENT INFORMATION SYSTEM AND HEALTH RECORD

INSTITUTIONS

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AUTHORS

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Aims: To discuss the principles associated with the development of a mental health electronic patient management system and health record

Methods: Over the past 10 years, Barwon Health in Geelong, Victoria, has incrementally built and introduced an electronic patient management system and health record. It has been designed based on a community case management model typically found in mental health services, the need for connectivity with local general health services and others services providing mental health services, and on minimising repetition of data collection across agencies.

Results: In this region, a single patient management system and electronic health record is used by mental health services, drug treatment services, psychiatric rehabilitation services and general

emergency departments. A single shared crisis and care plan can be developed between a number of agencies. Communication, particularly in crisis, is rapid and effective. Future developments include a capacity to directly transfer information to patients and access for general practitioners to the system.

Conclusions: A capacity for connectivity with local systems should be a priority when developing an electronic patient management system or health record and recent technical developments facilitate this to a far greater extent than was possible even a few years ago. An electronic health record developed for community and inpatient mental health care will require features which facilitate minimal repetition of information collection, a capacity to develop crisis and care plans with multiple agencies and to facilitate rapid communication in crisis.

OC-09-03

THE PRACTICE OF LIAISON IN C/L PSYCHIATRY: TRADITIONAL TO INTERDISCIPLINARY

INSTITUTIONS

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Aims: The goal of this presentation is to examine and describe liaison interventions as performed by Consultation Liaison (CL) professionals in a major Canadian University Hospital setting. The liaison activities of the psychiatric consultant, working in the traditional "liaison model" (ZJ Lipowsky 1967), and the liaison interventions of interdisciplinary CL psychiatry teams, are central to collaborative interprofessional evaluations and interventions.

Methods: Case vignettes to illustrate the liaison components of CL activities will be presented by CL psychiatrists and clinical nurse specialists representing professional practice with hospitalized paediatric, adult, and geriatric patients and their families. Various perspectives on "liaison", both in the context of the traditional model and as practiced by a CL interdisciplinary team will be elaborated. An interactive presentation will offer a forum for exchange and ex-

ploration of internationally diverse liaison experiences.

Results: The term liaison describes a potentially broad range of activities and roles. The presenters from a Canadian University Hospital setting propose an inventory of these activities and roles based on interprofessional academic and clinical information. These are implemented in the context of both the traditional "liaison model" as well as in the interdisciplinary CL team approach.

Conclusion: The current practice of "liaison" by the CL service is influenced by multiple factors such as its historical origins, today's fast-paced fragmented healthcare services, as well as cultural context. The liaison functions of the nurse and psychiatrist are complementary and fundamental. The liaison role ultimately serves to advocate for competent, comprehensive, and compassionate healthcare for patients and their families.

OC-09-04

SITUATION ANALYSIS OF MENTAL HEALTH IN AZERBAIJAN

INSTITUTIONS

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- 2. Public Haltth and Reforms Center, Baku, Azerbaijan
- 3. Psychoneurological Dispensary, Baku, Azerbaijan

AUTHORS

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- 2. Shirin Kazimov², MD
- 3. Murad Sultanov³, MD
- 4. Sabukhi Abdullayev²

Objective: The purpose of the research was to evaluate the situation in mental health in our country.

Methods: The research is based on World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) which is a new tool for collecting essential information on the mental health system of a country or region.

Results: In the first section of the research the social and demographic characteristics as well as economical indicators, information on

policy and legislation are considered. The second section describes existing mental health services. The next sections are related to primary health care, human resources, public awareness and monitoring and researches in mental health.

Conclusions: The data collected determine the challenges and put the tasks to be performed in the process of further mental health reform.

OC-09-05

JOB SATISFACTION OF EMPLOYEES IN FACTORIES

INSTITUTIONS

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AUTHORS

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The purpose of this study was to investigate the level of job satisfaction of employees in factories in the province of Songkhla in the south of Thailand, to identify factors related to job satisfaction, to construct predictive model, to identify problems/obstacles in promoting job satisfaction and to suggest solutions. 1,009 questionnaires were used for analysis. Correlation and regression analysis were used for testing the hypothesis. Results revealed that job satisfaction of the employees was moderate. Position, pay, work security, autonomy, supervisor support, co-worker support and promotional opportunities were positively related to job satisfaction while role

ambiguity and extra-role conflict were negatively related to job satisfaction. Moreover, between these variables, there were eight variables that significantly predict job satisfaction. Age, pay, work security, autonomy, supervisor support, co-worker support, and promotional opportunities positively predict job satisfaction while extra-role conflict negatively predicts job satisfaction. These results indicate that the variables related to work have a direct effect on job satisfaction. Therefore, to improve job satisfaction, the results suggested a number of solutions that the organization should pay more attention to

OC-09-06

CRISIS OF PSYCHIATRY IN GENERAL HOSPITAL IN JAPAN

INSTITUTIONS

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AUTHORS

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It's famous that the number of psychiatric beds in Japan is largest in the whole countries. In many of European and North American countries deinstitutionalization has accomplished and now mental health system is under community based psychiatry. But in Japan yet hospital based psychiatry is continuing. I think the reason is as follows, first, most of mental hospital is private foundation, second, there are little public sentiment in Japan that psychiatric patients should lived in their community, third, this is the crucial reason, we are lacking of pertinent mental health policy. In such Japanese psychiatric situation, psychiatric beds of general hospitals are closing and reducing. It caused by maldistribution of medical doctors following new clinical training system for post graduate doctors and by extremely low medical reimbursement for patients hospitalized in

psychiatric units of general hospitals compared with other medical or surgical units. Moreover psychiatrists working at general hospitals are very busy in treatment for inpatients, implementation of liaison-consultation and coping with numerous outpatients. We often hear the news that beds for patients who needs hospitalization are lacking by closing of psychiatric beds of local general hospital under no community support. We would like to report the crisis of psychiatry in general hospital in Japan and stress that new mental health policy must be established in Japan for shift to community based psychiatry from hospital based psychiatry and in that new policy the importance of psychiatry in general hospital should be esteemed.

ORAL COMMUNICATIONS

OC-09-07

THE IMPORTANCE OF THE ETHICS OF THE PROFESSIONAL OF THE MEDICINE IN HIS OWN MENTAL HEALTH AND IN THAT OF HIS PATIENT

INSTITUTIONS

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AUTHORS

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The aim of this communication is to stress the great importance of the ethics of the psychiatrist during his professional exercise, as well as the current threat and difficulty for the exercise of it. According to the Codes of Deontology of the medicine, the doctor owes his first loyalty to the patient and the health of this one has to be in front of any other convenience.

Nevertheless, we see that, in a world with strong created interests, there do not exist the institutional and social structures that favor such a basic exigency.

As Lopez Ibor (1999) says, is not habitual that, in the traditional medicine, attend to the psychological factors. A major effort is necessary to preserve this basic ingredient in any doctor-patient relationship and, therefore, in any relation that tries to be therapeutic.

Review of the topic is done and there exists abundant literature that stresses the importance of looking, first of all, for the good of the patient, as indispensable element for the treatment and for an ideal doctor-patient relationship (Peabody 1927, Gorlin and Zucker, 1983, Othmer, 1996 and Laín Entralgo 1984).

The study concludes the importance of something, so threatened, as the importance of choosing, in the medical action, first, to do the major good to the patient, preferring this to the particular interests.

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OC-10: MISCELLANEOUS 2

OC-10-01

BRUISES OF THE BATTERED BODY SOMATISATION AND PSYCHOSOMATIC DISORDER: ETIOLOGY AND TREATMENT IMPLICATIONS

INSTITUTIONS

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AUTHORS

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Aims This paper will briefly outline explanations of psychosomatic illness, individual and integrative team/multidisciplinary approaches will be reviewed. Conversational technique and narrative will be illustrated, including polarised responses and other pitfalls.

Method: Depending on size of audience interactive approach Theories on aetiology Followed by clashing interpretations by professional and patient Treatment and management suggestions All interspersed with vignettes Handouts are available Psychosomatic illness and somatisation are issue of concern in all braches of medicine, with considerable burden on individual, professional group and society. Chronicity carries cost implications. Somatisation has also been described as a form of a defence mechanism, an unconscious process, which might explain the lack of ,insight into the problem. A wide rage of treatment options have been described such

as biological approaches, CBT, psychodynamic psychotherapy and even alternative treatments have been implicated. Research findings of prospective objectified physical illness side tracks psychological treatment by over-emphasis on physical investigations. Biological approaches and symptomatic treatment commonly have incomplete effect. Lack of trust in professionals precludes engagement Collusive reactions can be induced in the professional such as over-medicalisation due to fear of litigation or conflict. Medical negligence can occur when symptoms are missed. Intellectualised discussions, profuse use of jargon or polarised dichotomised views between professional and patient can stagnate treatment. Patient's perspective needs to be explored for narrative details. Medical information i.e. Lab results are prone to misinterpretation. One also has to be mindful of nonverbal communication and suppressed feelings.

OC-10-02

PEOPLE'S AWARENESS ABOUT EPILEPSY AND THEIR CHOICE OF MODE OF TREATMENT - A FOLLOW UP SURVEY AFTER 5 YEARS IN RURAL INDIA

INSTITUTIONS

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AUTHORS

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Aims: Epilepsy is a serious medical problem throughout the world. Stigma and taboos of epilepsy is universal. Lack of knowledge and misconception on epilepsy makes things worse. 85% of world's epileptic patients are not getting proper medicines. But medical treatment of epilepsy is possible in any remote corner of the world. 6-7 millions of epileptic patients belong to India which counts for one-eighth of world's epileptic population. Our aim is to observe the improvement in people's ability to detect epilepsy, extent of their stigma and prejudice and their choice of mode of treatment in this follow up study after 5 years with same questionnaire.

Method: A survey was conducted in rural areas of West Bengal, India on school teachers, house wives, primary health care assistants and old people of 60-65 years of age. Area of survey was almost same

and number of sample was also same as before.

Results: 80-85% of all groups consider that epilepsy is serious medical problem in comparison to 65-70%, 5 years back. There is also a dramatic improvement regarding stigma and prejudice about epilepsy in all the groups. 80-87% of all the groups agreed that anti-epileptic drugs to be continued for long but in earlier study of 5 years back it was 45-47%.

Conclusion: There is a tremendous improvement in the attitude and scientific knowledge of the village people of our area of survey regarding epilepsy. An extensive awareness campaign on epilepsy in villages can do immense good for the community.

OC-10-03

LEVEL OF ANXIETY IN WOMEN SUFFERING FROM BREAST CANCER

INSTITUTIONS

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AUTHORS

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Anxiety in cancer patients may be associated with symptoms of the illness and treatment. We have examined 102 women with diagnosed breast cancer. In addition to traditional clinical-dynamic observation, clinical "Hamilton Anxiety Scale" was used. Use of this questionnaire has shown that only in 14,71% of female patients did not achieved the clinical level (i.e. total score according to questionnaire has constituted less than 8), in 36,27% - mild level of anxiety has been revealed (8 - 16 scores), in 33,33% - moderate (17 - 24 scores) and in 15,69% - level of anxiety was not more than 24 scores. However, there were female patients with total score 0 (according to Hamilton Anxiety Scale), what we explained as manifestation of psychopathological reactions due to tense mental state. But there were also women which level of anxiety exceeded 30 scores what was

discussed with treating physician and corrected with administration of anxiolytics. Basic indices determining level of anxiety were: anxious mood, preoccupation, expectation of the worst, irritability (1,80±0,09); tension, inclination for tears, exhaustibility, nervousness, inability to relax (1,71±0,10); sleeplessness, difficulties with falling asleep, absence of feeling of rest from the sleep (1,41±0,09); neurovegetative symptoms, dry mouth, inclination for sweating, headaches, tension in body (1,35±0,09). Level of mental anxiety and tension was statistically reliably higher of some somatic symptoms and fear (p<0,05). Thus, in female patients suffering from breast cancer, sufficiently high level of personal anxiety is recognized that predominantly has mental and neurovegetative character and requiring the qualified correction by a psychiatrist.

OC-10-04

AFOBAZOL IN ANXIETY DISORDERS IN PATIENTS WITH ARTERIAL HYPERTENSION

INSTITUTIONS

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AUTHORS

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Afobazol* (Masterpharm, Russia) is a selective anxiolytic not belonging to class of benzodiazepine receptors agonists with activating component and without hypnosedative effect. We have examined 29 patients (age 43,85±7,4 years) with arterial hypertension stage I-II and with neurotic, stress-related disorders. Results of clinical-psychopathological examination were supplemented by indices of Hamilton Anxiety Rating Scale. Complex therapy included antihypertensive remedies as adequate mono- or combined therapy.

Results: In comorbid combination with AH we observed adjustment disorders in kind of mixed anxious and depressive reaction (14 cases) or with predominance of disturbance of other emotions (5), generalized anxiety disorder (4), neurasthenia (5), and PTSD (1). Efficacy of therapy with afobazol was assessed during 4-week course of intake of 30 mg a day with account for basic indices: asthenia, anxiety, and hypothymia. Reduction of vegetative and asthenic sym-

ptoms was noticed earlier than in controls. Reduction of asthenic symptoms and recovery of productivity was accompanied by significant decrease of anxiety to days 5-7. To the end of the second week severe manifestations of anxiety in patients with HI stage I disappeared. Predominance of cognitive component in anxious experiences in patients with HI stage II somewhat decreased the expected effect. Total score according to Hamilton Anxiety Scale in group of patients with afobazol decreased from 18.3 ± 1.6 to 9.0 ± 0.2 (p<0.01).

Conclusions: New preparation of anxiolytic action broadens possibilities of differentiated complex therapy of patients with neurotic disorders and allows considering this preparation as an effective remedy for removal of psychopathological symptoms in patients with AH.

OC-10-05

PSYCHOSOCIAL FACTORS OF FORMATION OF MENTAL DISORDERS IN PATIENTS WITH METABOLIC SYNDROME

INSTITUTIONS

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Objective: To study interrelationship of somatic and psychosocial factors in patients with metabolic syndrome in patients with mental disorders of neurotic and affective level.

Material and methods: Investigation included 82 patients (mean age $52,78\pm7,49$ years) with neurotic, stress-related, affective, organic mental disorders. In 92% of cases we revealed arterial hypertension, in 80% excessive body mass and obesity, in 24% diabetes mellitus type 2 or disturbance of tolerance to glucose, in 58% atherogenic dyslipidemia.

Results: Method of logistic regression has identified statistically significant interrelationships of somatic, mental and psychosocial factors. Prognostic signs of somatic and mental disorders (Concordant = 92,7%; Somers' D = 0,881) were level of glycemia (p=0,0001); duration of mental disorder (p=0,0002); body mass index (p=0,0001); dyslipidemia (p=0,0001) and hypoalphacholesterolemia (p=0,0001);

stress factors (p=0,0001); volume of chest and volume of waist (p=0.0001), vegetative disorders (p=0,0005); age of onset of mental disorder (p=0,0118); Asthenic, anxious, anxious-phobic, depressive disorders (p=0,0029); family history (p=0,0337); subjective attitude of patient towards his/her disease (p=0,0046). Patients were characterized by presence of fear of death, low self-esteem of his/her own abilities, decrease of activity, dissatisfaction with his/her own state, anosognosia. Psychological state of patients was characterized by anxiousness (p=0,0215), hypochondriac fixation (p=0,0024), disturbances of social adaptation (p=0,0015).

Conclusions: For assessment of prognosis of development of degree or risk of vascular complications along with associated components of metabolic syndrome (AH, DM type 2, metabolic disturbances of carbohydrate and lipid metabolism) one should take into account psychological and psychosocial risk factors in patients with MS.

OC-10-06

ANTICONVULSIVE PROPERTIES OF M-CHLORBENZHYDRILUREA: PROSPECT OF APPLICATION

INSTITUTIONS

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Purpose: To study original halogen derivative of urea. This is a perspective class of pharmacological active substances. As a rule, these compounds are not toxic.

Methods: Compound M-chlorbenzhydrilurea, (Galodif), has been studied in 780 linear and cyclic derivatives of urea. Anticonvulsive properties of derivatives of urea are studied according to 4 experimental models of spasms (maximal electroshock, corasol, strychnine and camphor). In animal experiments, mechanism of anticonvulsive action of Galodif, as compared with classical anticonvulsive preparations - phenobarbital, benzonal, diphenin, and phenuron has been studied.

Results: Galodif possesses high anticonvulsive activity in all models - maximal electroshock (11,8 + 1,7) mg/kg, corasol (218,0+18,1) mg/kg, strychnine (252,0+32,1) mg/kg and camphor (37,2 + 4,2) mg/kg spasms, possesses a substantial central M-cholinolytic and weak

H-cholinolytic action, blocks convulsive action of tiosemicarbaside.. In mechanism of anticonvulsive action of Galodif the important role is played by its normalizing action on hydroelectrolyte balance of brain. Galodif stabilizes concentration gradient of ions, interferes change of membrane permeability and membrane potential of cell. The preparation breaks development of a hypostasis-swelling of brain in epileptic spasms. Clinical study of Galodif was conducted in 528 patients with epilepsy of various geneses. The preparation most effectively stops primarily general tonic and clonic convulsive attacks. It is shown in patients, suffering from focal attacks of type Jackson and temporal epilepsy with psychomotor and psychosensitive components.

Conclusion: Thus, Galodif - possesses a wide spectrum of anticonvulsive activity and is safe for long application including in conditions of pathology of liver.

OC-10-07

TREATMENT EFFECT IN CHRONIC FATIGUE AND NEURASTHENIA

INSTITUTIONS

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A randomised clinical trial of mirtazapine, placebo and cognitive-behavioural therapy

Objectives

To examine the effect of a comprehensive cognitive behavioural treatment program (CCBT) compared to placebo-controlled mirtazapine medication in patients with chronic fatigue, and to study the combined effect of the comprehensive treatment program and medication.

Methods

A three-armed randomised clinical trial (RCT) of mirtazapine medication, placebo drug and a comprehensive cognitive treatment program (CCBT) was conducted to investigate treatment effect in a patient group (n=72) with chronic fatigue diagnosed with Neurasthenia (n=72) and chronic fatigue syndrome (n=65/72), referred to a specialist clinic. The CCBT program was compared to mirtazapine and placebo for 12 weeks, followed by a 12 weeks treatment regi-

men with a mixed crossover- combination design. Assessments were done by 12 and 24 weeks.

Results

By 12 weeks, treatment effect was significantly better in the group initially receiving the comprehensive treatment program (Fatigue Scale (p=0.014); Clinical Global Impression (p=0.001)). By 24 weeks, the treatment group initially receiving CCBT 12 weeks followed by mirtazapine 12 weeks showed significant improvement, compared to other treatment groups (Fatigue Scale (p<0.001) and Clinical Global Impression (p=0.002)). Secondary outcome measures showed overall improvement, but no significant differences between treatment groups.

Conclusions

Multimodal interventions may have positive treatment effects in chronic fatigue syndrome. Sequence of interventions seems to be of importance.

OC-10-09

TRANSCULTURAL RESPONSE PATTERNS THROUGH THE ADMINISTRATION OF AN INITIAL PROTOCOL DESIGN: PRELIMINARY RESULTS OF A PILOT STUDY

INSTITUTIONS

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Aim: This paper explores preliminary results of a pilot study carried out by the Venosta International Studio of Mental Health from a sample of 100 patients. The aim of the study is:

- To explore the effects of the protocol on culturally diverse patients' populations: Anglo-American, Northern European and Italian.
- To reduce the patient's level of perceived or real anxiety through an effective protocol aimed at facilitating a collaborative approach during first interview.
- To evaluate the applicability of the protocol independently of psychopathology.

Methods: The research is carried out trough a self-administered questionnaire, given to patients upon their first visit, (after having received comprehensive information about the Practice) and a satisfaction questionnaire. The initial questionnaire is divided into four

clusters of information: personal information, case history, current symptoms and manifestations rating form.

Preliminary Results: Our first postulate indicates that the majority (66.6%) experienced a high level of satisfaction with the survey protocol. Our second postulate also reveals that the patient's anxiety is not altered throughout the survey administration. The third postulate indicates that patient' responses do not vary with psychopathology, thus, the survey is independently applicable to a wide range of pathological pictures.

Discussion: Current globalization trends reflect the dynamic components of transculturalism in the field of clinical psychology and the need for continued exploration of mental health approaches designed for the multi-cultural patient of the present and the future.

OC-11: LAW AND FORENSIC PSYCHIATRY & MISCELLANEOUS

OC-11-01

CHALLENGING THE POLITICAL CORRECTNESS IN PSYCHIATRY AND THE IN ACUITY OF PSYCHIATRIC TERMINOLOGY

INSTITUTIONS

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The paper will discuss certain terms, used alternately, such as client-patient, dependency- addiction, and others. The origin and meaning of such terms, both in clinical and philosophical sense, the possible reasons behind their use, and the implications and consequences of their use are discussed. The author wants to point to the importance of precise use of terms. Terms correctly chosen enrich our clinical understanding, determine a pragmatic approach, influence the

perception and attitude of all those involved. Political correctness applied superficially may paradoxically result in increasing bias and deflecting the clinical approach. Both medical and philosophical arguments point to this. The subject seems to be of paramount importance in our age of the dehumanization and mechanization of medicine.

OC-11-02

EMERGENCY MENTAL HEALTH CARE IN AUSTRALIA - POLICY AND PROBLEMS

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In 1992, Australian Health Ministers adopted the Australian National Mental Health Strategy. The first National Mental Health Plan to come out of the strategy called for the deinstitutionalisation of clients with mental illness and the mainstreaming of mental health services into general health care facilities. This resulted in annual increases of 13 to 35 percent of people presenting to emergency departments (ED's) across Australia to access mental health care. In Australia, ED's are staffed by general trained medical and nursing staff who are generally poorly equipped to assess and manage clients with a mental illness. Since 1994 specialised mental health triage scales (MHTS) have been developed with the specific aim of improving the capacity of ED staff to assess and manage clients with mental ill-

ness and despite there being one triage scale for clients with physical illness and injury there are now a number of MHTS in use around Australia. Simultaneously, various models of mental health service delivery been developed and independently implemented. Literature that demonstrates the effectiveness of any model of mental health care at improving the responsiveness of mental health services to ED's is scarce. There are lessons to be learnt from the current ad hoc approach to emergency mental health care in Australia by clinicians and policy makers planning changes to the provision of mental health care in the community and those in emergency departments faced with the initial assessment and management of clients with a mental illness.

OC-11-03

PSYCHOSIS AND CRIMINAL CONDUCT: A COMPARATIVE STUDY

INSTITUTIONS

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INTRODUCTION: The association between psychosis and criminal behaviour is complex and has not yet been completely understood. The identification of clinical predictors of violence may be an important contribution to the prevention of this type of behaviour in psychotic patients and the protection of society as well in the unravelling of its biological underpinnings. Our aim is to study socio-demographic and clinical variables associated with violent behaviour in psychosis.

METHODS: 86 psychotic patients were assessed using the Portuguese version of the Diagnostic Interview for Genetic Studies (Azevedo et al., 1993). The final diagnoses were obtained through a best-estimate lifetime procedure using the OPCRIT (Azevedo et al., 1998). Patients with a history of violent behaviour (n=43) were compared with a group without violent behaviour (n=43).

RESULTS: OPCRIT items associated with criminal conduct were the following: family history of schizophrenia (p=.039), restricted

affect (p=.001), well organized delusions (p=.004), delusions of influence (p=.006), bizarre delusions (p=.028), widespread delusions (p=.012), delusions of passivity (p=.020), other primary delusions (p=.017), thought broadcast (p=.003), third person auditory hallucinations (p=.022), running commentary voices(p=.003), abusive/accusatory/persecutory voices (p=.029), other (non affective) auditory hallucinations (p=.003), and non-affective hallucination in any modality (p=.002).

CONCLUSIONS: Unlike other studies, we didn't find an association between social-demographic variables and a previous history of violence in this group of psychotic patients. Our results are in line with the recommendation of a recent study (Swanson, 2006) which underlines that we should primarily value clinical aspects in the evaluation and management of violence in patients with schizophrenia.

OC-11-04

MUNCHAUSEN BY PROXY SYNDROME AS A BOND PHENOMENON

INSTITUTIONS

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Objectives: Find out characteristics linking victims, offenders, non offenders, medical staff. Find out offender's personality traits/disorders and his influence in the bond.

Methods: Five cases with Munchausen by Proxy Syndrome (MBPS) were studied in the judiciary system that protects children. They were previously evaluated by pediatrician according to Meadow (1) system and medical examinations. Psychological/psychiatric evaluation of people in charge of children was taken and diagnosis was confirmed according to DSMIV-TR. Techniques: The Minnesota Personality Test (MMPI 2), interviews and medical histories revision. A transversal, descriptive and retrospective work with qualitative/quantitative variants was done with frequency tables using SPSS. Results: Before five years old, 100% of children started showing produced and simulated symptoms, the methods used were potentially deadly (intoxication, suffocation). Children were in hospital and tests were taken repeatedly. 100% of offenders were biological mothers. 100 % of fathers believed in children's "illness" and only

mothers were in charge of them. Women's bonds were characterized by manipulation and cheating. 100% showed antisocial personality disorders and narcissist traits (DSMIV-TR). Diagnoses were confirmed with MMPI 2 and interviews.

Conclusions: MBPS is a pathological bond involving four protagonists: child/offender/non offender/medical staff. Offenders manipulate others generating reiterative medical interventions, couples are convinced of child's illness and maternal cares, and a "sick" child who is unprotected if syndrome is not suspected. Considering the relationship among participants help see a wider picture of this syndrome and diagnosis.

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OC-11-05

THE CIVIL LIABILITY FOR DAMAGES OF THE CRIMINALLY INSANE

INSTITUTIONS

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As a rule, mentally ill patients are held responsible for their acts just like everyone else. Notwithstanding, the law in most countries distinguishes individuals with mental illness from others. The Court usually releases a defendant from criminal responsibility when the following criteria are met: (a) the defendant was mentally ill, (b) he/she was in a psychotic state at the time he performed the felony, (c) his/her mental illness deprived him/her of his/her abilities. In the case presented, a mentally ill individual was charged with the murder of his child and with an attempt to murder another child. The court ruled him to be legally insane and therefore non-punishable. He was later sued by the other child's parents for damages

on the grounds of the assault tort. The court ruled that a mentally ill person must compensate for damages when he/she intended to cause harm, since compensation for damages is the essence of claims in torts. The Supreme Court ruled that the Israeli Tort Law did not determine exemption from responsibility for the mentally ill. Liability for damages will be imposed upon an individual whenever the prerequisites to define a tort are met, and an individual who intended to inflict harm is guilty of assault, even though the intent was an outcome of his mental state. Should psychiatrists adjust the vantage point when writing expert opinions concerning damages? This issue will be discussed.

OC-11-06

TAKING MENTAL HEALTH TO SCHOOLS: THE "CRAZY? SO WHAT!" PROGRAMME

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Aims/Objectives: This study evaluated the health-promoting and stigma-reducing effects of the school-based programme "Crazy? So what!" (1).From 2001 until 2007, 7000 pupils took part in this programme in Germany, as well as 700 pupils in Prague, Czech Republic and Michalovce, Slovakia. The unique core of this school programme is the direct contact between pupils and people with mental health problems.

Method: In Germany, 210 pupils in Years 9 and 10 (aged 13 - 18 years) were surveyed in four schools.

Design: Quasi-experimental longitudinal control-study.

Results: In the event of a mental health crisis, 80,9% of the pupils would talk to their best friend. At baseline, only 5,2% of the intervention group would talk with their teacher about a mental health problem. Immediately after the programme, this number increased

to 10,6% and after 3 months to 17,9%. In addition, a positive, short-term effect on pupils' social distance was shown. By contrast, self-efficacy proved resistant to change within this project.

Conclusion: The school programme has successfully enabled youth "experts on their own behalf" to encourage and reassure pupils to face a mental health crisis with more confidence. The results of this study indicate the importance of sensitising children and youth, but also teachers and other adults to mental health.

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OC-11-07

THE IMPLICATIONS OF SEROTONIN TRANSPORTER GENE VARIATION IN STRESS RESPONSE

INSTITUTIONS

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Aims/Objectives: The serotonin transporter gene (SLC6A4) indel promoter (5HTTLPR) has been associated with individual stress response as well as mental illnesses including depression, bipolar disorder, alcoholism, and personality disorder. Caspi et al. showed that individuals maltreated in childhood have higher rates of depression in later life if they are homozygous short (S/S) compared to homozygous long (L/L) (1). We hypothesized that these findings should be explained by a molecular functional difference of the serotonin transporter gene, especially its capacity of absorption of serotonin. Methods: Integrated model of SLC6A4 was employed to explain accumulating results of recent investigations exploring the relationship between the genotype in serotonin transporter and the phenotype in depression. Relevant literature was reviewed to examine this theory.

Results: Á model based on SLC6A4 variation was proposed to explain individual differences in stress vulnerability/resilience based

on genotypic difference. Tryptophane depletion shows that efficient serotonin reuptake and reuse at the local synaptic site facilitates smooth neurotransmission and subsequently appropriate cognitive function (2). Differences in stress induced physiological responses also support the contribution of genotypic differences based on this model.

Conclusions: This integrated model of 5HTTLPR shows that the efficacy of serotonin reuptake in local synaptic site may be playing a crucial role as a pathophysiology of depression.

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OC-12: PSYCHIATRY FOR THE PERSON

OC-12-01

PSYCHIATRY FOR THE PERSON SHOULD NOT BE CONFINED TO THE CLINIC ONLY

INSTITUTIONS

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Objectives: Psychiatry in past had attached many stigmas, and was subjected to harsh nonhumanatorian treatment for a long. Philips Pinel in 1795 in Paris, was first to accord Humanatarian treatment to asylum inmate females by cutting their chains with cutters and make them free to live a normal human life. More than 200years have flown in between, still the scenario remains gloomy and beyond satisfaction. Psychiatry in developing country is mostly confined in clinics & hospital settings only.

Methods: About 50 Psychiatrist, attending own personal clinic and hospital were interviewed about their devotion of time to clinic and hospital and also to any community activities like awareness increasing programme etc. in Calcutta in 2007.

Results: Their allocation of time is 80-85% in diagnosis and prescribing drugs only.

5% reported some devotion of time in awareness, or screening or school mental health programme 1-2 per year that amounts to their 2% time investment. As a whole total duration of 50 Psychiatrist put together is >1%.

Conclusions: Psychiatry for the person is suffocating in small clinics or in closed hospital where whoever ill may come and consult, and receive treatment. After Pinel1795, chains had been cut but innumerable chains and stgmas, invisible, is there. We need to free those invisible chains and to add 2 wings to the Psychiatry so that it can fly or move to the mass specially in crisis, in distress or in so many live situations where psychiatry help can reach and make them at ease. Psychiatry in future will be in community. Psychiatry should by this way meaningfully moved to personhood rather than patienthood.

OC-12-02

AMBIGUITY TOLERANCE IN STUDENTS ENTERING MEDICAL SCHOOL (SHIRAZ-2006)

INSTITUTIONS

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Background and Aim: The ability to tolerate uncertainty or ambiguity was first identified as a stable personality variable by Budner (1962) who defined it as an individual's propensity to view ambiguous situation as either threatening or desirable.

Materials and method: By a questionnaire designed by Budner (Budner Ambiguity Scale), we measured the ambiguity tolerance of 240students entering medical school and compared them according to age, major and the initial medical specialty preference.

Results: Analysis of data showed significant difference between men and women (60/81, 63/24). We found no difference of ambiguity tolerance according to the other variables.

Conclusion: These data show the higher degree of ambiguity intolerance among Iranian students compared to the levels reported by

Budner (44-48).Proper education could lead to better understanding of own potentiality in the students. Ambiguity tolerance may be an important variable to assess and train so that students are better prepared for unstructured situations that promote thinking and parallel the complexities of the applied world.

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OC-12-03

RESEARCH OF PSYCHOLOGICAL HEALTH OF THE STUDENTS LEARNING IN HIGHER SCHOOLS OF ARMENIA

INSTITUTIONS

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The purpose of our research was the study of mental health of the students learning in higher schools of Armenia and working out of the recommendations on psychological maintenance of education in higher schools. 212 students in the age of 18-22 participated in the research. The psychological tests have been done with use of Lasher 8 colour tests; techniques of a self-estimation diagnostics by D.Spilber, L.Hanine; Cattell's 16-Facter Questionnaire, Eysenck - EPQ Technique. By the results of inspection, depending on the nervous psychic stability, the observable were divided into 3 subgroups: First group included 29,72 % examinees having high parameters of personal uneasiness. The high uneasiness assumes tendency to an alarm condition in the human when estimating his competence, that pro-

ves to be true by our researches. Thus the factor MD - "adequacy of a self-estimation ", from Cattell's 16-Facter Questionnaire, by 11 % is lower, than in people with low parameters of personal uneasiness. The second group included the overwhelming majority of our examinees (65,09 %), whose parameters personal uneasiness is average, which is positive characteristic. The third group included persons with low personal uneasiness (5,19 %). The initial item of planning of preventive maintenance of stress in students' environment can be perception of the nearest neighborhood as benevolent, having high personal importance, expectation of a positive reinforcement, anticipation of positive effects of the activity expand socio - psychological competence of the individual.

OC-12-04

ILLNESS BEHAVIOUR IN MENTAL HEALTH

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Aim: Illness behaviour refers to the ways in which symptoms are experienced, evaluated and acted upon by individuals. It is usually considered in relation to physical disorders. This theoretical paper aims to apply concepts of illness behaviour to mental disorders.

Method: Hypothesized determinants of disturbed illness behaviour such as secondary gain, interpersonal expediency, clinical over-investigation, attention to otherwise trivial symptoms, and compensation are examined for potential relevance in mental disorders.

Result: Mental disorders differ from physical disorders in ways that

complicate thinking about illness behaviour. However those factors that influence illness behaviour in physical illness are also likely to be relevant for mental disorders. Mental disorders are increasingly acknowledged as valid reasons for occupation of the sick role, so an increase in disturbed illness behaviour in mental health is likely.

Conclusions: The study of illness behaviour in mental disorder presents conceptual and practical problems, but may illuminate some of the important determinants of much mental disorder and associated help seeking behaviour.

OC-12-05

STIGMA ON MENTAL ILLNESS CAN BE REMOVED SUBSTANTIALLY - A FOLLOW UP STUDY AFTER 5 YEARS IN RURAL INDIA.

INSTITUTIONS

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Aims: Previously 5 years back we have seen that faith healers were very popular for the treatment of mentally ills in rural India. Our aim in this study is to see whether there is any improvement in the old concepts after 5 years.

Methods: To study this, a follow up study was conducted after 5 years with almost same sample, same questionnaire and same rural area of West Bengal, India.

Findings: Stigma on mental illness is very less in comparison to pre-

vious studies. Most of them agree to consult physicians in mental illness and 50% of them intended to consult psychiatrists. Most of them consider depressive illness is a disease. Psychotropic drugs to be continued as advised by physicians. Most of them now believe that psychotropic drugs are not addictive.

Conclusion: Continuous awareness campaign helps a lot for improving the attitude and scientific knowledge of the people regarding psychiatric illness.

OC-12-06

STIGMA RESISTANCE IN SCHIZOPHRENIA

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Objectives: The stigma of mental illness is well established as a complicating feature of psychiatric suffering and treatment, especially in schizophrenia [1]. Individuals' capacity to counteract stigma is conceptualized as Stigma Resistance (SR) and may play a crucial role in the fight against stigma. The aim of this study was to explore determinants of SR in patients with schizophrenia or schizoaffective disorder.

Methods: 157 participants completed the "Internalized Stigma of Mental Illness" scale [2] including its subscale on SR as well as measures of perceived devaluation and discrimination, depression, self-esteem, empowerment, quality of life, demographic and clinical variables.

Results: 63% of all participants hold stigma resisting convictions. Correlations of SR with other constructs were as expected except for Discrimination Experience, which did not correlate significantly.

A good social network, being single or married in contrast to being separated and outpatient treatment were associated with higher SR. In a multiple regression analysis the only two variables accounting for independent variance were quality of life and empowerment.

Conclusions: SR is a new and promising concept, which can be easily assessed. Strategies focusing on empowerment and quality of life may enhance SR.

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OC-12-07

MENTAL HEALTH VS. PSYCHIATRY

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During the last decades, many declarations, resolutions and slogans have been promoted in relation with mental health.

This significant amount of words has a negative impact on the position and role of Psychiatry as a medical specialty, which might lead to its marginalization, dilution and even disappearance.

Although scientific research clearly supports the biological model of mental disorders, the planning of services and organization of care are more and more social and less medical. The consequence is the deviation from the scientific evidence (more than 20% of the patients is "treated" without doctor, the treatment gaps are widening, the medication represents less than 5% of the costs) and the allocation of funds is far from covering the needs. The replacement of "mental disorders" with "poor mental health", of "psychiatric treatment" with

"positive mental health promotion" and "antistigma projects" is not meant to bring real benefits to our patients. We believe that the fundamental rights of every patient are the right for adequate treatment and the right for recovery and social reintegration.

Being unconditioned defenders of the patients' rights and dignity, we plead: a) to defend the statute of Psychiatry as a medical specialty; b) to separate - both in planning and in funding - clinical psychiatry (secondary prevention and rehabilitation) from mental health promotion; c) to consider the patients with mental disorders as patients like all others, while keeping in mind the specificity of their suffering; d) same ethical rules and rights for psychiatrists with those of the colleagues in other specialties.

OC-12-08

COMPLIANCE VERSUS FREEDOM; WHAT IS BEHIND THE CHOICE?

INSTITUTIONS

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There are many ways to exercise one's freedom and there is a consensus that "The right to swing my fist ends where the other man's nose begins." Matters become more complicated when it comes to your own nose.

The paper discusses the situation when the *corpos mentes* patient decides not to be compliant with treatment, in other words - takes freedom from dependency on medications. The possible reasons for such a choice, including psychodynamic, philosophical and psychoanalytical (referring to Transactional Analysis theory) are discussed.

The practical approach, in which the patient is presented with the options of exercising his freedom from treatment, and resorting to his "strong will" and expectance to be "in luck", as opposed to the option of renouncing his freedom in favour of compliance, in hope for more safety and comfort, is presented.

The analogies social and political cases are quoted. Consideration is given to the fact that our tendency of valuing and exercising free will, understood as "relying on self" rather than , relying on support" changes during the course of life.

OC-13: CULTURAL AND COMMUNITY PSYCHIATRY

OC-13-01

IMMIGRANTS LIVING IN EXTREME SITUATION: IMMIGRANT SYNDROME WITH CHRONIC AND MULTIPLE STRESS (THE ULYSSES SYNDROME)

INSTITUTIONS

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Today, the circumstances in which many immigrants come to Europe present stress levels of such intensity that they exceed the human capacity of adaptation. These persons are, therefore, highly vulnerable to Immigrant Syndrome with Chronic and Multiple Stress, known as the Ulysses Syndrome (in reference to the Greek hero who suffered countless adversities and dangers in lands far from his loved ones). The most important stressors are the enforced separation of the one's loved ones, the failure to achieve one's objectives, the experiencing of extreme hardships and terror. Furthermore, the stressors are chronics and without network of social support.

The symptomatological expression of Ulysses Syndrome is a specific combination of symptom of the area of depression, symptoms of the area of anxiety, somatic symptoms and confussional symptoms. The Ulysses Syndrome forms a gateway between mental health and mental disorder The Ulysses Syndrome is found in the area of preventative health care and the psychosocial sector more than in the area of the psychopathology. Loneliness, fear, despair ... the migrations of this new millennium remind us increasingly of Homers' verses, tas the text in which Ulysses tells Polyphem: "You ask me my name. I shall tell you. My name is nobody and nobody is what everyone calls me". (Odyssey, Song IX, 360)It is clear that if a man has to become a nobody in order to survive, if he has to remain permanently invisible, he will have no identity, will never become socially integrated, self-estime, nor will he enjoy mental health.

OC-13-02

"NERVES": A CULTURAL PATTERN FOR COMMON MENTAL DISORDERS?

INSTITUTIONS

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Introduction: "Nerves" are a frequent complaint among Latin American patients. In psychiatric classifications "Ataque de nervios" is considered a cultural-bound syndrome, but its association with other psychiatric syndromes has been demonstrated. Sociological and anthropological studies in Brazil concluded that "suffering from nerves" is a cultural way of expressing psychosocial suffering among medical patients.

Objectives: To study if "nerves" can be considered a cultural pattern of presenting mental suffering. To evaluate the association between "nerves" and common mental disorders (CMD)

Methodology: A cross sectional study with 714 patients attending medical consultations in primary care units in Petropolis, Rio de Janeiro State, Brazil. CMD were detected using the General Health Questionnaire12, with 2/3 (GHQ3) and 4/5 (GHQ5) cut-off points. Two questions evaluated if the patients suffered from "nerves" and

the period involved (15 days and 2 years). The association between "nerves", CMD and other complaints (psychological, physical and medically unexplained ones) was studied using Chi-Square in a SPSS version10. **Results:** The presence of CMD was strongly associated with the "nerves" complaints (OR 9,2, 95%CI 6,4-13,3, 15 days period and OR=4,8, 95%CI 3,1-7,3, 2 years period). "Suffering from nerves" was also the type of complaint most strongly associate with CMD, especially in less severe patients (GHQ3).

Conclusions: The majority of our patients with CMD (usually with anxiety and depressive syndromes) considered that they suffered from "nerves", supporting the idea that, more than a specific syndrome, "nerves" can be considered a cultural pattern of communication of psychosocial suffering usually associated with common mental disorders.

NEUROLEPTIC-INDUCED MOVEMENT DISORDERS IN PSYCHOTIC PATIENTS WITHIN NORTHLAND DHB: ETHNIC VARIATION

INSTITUTIONS

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Introduction: There is a common perception within the New Zealand mental health community that patients from a Maori background develop more side effects, particularly movement disorders after treatment with neuroleptics.

Aims: This study investigated the point prevalence of extrapyramidal movement disorders in patients with chronic schizophrenia and related disorders who are currently treated by Northland DHB mental health services. The study also investigated evidence of variation in the point prevalence of these disorders based on the ethnicity of the patients (Maori and non Maori).

Methods: 151 patients, who were receiving antipsychotic medication, which had been commenced at least 3 months previously, were recruited as participants for the study using randomised computer software. Ethnicity was documented using self-identification. Standardised assessment tools were used to assess EPS

Results: Approximately 54 % had symptoms on at least one of the measuring scales. The analysis failed to show any statistically significant differences based on ethnicity (Maori and non Maori). However, the Maori subgroup was younger and there was trend for Maori to score more highly on some subscales.

Conclusion: The findings suggest that the prevalence of neuroleptic-induced movement disorders in psychotic patients within Northland DHB is similar to the documented international figures 1 (up to 60%). The findings also indicate that there is no significant difference based on ethnicity between Maori and non Maori in terms of overall prevalence of movement disorder

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OC-13-04

SEVERAL ISSUES RELATED TO CULTURAL ASPECTS OF FAMILY INTERVENTION INTENDED TO RELAPSE PREVENTION AMONG THE PATIENTS WITH SCHIZOPHRENIA

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Family interventions are considered one of the important tools in prevention programs aimed to patients with schizophrenia. In this regard necessity of differential approach in family intervention programs for schizophrenia relapse prevention in different cultural context has come to the light. Meta-analysis of the results of the 26 researches on the expressed emotions in schizophrenia (conducted in 11 countries) in two years period relapse frequency of the patients, who lived in the families with high level of expressed emotions, is more than twice higher in comparison with families with low level of expressed emotions (66% vs. 29%) (1) However, according the conducted studies, these interventions revealed ambiguous result with regard to efficiency of them (2). Further researches are needed to determine effectiveness of the intervention in different cultural context. Based on the result of these studies, special adaptation of

the intervention has to be developed. Ambiguity of the previously conducted studies is most probably related to cultural aspects involved in the application of this kind of intervention. Since the focus of the intervention is family, family interactions and relations, and this focus is very particular and has different cultural aspects vary in different ethnical contexts. It outlines importance of elaborating different models of the intervention for particular cultural context.

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MIGRANTS RISK FOR PSYCHOSIS IN ANDORRA

INSTITUTIONS

1. Mental Health Services, Andorra

AUTHORS

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There is a long standing controversy in the field of transcultural psychiatry regarding the link between psychotic conditions and migration

Andorra is a country with a very high proportion of migrant population, about 70 %. Our group studied the incidence of new cases of psychosis for a period of 3 years, with the goal to compare the Andorran and the migrant population. It has to be mentioned that Andorra is considered a "micro-state" and the total population number about 80,000 inhabitants.

The main findings of the study are:

1) as a whole, there is a low incidence of psychotic first episodes in Andorra.

- 2) this low incidence is specially marked in the Andorran, Spanish and French population groups.
- 3) the groups showing a higher incidence are Portuguese, from other countries and second generation migrants.

It has to be said that these groups are associated with harder socio-economic conditions and the presence of stressful factors. Beyond the limitations of this study due to the low number of cases, the main conclusion is that, in Andorra, being an immigrant does not represent by itself a risk factor but the economic and cultural stressors associated in some cases represent a risk for a segment of the migrant population.

OC-13-06

HOW TO ASSESS THE RESULTS OF MENTAL HEALTH REFORM - THE OUTCOME MEASURES

INSTITUTIONS

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AUTHORS

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The purpose of this presentation is to describe the various methods of assessing the treatment outcomes while undergoing the Mental Health Reform. At present, the primary model of mental health care in Poland is hospital centred, with coexisting ambulatory care, though in the absence of active community care. Social Welfare Act (1990) as well as Mental Health Act (1994) will be presented as an examples of Polish legislation, introducing serious restrictions on the involuntary admissions of psychiatric patients as well as community care, as primary tool of treatment. So far the main goal of Mental Health Program, transformation from hospital-based to community-based psychiatry, is far from being achieved. This situation give rise to the new version of Mental Health Program aiming mental he-

alth promotion and prevention, introducing new community model of treatment, establishing, monitoring and evaluating of new mental health system. The new Mental Health Program objectives will be introduced in detail. The results from efficacy and satisfaction study will be presented as an example of outcomes measuring. It is planed to introduce therapeutic relationship as a new tool assessing treatment efficacy. Evaluation of Mental Health Reform, recommended by WHO as world's standards, is an important research goal. It is hoped that it will contribute to the development of community psychiatry in Poland as well as growing understanding of mentally ill problems by the Polish society and authorities, facilitating Mental Health Reform.

AN OVERVIEW OF HOMELESSNESS AND MENTAL HEALTH IN NEW YORK CITY IN THE LAST DECADE

INSTITUTIONS

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- 2. Reinier va Arkel Psychiatric Services, ,s-Hertogenbosch, The Netherlands

AUTHORS

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Objective: To provide an overview of homelessness and mental health in New York City (NYC) in the last decade.

Methods: This research is based on analysis of the main reports and studies on NYC homelessness and mental health and NYC Shelter System Register data.

Results: In 2006, the NYC homeless population was estimated at about 40,000 for any single day. Between 1994-2004, NYC shelters provided services to 416,720 individuals, including 163, 438 children. The majority came from impoverished NYC areas. Many came from incarceration, streets and hospitals. Most were minority, particularly African-American. Homelessness had a major impact on morbidity and mortality. For 2001-2003, the HIV/AIDS estimated prevalence of the shelter population was twice that of the NYC adult population, and TB rate was 11 times higher. Two out of three of the-

ir hospitalizations were due to substance and alcohol use or mental illness (MI). Between 40-50 percent of single adults users are estimated to have a MI, however, the incidence over several years is much lower. A considerable number had a co-occurring MI and substance abuse history. Their death rate was twice that of the NYC population. Their leading deaths causes were heart disease, cancer, HIV/AIDS and substance abuse.

Conclusions: NYC has developed the most extensive shelter service system for homeless people in the world. However, a crisis management approach, rather that addressing the roots of homelessness, has characterized its overall policy. Currently, there is a shift to an approach which seeks to drastically reduce homelessness in the next decade

OC-13-08

CRITICAL TIME INTERVENTION FOR PEOPLE WITH SCHIZOPHRENIA AND HOMELESSNESS IN HOLLAND

INSTITUTIONS

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Objective: To adapt the evidence-based Critical Time Intervention (CTI) for use among people with schizophrenia and homelessness in The Hague. CTI is a time-limited, manualized case management approach to enhance continuity of care for severe mentally ill (SMI) by bridging the gap between services. CTI was found effective in a randomized clinical trial among homeless SMI people in New York (Susser, Valencia, 1997).

Methods: Study was implemented in three inter-related phases. First, electronic records of schizophrenia spectrum disorders patients (N: 2723) of The Hague's psychiatric services provider were screened to identify those with homelessness in the prior year (N: 112). Case Register data on service use (12-month), demographics and clinical variables were collected. In semi-structure interviews, we assessed a representative sample (N:59) for homelessness and instability patterns. Second, CTI was adapted and a manual produced. Third, the

feasibility of providing CTI to some participants was tested.

Results: There was no significant difference on service use, demographic and clinical characteristics between participants (N:59) and no-participants (N:53). Analysis focused on factors which may mediate the CTI effect. The majority reported lifelong substance use: 64% cocaine, 36% heroine, 25% amphetamine; 63% cannabis, 53% alcohol. Current use was considerable: 32% cocaine, 10% heroine, 15% amphetamine, 52% cannabis, 34% alcohol. Most reported incarceration histories (76%). Prescribed medication histories were high (78%). The adaptation and its feasibility implementation were completed.

Conclusion: This study suggests that evidence-based interventions for people with SMI and homelessness, such as CTI, can be successfully adapted to meet the needs of specific groups.

IMPLEMENTATION OF THE BREMEN RISC ASSESSMENT SCALE FOR GENERAL PSYCHIATRY (BRAS-GP)

INSTITUTIONS

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Objective: Acts of violence caused by mentally ill people in Bremen in the year 2002 lead to an enforced public and medial discussion about how effective and safe our local psychiatric system is. Although the risk of becoming victim of crime committed by a mentally ill person is comparably small, it should be a goal to eventually minimize the risk for our patients to hurt themselves or others. Therefore we developed the Bremen Risk Assessment Scale for General Psychiatry (BRAS-GP) to identify high-risk-patients.

Method: We included all in-patients that have been sent to our hospital by involuntary commitment. The BRAS-GP consists of 18 items including questions concerning the case history, psychopathology and social background. During the ongoing 1 year follow-up we plan to validate our checklist.

Results: Between 1.10.- 31.12.06 we received 1023 patients in our hospital. 198 (=19%) of these were sent to us by involuntary commitment or received this status during their stay. 29% of these 198 patients were expected to commit severe violent acts in the future. Patients with schizophrenia, personal disorders and addiction were over represented in this pool. A pre-evaluation till September 2007 shows a sensitivity of 0,77.

Conclusion: Assessing violence risk for patients discharged from a general psychiatric hospital is important to find treatment strategies that might help reducing aggression against others and lowering numbers of patients sent to forensic wards. Our risk-checklist is easy to use but needs further investigation to validate and improve it.

OC-13-10

BEING A REFUGEE AND REMEMBERING: HOW, IN WHAT LANGUAGE?

INSTITUTIONS

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Among patients from South East Asia treated in ASM13, most of them are psychotic depressed or border line Chinese from Cambodia. Some do not speak French even 25 years after arrival, although in families 4 to 5 languages are used. We created a specific consultation with interpreters who speak Cambodian, Vietnamese and Teo Chew. The interpreters are Cambodian, the psychiatric staff is European: the development of the setting raised anthropological and psychoanalytic questions. Most of the patients seemed to have lost their cultural roots after wars, exiles and genocide.

We used to think in terms of post traumatic disorder, impossible mourning and in terms of acculturation. The relation to China was not made explicit during our work in this kind of setting, until a Taiwanese psychologist speaking Mandarine and French was included in the staff. We discovered during the consultations, that many patients could speak Mandarine

- 1) They used Mandarine, which is not one of the languages they speak at home
- 2) They began a process of remembering regarding personal and family memories
- 3) They mentioned their Chinese ancestors and their filiations

We started group sessions on cultural Chinese celebrations such as New Year, gathering several patients who recalled the way they were celebrated in their homeland. We discovered that the process of remembering was enhanced in the group multilingual situation.

We shall give examples of this opening to remembering in individual and in group settings, and propose cultural and psychoanalytic hypotheses on how Mandarine was the only language which could enhance remembering.

OC-14: MISCELLANEOUS 3

OC-14-01

FURTHER RESULTS FROM THE ITALIAN MULTICENTRIC TASKFORCE FOR THE SPAID SYSTEM

INSTITUTIONS

- 1. SIRM (Italian Society for the study of Mental Retardation), Italy
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- 3. Misericordia di Firenze, CREA (AMG Centre for Research and Evolution), Firenze, Italy
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Background: SPAID stands for Psychiatric Instrument for the Intellectually Disabled (ID) Adult. It consists in a package of rapid and easy-to-use instruments for the trans-professional assessment of psychiatric disorders.

Aim: The study aimed at evaluating metric properties of the G (General), PDD (Pervasive Developmental Disorders), and P (Psychoses) modules. Through the application of these instruments researchers also gathered important data on the prevalence of psychiatric disorders in the Italian population with ID.

Methods: A sample of around 270 persons with ID was randomly or consecutively recruited to be assessed for concurrent psychiatric disorders through the application of the SPAID-G. For a part of the sample the Italian adaptation of the Matson's DASH, the Krajer's

PDD-MRS, the SPAID-DPS, and the SPAID-P were also compiled. To reduce limits of the previous studies, characteristics of recruitment centres were further differentiated.

Results: Around 40% of the sample was assessed to have a cluster of psychopathological symptoms that could be consistent with a psychiatric diagnosis. Autism, impulse control disorder, and dramatic personality disorder resulted to be the most frequent over-threshold scores. Correlation of area scores between SPAID and the other instruments still resulted to be higher than 60%. Internal consistency and inter-rater reliability of the SPAID were also confirmed to be high. In respect to DASH researchers found that SPAID could present some advantages: less time consuming, more precise chronological criteria, more syndrome-based severity criteria, consideration of exclusion criteria, higher selectivity for frequency criteria.

INTERNET ADDICTION AND SEVERE MULTIPLE MEDIA ADDICTION - FIRST EXPERIENCES OF AN IN-PATIENT TREATMENT PROGRAM IN BERLIN

INSTITUTIONS

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AUTHORS

1. Oliver Bilke1

Introduction: Multiple media addiction ("MMA") seems to emerge as a mental health problem in adolescents. Although not yet broadly recognised by addiction research, there exist clinical and neurobiological implications, that MMA resembles classical adolescent addiction patterns such as marihuana or alcohol.

Method: As part of either the dependency and of the in-patient psychotherapy programs in a large mental hospital covering inner-city Berlin a simple probatory treatment system was established in May 2007. Using mouth to mouth information, presence in media and symposia for experts professional attention was drawn on this topic. The treatment concept is divided in three phases: absolute abstinence, re-learning prosocial media techniques and multimodal therapy of underlying psychiatric disorder.

Results: For the past half year we could administer seven were se-

vere "MMA"-cases with all signs of clinical dependency, both neuropsychological and somatic, including cardiovascular problems, severe craving and pseudo-hallucinations. Five patients could be only administered after massive juridical intervention at home having themselves totally isolated for months playing up to 20 hours a day. 24 other patients were admitted in the same period due to minor forms of "MMA", not establishing an addiction diagnosis due to ICD-10

Conclusion: There seems to be a small but severely ill subgroup of multiple media users that develop social isolation, craving and other features of addiction. Using the clinical diagnosis MMA offering an in-patient approach and treating them in a three-step-program seem to be a beginning in this field. Obviously intense research is needed in this broadening area.

OC-14-03

EFFICIENCY OF SUGGESTIVE METHODS BY TREATMENT OF DEPENDENCES

INSTITUTIONS

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AUTHORS

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Within 18 years we have treated 16.260 patients from alcohol or drug addictions by suggestive methods-modified at our clinic method of Ukrainian doctor Dovzhenko combining with emotional - stress catharsis psychotherapy created at our clinic in 1988. From all treated patients 98 % were treated from alcohol addiction and 2 % from drug addiction. 11,8 % were woman, 11,7 % high educated patients, 32,7 % were treated at in or out-patient departments before. 46,2 % were 30-39 years old, 31,1 % over 40 years old, 22,6 % 20-29 years old. Only 0,1 % till 19 years old. At our cathamnestical data remission period spread from 1 to 18 years by 70,4 % of all treated patients (11.750). From this number remission period from 1 to 5

years - 60,8 % of all treated patients (9880 patients), from 5 to 10 years - by 6,4 % (1043 patients), from 10 to 15 years - 2,7 % (441 patients) and over 15 years - 0,5 % (86 patients). Higher than average results were by treatment of women, higher educated patients and, what is very important, by treatment of before compulsory treated patients. Less than average treatment results were by treatment of patients treated before at in-patient departments. Our experience during 18 years confirm that suggestive methods oriented to suppression of inclination to alcohol or drugs are very effective. Our experience from recent years conforms that suggestive methods are effective by treatment of gambles too.

CHARACTERISTICS OF THERAPIST'S COMMUNICATIONS IN GROUP PSYCHOTHERAPY OF PSYCHOTICS

INSTITUTIONS

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Group psychotherapy in homogenous groups poses specific requests in front of the therapist. In small group of psychotics therapist becomes a bridge for reconstitution of communication and for restoring and translating the meanings of nonverbal and emotional messages in understandable verbal statements. Therapist's communications in 5 small groups of paranoids (48 patients) and 5 small groups of schizophrenics (40 patients) are investigated. Communications are measured by Bales' system of categories. At the beginning of the psychotherapeutic process and after 8 weeks the observer classifies therapist's communication into 12 categories, grouped into 4 types of communication: emotionally positive, problem solving - answers, problem solving - questions, and emotionally negative.

Results indicate the different structure of therapist's communicati-

ons in groups of paranoids regarding the groups of schizophrenics. In the first measurement in the groups of paranoids, the total score of therapist's communications (38.2%) is significantly higher than in the second measurement (p<0.001). Dominant therapist's communications are emotionally positive and problem solving - questions. In the groups of schizophrenics both measurements show high percentage of the therapist's communications, the most frequent are the emotionally positive, and then the problem solving - answers, while in the $2^{\rm nd}$ measurement the last one decreased in favour of problem solving - questions. Difference of the therapist's communicates is the consequence of the specificity of these two pathological processes, before all, of the specificity of cognitive styles that the therapist meets.

OC-14-05

ATTITUDES TOWARD PSYCHIATRY AND CAREER PERSPECTIVE AMONG SERBIAN MEDICAL STUDENTS

INSTITUTIONS

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AUTHORS

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- 3. Miroslava Jasovic-Gasic¹, Prof Dr, PhD

Aim: Better understanding of the attitudes and career perspective of Serbian medical students (MS), with the focus on psychiatry.

Method: MS entering second year of Medical School, University of Belgrade, in 2007 (n-114; 71.9% female, age 20.1 ± 0.7 years, coming from grammar school (62.3%) or medical high school (37.7%)), filled out the 23-item questionnaire(1) modified by authors (NMto explore the degree to which MS: (a) consider possible careers among various specialties, (b) find various specialties attractive as careers and the degree to which others respect the skills of physicians in various specialties (internal medicine, surgery, pediatrics, gynecology, general medicine and psychiatry).

Results: Surgery was ranked the highest, followed by internal medicine, pediatrics and psychiatry. Psychiatry was identified as desirable

by 35.4% MS. Conversely, 64.6% considered it unlikely that they would choose psychiatry as a career. Only 15.0% MS regarded psychiatry as the career of choice, whereas 24.8% ruled it out. MS rated psychiatry lower than each of three aforementioned specialties in regard to: satisfying job, enjoyable work, prestigious, helpful to patients, interesting subject matter, intellectually challenging, drawing on all aspects of medical training, based on a reliable scientific foundation, expected to have a bright future, and rapidly advancing field of understanding and treatment. On degree to which they, family, classmates and other physicians respected the skills and knowledge, MS rated psychiatrists lower than all other specialists, except general medicine.

Conclusion: Some negative attitudes may be corrected and should be actively targeted within the medical school curriculum.

SEVERAL ISSUES ON APPLICATION OF INTERVISION METHODS IN PSYCHOTHERAPEUTIC GROUPS

INSTITUTIONS

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AUTHORS

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The widespread definition of intervision is conduction of a therapists' group for the purpose of anxiety reduction, determination of the professional boundaries and personal development. The aim of our research has been further development of the intervision definition by utilizing the second circle of therapists not only for the above-mentioned purposes. The therapists were considered as active members of the group process and they were enabled by additional capacities such as:

- Limited capacity for intervisors to make remarks, commenting in the process of the group conduction
- After-group discussions between facilitators and intervisors upon the group

Discussions between facilitators and intervisors upon the group conduction at the presence of the group members Quality assessment has been made on effectiveness of the utilized method in the groups with intervision and the control groups. The tools of assessment were:

- Comparative analysis of group development
- Comparative analysis of drop-out rates
- Comparative analysis on range of the worked-out issues

The studies on the groups revealed the following results for the groups with intervision in comparison with control groups:

- Range of worked-out issues was bigger
- Group development was more dynamic
- Lower drop-out rates

In addition to the abovementioned advantages, it should be noted that application of the method promotes more intensive education of the therapists, building-up team thinking and creation of "realistic" perception of a therapist image in the group.

OC-14-07

PSYCHOPATHOLOGICAL IMPACT OF CHILDREN'S AND ADOLESCENTS' EXPOSURE TO VIOLENT IMAGES

INSTITUTIONS

1. Private practice, Greece

AUTHORS

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Both post-modern focus on the subjective excitement of experience and the contemporary pervasive children's and adolescents' access to violent TV and Web images, seem to increase their susceptibility to violence in the western world. Nowadays violent images are abundant and unmediated, and with decreasing parental ability for control and barriers. Exposure to them since a quite early age may, in combination with certain social pathologies, result to an escalation of individual violent behaviors, especially when identity issues are at

stake, and the capacity for sublimation is poor. In terms of transition to adult psychopathology, we have been witnessing (and further expect) an increase of borderline personality disorders, and of psychotic and perversive psychic structures. Kleinian, Winicottian, and Lacanian ideas are utilized to compose a psychoanalytic critique of children's and adolescents' perception and metabolization of violence. Questions about the need for revisioning cultural attitudes and promoting mental health prevention policy are posed.

PERSONALITY DISORDERS PREDICT RELAPSE IN MAJOR DEPRESSION: 6-YEAR PROSPECTIVE STUDY

INSTITUTIONS

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- 3. Harvard Medical School, Psychiatry, Belmont, United States
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Objective: To examine prospectively the natural course of major depressive disorder (MDD) and to test for the moderating effects of personality disorder (PD) co-morbidity on relapse after remission from an episode of MDD.

Methods: Participants were 303 patients with current MDD at baseline in the Collaborative Longitudinal Personality Disorders Study, an on-going NIMH-funded multi-site prospective multi-wave study. Patients were reliably assessed using semi-structured diagnostic interviews. MDD and psychiatric disorders were assessed with the Structured Clinical Interview for DSM-IV and PDs were assessed with the Diagnostic Interview for DSM-IV PD. The course of MDD was assessed with the Longitudinal Interval Follow-up Evaluation at 6- and 12-months and then yearly through 6 years. Survival analyses were used to analyze time to remission and time to relapse, with the

Kaplan and Meier method to estimate cumulative rates.

Results: 260 of 303 patients had a remission from MDD; lifetable survival analyses revealed that MDD patients with PDs had significantly longer time to remission from MDD than patients without PDs (log-rank chi-square=14.95, p<0.0001). Among the 260 patients with a remission from MDD, those with PDs had significantly shorter time to relapse (log-rank chi-square = 5.31, p=0.02). Overall multivariate prediction of relapse (Cox proportional hazards regression analyses) revealed presence of PDs (hazard ratio 1.5) and recurrent-type MDD (hazard ratio 2.2), but not dysthymia (hazard ratio 0.97) significantly predicted time to relapse.

Conclusion: PDs were robust predictors of accelerated relapse after remission from an episode of MDD.

OC-15: PSYCHOTIC DISORDERS & MENTAL HEALTH CARE

OC-15-01

EMOTION PROCESSING IN SCHIZOPHRENIA: IMPACT ON SOCIAL FUNCTIONING AND REHABILITATION STRATEGIES

- 1. University of Porto: Faculty of Psychology and Educational Sciences, Portugal
- 2. Higher Polytechnic Institute of Gaya: School of Social and Community Development, Portugal
- 3. Porto Polytechnic Institute: School of Allied Health Science, Portugal

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- 3. Nuno Rocha^{1,3}

Persons with Schizophrenia display a wide range of impairments in social functioning, in part due to difficulties understanding other's intentions and emotional states. In this presentation we will focus on deficits in emotion perception, based on studies carried out recently with Portuguese schizophrenic patients and in research review. Emotion recognition deficits have been consistently demonstrated as well as their relationship with poor social function, although further

research is needed to clarify this issue. Empirical findings also have shown that rehabilitation strategies may have positive effects in what regards improvement of emotional processing skills, but few studies analyzed the clinical impact of such interventions on community functioning. This is a promising area needing further research.

OC-15-02

FACTORS ASSOCIATED WITH THE RISK OF READMISSION TO AN ACUTE PSYCHIATRIC INPATIENT FACILITY: A RETROSPECTIVE COHORT STUDY

INSTITUTIONS

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Aims: This study aimed to investigate the predictors for the risk of readmission to an acute psychiatric inpatient unit.

Methods: A retrospective cohort study was embedded in a crosssectional clinical file audit of 178 randomly selected patients who had at least one admission during a twelve-month study period. All patients were retrospectively followed up for at least 12 months. A total of 286 variables were collected and analysed.

Results: Eighty-two patients (46 percent) were readmitted during the follow-up period. Cox regression analyses showed 9 variables were related to the risk of readmission. Six of these variables increased the risk of readmission. They included the number of previous admissions, risk to others at the time of index admission, contact with emergency department post-discharge, alcohol intoxication and ECT

treatment. More active and assertive treatment in the community post-discharge decreased the risk of readmission, eg, involuntary treatment, reviewing the individual service plan and transferring to a new treating team. Patients' socio-demographic characteristics, a diagnosis of a major psychiatric illness, length of previous admission or index admission, or the clinical practice and care provided at the inpatient unit did not influence the risk of readmission.

Conclusions: A sub-population of patients who require frequent psychiatric admission is identifiable. Quality of inpatient care does not influence the risk of readmission, which therefore raises a question about the validity of using the rate of readmission as an outcome measure of psychiatric inpatient care. Good psychiatric practice within the community following discharge likely reduces the risk of readmission.

OC-15-03

AN ALTERNATIVE APPROACH TO TREATMENT OF DEPRESSION

INSTITUTIONS

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AUTHORS

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Objective: To demonstrate through 3 case examples (1. acute suicidal depression, 2. chronic depression, and 3. treatment-resistant depression) that depression can be predictably overcome by personality transformation through ,Breakthrough Intimacy' - closeness between committed couples far beyond their previous maximum experiences - without medications, and often within 6 months.

Method: Working with the patient and his/her partner in three-way teamwork, therapist actively help the patient couples to think, feel, and act in such ways that their closeness will increase beyond their previous maximum experience, provoking and overcoming waves of spikes of depression, until it disappears by exhaustion, guided by their own daily self-rating on 41 parameters that allow accurate graphic tracking of subtle changes in their personalities and dynamic mental status.

Results: Of the 1,170 patients (nearly all of them showing varying degree of depression) treated over the last 20 years, 48% reached a level of adjustment higher than their previous maximum level beyond symptom elimination. Among them, 31% reached a level up to twice, 24% reached up to three times, 20% reached up to four times, 16% reached up to five times, and 7.6% reached up to and beyond 10 times their previous maximum level according to their own daily self-rating. Of those who failed to reach their previous maximum level of adjustment before termination, 75% showed significant improvement in overall adjustment and 77% showed reduction of symptoms.

Conclusion: Depression may be better understood and treated as consequence of one's personality, which can be transformed through ,Breakthrough Intimacy.'

OC-15-04

DYSFUNCTIONAL ATTITUDES, SOCIAL SUPPORT AND QUALITY OF LIFE OF SCHIZOPHRENIC AND BIPOLAR PATIENTS IN REMISSION

INSTITUTIONS

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The prognosis of psychotic patients in remission is often associated with the social support and the quality of life they enjoy. Furthermore, it is well-established that the presence of dysfunctional cognitions indicates a vulnerability to psychopathology and bears strong relationships with psychological distress.

Aim: The purpose of the present study was to compare the dysfunctional attitudes, social support and quality of life of recovering schizophrenic and bipolar patients.

Method: A sample of 30 schizophrenic and 30 bipolar patients who had been symptom free for 18 months were recruited for the study. The two groups did not differ in terms of mean age, education, income and marital status. The Dysfunctional Attitudes Scale, Social Support Appraisals Scale and the WHO Quality of Life Scale were administered.

Results: Findings revealed that the two clinical groups did not differ in terms of dysfunctional attitudes, social support and quality of life. However, while quality of life in the schizophrenic group was not associated with social support or dysfunctional attitudes, in the bipolar group, quality of life correlated positively with social support and negatively with dysfunctional attitudes. Furthermore, sex differences emerged only in the schizophrenic group, with recovered female schizophrenics reporting significantly more dysfunctional attitudes and less social support. Multiple regression analysis indicated that in the schizophrenic group, neither dysfunctional attitudes nor social support was predictive of quality of life, while in the bipolar group, dysfunctional attitudes and social support accounted for 16.2% and 15% of the variance in quality of life respectively.

OC-15-05

NEGATIVE FEATURES PRECEDE ONSET OF PSYCHOSIS IN A PROSPECTIVE GENERAL POPULATION

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Aims: We aimed to identify, in the general population of adolescents, whether a questionnaire psychopathology assessment could predict the onset of psychosis.

Methods: Members (N= 9,215) of the Northern Finland 1986 Birth Cohort, an unselected general population cohort (1), were invited to participate in a field survey during 2001, at ages of 15-16 years. The study included a 21-item PROD-screen questionnaire screening prodromal symptoms of schizophrenia for the previous six months (2). PROD-screen included nine questions for positive and five questions for negative symptoms. The Finnish Hospital Discharge Register was used to identify new cases of hospital treated mental disorders during 2002-2005.

Results: Of the subjects 0.3% were treated for first episode psychosis and 1.5% for non-psychotic disorder during the follow-up period, ages 16-19 years. Positive symptoms did not associate with the onset of psychosis, but negative symptoms did. Negative symptoms were

reported by 94% of the later psychotic subjects, by 48% of those hospitalized for non-psychotic disorder and by 46% of the ,healthy', without psychiatric hospital treatment (Fisher's exact test: psychosis vs. healthy p<0.001, psychosis vs. non-psychosis p<0.001, and non-psychosis vs. healthy p=0.61).

Conclusions: The findings emphasize the importance of negative symptoms in the development of first episode psychosis.

Acknowledgements: The Academy of Finland, the National Institute of Mental Health, the Signe and Ane Gyllenberg Foundation, the Sigrid Juselius Foundation and the Thule Institute, Finland

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OC-15-06

TRIPLETS WITH SCHIZOPHRENIA: A CASE REPORT

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We present the case of three identical male triplets who have been suffering from schizophrenia. The three men, who had similar premorbid manifestations, namely obssessiveness and perfectionism along with a symbiotic pattern of co-existence, developed almost identical psychosis at least 4 years before their eventual admission for impatient treatment at the age of 23. Their psychopathology comprised trichotillomania in the context of an elaborate pseudophilosophical world view that led them to grandiose self-perception, withdrawal, isolation, decline in every aspect of functioning and, finally, physical aggressiveness. Response to antipsychotic drug treatment has not been dramatic for any of our cases, but psychotherapeutic intervention has proved to be meaningful. We argue for an

endogenous psychosis in all our three patients, rather than for follie a troix, on the ground that the course of their illness has not proven any one of the three to be dominant over the others, not even after their virtual separation. All three men also have G6PD deficiency and Gilbert syndrome.

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OC-15-07

OCCURRENCE OF PSYCHOTIC SYMPTOMS AMONG THE CZECH GENERAL POPULATION

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The presence of psychotic symptoms in non-psychiatric population may identify individuals at risk of psychosis. The aim of our study was to determine lifetime and current prevalence of psychotic symptoms in the general population of the Czech Republic. Study subjects were selected from a stratified population sample. All participants were administered the Psychosis Screening Questionnaire; in addition, the data on psychiatric treatment and diagnosis according to the M.I.N.I. were recorded. In total, 3244 subjects responded (48.1% males and 51.9% females). The most frequently reported symptom was paranoia (7.7%), followed by hypomania (6.2%), strange experiences (5.2%), thought insertion (3.8%), and hallucinations (1.7%). Lifetime prevalence of at least 1 psychotic symptom was 17.9%. Majority of responders reported only single symptom (13.5% of all participants). Significantly more males than

females experienced paranoia (lifetime p=0.002). In the subset of individuals with at least one psychotic symptom, 70.6% never visited a psychiatrist, 78.9% did not meet diagnostic criteria of psychotic disorder according to the M.I.N.I., and 67.0% failed to have any psychiatric diagnosis at all. The results suggest a high frequency of psychotic experience among the ethnically homogeneous Czech population. Cross-sectional study cannot reliably confirm whether the symptomatic subjects are at risk of development of psychotic disorder. However, our findings support a hypothesis of the presence of psychiatric symptoms in the general population as a continuum of psychotic spectrum, from normality and sanity through unique psychotic experiences to fully expressed illness.

Supported by the research project CNS 1M0517.

ORAL COMMUNICATIONS

OC-15-08

EKBOM SYNDROME ASSOCIATED WITH INTERFERON TREATMENT IN A LIVER TRANSPLANT CANDIDATE

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Delusional parasitosis (DP, known also as Ekbom syndrome) is a neuropsychiatric syndrome in which the patient has the fixed delusion of infestation by parasites. It is a rare condition often associated with early dementia. Interferon induced psychosis has typically an acute onset and resolves after discontinuation of interferon with or without antipsychotic medication. There are few cases of interferon induced persistent psychosis, most of them with a paranoid content. To our knowledge, there are no reports of delusional parasitosis associated with interferon treatment for hepatitis C.

Objectives: to describe a case of DP associated with interferon treatment which may play a role in selecting liver transplant candidates.

Methods: We are presenting a case of DP associated with interferon treatment in a patient who was evaluated as a liver transplant candidate followed by a review of the literature on DP and interferon induced psychosis.

Results: a 55 year old man with remote history of polysubstan-

ce abuse in remission for years, with mild intermittent depressive symptoms, started developing delusions of infestation and tactile hallucinations six months after starting interferon treatment for hepatitis C. Medical workup for new onset psychosis was negative. His psychosis led to significant behavioral changes, including hypervigilence and changing physicians frequently. After a brief response to Risperidone, symptoms resumed and persisted after nine months of treatment, despite discontinuation of interferon. His symptoms interfere with his ability to participate in transplant preparation.

Conclusion: DP can be expected when evaluating liver transplant candidates and may interfere with final eligibility for transplantation.

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OC-16: EPIDEMIOLOGY

OC-16-01

PREDICTORS OF PSYCHOLOGICAL DISTRESS IN THE CANADIAN POPULATION: A COMPARISON OF LOW-INCOME AND NON LOW-INCOME POPULATIONS

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Most epidemiological studies around the world indicate that a close link exists between psychiatric symptomatology and socio-economic variables, with the poorest individuals being the most vulnerable. In 2002, Statistics Canada conducted the Canadian Community Health Survey, Cycle 1.2: Mental Health and Well-Being.

Objective: This study presents a comparison of the level of psychological distress between low-income and non low-income populations in Canada. It describes the predictors of distress identified for each population and presents the differences found with the models used in predicting distress.

Methods: Data were collected through a national survey including 36,984 individuals aged 15 or over in Canada. Of this sample, 17.9% (N=7,940) was identified as being within the low-income population using the low-income measure. Psychological distress was measured with the K-10.

Results: Hierarchical linear regression was employed to construct multivariable predictive models for psychological distress. In the low-income population, the percentage of high psychological distress was as high as 28%, compared to 19% in the non low-income population. Distress levels found among poor individuals surpassed those of more affluent individuals across most of the socio-demographic subgroups including age, gender, marital status, education level, ethnicity/race and first language. Different models to predict distress were identified for low and non-low income populations, which explained respectively 28% and 25% of the variance of psychological distress within these populations.

Conclusion: Variables related to social support, stress and coping abilities were the stronger sets of variables related to distress in both populations.

OC-16-02

PSYCHIATRY EVALUATION OF INTERNAL MEDICINE PHYSICIANS FROM A PUBLIC HOSPITAL IN SÃO PAULO

INSTITUTIONS

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Introduction: According to previous research, physicians present higher prevalence of psychiatry disorders when compared to general population. In our country, nevertheless, scientific studies focusing the problem are still lacking.

Objective: To evaluate the performance of internal medicine physicians on screening instruments for psychiatry disorders.

Method: A hundred physicians of clinical areas were selected in a public hospital of São Paulo, Brazil. All of them were asked to answer a questionnaire that included validated screening instruments validated. 83% completed the research protocol properly.

Results: The first part of Self Report Questionnaire aims to evaluate the presence of mental disorders and the average score of the physicians was 2.60 ± 2.44 . Taking 7/8 as cut-off, 3.6% of them had higher risk of presenting a psychiatry diagnosis. Depression prevalence was

evaluated through the Center for Epidemiologic Studies - Depression scale. The average score was 11.66 ± 26.75 . Using 15/16 as cut-off, 10.8% of clinical practitioners scored positively for depressive symptoms. In the IDATE, an instrument for anxiety disorders screening, the average score was 23.39 ± 5.09 . 60.2% of the studied population could be considered at higher risk for presenting anxiety disorders (cut-off 21/22).

Conclusion: Compared to Brazilian general population, the frequency of mental disorders was lower among clinicians. The finding concerning depressive symptoms was similar to that found in most scientific research. The most important data, however, concerns the rates of anxiety symptoms, which frequency was much higher among physicians than in general population (prevalence ranging from 7.0 to 18.0%).

LONGITUDINAL ANALYSIS OF THE ASSOCIATION BETWEEN DEPRESSIVE SYMPTOMATOLOGY AND DEMENTIA: THE THREE CITY (3C) STUDY.

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Introduction: Clinical studies indicate that depression or depressive symptomatology (DS) are associated with dementia, however, their temporal relationships are controversial. Our study aimed to explore whether DS is predictive of incident dementia in the elderly.

Methods: Longitudinal analysis in a survey of 9294 non-demented non-institutionalized elderly, aged 65 years and over, in 3 French cities. We performed logistic regression analyses of the relation between the level of DS assessed by the Center for Epidemiological Studies Depression (CES-D) scale, at baseline and at 2-year follow-up, and the incidence of dementia at 4-year follow-up, adjusting for sex, age, education, hypertension, history of cardiovascular events, Apo E genotype, the Mini-Mental State Examination score at baseline, and use of antidepressant agents.

Results: Our working sample had a mean age (SD) of 73.7 (5.0) years, included 60.7% of women and 12% of subjects with high level of DS at baseline. The incident rate of dementia was 3%. A high level of DS at baseline increased risk of dementia 4 years later (adjusted OR CES-D high *vs* CES-D low 1.6, 95% CI 1.1-2.4). The risk of dementia increased with decreasing mean interval between its occurrence and the last time high level of DS was achieved, and with recurrence of high level of DS over the period of follow-up.

Conclusions: We found a close temporal association between DS and increased risk of dementia in elderly subjects. DS seems to be less a risk factor for than a prodromal state of dementia. Jorm A. Aust N Z J Psychiatry, 2001; 35:776-781

RELATIONSHIP BETWEEN BLOOD PRESSURE AND DEPRESSION IN THE ELDERLY: THE 3-CITY (3C) STUDY

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Objective: Depression is associated with cardiovascular morbidmortality but studies on the relationship between depression and blood pressure show inconsistent results. We examined this relationship in a large sample of non-institutionalized elderly people.

Methods: Cross sectional community-based study in 9294 subjects aged 65 years and over [mean age (\pm SD) 73.7 \pm 5.0 years], in 3 French cities. Subjects were categorized as depressive on the basis of self-reported history of treated depression, current depressive symptoms and current or past major depressive episodes using the French versions of the Center for Epidemiological Studies Depression scale, and of the Mini International Neuropsychiatric Interview respectively. Multiple linear regression analyses of the relation between depression and mean systolic (SBP) and diastolic blood pressure (DBP) values were conducted, taking into account potential confounders like age, sex, education, smoking, alcohol

consumption, body mass index, cardiovascular history, and antihypertensive or psychotropic agents use.

Results: Overall, 2479 participants met the criteria of depression, 7205 (77.5%) were hypertensive, and 4596 (49.5%) were on antihypertensive drugs. Analyses showed lower mean SBP and DBP values in depressive individuals compared to non-depressive ones, in both men (SBP: 148.2 mm Hg vs 151.8 mm Hg, P<0.002; DBP: 83.0 mm Hg vs 84.7 mm Hg, P=0.003) and women (SBP: 141.7 mm Hg vs 144.7 mm Hg, P<0.0001; DBP: 80.7 mm Hg vs 81.4 mm Hg, P<0.002).

Conclusion: Given the high prevalence of depression among elderly people, these results highlight the need of further exploration of pathophysiological mechanisms that could underlie blood pressure-depression association.

A COMPARISON OF PATIENTS OF SPECIALTY AND PRIMARY CARES IN ARMENIA

INSTITUTIONS

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Background: The burden from the loss in developing countries, caused by mental health problems is nearly as big, as in industrial countries, but the majority of such population is not revealed in low-income countries.

Aims: The main objective is to compare some social-psychological peculiarities in inpatients of a specialized psychiatric hospital and outpatients of a primary health care setting, and develop appropriate models of specialized care.

Methods: We work out appropriate documents to collect the clinical-epidemiological data to carry out comparative analysis of two groups of patients: the first group was named "psychiatric" (148 patients), and the second one-"diagnostic" (122 patients).

Results: There were found out significant differences between 2 groups. The number of patients from incomplete families was considerably higher among the "psychiatric patients" - 20.95% vs. 9.84%,

and less "psychiatric patients" had grown up in enlarged families 16.2% vs. 31.2%. There were considerably more families in the "psychiatric" group, where the interrelations between the parents were strained - 26,4% vs. 11.5%. The 24.3% of "psychiatric patients" were living in unsatisfactory housing conditions, and only 1.7 % of "diagnostic patients" had the conditions. There were employed 16.22% of "psychiatric patients" and 31.2% of "diagnostic patients". The rate of exposure to stresses is nearly the same in 2 groups, but the "psychiatric" patients were 3 times more experienced unusual stress events - 29.4% vs. 10%.

Conclusions: The detected difference between different medical centers allows concluding about the role of some social-psychological factors in the formation of psychiatric (mainly depressive) disorders.

OC-16-06

PREVALENCE OF MENTAL DISORDERS AMONG RECRUITS IN ARMENIA

INSTITUTIONS

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Objective: The study of mental health of recruits is one of the main factors of preventing of extreme situation in army. The clinical and epidemiological research works of recruits mental health in literature are not many. Up today there is no concrete diagnostic criteria which can help psysican to understand if the recruit can serve in the army or not. The aim of research work is to study the epidemiological aspects of mental disorders of recruits in Armenia, the correlations of those disorders with the age of patients and their living region (city, village).

Methods: We studied 3169 recruits (age 16-28) during 6 years, who were sent to pass psychiatric expert commission.

Results: Basically the recruits were at the age of 18-28 (88,8 %), 10,9% were at the age of 16-17 and only 0,3% were older than 28. 66,0% recruits were from villages and only 34% from cites. We deli-

ver the mental disorders into the following groups: mental retardation, psychoses, non-psychotic mental disorders. From recruits that were observed in ambulatory, in stationary 39,6% their psychiatric symptoms were reviewed and these people were known as mentally healthy. The mental retardation occurred in 39,5% during six years, the same results in literature data. Psychoses were in 0,2%.

Conclusion: Because of divergences in diagnoses of mental disorders among recruits in different levels of expertision (ambulatory and stationary), so it makes sense to hold regularly licensing of the expert-doctors, and to guarantee continuity in diagnostic approaches_hold their rotations

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Remschmidt H., Belfer M. - Nechiporenco V.V., Kurpatov V.J.

PREVALENCE OF MENTAL DISORDERS AMONG PEOPLE LIVING IN HOUSEHOLDS IN DURBAN, KWAZULU-NATAL, SOUTH AFRICA

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Introduction For the purpose of planning mental health services and the training of mental health personnel, it is crucial to have sound information about the prevalence of mental disorders in the population and the use of mental health services in the community. The epidemiological approach is necessary for assessing the prevalence of mental disorders in specified population groups. This type of approach is of special importance in those areas whose mental health services are not fully developed.

Aim of the study: This was a household survey to determine the prevalence of mental disorders amongst people living in households in Durban, KwaZulu-Natal, South Africa, using structured interviews.

Objectives: To administer four questionnaires, the Demographic

Characteristic Questionnaire (DCQ) the 20 item Self Report Questionnaire (SRQ 20), the Reporting Questionnaire for Children (RQC) and the Mini International Neuropsychiatric Interview (MINI) to selected individuals in households in and around Durban. To compare the prevalence rates according to age, gender, race and grade. Methodology eThekwini was divided into five clusters. 1 000 households were randomly selected from each cluster giving a total of 5 000 households. Sampling of respondents was by the Kish method of sampling. The DQ, SRQ and RQC were administered by research assistants. Those who scored above a cut-off point in the SRQ and RQC were further interviewed by the researcher using the MINI.

Results and Conclusion: This study is not yet completed. The results of the study will be discussed at the conference.

OC-16-08

A SURVEY OF PERSONS WITH MENTAL ILLNESSES WITH YOUNG CHILDREN WHO ARE LIVING IN THE COMMUNITY

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A needs analysis survey of persons with mental illness (PMI) who are living in the community and have young children in Singapore was conducted. The aims were to identify the percentage of this client group and to identify the needs and service gaps. Currently, there are insufficient services in Singapore addressing the needs of PMI with young children. There was no statistics to show the percentage of this client group locally. From overseas studies, 20-30% of PMI had young children and female clients had more contact with young children. The hypotheses were to determine the above two findings. The study was conducted over two weeks at three psychiatric outpatient clinics. Patients were screened using a questionnaire to determine whether they have young children who are below 18 years old. If patients had young children, they were asked to fill up a minimum

data set to understand their social-economic background. Patients were then invited to participate in a needs survey.

A total of 2314 patients were screened over two weeks. 33.4% of cases were parents. Out of those who were parents, 65.5% of them were female and 30.5% had young children. Moreover, 58.1% of those who had young children were female. In addition, social-demographic profile of patients with young children was also recorded.

The survey was strategic to identify the percentage of PMI with young children. The results of the study suggested the need to develop services and policy for PMI with young children and additional customised services for female parents.

ORAL COMMUNICATIONS

OC-16-09

ALCOHOL AND OTHER SUBSTNCE USE/ABUSE AND VIOLENCE AMONG SLUM DWELLERS IN DHARAN, NEPAL

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Objectives: to estimate the prevalence of alcohol and tobacco use in slum dwellers. to explore substance-use related domestic violence. **Methods:** Community based survey; random systematic sampling design of 327 houses holds with Sample size of 723 subjects **Questionnaires:**

A. Substance use/abuse questionnaire: Questionnaire used was precoded and structured proforma, used in large studies of assessment of alcohol/substance use by India Council of Medical Research B. Domestic Violence Questionnaire: It is an 18-item questionnaire developed by experts at the psychiatry department which is pre-tested. Face & content validity judged to be satisfactory.

Results: Of 723, 56.7% were males; majority (26.0%) was of 35 to 44 yr. age group and 85% were married. About 90% had ,ever used' substance, whereas around 80% had used in ,last month'. Tobacco (80%) and alcohol (27%) were most common substances 77% and 60% subjects used tobacco and alcohol respectively, daily. Among

last month alcohol abusers (n=525), 58% had socio-occupational dysfunction, craving 26.8%, and lack of control 56%. About 16% wives experienced violence, perpetrated by their husband (65%) during substance abuse. Separation was less (6%). About 20% children also became the victim.

Conclusion: Alcohol and to bacco use/abuse was common. Substance use related domestic violence was perpetrated by husband to their wives, which is consistent with the finding that the most common type of violence against women is "domestic violence" from their partner $^{\rm 1}$

Reference:

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OC-17: ECT & MISCELLANEOUS

OC-17-01

MAINTENANCE AND CONTINUATION ECT

INSTITUTIONS

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Aim: Electroconvulsive therapy (ECT) is in general discontinued after a favourable course of sessions, when remission of the initial symptoms occurs. The majority of psychiatric disorders are chronic and recurrent, the rational of extending ECT is supported by the lower rates of recurrence and relapse seen with continuation (<6 months) and maintenance (>6 months) ECT.

Methods: The authors made a review of the literature in MEDLINE, PUBMED and published guidelines. Forty two articles were found and 36 were selected.

Results: The evidence is composed by case reports, retrospective studies and few prospective studies, it is necessary more randomized and controlled studies focusing on this type of ECT treatment. Continuation and maintenance ECT is little mentioned in the published

guidelines, although several studies show that it is efficient, safe, well tolerated and has a low cost-benefit ratio. This treatment reduces the recurrence, relapse and re-hospitalization of patients who had a first initial course of ECT with good improvement. The number and time of the sessions should be scheduled according to individual treatment response. The cognitive effects of maintenance and continuation ECT are similar or even lesser than those reported with only one course of ECT in the acute phase of the disease.

Conclusions: Continuation and maintenance ECT should be considered when remission of the mental disorder could not be achieve with another treatment and if the patient had a favourable response to an initial series of ECT.

OC-17-02

ELECTROCONVULSIVE THERAPY IN AUTISM: HOPE FOR SEVERE PSYCHOPATHOLOGY

INSTITUTIONS

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Aim: This paper reviews electroconvulsive therapy (ECT) in children and adults with autism and concomitant psychopathology, including affective illness, catatonia and self-injury. Case examples are highlighted.

Method: A review of the English-language literature on ECT in pediatric, adult, autistic and mentally retarded populations was conducted, with focus on catatonia, drug-resistant psychiatric illness and self-injury. This was combined with the author's experience with two autistic adolescents in catatonic stupor, and an autistic child and young adult with severe affective disturbance and self-injury. All four patients underwent ECT with excellent symptom resolution.

Results: ECT is an effective and safe treatment modality across the lifespan for a wide range of psychopathology. Current literature supports the appropriateness, safety and efficacy of ECT in autistic and intellectually disabled populations, where patients suffer from

an increased incidence of psychiatric and behavioral disturbances. The following cases are presented: Pt 1: An 18-year-old female with autism, MR and self-injury in classic catatonic stupor. Pt 2: A 15 year-old male with autism and MR in catatonic stupor confounded by bradycardia and arrhythmias. Pt 3: A 19-year-old male with autism, MR, profound depression, tics, compulsions and catatonic symptoms accompanied by self-injury. Pt 4: An 8-year-old boy with autism, MR, cyclical mood disturbance and intractable self-injury confined to full-body protective equipment.

Conclusion: Electroconvulsive therapy affords excellent symptom remission in autistic individuals with affective illnesses and catatonia, which may be complicated by dangerous self-injury. Prompt diagnosis and pursuit of ECT significantly improve clinical outcome in this patient population.

OC-17-03

MAGNETIC SEIZURE THERAPY AT 100HZ FOR THE TREATMENT OF DEPRESSION: A PILOT STUDY

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Aims: Magnetic seizure therapy (MST) is a new treatment for depressive disorders which aims to produce the treatment effects of ECT, but with fewer cognitive side effects. Seizures are elicited with a high-frequency magnetic field over the head of the patient.

Methods: We have performed a pilot study of a new magnetic stimulator (Magstim Theta) capable of delivering magnetic pulses at 100Hz frequency to elicit therapeutic seizures. We have tested the capability of the device to elicit seizures in 11 patients with one to five stimulations of between 250 and 1000 pulses given at 100Hz or 80Hz.

Results: Seizures were elicited in ten of the eleven patients. The mean duration of magnetically induced seizures was 31.3 sec, ranging from

10-86 sec. All patients had an exceptionally quick recovery of orientation, on average 16min 44sec shorter with MST than with ECT in the same patients (paired-samples t-test: $p=8x10^{-5}$). Patients reported feeling less confused after MST. Side effects were confined to myoclonic movements, associated with the use of etomidate.

Conclusion: The new 100Hz magnetic stimulator elicits seizures in most patients when administered over the vertex. The stimulation parameters of MST have to be opitimised further, and different coil configurations are likely to prove more efficient. The four centres have started trials to assess the effectiveness of MST and compare the cognitive side effects of ECT and MST.

OC-17-04

WAIS-R PROFILE OF PRECLINICAL HUNTINGTON'S DISEASE

INSTITUTIONS

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Background: Huntington's disease (HD) is an autosomal, dominant neurodegenerative disorder characterized by cognitive decline, personality change, motor impairments, and increased susceptibility to mental disorders.

Aims: The main purpose of this study was to determine if neuropsychological deficits could be identified in HD carriers and to examine the potential selectivity of presymptomatic cognitive impairment in HD.

Methods: A broad neuropsychological assessment battery including WAIS-R was administered to 64 participants in the predictive testing program. No participants displayed neurological or psychiatric signs of HD. All subjects were tested individually and the tasks were administered prior to molecularanalysis of carrier status (30 gene carriers and 34 noncarriers). The mean predicted age of onset was calculated by a regression equation based on CAG repeat information to 15 years.

Results: When the carrier group was divided based on predicted years to onset (HD+ \leq 15 and HD+ >15) the HD+ \leq 15 group had significantly lower scores in Verbal, Performance, and Total IQ compared to noncarriers. The carriers evinced significantly worse performance in six of the 11 subtests of the WAIS-R. The remaining tasks revealed group differences also favouring noncarriers. The impaired cognitive functioning revealed primary deficits in language abilities, attention, abstract thinking, problem solving, visuospatial ability, and psychomotor speed.

Conclusions: Deficits in executive functions, such as reasoning, attention, abstract thinking and psychomotor speed are early preclinical signs of HD. These impairments affect general intelligence and functioning of HD asymptomatic carriers and reflect dysfunction of frontal cortex and fronto-striatal circuits.

OC-17-05

EFFECTS OF ATYPICAL ANTIPSYCHOTICS ON COGNITION MEASURED BY FUNCTIONAL MRI AND AUDITORY EVENT-RELATED POTENTIAL

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Aims/Objectives: An increasing number of treatment studies focus on impaired cognition and emotion processing in schizophrenia. Imaging studies suggest the presence of dysfunctions in prefrontal-temporolimbic circuits. We evaluated neuronal activation with functional MRI and auditory event-related brain potential (ERP) in schizophrenia patients treated with atypical antipsychotics. The study was carried out in order to evaluate whether combinations of new antipsychotics with a specific cognitive training program was more effective than atypical antipsychotics alone.

Methods: Patients were examined by fMRI at baseline and after 8 weeks of treatment with atypical antipsychotics. In the scanner stimuli were presented in a 2-back and 0-back condition of a working memory paradigm. To investigate the neurophysiological changes ERP components N1, P2, P300 were recorded before and after treatment from 19 EEG leads in a two-tone oddball paradigm. Schizo-

phrenic patients (n=10) were compared with a randomized group of patients in the cognitive training (n=10).

Results: Treatment with new antipsychotics was associated with significant increase of activation in the right dorsolateral and left ventrolateral prefrontal cortex (p<0.001 uncorrected) and with an increase of P300-amplitudes and higher P2/N2 differentiation. The cognition training group revealed significant improvements in cognitive functions and transfer effects in skills needed for daily life.

Conclusions: New antipsychotics may improve the functionality of the networks needed for partial storage and processing of information. Cognitive training in combination with new antipsychotics, are important treatment techniques for improving social functioning relevant for rehabilitation.

OC-17-06

CSF TAU PROTEIN IN THE DIFFERENTIAL DIAGNOSIS OF GERIATRIC DEPRESSION AND MILD COGNITIVE IMPAIRMENT

INSTITUTIONS

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Objective: In Alzheimer's disease (AD), an accelerated neurofibrillary tangle formation is associated with increased tau protein release into the cerebrospinal fluid (CSF). Significantly increased CSF tau protein levels were found in patients at risk to develop AD indicating its potential as an early marker. Though mild cognitive impairment in preclinical AD often overlaps with depressive symptoms making early diagnosis difficult, to date no CSF marker has been probed to support the differential diagnosis of geriatric major depressive disorder and mild cognitive impairment eventually converting to AD. Methods: 81 patients with mild cognitive impairment (aging-associated cognitive decline criteria), 54 patients with geriatric major depressive disorder and 27 cognitively healthy controls were included. In all participants, CSF levels of tau protein were determined

by ELISA at baseline. All patients were re-assessed clinically after a follow-up period of at least 12 month.

Results: During follow-up, 29% of the patients with mild cognitive impairment but only one patient with geriatric major depressive disorder converted to AD. CSF tau protein levels at baseline distinguished significantly between mild cognitive impairment, geriatric major depressive disorder and controls. Already at baseline converters to AD were characterized by significantly higher tau protein levels compared to any of the other diagnostic groups. Conclusion: CSF tau protein levels distinguish geriatric major depressive disorder from preclinical AD and may predict conversion to AD in the course of disease.

ORAL COMMUNICATIONS

OC-17-07

DOWNREGULATION OF CAMP/PKA PATHWAY AND DARPP-32 EXPRESSION IN PC12 CELLS OVEREXPRESSING NCS-1 IS INDEPENDENT OF DOPAMINE RECEPTORS

INSTITUTIONS

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DARPP-32 and neuronal calcium sensor-1 (NCS-1) are two proteins involved in dopaminergic signaling. DARPP-32 plays a central role in dopaminergic signaling and NCS-1 modulates desensitization of D2 dopamine receptors and enhances neurotransmitters release. It was reported that NCS-1 colocalizes with D2 dopamine receptor in both pyramidal neurons and interneurons in the primate prefrontal cortex (PFC). Recent articles have reported an increase of NCS-1 levels and decrease of DARPP-32 levels in PFC of both bipolar disorder and schizophrenic subjects. It is well known the involvement of dopamine in these psychiatric disorders, so, in this study, we have addressed whether increased levels of NCS-1 could reflect on alterations in PKA pathway. In order to investigate the possible involvement of NCS-1 in cAMP / PKA / DARPP-32 pathway we

have used PC12 cells of wild type (wt) and a cell line stably overexpressing NCS-1 (Clone). Western blot analysis demonstrated that Clone cells has downregulation of DARPP-32 expression and levels of pDARPP-32(Thr34) and pCREB(Ser133). Also, ELISA analysis showed decrease in cAMP levels in Clone cells. However, there are no alterations in pDARPP-32(Thr75) levels and expression of D2 receptors, CREB and Calcyon. Also, we observed that there were no alterations in pDARPP-32(Thr34) levels after treatments with dopaminergic agonists and antagonists. These results indicate that PC12 cells are a suitable model to dissect the important signaling pathways modulated by DARPP-32 and NCS-1 which may have the potential to turn into therapeutic targets for the treatment of serious psychiatric diseases.

OC-17-08

NEUROPHYSIOLOGICAL CORRELATS OF COGNITIVE PERFORMANCE IN ADULTS WITH DOWN'S SYNDROME

INSTITUTIONS

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Aim: Search for correlation between cognitive tests performance and EEG data in adults with Down's syndrome (DS).

Subjects: Twenty-five adults with DS underwent 32-channel EEG (eyes closed, auditory odd-ball paradigm) and a neuropsychological battery. Quantitative EEG (absolute power) and ERPs were tested for correlation (Spearman rank test) with psychometric scores and linear regression was applied for significantly correlated variable pairs. Comparison of EEG absolute power between DS and 25 control subjects was performed using LORETA.

Results: The Mini mental state examination (MMSE) test correlated negatively with the latency of P200 [\mathbf{r}_{ς} :-0.417(p:0.038)]. Wechsler Adult Intelligence Scale(WAIS)-total: a positive correlation with the amplitude of N100 [\mathbf{r}_{ς} :0.592 (p:0.003)] and a negative correlation with the maximum absolute power in the occipital regions [\mathbf{r}_{ς} :-0.452 (p:0.023)] was found. Rivermead Behaviour Memory performance correlated positively with P300 amplitude [\mathbf{r}_{ς} =0.450 (p:0.024)] and

negatively with the maximum absolute power [r = -0.442 (p:0.027)]. Maximum absolute power correlated negatively with P300 amplitude [r $_{\rm S}$ =-0.402 (p:0.047)]. N100 amplitude was found to be predictive for P300 amplitude [6,145 (p:0,021)] and WAIS performance [8,527 (p:0.008)]. LORETA: DS showed excess theta in the right: hippocampus, frontal (BA 44), temporal (BA21,22) and occipital lobes.Beta1was reduced in the left temporal lobe (BA 22).

Conclusions: Correlations between both ERP and EEG-background activity and cognitive tests' performance in adults with DS exist. The findings may be interpreted in one direction with the hypothesis about P300 as result of an inhibition process on ongoing activity. It could be speculated that the higher background activity (especially in the frontal, temporal and occipital regions) may result in more difficult inhibition and lower amplitude of P300, linked with a weak cognitive test's performance.

OC-17-09

PRODROMAL SYMPTOMS IN MANIA

INSTITUTIONS

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Aims/Objectives: Identifying a relapse of any disorder in its prodromal period allows for early intervention and prevents or reduces adverse consequences that can result from a full-blown episode. This study aimed to examine various aspects of prodromal symptoms of mania and to compare this with prodromes seen among patients of recurrent (unipolar) depression.

Method: The sample consisted of 30 patients with a recent manic relapse and a control group of 30 patients with recurrent (unipolar) depression who had experienced a recent relapse. Prodromal symptoms were assessed during periods of remission, using a scale specifically designed for this study and an open interview. Several characteristics of prodromes e.g. prevalence, pattern, duration were all explored and compared between mania and depression.

Results: Relatives of patients with mania were able to detect a prodromal phase significantly more often than the patients themselves. The proportion of patients with depression and their relatives reporting prodromal symptoms was, however, identical. Patients with depression had significantly longer prodromes than those with mania. Most common prodromal symptoms of mania were hostility, overactivity and ideas of grandeur and those of depression were sadness, reduced speech and lassitude.

Conclusions: Prodromal symptoms are often present in a large proportion of those with manic or depressive relapses. The prodromal phase takes several weeks to evolve into a full-blown disorder. Relatives are better able to detect early warning signs, particularly in patients with manic relapses.

OC-18: DEPRESSION

OC-18-01

EFFECTIVENESS OF COUNSELING BY MINIMALLY TRAINED WORKERS FOR POST-PARTUM DEPRESSION

INSTITUTIONS

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Aims/Objectives: Postpartum women are known to suffer from anxiety/depression, and are reluctant to accept pharmacotherapy for fear of exposing their neonates to drugs. This study assesses the benefit of counseling from minimally trained community health workers in reducing postpartum anxiety/depression, the rate of recurrence and the interval preceding recurrence in two underprivileged communities.

Methods: In this quasi-experimental study, literate community women were trained in screening for anxiety/depression, and in minimal counseling skills. Through a household survey they identified 113 women with postpartum anxiety/depressions, 66 of whom agreed to be counseled and were provided 8 weekly counseling sessions, they were re-screened after 4 and 8 weeks of counseling. Of those who had declined counseling 16 consented to re-screening after 4 and 8 weeks.

Results: Chi-square test was used to see the association between socio-demographic variables and counseling. Repeated Measures ANOVA was used to see the difference in the AKUADS scores between the counseled and not counseled. Kaplan Meier test was used to calculate the mean recurrence time. Significant decline in level of anxiety/depression was found in both the groups at 4 and 8 weeks (p-value=0.001). The counseled group fared modestly better than the non-counseled in reduction in anxiety/depression, rate of recurrence and in duration before relapse.

Conclusions: Counseling by minimally trained community women reduces post-partum anxiety/depression, its rate of recurrence and increases the symptom free intervals between episodes. Incorporation of counseling skills in training of community health workers could improve the care of women with postpartum anxiety and depression.

OC-18-02

PREVALENCE AND ASSOCIATED FACTORS OF POST PARTUM DEPRESSION AND ANXIETY

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Aims/Objectives: Globally Postpartum depression has been widely investigated because of its grave consequences; but there is paucity of data in the local context. This is a nested cross-sectional study that investigates the prevalence of depression/anxiety and their associated factors in post partum women.

Methods: A cross-sectional survey was conducted in two peri-urban, multiethnic, underprivileged communities of Karachi, a mega city of Pakistan. This was a house to house questionnaire based survey done by trained community women; 420 consenting post-partum women were interviewed and data was collected for socio-demographic, home environment, family relationship variables and levels of anxiety and depression. Mothers with depression/anxiety were identified in a two step process: initially an indigenous, validated screening instrument Aga Khan University Anxiety and Depression

Scale was used and diagnostic confirmation was obtained through a psychologist's interview based on DSM IV criteria for anxiety and depression. Only 267 women could be followed for a whole year. Data was analyzed using SPSS.

Results: A prevalence of 28.8 percent was found. Domestic abuse, difficulty in breast feeding and non-acceptance of current pregnancy were found to be significantly associated with postpartum anxiety/depression in the multivariate analysis.

Conclusion: Domestic abuse and not having the right to plan pregnancy are related to the patriarchal culture and lack of empowerment of women. The association of difficulty in breast feeding needs to be explored further to determine the role of postpartum anxiety/depression in difficulty in breast feeding or vice versa as a temporal relationship cannot be determined in a cross-sectional survey.

OC-18-03

DEEP BRAIN STIMULATION OF THE SUBGENUAL CINGULATE GYRUS (CG25) IN UNIPOLAR DEPRESSION

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Aims: Functional imaging studies in treatment resistant depression showed metabolic overactive structures of subgenual cingulate gyrus (Cg25). Deep brain stimulation of this region has been reported to have antidepressant effects. Based on these findings, we report about further clinical and neurophysiological experience with Cg25-DBS in a European sample of depressed patients.

Methods: Patients with severe therapy resistance were treated with bilateral Cg25-DBS. Double-blind testing of effects of electrode pairs (0+4, 1+5, 2+6, 3+7, sham stimulation) were performed at three levels: within the OR, for each of the five conditions for 30 minutes, and afterwards for 24 hours again for each of the conditions. Afterwards stimulation for 6 weeks was performed at the electrode pair showing the largest acute effects. Local field potentials were recorded directly from the Cg25 after presentation of emotional pictures.

Results: Acute antidepressant effects were neither reported in the OR nor after pair wise stimulation of 30 minutes duration. However, stimulation of 24 h duration revealed modest, but substantial antidepressant effects after stimulation of the electrodes 0+4 and 3+7 as compared to baseline and placebo. Presentation of negative visual stimuli led to an activation of the Cg25 as measured with local field potentials.

Conclusions: The results show that a Cg25 stimulation of only 24 hours may be capable for evoking acute antidepressant effects. Effective electrodes were the outer pairs putatively indicating that cortex stimulation may be more effective than white matter stimulation. Moreover, recording of local field potentials may be a promising approach for investigating altered emotional processing.

OC-18-04

IMPOTENCE TO STOP A LEARNED CONDITIONAL INERTIA: ORIGIN OF THE DEPRESSION.

INSTITUTIONS

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Objective: Demonstrate that depression and uselessness feeling, of the Being, are a learned phenomenon at home, always tolerated nevermunderstood, unresolved eternally.

Method: Exploration and record of all those consciousness states produced in real I search, for 30 years.

Results: An aggressive progenitor, his impositions and Conditioned Stimuli linked to this, threatening the child to produce a CHANGE IN FORM AND BEHAVIOR of the first one, of the second one and of the things (according to a social pattern), in order to obtain a reward and avoid a punishment: Implemental Mechanism of the Conditioning (MIC); exercised, reinforced and institutionalized the preceding, like survival forms, produces an apprenticeship carrying out in frustration quiet, to not be able to Be, when he misleads his evolutionary step.

Conclusion: In search of real freedom, exercising MIC repeatedly through irrational acts, with analogous purposes, forcing all logic

and will; for adjustment reasons and execute what was learned, the Man, without understand it nor overcome it has just consciousness of emptiness and uselessness of his Being, experiencing sadness and impotence for not be able To Be or mechanize his Life, involutional phenomenon that he can not revert but he carries, silently, as he did it time ago.

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OC-18-05

DEPRESSION IN THE GENERAL HOSPITAL: DIAGNOSTIC FAILURE IN CLINICAL WARDS

INSTITUTIONS

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Introduction: About half of the patients hospitalized present sub-diagnosed and sub-treated depression. The absence of diagnosis leads to an increase of morbidity and mortality, as well as overburden the health system.

Objective: To evaluate the ability of non-psychiatrists to identify depression in a general hospital.

Methods: The study was conducted in clinical wards in a general university hospital. The Hospital Anxiety and Depression scale (HADS) was used in this research. A research assistant applied the scale while another, blind to the results of the scale, searched for any mention to psychiatric aspects of depression in the medical records.

Results: Eighty-eight patients (54,5% male and 45,5% female) were evaluated in seven clinical wards. Nineteen patients presented HADS scores compatible with depression. Nevertheless, few diagnoses were

found in medical records. Using HADS as gold-standard for diagnosis, the medical diagnosis showed 15,8% of sensibility and 94,2% of specificity. There was a preponderance of psychic symptoms in the initial stage of hospitalization (p=0,05). The consultation-liaison psychiatry was solicited in four cases (4,5%).

Conclusions: These findings might indicate a lack of ability of non-psychiatrist physicians in the recognition of depression or a disregard with psychic symptoms, since some of the symptoms were transcribed in the medical records without any diagnosis action or specific treatment. The low sensibility of the depression diagnosis performed by clinical physicians indicates a necessity for improving the psychiatry-related training.

OC-18-06

THE EFFECT OF DEPRESSIVE DISORDER ON ADHERENCE TO HIGHLY ACTIVE ANTIRETROVIRAL THERAPY IN PATIENTS WITH HIV/AIDS

INSTITUTIONS

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Aim/Objective: To determine the effect of depressive disorder on adherence to Highly Active Antiretroviral Therapy (HAART) in patients with HIV/AIDS

Method: The study was conducted at MOPD of A.B.U.T.H, Zaria. We compared adherence to highly active antiretroviral therapy (HAART) in HIV patients with depressive disorder with adherence in a similar group of patients without depression. A socio-demographic and drug adherence questionnaire was administered, Centre for Epidemiological studies Depression Scale (CES-D) was used to screen for depressive symptoms and Schedule for Clinical Assessment in Neuropsychiatry (SCAN) was used to confirm the diagnosis of depression. Data was analyzed using SPSS 12 and level of significance was set at 5%.

Results: A total of 310 patients with HIV/AIDS receiving HAART

participated in the study, 31.6% were males, 68.4% female, mean age was $53.5\pm$ 8.97 years, 37.4% had secondary education while 27.1% had tertiary education. Sixty percent of subjects were Christians and 40% were Muslim, 38.7% were unemployed while 27.4% were highly skilled professionals, 21.3% had significant depressive symptoms while 14.2% met ICD10 diagnostic criteria for depression. A total of 73% of subjects had good adherence to HAART, 63.6% of subjects with depressive disorder had poor adherence to HAART compared to 21.1% of subjects without depression.

Conclusion: Depressive disorder in patients with HIV/AIDS is associated with poor adherence to antiretroviral medication. Early identification and treatment of depression in such patients is likely to improve medication adherence and treatment outcomes.

OC-18-07

PERSISTENT MOTIVATIONAL DEFICIT AFTER REMISSION OF LATE-ONSET DEPRESSION

INSTITUTIONS

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Aims: Apathy and anhedonia are predominant symptoms in late-life depression (LLD; onset over 50 years). Presence of cerebrovascular changes in neural substrates of motivation in LLD suggests that motivational deficits may persist after symptoms remission.

Methods: We compared 15 symptomatic subjects [8 F, mean age =62.33, SD=10.75, mean Hamilton Depression Rating Scale (HDRS) = 19.93, SD=4.03]; 15 remission subjects [7 F, mean age=66.20 SD = 7.27, mean HDRS score= 7.13, SD=6.61] and 34 healthy subjects [21F, mean age = 69.51 SD=7.75, mean HDRS score=1.53, SD=1.54]. Subjects were asked to control viewing time of eighteen randomly presented pleasant stimuli by keyboard pressing. Motivation was measured by change in viewing time from baseline (9 seconds) and hedonic appreciation by rating of pleasantness (1=very unpleasant, 5=neutral; 9=very pleasant).

Results: A group effect on viewing time was found ([F(2,1182)=21.8, p<0.001]. Pairwise comparisons showed differences between cur-

rently depressed (M=0.94 seconds, SD=2.82) and comparison subjects (M=2.28, SD=2.64) (p<0.001); between subjects in remission (M=1.64, SD=3.15) and comparisons (p=0.004), and between currently depressed and remission subjects (p=0.009). There was a group effect on pleasantness [F(2,1146)=27.5, p<0.001]. Pairwise comparisons showed differences between currently depressed (M=0.74, SD=1.89) and comparisons (M=1.54, SD=1.49) (p<0.001); between currently depressed and remission subjects (M=1.65, SD=1.65). There was no difference between remission and comparisons (p>0.05).

Conclusions: People with symptomatic LLD showed decreased approach motivation and hedonic appreciation for pleasant stimuli. People with LLD in remission showed preserved hedonic appreciation but decreased motivation. Poor motivation in LLD does not appear to improve with remission of symptoms.

OC-18-08

PREVALENCE OF MAJOR DEPRESSIVE DISORDER IN A POPULATION-BASED SAMPLE OF GERMAN ADULTS: PRELIMINARY RESULTS OF THE COHORT 1950

INSTITUTIONS

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There are only a few epidemiological studies assessing prospectively the prevalence of MDD in a group of younger adults. We established the prevalence and clinical course of affective disorders within the Interdisciplinary Longitudinal Study on Adult Development and Aging (ILSE).

Methods: 500 subjects born between 1950 and 1952 were recruited using the community registers of Heidelberg and Leipzig. Since it is compulsory for each resident in Germany to be registered, this recruitment procedure yielded an representative community sample. In the three examination waves psychiatric disorders were assessed by using the German version of the Structured Clinical Interview for the DSM-III-R. The first examination wave (t1) was conducted

in 1994-95, t2 in 1998-99, and we are currently completing the third wave (t3) which was initiated in July 2006

Results and discussion: Until now, 339 patients (167 females, 172 males) of the cohort have been examined in T3. Mean age was 44.1 ± 0.9 years at baseline (t1), 48 ± 1.1 years at t2 and 55.0 ± 0.9 years at t3. Lifetime prevalence rates of MDD for this group of patients rose from 18.6% at t1 to 22.7% at t2. Preliminary analyses of the current examination wave led to lifetime prevalence rates of 28,0%. The point prevalence of MDD was 2.4%, 2.9% and 5.0% for t1, t2 and t3 respectively. These preliminary results show an important increase in the point prevalence rate of MDD in the third wave and emphasize the high prevalence of affective disorders at this age.

ORAL COMMUNICATIONS

OC-18-09

BRAIN INTERLEUKIN-1 MEDIATES CHRONIC STRESS-INDUCED ANHEDONIA AND SUPPRESSION OF NEUROGENESIS VIA ADRENOCORTICAL ACTIVATION

INSTITUTIONS

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Several lines of evidence implicate the pro-inflammatory cytokine interleukin-1 (IL-1) in the etiology and pathophysiology of major depression. To explore the role of IL-1 in chronic stress-induced depression and in some of its underlying biological mechanisms we used the chronic mild stress (CMS) model of depression. Mice subjected to CMS for 5 weeks exhibited depressive-like symptoms, including decreased sucrose preference, reduced social exploration and adrenocortical activation, concomitantly with increased IL-1-beta levels in the hippocampus. In contrast, mice with deletion of the IL-1 receptor type I (IL-1rKO) or mice with transgenic, brain-restricted over-expression of IL-1 receptor antagonist did not display any CMS-induced behavioral or neuroendocrine changes. The blunting of the adrenocortical activation in IL-1rKO mice may play a causal role in their resistance to depression, because removal of endogenous glucocorticoids by adrenalectomy also abolished the

depressive-like effects of CMS. Reduced hippocampal neurogenesis, another putative mechanism of depression, may also underlie IL-1's involvement in CMS-induced depression, because whereas in WT mice CMS significantly reduced neurogenesis, measured by incorporation of BrdU and by doublecortin immunohistochemistry in the dentate gyrus, no such decrease was observed IL-1rKO mice. Moreover, the effects of CMS on both behavioral depression and neurogenesis could be mimicked by exogenous administration of IL-1-beta via osmotic minipumps for 4 weeks. These findings indicate that elevation in brain IL-1 levels, which characterizes many medical conditions, is both necessary and sufficient for producing the high incidence of depression found in these conditions. Thus, procedures aimed at reducing brain IL-1 levels may have potent anti-depressive actions.

OC-19: CLINICAL PSYCHOPHARMACOLOGY & MISCELLANEOUS

OC-19-01

REVIEW AND META-ANALYSIS OF PHARMACOTHERAPY FOR BINGE EATING DISORDER

INSTITUTIONS

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Aims/Objectives: To systematically evaluate controlled treatment research findings to determine the utility for BED of pharmacotherapy-only and pharmacotherapy combined with psychosocial treatments.

Methods: A meta-analysis was performed on placebo-controlled trials published 1985 thru 2008 that reported data for major outcomes.

Results: 28 studies were considered of which 14 studies with a total of 1279 patients were included in the meta-analysis of pharmacotherapy-only treatment and 8 studies with a total of 683 patients were included in the review of pharmacotherapy combined with psychosocial treatments. Evidence exists to suggest that pharmacological treatments have a clinically significant advantage over placebo for achieving short-term remission from binge eating (48.7% versus 28.5%) and for weight loss, although the weight losses are modest. There are no data to allow evaluation of longer-term effects or du-

rability of pharmacotherapy-only for BED. Combining medications with psychosocial interventions failed to significantly enhance binge eating outcomes although promising findings have been reported for specific medications (orlistat and topiramate) to enhance weight losses achieved with cognitive behavioral and behavioral weight loss treatments.

Conclusion: Meta-analytic findings indicate BED patients can be conservatively advised that certain pharmacotherapies may enhance likelihood of stopping binge eating over the short term but that the longer-term effects of pharmacotherapy-only are unknown. Patients should be advised that although some weight loss may occur it is unlikely to be substantial with available pharmacological agents. Combining medications with cognitive behavioral or behavioral weight loss treatments is unlikely to enhance binge eating outcomes but specific medications may modestly enhance weight loss.

OC-19-02

SCHIZOPHRENIA RENAMING REDUX?

INSTITUTIONS

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In 2002, The Japanese Society of Psychiatry and Neurology changed the official name of "schizophrenia" (seishinbunretsu-byo, lit. split mind disease) to a term meaning "loss of coordination disorder (togo-shicho-syo)". The effect of merely changing a possibly stigmatic term to something new may be moot, yet there has been discussion on whether a change in the English terminology would be clinically and scientifically desirable. To attempt to gain insight into the thinking concerning this point among international psychiatric authorities, we carried out a questionnaire, sent to members of the Section on Classification, Diagnostic Assessment and Nomenclature of the World Psychiatric Association. Only approximately 25% responded, perhaps because of the sensitive/political/clinical implications of the main question - whether the term "schizophrenia" is

stigmatic and should be changed. Of the 50% who did respond, a slightly greater number (10, 50%) wished the term to be changed than those who did not (35%) and 2 (10%) gave ambiguous answers and 1(5%) gave none. However, regardless of whether the respondents were for, against, or equivocal, there was a strong common refrain - there must be greater education of the public concerning the varieties of conditions that this term (or its successor) is used to cover. The comments of all the responders (psychiatry experience 5-50 years) indicated that this is an extremely important topic in terms of improving patient care in future. As a next step, we are advancing our research to a more world-wide stage. We will report the details result of the results concerning renaming schizophrenia.

OC-19-03

TREND OF NEW ANTIPSYCHOTICS IN DEVELOPMENT FOR SCHIZOPHRENIA

INSTITUTIONS

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Objective: To evaluate the new offerings of research drugs in schizophrenia and the difficulties encountered.

Design: Review of available knowledge of newer drugs in studies for the management of schizophrenia.

Materials and Method: Review of available knowledge of ongoing research activities in the area of pharmacotherapy of schizophrenia. Results: My own comments on ongoing activities and trends of drugs for the management of schizophrenia.

Conclusion: The present armamentarium of antipsychotic drugs has brought new hope and marked revolutionary improvement in the management of schizophrenia. However, the development of

new antipsychotics has increased significantly to meet the unmet need of the present armamentarium, like reducing the treatment resistance, enhancing the optimal therapeutic efficacy with a decreased side effect profile, enhancing the control of relapse, quality of life, as well as taking advantage of the huge commercial market. This paper describes 11 of such drugs, their receptor affinities, therapeutic efficacy and the adverse reaction profiles.

Key Words: schizophrenia, antipsychotics in development, dopamine, serotonin, efficacy

OC-19-04

A PHARMACOTHERAPEUTIC ALGORITHM IN INTELLECTUAL DIABILITY

INSTITUTIONS

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Aims/Objects: Psychiatry in intellectual disabilities is challenging since it offers the chance to study psychiatric symptoms and neuropsychological dysfunctions in relation to a known etiology. The same holds for the investigation of psychiatric manifestations of neurologic diseases in which a bottom-up approach is in general followed that starts with the emergence of pathology in the brain and attempts to understand clinical syndromes out of this pathology.

Methods: In order to prepare a psychopharmacological guideline for people with intellectual disability, it became obvious that the field is severely compromised by current categorical diagnostic habits.

Results: Scrutinizing the literature about psychopharmacological treatment revealed that almost all studies deal with psychotropics applied for challenging behaviours in people with mental retardation and that current practice is dominated by totally inadequate concepts. Intellectual disability is not a disease but a metasyndrome

including a very heterogeneous group of clinical maladies ranging from genetic to nutritional, infectious, metabolic or neurotoxic conditions. The IQ criterion itself is hardly informative and does not relate to specific cognitive impairments in different diseases with intellectual disabilities. The same holds for the term challenging behaviour that is an amalgam of behavioural disturbances and psychiatric symptoms. Psychopharmacological treatments based on such premises are therefore nonsensical.

Conclusions: An algorithm for psychopharmacological treatment should therefore be based on an understanding of etiology (e.g. genetic and metabolic disorders, comorbidities and environmental factors), pathophysiology (e.g. vascular anomalies and endocrine dysfunctions) and pharmacokinetic parameters related to the P450 isoenzyme system.

OC-19-05

EFFECTS OF CONSUMPTION OF MARIHUANA ON COGNITIVE FUNCTIONS ENVOLVED IN SCHOLASTIC LEARNING: MEMORY, ATTENTION / CONCENTRATION AND EXECUTION STRATEGIES

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This study explores the effects of marijuana on a population of young scholars, who consume only this illegal drug and no other, and who have never gone to a specialist for addiction problems. The results show the effects of habitual consumption of marijuana on cognitive functions involved in the learning process. Once the subjects have been identified, individual evaluations are performed on students who consume and who do not consume in the public, subsidized public, and private education in the Metropolitan Area of Santiago, Chile. Harmful effects are found to be caused on immediate memory, attention-concentration and execution strategies in consumers,

where the differences are statistically significant compared to the control group. Higher consumption is found in schools in poorer districts and a lack or shortage of perception of harm associated with the consumption of the drug especially among habitual consumers is also seen. Girls tend to consume the same amount as boys.

Keywords: Cannabis, adolescents, consumption, neurological damage, cognitive functions

OC-19-06

A 5-YEAR FOLLOW-UP AFTER TREATMENT IN THE FIRST PSYCHOTIC EPIZODE CLINIC

INSTITUTIONS

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First Psychotic Episode Clinic (FPEC) that provides specific service programs to this particular target group of patients opened in November 2000 as a day clinic at the Moscow Research Institute of Psychiatry (MRIP). To date, FPEC programs consistent with the MRIP model have been established in 25 regions across Russia. The principles of the follow-up management of the illness after treatment in FPEC are the same as of initial treatment with the focus on continuity of care: decrease of duration of untreated psychosis; services within the least restrictive approach, both in the in-patient settings (with initial or early transition to day treatment schedule) and at the following outpatient treatment stages; primary use of atypical neuroleptics; combining biological treatments with psychosocial interventions; long-term follow up with individualized case manage-

ment; family involvement in treatment and rehabilitation process. 5-year follow-up data are available for 114 patients who received such care in MRIP clinic. In more than 30% of cases complete remission was maintained during 5 years. The number of relapses increased on the 2nd and 3rd years, but later decreased more than by one half. The relapses were mostly treated in outpatient settings and didn't require hospital admissions. More than 73% of the patients maintained their social achievements with no losses. By the end of the 5th year only 1/5 of the cases were formally recognized as unemployable due to psychiatric disability. Significantly better clinical and psychosocial outcomes have been shown in comparison with control group of patients, treated in routine psychiatric services.

OC-19-07

THE RELIGION AS COMPLEMENTAL RESOURCE IN THE SOCIAL THERAPY

INSTITUTIONS

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The video present shows the surgeries spiritualists practiced by a bricklayer in the center of Brazil, that, among other objects, He used electric mountain to open the patients' bodies; images of a Catholic Friar making cure the distance and for imposition of hands and finally, an African ritual in Senegal. The discussion is made by the participants due to the perplexity of the presented scenes and of the power of cure of the act, its symbolic communication and the understanding of this practice with the medicine.

The religions also carry out differently the reception paper and treatment of the "diseases of the soul" in many countries. In this classification great part of the psychiatric diseases is included, whose cause is attributed the disturbances of the soul, attacks of spirits of ancestral, among other deliberate evil. In Brazil, so much Christian religions, as animists, they enlarge your legion of having converted with cure practices being constituted reference for the local population.

OC-19-08

INTERACTIONS BETWEEN DRUGS OF ABUSE AND PSYCHOTROPIC MEDICATIONS

INSTITUTIONS

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AUTHORS

1. <u>Enrico Cementon</u>^{1,2}, Dr, MBBS FRANZCP, Enrico.Cementon@mh.org.au Aims/Objectives

One challenge in treating people with both mental illness and substance use problems, or so-called ,dual diagnosis', is prescribing psychotropic medication when there is a history of substance misuse. All psychotropic medications have psychoactive effects and are therefore drugs that are at risk of misuse. Furthermore, in the setting of simultaneous administration, there exists the risk of interactions between the prescribed psychotropic medications and the drugs that are not prescribed or are illegally obtained. This paper will outline some of the issues that arise in the clinical context of combined use of psychiatric drugs and substances of misuse.

Methods

There will be explanations of the pharmacological, pharmacokinetic and pharmacodynamic principles that underlie medication-drug interactions and examples of these interactions drawing on the literature. There will also be exploration of the clinical impact of these interactions, including the resulting consequences and complications.

Results

Interactions between drugs of abuse and psychotropic medications may be described as additive, synergistic and antagonistic. Drug overdose deaths and the serotonin syndrome are examples of the severe consequences of some interactions. However there is a wide range of interactions outcomes.

Conclusions

Interactions between drugs of abuse and psychotropic medications are often unpredictable. There is a dearth of research evidence and literature in this important area. The psychiatrist must apply basic pharmacological principles in order to make informed decisions regarding choices of treatment and doses. The treatment of these patients usually requires closer monitoring and frequent review. Harm reduction strategies must address issues of drug-medication interaction.

OC-20: HUMANITIES IN PSYCHIATRY

OC-20-01

STENDHAL AND CATALANO: REFLECTIONS ON/IN THE ARTICULATING FIELDS OF PSYCHOANALYSIS

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AUTHORS

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Perhaps the problem of articulation continues being posed with a somewhat exaggerated exclusiveness, as a problem of transference or exchange, in the best of occasions, between fields of knowledge, and, indeed, often without problematizing its subject. Nevertheless, the emergence of specific nosographic entities, however contested they may be, in the clinical field could allow for articulations that go beyond mechanistic elaborations, as well as for the challenging of disciplinary boundaries by their traversal, while giving rise to a multitude of possibilities related to the interpretation of an array of phenomena, remaining, at the same time, firmly rooted in the investigation of subjectivity, not by any means excluding the subjectivity of the investigator himself. In this context, what is being investigated, as an illustration of our problematic, is the entanglement of modern subjectivity with tourism, through the theoretical development

of an analysis of the Stendhal syndrome. What is underlined, in this respect, is the necessity for the unfolding of a discourse initiated by the conceptualisation of the syndrome by Magherini, as consequent to the confrontation with masterpieces, and reviewed by Haddad and Haddad, as manifesting the traumatic core of travel, to be structurally found at the very centre of subjectivity. In this fashion, the Great Traveller' of Catalano, becomes the modern subject itself.

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OC-20-02

HUMANITIES ARE BEST HEALING FACTOR IN PSYCHIATRY TREATMENT

INSTITUTIONS

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AUTHORS

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Objective: Psychiatry as well medicine is science & evidenced based subjects mainly. Arts and humanities are some additional inputs needed in these disciple for evalution, treatment & outcome in a long run where human quality are added to the regemien to substantial degree. It may be true for any treatment or healing process, but in psychiatry this humanities and human qualities are almost essential for a satisfactory recovery as well in a emotional crisis or in an allied problem. Methods: In Calcutta Pavlov Hospital Indoor 30 males & 30 females were chosen in the age group of 20-40 years without there diagnostic specification. Majority of them (nearly 60%) were schizophrenic. rest 30 were of affective sufferers and remaining 10%

others category of patients. By a NGO-Anjali, 50% of them were given some rehabilatory training, painting, and siging training as per their capacity for 6 months in a fort night interval. They were also arranged for regular family visits in addition, that is almost absent in other pt. gr.Results: A dramatic 50% improvement clinically and also administering PANS soore and CGI score reveals a nearly 50-60% of overall improvement in this group in comparism to the other remaining gr. not interfered. Conclusions: Both humanities and humanarain approach in mentally ill patient can give them a better outcome than either drugs only.

OC-20-03

SELF-AWARENESS AND INNER TIME CONSCIOUSNESS IN PATIENTS SUFFERING FROM BIPOLAR DISORDER

INSTITUTIONS

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AUTHORS

1. Catharina Bonnemann¹

Self-consciousness of patients suffering from affective disorders has long been of special interest for phenomenological considerations. Formerly, temporality has been supposed to be a fundamental dimension of consciousness which pre-reflectively bestows an inner coher-ence on all of our experience. Taking Husserls concept of "internal time consciousness" into consideration, it is found that the capability of integrating the sequence of single moments is a basis for the continuity of the self over time.

Aim of this contribution is a phenomenological approach to inner time consciousness as well as self-awareness in persons suffering from bipolar disorder. Interviews with patients demonstrate different modes of time-experience during the respective episodes. In respect of Husserls model of retentional-impressional-protentional structure of consciousness, "nowness" is taken into consideration. It is found that the two poles of mood in bipolar disorder are characterized by quite opposite states of inner time-consciousness as well as of self-awareness. "During manic episodes, the concerned persons often construct irreal and rapidly changing self-concepts whereas they blend out their so-called "narrative identity". The manic person lacks insight, instead he "throws himself into nowness". Here, "nowness" underlies rapid replacements, which leads to - in Ludwig Binswanger's words - a "loosening of the stream of time". The depressed person on the other hand is directed in a backwards direction. Suffering from the present state, he turns away from nowness, being dominated by his own insight.

OC-20-04

EVIDENCE OF THE SALUTOGENIC FRAMEWORK FOR MENTAL HEALTH PROMOTION

INSTITUTIONS

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Objective: Social trends point to a major upset of the traditional social structures such as the rupture of local and intimate networks, changed function and structure of family networks and changes in the patterns of working life. All this makes it difficult to find and run a coherent life. The aim of the presented research is to provide a comprehensive understanding of research focusing on resources of health, especially the salutogenic concept Sense of Coherence (SOC) and its relation with mental health.

Methods: A worldwide systematic and analytical research synthesis, the most extensive available to date, 1992-2003 based on about 500 scientific papers completed with papers after 2003 until to date.

Results: The synthesis shows SOC is strongly related to perceived good health, especially mental health. SOC seems to have a main,

moderating or mediating role in the explanation of health. Further, the SOC reduces stress and predicts perceived good health and quality of life. The review proves that the SOC questionnaire is a valid, reliable and cross-culturally applicable instrument for measuring health. In addition, salutogenesis could be understood as a life long learning process aiming to the maintenance and development of peoples' health.

Conclusions: The salutogenic framework is a valuable approach and could guide public health, health promotion research and practice in a new direction.

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OC-20-05

ETHICS AND NEUTRALITY IN PSYCHIATRY AND PSYCHOTHERAPY

INSTITUTIONS

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AUTHORS

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Aims/objectives: This presentation emphasizes the importance of ethical principles in psychiatry and psychotherapy.

Methods: A brief historical overview of ethical principles such as beneficence, autonomy and justice will be followed by a discussion of the concept of "neutrality" in psychiatry and psychotherapy based on a range of sources in recent literature. A patient followed by Freud will also be used as an example.

Results: Training in ethics doesn't seem to be a priority in the cur-

riculum of medical students. A re-evaluation of the application of these principles reveals a gap between theory and practice.

Conclusion: 1. These principles are culture-dependant, and they are in constant evolution, especially regarding the relative importance of each principle. 2. Ethics training seems crucial in the curriculum of medical students, as well as in the postgraduate training of psychiatrists and psychotherapists.

OC-20-06

JUSTINUS KERNER AND THE "SEERESS OF PREVORST"

INSTITUTIONS

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The German physician and poet Justinus Kerner (1786-1862), Swabian public health officer in Weinsberg, was an allround, even an epoch-making personality in his time and a natural scientist typical for late romanticism. His greatest merit is not due to his poetic scripts, but to his scientific work. This begins with his medical dissertation "Observata de functione singularum partium auris", a mine of experimental behaviorism. A highlight and up to now an example of pure natural science is his first description of "Botulismus" - 70 years before this was identified being caused by anaerobic microbes. Treating this disease he described the use of a gastric tube, 50 years before such experiments were recorded officially.

Justinus Kerner's first contact with animal magnetism was in 1797,

when he was magnetized and healed from Dr. Eberhard Gmelin, one of the first mesmerian doctors in Germany, because of his nervous stomach. With the "Seeress of Prevorst" the author ventured to advance into deep layers of the soul unknown so far. During the years 1826-1829 Justinus Kerner treated Friederike Hauffe (1801-1829), the "Seeress of Prevorst", at his Weinsberg domicile. In the year 1829 he published the description of her life and disease with the title "The Seeress of Prevorst, being revelations concerning the inner-life of man, and the interdiffusion of a world of spirits in the one we inhabit". He left volumes of psychopathological case histories and helped to prepare a way for a medicine more psychotherapeutically founded.

OC-20-07

GLOBALISATION, FATHERLESS SOCIETIES

INSTITUTIONS

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The religion as a jang principle gave an explanation of the Creation for the humanity, and gave an ancient father figure in the Person of God-Father. The Father, the Creator, who gave the strength is the jang, and the jin is the Holy Spirit. The female principle, the Mother is the acceptor, the gentleness. These factors assured of a high moral teaching for the humanity. The communist ideology deprived the humanity of this god-figure. They gave new father-figures, the pseudo-fathers. This started to destroy the ancient family-model, what is father-mother and children. The globalisation continued this process, to make disturbances in the sexual roles. Richard Rohr is dealing with the father-son archetypes. He says, the authentic fathers give strength for their sons to break off, and to become real fathers. The other type of sons, who never had real father-figures, father example with missing identity, represents in the society the passive

part. They can be manipulated by the pseudo-fathers, by the lords of globalisation. They are the plaything of them, slaves. The strong sons are not preferred by these lords, because they become the active part of the society and never slaves. The globalisation makes every effort to make disturbances of sexual roles. The men will become feminine, and the women will become masculine. The ancient family model is in danger. Our mission to tell the truth to help the society in self-protection.

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OC-20-08

MENTAL CAPACITY FOR TREATMENT DECISION IN VERY MILD DEMENTIA

INSTITUTIONS

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Background: Increasing life expectancy is associated with risks of cognitive impairment and need to face treatment decision. It would be important to examine the mental capacity to consent for treatment, especially in subjects with no obvious cognitive impairment.

Methods: Fifty-six Chinese community-dwelling older adults (aged from 65 to 87) were recruited. Mental capacity for treatment of dementia was assessed by the Chinese version of the MacArthur Competence Assessment Tool - Treatment (MacCAT-T). Cognitive function was assessed by the Clinical Dementia Rating (CDR), Mini-mental state examination (MMSE), Alzheimer's Disease Assessment Scale - Cognitive subscale (ADAS-Cog) and verbal fluency (CVFT).

Results: 33 subjects were not demented (CDR 0), 23 were suffering from very mild dementia (CDR 0.5). According to global MacCAT-

T, 79% of CDR 0 subjects were considered capable and 50% of CDR 0.5 subjects were incapable of making consent (p= 0.026). Mental Capacity was significantly associated with delayed recall (p=0.001), ADAS-Cog (p=0.001) and CVFT (p= 0.003)(partial correlation controlled for age and educational attainment). Eight subjects (15.3%, 6 CDR 0 and 2 CDR 0.5) were rated as incompetent before the MacCAT-T interview, and became competent after the assessment interview with MacCAT-T.

Conclusion: 50% of the CDR 0.5 subjects were rated as mentally not competent to consent for treatment. This showed that careful evaluation is required for treatment decision making capacity, even in persons with no obvious signs of dementia. Cognitive function is an important determinant for mental capacity. However, explanation of materials may improve mental capacity in subjects with no obvious clinical dementia

ORAL COMMUNICATIONS

OC-20-09

THE FROZEN TIME IN PSYCHOSIS: FREUD'S ANALYSIS OF JENSEN'S GRADIVA AND PIRANDELLO'S HENRY IV

INSTITUTIONS

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The stillness of time in psychosis becomes evident in the analysis of Jensen's Gradiva by Freud, where the young archaeologist Norbert falls in love with the relic of a long ago deceased Pompeian woman, called Gradiva, and gradually retreats from his everyday activity into delusion, only to return after the intervention of his fiancée, Zoe, who pretends to be the relic that comes to life (Zoe meaning life in Greek). In Pirandello's play, the protagonist -while being dressed up during a masquerade as Henry IV, the German emperor, - suffers a craniocerebral injury caused by his rival for the love of the same woman. For 20 years, he lives in an appropriately decorated villa, holding that he is the emperor in the 26th year of his age. His nephew, the woman he had loved and his rival come and organize a revival of the masquerade in order to bring him back to real time with

unforeseen consequences for all. Moreover, we present the case of a young, schizophrenic mathematician hospitalized in the Psychiatric Hospital of Attica-Athens in 2007, who insisted that he was still 16, although he had already reached his 32nd year. The topics of stillness of time in psychosis, the clinging to the past as a refuge from the present, along with the issue of whether or not a psychiatrist is ethically justified to destroy a "soothing" delusion are being discussed.

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OC-21: AFFECTIVE DISORDERS

OC-21-01

DILEMMA IN THE TREATMENT OF ACUTE DEPRESSIVE PHASE OF BIPOLAR DISORDER

INSTITUTIONS

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INTRODUCTION: Bipolar Disorder (BD) is hazardous and costly, causes a prolonged suffering, and is associated with enormous public health burden. It is the 9th leading cause of DALY's (disability adjusted life years). As per WHO it is 7th leading cause for DALY'S in females. Manic phases are brief and accounts for8-14% o total illness. Span of depressive, mixed & dysphoric spells are more pronounced and difficult to mange. Family discord, violence, crime, alcohol & substance abuse, cardiovascular disorders and suicide is more in BD. Treatment in depressive phase is very less documented. USFDA has approved for the first time one combined pharmacological therapy – Fluoxotin+Olanzapine in 2004. Another promising molicule is quiatapnein 3000/600mg/day regimen.

METHODS: In the psychiatry out-patients-department of Calcutta Pavlov Hospital, Kolkata, total 288 patients both male and female within age range of 33-58 years, who were diagnosed as suffering from bipolar I depression (As per DSM-4criteria) were divided in 4 groups of 72 each maintaining heterogenicity. 1st group receive only

olanzapine-fluoxotine combination for 6 months and was reviewed fortnightly clinically as well as administering MADRS-D scale for a period of 6 months in 14day's interval.2nd group, In addition received Lithium(600-1200Mg/d to achieve serum level>.6meq/l) 3rd group receive lithim-olanzapine-fluoxotine and additional lamitrigine in25-50mg/d. 4th group receives only quiataipine 300mg/day and lithium.

RESULTS: All the groups shows significant improvement from 1st follow-up. 3rd group with lithium-olanzapine-fluoxotine-lamotrigine shows highest improvement followed by olanzapin-fluoxotin gr. and then quatiapin-lithium gr. who show improvement specially in pan-anxiety and sleep dominion.

CONCLUSIONS: In treating very difficult and dysphoric bipolar type I depression, combination therapy with lithium-olanzapine-fluoxotine & lamotrigine may show a promising results ,if properly more studies are conducted in similar ways.

OC-21-02

ATTACHMENT STYLES, DYSFUNCTIONAL ATTITUDES AND INTOLERANCE OF UNCERTAINTY IN PATIENTS WITH GENERALIZED ANXIETY DISORDERS, OBSESSIVE COMPULSIVE DISORDERS AND DEPRESSION

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The purpose of the present study was to compare attachment styles, dysfunctional attitudes and intolerance of uncertainty in patients with generalized anxiety disorder, obsessive compulsive disorder and depression. The study sample comprised 120 individuals (40 individuals with generalized anxiety disorder, 40 with obsessive compulsive disorder and 40 with depression), matched on age and sex. To examine the variables under study, The Close Experiences Questionnaire, Relationship Questionnaire, Dysfunctional Attitudes Scale, Intolerance of Uncertainty Scale, Beck Depression Inventory, and Beck Anxiety Inventory were administered. Data was analyzed using descriptive statistics (frequency distributions, means and standard deviations) and inferential statistics (chi square, Pearson's correlation, multivariate analysis of variance and discriminant analysis). The main findings of the study were as follows: attachment styles in the clinical groups

differed, with generalized anxiety and obsessive compulsive patients reporting preoccupied attachment styles and depressed patients reporting dismissive attachment style; depressives also tended to report excessive parental control, increased parental rejection and low parental care; dysfunctional attitudes were significantly greater among the depressed and generalized anxiety groups than among the obsessive compulsive group; obsessive compulsive patients endorsed higher levels of intolerance of uncertainty than the other two clinical groups. Discriminant analysis revealed that intolerance of uncertainty and the anxious dimension of attachment differentiated the depressed from the obsessive compulsive group, while dysfunctional attitudes and the avoidant dimension of attachment discriminated the depressed and obsessive compulsive groups from the generalized anxiety group.

OC-21-03

CARDIOVASCULAR RISK IN VETERANS WITH CHRONIC PTSD

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Background: Our clinical experience in working with survivors suffering from chronic PTSD, can not prevent us from noticing frequent changes in serum lipid levels that are being associated with an increased risk of cardiovascular disorders. This is consistent with another clinical observation of increased cardiovascular morbidity in this group of patients, and also congruent with published reports in the literature.

Methods: The subjects were 100 veterans, age 40-50, who met the inclusion criteria for the study and who signed the informed consent to participate in this study. They were divided in two groups of 50: Experimental group of 50 subjects who meet the criteria for the diagnosis of chronic PTSD according to ICD-10 and the Control group consisted of 50 subjects not meeting the criteria for chronic PTSD. The groups were homogenized according to other factors influencing serum lipid levels (BMI, smoking, medical conditions, and

medications affecting lipid levels). The following standardized psychometric instruments were used for assessments: MINI, Folkman-Lazarus Coping Strategies Questionnaire, BSI, IES-90 R, Mississippi Questionnaire; MANSA; Life Stressor List and a socio-demographic questionnaire. Blood lipid levels were determined and the risk factors calculated (ATPIII).

Results: Concentration of serum lipids and the risk factors for arteriosclerosis and coronary disease were significantly higher in the experimental group compared with the control group.

Conclusions: The results of this study provide further evidence for the correlation of chronic PTSD and the increased values of serum lipids and risk factors for atherosclerosis and coronary disease.

Key words: chronic PTSD, cardiovascular risks, atherosclerosis, veterans

OC-21-04

A STUDY OF COMPARISON OF COMPONENTS OF INSIGHT IN PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR AFFECTIVE DISORDER IN REMISSION PHASE

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A cross sectional study was conducted to examine the nature of insight in schizophrenia and bipolar disorder as well as compare it between the two disorders. Forty patients with schizophrenia and forty patients with bipolar disorder matched on age, age of onset of illness and duration of illness, were recruited consecutively from the outpatient clinic of a psychiatric hospital. The patients had to be clinically stable on follow-up treatment for at least three months. Insight was measured using Schedule for Assessment of Insight- Ex-

tended Version (SAI-E) and Scale of Unawareness of Mental Disorders (SUMD). Both schizophrenia and bipolar disorder had modest level of insight as measured on both the instruments. There was no qualitative difference in insight between the two disorders. However, patients with bipolar disorder had significantly better awareness of illness than patients with schizophrenia. This was evident on both the instruments that showed significant concordance on the items of insight for both the disorders.

OC-21-05

PREMENSTRUAL DISPHORIC DISORDER (PMDD) AND DEPRESSION.

INSTITUTIONS

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Objective: The study is focused on relations between PMDD and atypical depression.

Methods: 62 patients meeting criteria for PMDD have been included in this study. Data from self-report instruments were used to derive correlation with symptoms of atypical depression. The patients were compared with 71 females who had never suffered PMDD.

Results: PMDD patients differed significantly in family history of affective disorders, previous symptoms of atypical depression, as well as problems in interpersonal relations and social functioning. **Conclusions:** The study results supported consideration of PMDD as part of atypical depression.

OC-21-06

NEED ALERT FOR METABOLIC ABNORMALITIES BEFORE INITIATING ACUTE PHASE TREATMENT OF BIPOLAR DISORDER

INSTITUTIONS

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Aims/Objectives: There has been a rise of concerns about metabolic abnormalities in bipolar patients. This study was performed to assess the prevalence of metabolic abnormalities in bipolar patients who were in the state of initiating acute treatment for mood episode and to identify clinical correlates associated with risk of metabolic abnormalities

Methods: Authors retrospectively evaluated 184 bipolar patients, who were hospitalized to treat acute mood episode from January, 2005 to December, 2006 in a university hospital (Seoul, Korea). We collected data on metabolic parameters (BMI, fasting plasma glucose (FPG), and total cholesterol) tested before initiating medication(s) and clinical correlates were evaluated.

Results: Bipolar patients who met the criteria of the obesity for Asian (BMI≥25) were 56 (30.4%). Eighty patients (43.5%) had the risk

for diabetes (FPG \geq 110 or taking oral hypoglycemic agents). The subjects who showed high cholesterol level (or taking cholesterol lowering drug) were 38 (20.7%). Among the clinical variables, male sex (P=0.007), depressive and mixed state (versus manic; P=0.011), and lower educational level (P=0.07) had significance for the risk of obesity from multiple regression analysis. Regarding risk for diabetes, old age (P=0.005), and lower educational level (P=0.012) had statistical significance. We could not observe any significant correlates for high cholesterol level. Previous atypical antipsychotic use did not significantly affect on BMI, FPG, and cholesterol.

Conclusion: Metabolic abnormalities are prevalent before initiating acute treatment in bipolar patients. Physicians should be alert for the risk of obesity and diabetes, and strictly perform screening for metabolic problems before initiating acute treatment.

OC-21-07

DISSEMINATING AN EVIDENCE-BASED DRUG REVIEW ON ANTIEPILEPTIC DRUGS: HOW TO CRITICALLY EVALUATE RESEARCH

INSTITUTIONS

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Introduction: Major advances have been made in numbers and types of medications for psychiatric illness. As the number of medications within a class increases, so does the complexity of prescriber decision-making. Systematic reviews of a medication class can inform the prescription of appropriate and effective treatments but reports generated by these reviews are often cumbersome and not used by clinicians to inform prescribing.

Objectives: To help clinicians utilize drug effectiveness reviews to improve patient care and reduce drug expenditures.

Method: A case study approach was used to describe the process of converting the more Than 700 page May 2006 Drug Effectiveness Review Project Report on the use of antiepileptic drugs (AEDs) for treating mood disorder to 10 key concepts and 4 key messages relevant to AED prescribing. We will describe our product development

process and our use of proven marketing strategies to increase the likelihood that this and other drug class reviews are understood and used by clinicians. We will also report audience research findings.

Results: Our results will help conference participants gain an understanding of how drug effectiveness reviews are conducted and their results interpreted for clinical practice. They will learn how evidence-based dissemination strategies are designed to accelerate incorporation of available evidence into practice.

Conclusions: As drug effectiveness reviews of agents within a drug class are developed, it is expected that clinicians utilize them to improve patient care. We address the dual challenge of interpreting available evidence from drug reviews and disseminating and incorporating this evidence into practice.

OC-21-08

DRAMA THERAPY IN ANXIETY DISORDERS

INSTITUTIONS

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Aims/Objectives: Dramatherapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. This short study is aimed to find out whether drama therapy is effective for anxiety disorders (AD).

Methods: The study includes a sample of 20 patients with AD, treated with pharmacotherapy and additional 3 months drama therapy program. The treatment outcome was compared to the control group of 20 other patients with AD, stratified with the study group by age, sex and diagnosis, treated with pharmacotherapy only. We used adapted Stanislavskian theatre techniques which incorporated the production of theatre performances followed by systematic reflection. HAM-A and HAM-D scales were performed, measuring potential changes in anxiety and depressive scores in examined patients with AD.

Results: As determined by reduction in total HAM-A and HAM-

D scores, drama therapy in addition of pharmacotherapy was with more positive response for reducing symptoms of anxiety and depressive symptoms then the control group and demonstrated a significant decrease in HAM-A scores from baseline (13.9 4.4 to 8.9 4.3)

Conclusion: Dramatherapy is effective for short-term treatment of AD in reducing anxiety symptoms and secondary symptoms of worry and depression. It encourage clients to develop an ability to express the whole range of their emotions and to increase their insight and knowledge of themselves and others. Dramatherapy enable clients to release their own "inspirational creativity" and become "spect-actors" which helps the client take responsibility for his/her own life through the use of aesthetic distance and theatrical metaphors.

ORAL COMMUNICATIONS

OC-21-09

ASSOCIATION BETWEEN MOOD STABILIZERS AND ADVERSE CUTANEOUS DRUG REACTIONS IN PATIENTS WITH BIPOLAR DISORDERS -A NESTED MATCHED CASE-CONTROL STUDY

INSTITUTIONS

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Objective: This study investigated association between two mood stabilizers (carbamazepine and valproate) and the risks of erythema multiforme (EM), Stevens-Johnson syndrome (SJS), or toxic epidermal necrolysis (TEN) among patients with bipolar disorders.

Methods: This is a nested matched case-control study using the data of patients with bipolar disorders from the Psychiatric Inpatient Medical Claims (PIMC) data between March 1997 and December 2004. We identified 72 patients with bipolar disorders who had an inpatient or outpatient diagnosis of EM, SJS or TEN by ICD-9-CM code of 695.1 and 288 controls with the absence of EM/SJS/TEN diagnosis and matched for sex, age, and index day. The use of carbamazepine, valproate, and other medications during the 60 days prior to the index date of diagnosis of EM/SJS/TEN were compared.

Results: Results showed that carbamazepine (odds ratio, OR = 3.7; 95% confidence intervals, CI= 2.0-6.8) and valproate (OR = 2.2;

95% CI= 1.2-4.2) significantly predicted EM/SJS/TEN. Other significant predictors for EM/SJS/TEN included other anticonvulsants (phenytoin, phenobarbital and lamotrigine), cephalosporin, some non-steroid anti-inflammatory drugs (acetic acid derivatives and fenamates (mefenamic acid)), salicylates, and acetaminophen. The most predictive exposures were carbamazepine, valproate, other anticonvulsants, and acetaminophen. We also found the combination of carbamazepine and acetaminophen further increased the risk for the occurrence of EM/SJS/TEN. There was no interaction effect from age and gender.

Conclusion: Similar to Western studies, this study suggests that carbamazepine and valproate increased risks for EM/SJS/TEN. We should be cautious about the combined use of carbamazepine and acetaminophen.

OC-22: CHILD AND ADOLESCENT PSYCHIATRY

OC-22-01

SPECIAL NEEDS OF INDIGENOUS CHILDREN AND ADOLESCENTS IN AUSTRALIA

INSTITUTIONS

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Aims: Through available hardcopy and online literature 1/ Assess and evaluate impact of socio-cultural context and environment upon treatment for alleged psychiatric problems of indigenous children and adolescents in Australia. 2/ Assess and evaluate coverage of range of pertinent issues including, mainstream knowledge and understanding of family and community culture in which Aboriginal children/adolescents live; categorisation of indigenous children/adolescents affected by cultural and social misunderstandings; communication issues due to cultural differences and/or linguistic issues; impact of sense of exclusion and/or discrimination upon indigenous children/adolescents; role of ,racism' in tendency to believe indigenous children/adolescents have mental problems more quickly than those from non-indigenous community; apprehension of involvement in treatment process; different expectations on part of indigenous families from those of mainstream specialists with respect to treatment process and objectives.

Methods: Rigorous review of relevant and applicable hardcopy and internet literature in English language since 2000 with particular emphasis on indigenous children/adolescents in Australia.

Results: Problems associated with Aboriginal children/adolescents generally multi-dimensional and require additional assistance through family and community oriented mental health services that respect and understand cultural values and way of life of Australia's indigenous population. Furthermore, awareness of discrimination and exclusion that has been and is suffered by Australia's indigenous population is essential in responding to psychiatric needs of indigenous children/adolescents.

Conclusion: History of discrimination and exclusion together with lack of cultural understanding and empathy have often hampered effective treatment of indigenous children/adolescents in Australia. Need for greater involvement of indigenous communities in psychiatric treatment process.

OC-22-02

THE SYNDROME OF DELIRIUM IN CHILDHOOD AND ADOLESCENCE

INSTITUTIONS

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Aim: To describe a series of children and adolescents with delirium and to consolidate the limited available literature relating to delirium in this age group

Method: A case series of 21 patients (age range 2-16 years) with a diagnosis of delirium referred to a pediatric consultation-liaison psychiatry service AND A systematic review of the literature published in any language between 1980 and 2007

Results: The literature relating to delirium in this age group consists for the most part of a small number of case series and case reports. Limited evidence suggests an increased propensity to delirium among children, and males in particular, especially when febrile and on emergence from anaesthesia. The clinical picture closely resembles that seen in adults. Cases of delirium referred to child psychi-

atry are often associated with complex multifactorial or uncertain aetiology, protracted course, significant morbidity and high mortality, but are less assertively treated than adult cases. The evidence-base for management is flimsy and widely varying thresholds for pharmacotherapy are described. There is most evidence for the use of haloperidol, but indications for use are unclear. Our case series documents the correlates, assessment and management of delirium in 21 patients (mean age 9.2 years) with a mean Delirium Rating Scale score of 21.5. Mortality was 19%, and the delirium markedly compromised medical care in 43%. Antipsychotic medication was used in 76%, while 24% were managed conservatively.

Conclusion: Both haloperidol and risperidone appear to be effective in cases of delirium with hallucinations, agitation, and distress. For the remainder, active environmental management may suffice.

OC-22-03

STEP UP INDIA - A PROGRESSIVE INITIATIVE - PHASE 2

INSTITUTIONS

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Step Up India is an ambitious project we have embarked upon with the help of the Rotary club of Aarch City Madras - Rotary Internation District 3230. Our aim is to assess all children in Grade 6 of schools across the southern state of Tamil Nadu, India, using the Columbia Mental maturity scale, Connors behaviour rating scale and an indigenously developed learning disability rating scale. We then aim to assess the overall performance of the children and identify those falling below and also those above average level, and any behavioural or learning disability if any that may be affecting their

performance. We, a group of Psychiatrists, educational psychologists and social workers, will then be educating both teachers and parents regarding the effective management of these children to help them STEP UP their level of performance.

Phase one of our project was successfully presented at Melbourne last year. We are continuing to assess schools and hope to cover 25 schools and about 4000 children in this phase. We hope to also compare the differences between the two phases.

OC-22-04

PARALELS OF MOTHER-INFANT AND THERAPEUTIC RELATIONSHIPS IN CHILD PSYCHOANALYTIC SETTINGS

INSTITUTIONS

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The organisation of brain cells depends on endogenic and exogenic influences which take place within in an unique matrix of a mother-child relationship. The quality of the mother's care can be observed in laboratory and clinical circumstances as it determines the child emotional growth, along with the maturation of the Limbic system, specifically its prefrontal and fronto-orbital regions. It is the quality of mother's response to the infant's distressed state that determines whether the infant will aquire adequate brain structures and psychological mechanisms that enable him or her to regulate negative emotions and to achieve understanding for his feelings, beliefs and motivations and the motivations of others, that is a process called

mentalisation. The consequences of failures and inconsistencies in the early care will be discussed and parallels will be drawn with some behavioral syndromes, including ADHD, opositional and conduct disorders, aggression or borderline states. The author will present clinical examples where early failures and traumas will be linked and interpreted along with pathological and dysuctional traits in the child social and emotional functioning. The author will also discuss the course of psychoanalytic psychotherapy in comparison with the influences of mother-infant interactions from the perspective of recent attachment theory findings, including the concept of mentalisation.

OC-22-05

EARLY STAGES OF BIPOLAR DISORDER IN CHILDREN AND ADOLESCENTS

INSTITUTIONS

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Bipolar disorder beginning before or soon after puberty may be a clinically different -possibly more severe- form of the disorder than older adolescent- and adult-onset bipolar disorder. The recognition of initial warning signs are grave as the disorder may progress throughout adolescence and adulthood if no intervention is made. In this study, four cases aged 5, 9, 11 and 13 years are examined.

In this study, four cases aged 5, 9, 11 and 13 years are examined. These cases were drawn from a larger sample of children and adolescents who were attended in our Child-Psychiatric Department of Tzaneio General Hospital and were assessed at high risk for developing bipolar disorder. The 'prodromal' symptoms, the associated features described and their clinical courses over a four-year followup studied to explore stability and changes over this time period.

The possible co-occuring conditions such as ADHD and ODD as well as suicidal behaviour are also studied. Developmental stages and transitions and family environmental factors that contribute to clinical and functional outcome are taken into account. Two of the four cases who at initial evaluation were assessed as being at high risk during the four-year period received a definite diagnosis of any type of bipolar disorders while the two other cases assessed as subthreshold disorders. The predictive value of ,early manifestations' of the disorder is discussed through these four representative cases. The existing perspectives on diagnostic issues for bipolar disorder in pre-pubertal children and the controversial areas are also discussed.

OC-22-06

MODEL "PROGRESS"- AS AN EARLY INTERVENTION FOR YOUTH WITH PSYCHOSIS

INSTITUTIONS

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Introduction: An early onset of a psychosis deeply influences later social and emotional development of adolescents. An integrative approach in post hospital rehabilitation of youth as a systemic solution is still strongly needed in many countries.

Aims: To improve the health of youth with mental disorders, increase their education levels and reinserting the youth into society.

Methods: "PROGRESS model" of supporting youth with mental disorders was created in Poland, in Zagorze near Warsaw as "a good practice" within the framework of EU EQUAL Program. The model was inspired by Danish experiences of intermediate care.

Results: "PROGRESS Centre" is focused on holistic (multidimensional and coordinated) support of youth. It is a result from health, educational and social polices. The Centre it is a small, cozy institu-

tion for 10 beneficiaries. In PROGRESS under "one roof" beneficiaries are offered individualized programs: psychiatric rehabilitation module (with pharmacological treatment, psychotherapy: individual, group and family, psycho-education and cooperation with parents), social module (with enrichment and support in everyday activities), and educational module (with general- and vocational education likewise cognitive- and creative stimulations). In PROGRESS the special focus is put on individual assistance.

Conclusion: Support in PROGRESS needs co-financing from different sources (health-, education- and social sectors) but...it is worth while to invest in youth with psychosis! The choice of the right form of running PROGRESS Centre should depend on youths' needs and local possibilities. The Project is compliant with the guidelines of the National Programme for Mental Health Protection in Poland.

OC-22-07

THREE YEARS FOLLOW UP OF THE CHILDREN DISCHARGED FROM THE CHILD AND ADOLESCENT PSYCHIATRIC UNIT

INSTITUTIONS

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Introduction: Research into outcomes of child and adolescent psychiatric inpatient treatment is scarce. This longitudinal study revealed the factors associated to better outcomes after discharge.

Method: Children admitted to child and adolescent psychiatric unit (n = 90) were assessed at baseline and at discharge during their stay from three different viewpoints, children themselves, family, and psychiatrist in charge. Data collected includes demographic data, diagnosis, Child Global Assessment Scale, Child Behavior Checklist, Youth Self Report, family factors, treatment offered during their stay, and client satisfaction. At the mean of three years after their discharge, their current situation of life such as attendance to school

or work and medical history such as inpatient treatment were gather by chart review. The factors during their stay associated to better outcome at follow up were examined.

Results: Better outcome were associated to various factors such as symptoms at admission and family factors. More detailed results will be shown at the presentation.

Conclusion: Inpatient unit is a limited and a last resource, so only the patient who will benefit from the inpatient treatment should be admitted.

OC-22-08

ILLICIT DRUG USE AND PSYCHOPATHOLOGY AMONG JUVENILES UNDER PROBATION IN TAIWAN

INSTITUTIONS

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AUTHORS

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Aims: To investigate the prevalence rates of illicit drugs used and psychiatric disorders among juveniles under probation.

Methods: Juveniles (n=1356) aged 12 to 20 under probation at five courts of Taiwan were consecutively recruited during January 15 to October 1, 2007. All subjects complete a face-to-face interview by well trained interviewers using the structured Mini-International Neuropsychiatric Interview.

Results: The most common used illicit drugs among juveniles under probation were nitrous oxide (1.3%), followed by ecstasy (1.2%) and amphetamine (1.0%). The prevalence rates of psychiatric disorders were also high, especially on suicidality (29.5%), psychotic disorder (29.9%), antisocial personality disorder (10.5%), and mood disorders (10.1-19.9%). The rates of psychiatric disorders went higher if subjects ever tried illicit drugs, with more than half suffering from

psychotic disorder (56%) and suicidality (53%). Major depression (38%), bipolar disorder (40%), panic disorder (41%), and antisocial personality disorder (27%) also show high co-occurrences. Significant associations were found between illicit drug use and psychiatric disorders (all ORs were significantly different from unity).

Conclusion: "Club drugs" in terms of nitrous oxide, ecstasy, and amphetamine were prevalent in juveniles under probation. In addition, the high prevalence of psychopathology among juveniles under probation is also a problem to be notice, especially among those ever tired illicit drugs. This study suggests that both drug and mental problems are important issues to be addressed among juveniles under probation. A strategy to prevent juveniles to expose to illicit drugs, especially club drugs, may be an effective way to prevent young parolees from psychiatric disorders.

OC-23: BIOLOGICAL PSYCHIATRY & AUTISM

OC-23-01

LOW BONE MASS IN PREMENOPAUSAL WOMEN WITH DEPRESSION: THE POWER STUDY GROUP

INSTITUTIONS

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Aims/Objectives: An increased prevalence of low bone mineral density (BMD) has been reported in patients with major depression (MDD), mostly women. We investigated the association of MDD and BMD [1].

Methods: We report baseline BMD in 89 premenopausal women with MDD and 44 healthy control women enrolled in a prospective study of bone turn-over. The BMD was measured by DXA at the spine, hip, and forearm. Mean hourly levels of plasma 24-h cytokines, 24-h urinary free cortisol and catecholamine excretion were also measured.

Results: The prevalence of low BMD, defined as a T-score of less than -1, was greater in women with MDD vs. controls at femoral neck (17% vs. 2%, P=.02) and total hip (15% vs. 2% P=.02), and tended to be greater at the lumbar spine (20% vs. 9%; P=0.14). BMD, ex-

pressed as g/cm2, was lower in women with MDD at the femoral neck (0.849 \pm 0.121 vs. 0.866 \pm 0.094, P=.05) and at the lumbar spine (1.024 \pm 0.117 vs. 1.043 \pm 0.092, P=.05) and tended to be lower at the radius (0.696 \pm 0.049 vs. 0.710 \pm 0.055; P=.07). Women with MDD had increased pro-inflammatory and decreased anti-inflammatory cytokines.

Conclusions: Low BMD is more prevalent in premenopausal women with MDD. The BMD deficits are comparable in magnitude to those resulting from established risk factors for osteoporosis, such as smoking and reduced calcium intake. The possible contribution of immune/inflammatory imbalance to low BMD in premenopausal women with MDD remains to be clarified.

Reference

1.Arch Intern Med. 2007 Nov 26;167(21):2329-36

OC-23-02

ENDOPHENOTYPIC MEASURES OF ALTERED INHIBITORY BRAIN PROCESSES IN ADHD

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Objectives: Deficits in response inhibition are considered as candidate endophenotype of altered prefrontal brain function in ADHD. Electrophysiological methods like Event-Related Potentials (ERPs) are adequate for the measurement of such endophenotypes. Moreover, ERPs seem to be particular suited to measure effects of functionally relevant genetic variants. This principle of imaging genetics with ERPs has been demonstrated as early as 1999 for the serotonin transporter promoter polymorphism affecting prefrontal brain function (Fallgatter et al., Int. J. Neuropsychopharmacol, 1999). Design and Methods: We employed a multi-channel EEG during performance of a Go-NoGo task to assess the electrophysiological basis of the endophenotype response inhibition in healthy subjects and in patients with ADHD. The ERP-measure derived from this protocol was termed NoGo-Anteriorisation (NGA) and is characterized by high interindividual stability and short- and long-term test-retest reliability.

Results: In ADHD the NGA was diminished as compared matched healthy controls. Furthermore, a three-dimensional source location analysis with Low Resolution Electromagnetic Tomography (LO-RETA) indicated an electrical dysfunction of the medial prefrontal cortex comprising the anterior cingulate cortex (ACC) in ADHD patients in childhood as well as in adulthood. Recent studies showed a significant influence of variants of dopaminergic as well as serotonergic genes on this measure of prefrontal brain function.

Conclusions: These results exemplify the measurement of disease related disturbances in brain function with ERPs. Future studies will show whether such electrophysiological endophenotypes may contribute to the diagnosis of subgroups of ADHD and whether they may serve as endophenotypes to further clarify genetic contributions to the disease.

OC-23-03

CREATIVITY, EVOLUTIONARY PSYCHOLOGY, PSYCHIATRY WITH PARTICULAR REFERENCE TO AUTISM AND ASPERGER'S SYNDROME

INSTITUTIONS

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Aim: To understand how creativity is associated with mental illness.

Method: Study of case histories.

Child & Adolescent Psychiatry quite rightly puts major emphasis on psychopathology and the functional impairments caused by psychopathology. Nevertheless it has been very long recognised that certain psychopathological states can have positive benefits for the individual and indeed can be adaptive. It has been shown that in ancestral environments ADHD symptoms could be adaptive and enhance survival. The presentation will discuss creative aspects of ADHD and Autism. It will focus on the extreme male brain and its relation to great creativity in the areas of science, engineering, mathematics, etc. It will examine personality traits associated with great creativity including persistence, capacity to hyperfocus, capacity for narrow

focusing on detail, as well as a certain reduced interest in the wider social world. This can led to great originality and breakthroughs. It will examine a hypothesis that multiple genes of small effect that may be significantly responsible for psychiatric conditions can also have other effects in the areas of creativity and indeed in the areas of adaptation.

References:

- 1. Fitzgerald M. Is the cognitive style of persons with Asperger's syndrome also a "mathematical style"? Journal of Autism & Developmental Disorders, 2000, 30, 2, 175-176.
- 2. Fitzgerald M. Autism & Creativity: Is there a link between autism in men and exceptional ability? Brunner Routledge: New York, 2004
- 3. Fitzgerald M., Belgrove M., Gill M. Handbook of Attention Deficit Hyperactivity Disorder. Wiley: New York, 2007.

OC-23-04

A SWITCH STUDY OF METHYLPHENIDATE IN CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN TAIWAN

INSTITUTIONS

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Objectives: To identify the determinants for switching immediate-release (IR) methylphenidate to osmotic release oral system (OROS) methylphenidate in children and adolescents with attention-deficit/hyperactivity disorder (ADHD); and to compare the effectiveness, adherence, and side effects of IR methylphenidate and OROS methylphenidate.

Method: Of the 607 children aged 5 to 16 years with a clinical diagnosis of DSM-IV ADHD enrolled in the study, 190 (31.3%) switched their medication of IR methylphenidate to OROS methylphenidate. Of them, 137 (72.1%) had poor adherence to IR methylphenidate and 170 (89.5%) were reassessed. The global ADHD severity, parent-child interaction, classroom behavior, academic performance, and side effects of the child subjects were evaluated by investigators. Parents completed the ratings scales about the ADHD-related symptoms.

Results: Determinants for switching IR methylphenidate to OROS

methylphenidate included older age, high dose of methylphenidate, short duration of IR methylphenidate treatment, IQ > 70, family history of ADHD, multi-dose administration, side effect, poor adherence to IR methylphenidate, more severe inattention symptoms and global symptoms. Overall, similar side effect profile with less severity, superior adherence, and improved effectiveness in symptom reduction, parent-child interaction, classroom behaviors, and academic performance were demonstrated in intra-individual comparison of the OROS and IR methylphenidate among good and poor adherents to IR methylphenidate at Phase I. At phase II, good adherence to OROS methylphenidate endorsed better effectiveness.

Conclusion: Findings suggest that adherence predicts effectiveness of methylphenidate and OROS methylphenidate demonstrates superior effectiveness compared to IR methylphenidate regardless of adherence to IR methylphenidate.

OC-23-05

MOTIVATION FOLLOWING ANOXIC DAMAGE TO THE GLOBUS PALLIDUS

INSTITUTIONS

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This study investigated mechanisms underlying changes in emotional perception and motivation following damage to the globus pallidus. We studied PJ, a 44 year-old man who developed bilateral, focal lesions of the globus pallidus following an episode of brain anoxia. During the three months following the anoxic episode, PJ showed the classical behavioral changes following globus pallidus lesions: greatly reduced spontaneous activity and speech, flat affect, social withdrawal, loss of interest, inability to "feel", and lack of concern regarding his medical condition. PJ and 30 healthy male controls performed a task designed to parse hedonic evaluation from incentive motivation. The principal novelty of the task is an objective, behavioral assessment of incentive motivation (measured as viewing time controlled by keyboard key pressing) that accom-

panies the self-report assessment (i.e., wanting) of this construct. PJ showed hedonic appreciation of unpleasant stimuli that was similar to that of controls and reduced the viewing time of these stimuli to the same extent as controls. In contrast, while PJ showed similar hedonic appreciation and ratings of wanting for the pleasant stimuli, he reduced viewing time or made no response when presented with these stimuli, thus showing disagreement between self-report and objective assessments of incentive motivation. The tendency to reduce viewing time for stimuli judged as pleasant and wanted may constitute the basic mechanism underlying poor motivation and perhaps social withdrawal and flattened affect associated with globus pallidus damage.

OC-23-06

THE EXPRESSION OF DARPP-32 IS DECREASED IN LEUCOCYTES OF PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER

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Bipolar disorder (BPD) and Schizophrenia (SCZ) are frequent and severe disorders representing an enormous social, familiar and individual burden, being SCZ the most disabling psychiatric disorder and a major disease characterized by psychosis and cognitive impairment. It is well known that SCZ and BPD are associated with abnormalities in dopamine signaling pathway. Recent data have demonstrated alterations on expression levels of some proteins involved in the modulation of this pathway in brain. It was demonstrated that protein levels of dopamine cAMP regulated phosphoprotein (DARPP-32) is downregulated in dorsolateral prefrontal cortex (DLPFC) of patients with SCZ and BPD when compared with controls. Considering the difficulty to access central nervous system (CNS) tissue, the absence of objective laboratory tests for bi-

omarkers and the bidirectional close relation of nervous and immune systems, this work evaluated the DARPP-32 expression on blood cell subpopulations CD4+ T lymphocytes, CD56+ NK cells, CD19+ B lymphocytes and CD14+ monocytes using flow cytometry assay. Our results shown that the % of DARPP-32 expression is diminished in CD4+ T lymphocytes, CD19+ B lymphocytes and CD14+ monocytes on BPD patients and also decreased in CD4+ T lymphocytes and CD56+ NK cells on SCZ patients. These results shown that the DARPP-32 expression in immune cells corroborate the results obtained from DLPFC of patients with BPD and SCZ, which might suggest that the DARPP-32 expression on lymphocytes and monocytes could be potential biomarkers to help in the diagnosis of neuropsychiatry disorders.

OC-23-07

SPECTRUM OF AUTOANTIBODIES IN 103 TUNISIAN PSYCHIATRIC INPATIENTS

INSTITUTIONS

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- 9. Zouhair El Hechimi¹, Mr, MD

Aim: To assess autoimmunity in patients with different psychiatric conditions using a wide spectrum of autoantibodies.

Methods: Forty seven cases of schizophrenia, 23 cases of schizoaffective disorder, 16 cases of bipolar disorder and 17 patients with different psychiatric conditions were included. Antinuclear, antiDNA, antimitochodrial, antismooth muscle and antiendomysium antibodies were detected with indirect immunofluorescence. Enzyme-linked immunosorbent assay was used for measuring antiphospholipid, anticardiolipin (IgM and IgG), antithyroperoxydase (IgG), antitransglutaminase (IgA) and antigliadin (IgA and IgG) antibodies. Rheumatoid factor was determined by Latex. Psychotropic treatment, age of onset, disease duration and number of,hospitalizations were analyzed. All patients underwent a clinical somatic examination.

Results: No clinical symptoms suggesting known autoimmune diseases were found. Fifty four patients (52,4%) had at least one auto-

antibody. The most frequent autoantibodies found were antigliadin IgG (30,1%), antismooth muscles (13,6%), antinuclear antibodies (11,7%) and rheumatoid factor (9,7%). Presence of antibodies was influenced by age but not by sex or psychotropics. Even though no significant difference could be found between the 4 groups regarding the presence of each antibody, the mean number of autoantibodies per patient seemed higher in the bipolar group than in the rest of the sample (1.5, p=0,06). Antiphospholipid, where present, seemed to appear late in the course of the illness (32 years, p<0.01). Antismooth muscle were significantly associated to a high rate of hospitalization (1.4, p<0.01).

Conclusion: These findings support an autoimmune activation in a high number of psychiatric patients. Therefore, new therapeutic strategies including immunosuppressive therapies may be considered.

OC-23-08

CATATONIA IN AUTISM: ETIOLOGY, INCIDENCE AND TREATMENT

INSTITUTIONS

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AUTHORS

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Aim: This paper reviews the concomitance of catatonia and autism spectrum disorders, including incidence, diagnostic similarities, etiologic theories and treatment modalities, including electroconvulsive therapy. Case examples are included.

Method: A review of the English-language literature on catatonia and autism was conducted, combined with the author's clinical experience working with two autistic individuals with frank catatonic stupor requiring ECT.

Results: While catatonia is most frequently associated with mood and psychotic disorders, frank diagnosable catatonia has been found in 11-17% of individuals with autism. Significant symptom overlap exists between the two disorders in the domains of motor activity, social interaction, communication and behavior; indeed, both processes may share a common neuronal substrate as well as a shared genetic susceptibility region. DSM-IV-TR catatonic symptoms in-

clude motoric immobility and overactivity, negativism and peculiarities of movement and speech, while expanded criteria for catatonia in autism additionally include amotivation, difficulty with task completion, day-night reversal and agitation/excitement. A range of severity exists in catatonia, with some patients developing profound catatonic stupor or malignant catatonia with autonomic instability. Catatonia is readily treatable, with lorazepam and ECT as first-line treatments. However, diagnosis may be delayed in the autistic patient with baseline intellectual disability, behavioral and communicative abnormalities. Similarly, appropriate treatment, especially ECT, may be withheld due to issues surrounding intellectual disability.

Conclusion: Catatonia is not an infrequent occurrence in autism, and its manifestations can be severe. Prompt clinical recognition and treatment of catatonia in autism is imperative, with further research needed in this field.

OC-23-09

RESOLUTION WITH DIAGNOSIS AND WELL-BEING OF PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Parents whose child receives a diagnosis of an Autism Spectrum Disorder (ASD) undergo a difficult process, one that requires changes in the expectations and hopes that they had for their child and for themselves as parents. Some parents are successful in revising their representations of the child and themselves in light of the child's diagnosis and are considered "resolved" with the diagnosis, whereas others have difficulties and are considered "unresolved" with respect to the diagnosis. In our study we interviewed 60 mothers and 60 fathers of children between the ages of 2-17 years with the Reaction to Diagnosis Interview (RDI; Pianta & Marvin, 1993) designed to assess resolution and examined whether resolution status was associated with children's age, functioning, duration of time since receiving the diagnosis, and/or with parental characteristics including gender,

IQ, indices of the Broad Autism Phenotype, and perceived impact on the family as well as perceived responsibility and involvement in childcare. Findings indicated that close to 50% of the parents were classified as resolved and that resolution status was not associated with the duration of time since receiving the diagnosis. Furthermore, resolution was associated only with perceived impact on the family and reported involvement in childcare, in that mothers who were resolved reported on less negative impact on the family and on less (over)involvement compared to unresolved mothers. Thus, even though children with ASD introduce profound challenges to the relationships they form with their caregivers, resolution is possible and appears to have important implications for parental well-being.

OC-24: EATING DISORDERS

OC-24-01

DEEP BRAIN STIMULATION AND EATING DISORDERS IN PARKINSON'S DISEASE

INSTITUTIONS

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In recent years, several authors have highlighted the possible impact of deep brain stimulation (DBS) in Parkinsonian patients on hypersexuality, pathological gambling or drug addiction, sometimes in a context of thymic variations. Very little data exist regarding eating disorders occurring after this surgery. We report the case of 6 Parkinsonian patients, from a cohort of 150 patients followed prospectively before and after DBS surgery, having atypical eating disorders associated with weight gain, 3 women and 3 men (57 years old \pm 1.9) with an Parkinson disease duration for 10 years. Each oh the patient has psychiatric antecedents (anxio-depressive syndromes, bipolar

disorder, assessed with DSM IV criteria). In four patients, eating disorders occur only in the post-operative period, in two patients an aggravation was assessed. At 3 months after surgery BMI increases of 2.9 kg/m² (\pm 0.5). Craving for sweet was found in 3 patients, two of them having night awakenings. In all cases the scores at BITE remains unchanged at three months. Atypical eating disorder occur most often in a context of euthymic state except for a patient These changes in eating behaviour after DBS, ask for the role of stimulation in their occurrence and their relationship with mood disorders.

OC-24-02

CORRELATIONS BETWEEN ANOREXIA NERVOSA AND PERSONALITY DISORDERS IN ADOLESCENCE

INSTITUTIONS

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OBJECTIVE: Previous research on the correlation between Eating Disorders (ED) and Personality Disorders (PD) was conducted on samples with a wide age range, mainly consisting of adult subjects, and showed a relationship between the two disorders. The aim of the present study is to evaluate the correlation between Anorexia Nervosa (AN) and PDs in a sample consisting exclusively of adolescents with a short history of disease.

METHODS: In a sample of 80 adolescents (from 16 to 18 years of age) with AN [45 with AN restrictive type (AN-r), and 35 with AN binge-purging type (AN-bp)], diagnosed according to the DMS-IV-TR criteria, and 71 healthy controls, we assessed the presence of PDs, using the Italian Version of the Structured Clinical Interview for DMS-IV Axis II Disorders. Patients with and without PD were

compared based on age of onset and two measures of disease severity.

RÉSULTS: A significant correlation was found between AN and PD in the clinical sample compared to the control group. Out of 80 AN patients, 24 (30%) presented with at least one PD. A significant association was found between AN-bp and BPD. Patients with PD had a higher number of hospitalisations, and an earlier age of onset.

CONCLUSIONS: We found a lower general prevalence of PDs compared to results of research on adults, although we observed the same significant associations between the two subtypes of AN, and the different PDs. AN patients with PD have a more severe AN, as well as an earlier age of onset.

OC-24-03

REGION-SPECIFIC GRAY MATTER DECREASE IN ADOLESCENTS WITH ANOREXIA NERVOSA

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OBJECTIVE: The decrease of both gay matter (GM) and white matter (WM) in Anorexia Nervosa (AN) is a common finding. However, two aspects are still to be clearly elucidated: which are the critically involved brain regions, and whether the possible region-specific decrease of GM and WM is primary or secondary to AN. In order to elucidate these two aspects, cerebral morphometric images of adolescent inpatients with AN- restrictive type (AN-r) were examined. METHODS: High-resolution, T1-weighted magnetic resonance imaging (MRI) was performed in 11 inpatient girls with AN-r (mean age: 15,2; SD 1,7), without psychiatric comorbidity, and in 11 healthy controls (mean age: 15,5; SD 1,9). Images were preprocessed with SPM2 according to the optimized Voxel Based Morphometry method, and statistically analyzed.

RESULTS: A significant decrease in GM concentration was found in

the right and left medial cingulate cortex, and in the right and left precuneus. The decrease in these regions was not found to be significantly correlated with the duration of AN-r. No significant decrease was found in WM.

CONCLUSION: The decrease of GM concentration in the right and left medial cingulate cortex, and in the right and left precuneus, which furthermore is not correlated with the duration of the disease, suggests that these areas have a role in AN pathophysiology. The absence of a significant WM decrease may be due to the short history of the disease. Further research is necessary in order to confirm these findings, and to identify the causes, specific roles, and consequences of such structural modifications.

OC-24-04

BRAIN TYPE 1 CANNABINOID RECEPTOR AVAILABILITY IN ANOREXIA AND BULIMIA NERVOSA PATIENTS

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Introduction: The endocannabinoid system is a possible target in the treatment of eating disorders. We used positron emission tomography (PET) with $[^{18}{\rm F}]{\rm MK-9470}$ to test whether in vivo binding of this type 1 cannabinoid receptor (CB1R) specific ligand is altered in bulimic and anorectic patients in comparison to healthy volunteers. Methods: We investigated 17 female bulimia nervosa patients (BN; age = 23.9±6.9) and 10 anorexia nervosa patients (AN; age = 20.9±3.9) using $[^{18}{\rm F}]{\rm MK-9470}$ PET and volumetric MRI. The control group consisted of 19 women (age = 25.2±8.5). Parametric standardized uptake value (SUV) images reflecting receptor availability were calculated. For regional analysis, SUV values were normalized on the individual global grey matter SUV. Statistical parametric mapping (SPM2; pheight<0.001) and volume-of-interest (VOI; t-tests, p<0.05) analyses were performed.

Results: No global changes in SUV between groups were detected. In BN patients, regional CB1R availability was significantly increased in the left insular cortex (SPM: +5.0%, pcluster=2.0 10-5 corrected; VOI: p=0.0002) and in the left superior frontal cortex (SPM: +3.5%, pcluster=0.003; VOI: p=0.019). CB1R availability was increased bilaterally in the insular cortex of AN patients (SPM: +5.9%, pcluster<0.011, VOI: p=0.0026). Between AN and BN patient groups, no differences in relative CB1R availability were found.

Conclusions: Regionally, CB1R availability is increased both in bulimia and anorexia nervosa in the insular cortex, a region important in the integration of interoceptive information including primary gustatory information.

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OC-24-05

DIFFERENCES IN EATING DISORDER SYMPTOMATOLOGY BETWEEN ATHLETES AND NON-ATHLETES

INSTITUTIONS

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Aim: The aim of the study was to investigate differences in eating disorder symptomatology between athletes and university students as well as to investigate the factors that increase the risk for a female to develop eating disorder symptomatology.

Material-Method: The EAT-26, BDI, STAI, SPAS were administrated to 60 adult athletes (27 female and 30 male) and 60 non-athletes university students (40 female and 30 male). All subjects were asked to pinpoint on a series of 12 male and 12 female human figures the one that they considered as ideal male and female body as well as the figure that in their mind resembled most their own body. Also the BMI was calculated for every subject.

Results: Male athletes differed from male non-athletes only in the higher scores in the oral control dimension of EAT-26. Female at-

hletes differed from female non-athletes in that they perceived their body as leaner although there was no statististical significant difference between the two group BMI's. Finally the group of women (n=7, 10.4%) that had disturbed eating attitudes (EAT>20) chose leaner ideal female figures and also scored higher in the BDI, STAI trait and SPAS. Younger age (sig=0.04), being an athlete (sig=0.03) and SPAS (sig=0.02) were found in logistic regression analysis to influence significantly the risk for the development of disturbed eating attitudes.

Conclusions: There were only minor differences in eating disorder measurements between the athletes and non-athletes group. A small group of young women that are preoccupied with their physical appearance and are involved in athletic activities seems to run a greater risk for the development of disturbed eating attitudes.

OC-24-06

ADIPOSIS AS AN EATING DISORDER? CONTROL OVER 24 MONTHS AFTER MULTIMODAL CLINICAL TREATMENT

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Introduction: In many adiposersone can see a vicious circle in emotional situations of eating, negative emotions followed by eating fits. In our clinic we examined the long term effect on a group being treated by behaviour therapy by psychologists with support of nutionists with teaching in kitchen and at the table and self-help-group, but without diets Patients and method All patients of the above mentioned group (n=261) were included with BMI > 30 kg/m2 and BMI 25 - 30 kg/m2 with complicating ilnesses. Follow-up examinations by questionnaire (PUDEL and WESTERHOFER) were carried out over a period of 24 months (for 10 moments.)

Results: 58,7% (range 41,6 % - 100%) of the questionnaires were returned . We could observe a significant reduction of weight from

101,7 to 90,8 kg (p=0,000). The cognitive control in the question-naire showed an increase from 9,15 to 13,59 (of 21) items. The irritation of eating behaviour decreased from 8.2 to 5.6 (/of 16 Items). The perception of hunger decreased from 5.9 to 3.8 (/of 14 Items). All the results were significant.

Discussion: The patients were able to decrease their body weight over a period of 2 years and to decrease their irritation of eating behaviour. Through increased cognitive control, it was possible to change their eating behaviour from unbridled to controlled. We observed, that the perception of hunger remained stable. Thus could the connection between changes of eating behaviour, their triggers and long term weight reduction be proved.

OC-24-07

FACTORS OF CRISIS IN YOUNG ADULTS

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Objectives: The purpose of the study is to reveal factors associated with development of crisis states in young people.

Methods: 2135 crisis calls received by the operators of the Youth Crisis Helpline during one year have been analyzed to evaluate the problems experienced by callers.

Results: The factors associated with crisis included female sex, age above 21, breach with family, domestic violence, interpersonal problems, health/mental health problems, multiple problems.

Conclusion: Recommendations for crisis services providers have been developed.

OC-24-08

CARING IN INTENSIVE PSYCHIATRY

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The first psychiatric intensive care unit (PICU) opened in the early 1970's in Bronx, New York. This ward was designed to manage patient that did not respond to treatment in open psychiatric wards. Since the 1970's, the concept of PICU has been used worldwide, as well as in Sweden. There are about 15 PICUs in Sweden but the concept has not been specified by the National Board of Health and Welfare as a public organ. In many county hospitals, both acute and intensive units exist parallel. Therefore, the aim of this study was to describe the core characteristics of PICU in Sweden and to describe the care activities provided for patients admitted to PICU. As the research method, critical incident technique was used. In the study, eighteen caregivers at a PICU participated by completing a semi-

structured questionnaire. Additional, in-depth interviews with three nurses and two assistant nurses also constitute the data. After a qualitative analysis of the content four categories were identified that characterise the core of PICU: the dramatic admission, protests and refusal of treatment, escalating behaviours and temporarily coercive measure. Care activities for PICU were also analysed and identified as controlling - establishing boundaries, protecting - warding off, supporting - giving intensive assistance and structuring the environment. Finally, the discussion put focus on determining the intensive aspect of psychiatric care which has not been done in a Swedish perspective before. PICU were interpreted as a level of care as it is composed by limited structures and closeness in care.

OC-25: ADDICTION

OC-25-01

THE FIRST HARM REDUCTION CENTER FOR WOMEN DRUG USERS IN IRAN AND THE MIDDLE EAST

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Issue: In Iran the higher vulnerability of women combines with stigma against women drug users reduced their access to harm reduction services. Setting: The first Harm Reduction center for women in Iran was funded by welfare organization established in South of Tehran where people with lower socioeconomic level and higher rate of Drug use lives.

Project: We provide VCT for HIV, NEP, MMT, and condom distribution free of charge. Outcomes: 214 Drug use women have received our facilities. 48% were married. Only 11% own home, 13% were homeless, and 19% lived with their relatives or friends. Among the cases 64% use Crack, 20%opium, 10% heroin. 12% Inject drugs and 19% digests drugs. 50% use drugs 2-3 times and 16% use more com-

mon. 53% use drug in the presence of their friends and peers. Only 9% of Drug use women share their syringes, 32% use the clean syringes, and 59% use their own syringes. 80% of them don't use condom. 81% of the clients have motivation to stop their addiction. 83% of the new clients didn't know about their HIV status, only 1% of the clients were HIV positive. Barriers includes; lack of knowledge and attitude regarding HIV and using condom, stigma, and lack of social support for the drug use mothers. We should improve our approach to involve other NGOs to provide social support. The lessons learned: Having Structure health care systems to provide integrated care through protecting women drug users' confidentiality, and rights, incorporate women drug users' needs into guidelines and targets.

OC-25-02

ACTIVITY AND KINETICS OF LEUKOCYTES GLUTAMATE DEHYDROGENASE IN OF ALCOHOLICS

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Alcoholism has a pronounced effect on people's mental and physical health. Glutamate dehydrogenase (GLDH) is a linking factor in metabolism of carbohydrates and proteins. Patients with certain forms of neurological and psychiatric diseases have lower GLDH activity in leukocytes and brain. The aim was to define GLDH activity in leukocytes under and after alcohol consumption, what can give us indirect data about protein metabolism in leukocytes. GLDH activity was assed in 238 alcoholics. A blood sample was taken to every subject three times: on admission, after 24 hours and after 7 days. For defining it we developed our own method applying Triton and two freeze-thaw cycles on -20^oC and established our own reference leukocyte GLDH from 0.08 - 1.21µkat/g. Leukocyte GLDH activity of those alcohol dependents who had consumed alcohol within last 24

hours prior to measurement was by 75.1% lower, yet not statistically significant. We have confirmed statistically significant fast increase of leukocyte GLDH activity after termination of alcohol intake. After 24 hours, GLDH activity increased for 21.8% (median 31.6%) and 33% (median 52%) after 7 days, yet after a short interval since last alcohol intake, e.g. up to 48 hours, it increased for 32% (median 36%). We estimate that fast increase of low leukocyte GLDH activity after termination of alcohol intake is specific for alcohol addiction. Cessation resulted a significant increase in leukocytes GDLH activity. Therefore, alcohol consumption results in reduction in GLDH activity as well as protein production and consecutively leads to diminished leukocytes protective ability.

OC-25-03

A CLINICAL TRIAL OF IMPLANTABLE FORMULATION OF NALTREXONE FOR HEROIN DEPENDENCE

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Aim: To test the efficacy of long acting surgically implantable formulation of naltrexone (Prodetoxone) vs. oral naltrexone and placebo for relapse prevention to heroin addiction.

Methods: 191 heroin addicts who recently completed detoxification were randomized to a 6 month course of biweekly drug counseling and one of three medication groups: Naltrexone implant (every other month) + Oral placebo daily (NI+OP) (66 subjects), Placebo implant (every other month) + Oral naltrexone (PI+ON) (50 mg/day) (63 subjects), and double placebo (implant and oral) (PI+OP) (62 subjects). Medications were administered under double-dummy/double-blind conditions. Urine drug testing and brief psychiatric evaluations (depression, anxiety, anhedonia, and craving for heroin) were done at each biweekly. Oral medication compliance was evaluated using a urine riboflavin marker.

Results: 237 patients were asked if they would be interested in participating, 207 met the study entrance criteria, 195 gave informed consent and 191 were randomized. Survival analysis revealed a significantly greater retention in NI+OP group compared to two other groups (p<0.01). At the end of six months 77.3% of patients of NI+OP group had not relapsed compared to 36.4% in PI+ON group and 18.8% in PI+OP group (p<0.001). No differences in the number of heroin positive urines or either one of psychometrics between groups were found. The number of side effects was limited with no difference between groups.

Conclusion: Long acting sustained release naltrexone implant is safe and more effective than oral naltrexone and placebo for treatment retention and relapse prevention to heroin dependence.

OC-25-04

DISORDERS OF ATTENTION IN PATIENTS SUFFERING FROM SCHIZOPHRENIA ADDICTED TO PSYCHOACTIVE SUBSTANCES

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Aim: Most patients suffering from schizophrenia achieve worse results than healthy controls in tests measuring attention. The studies show that among the patients suffering from schizophrenia, about 50% abused psychoactive substances. The data concerning the impact of substance abuse on attention in schizophrenia are inconsistent.

The objective of this study was to examine continuous attention differences between subjects with and without a dual diagnosis.

Methods: A group of 80 patients with schizophrenia were examined. 40 of them never used illicit drugs, the other 40 also received a diagnose of addiction to psychoactive substances. The group with a comorbid addiction was examined after 6 weeks of detoxification and treatment in a therapeutic community. Continuous Performance Test was applied to for the neuropsychological assessment. The

CPT-IP version of this test was used. The patients were presented 450 stimuli in three groups.

Results: No statistically significant differences were found between two groups when they had to omit the identical pair stimuli (fingerup). The same happened in case of false alarms stimuli. However statistical significance appeared when the patients had to react to random stimuli. This part of the test was performed better by the group of schizophrenic patients without addiction.

Conclusions: The above inconsistence of the results may be due to the complexity of attention deficits. It is possible that the impacts of psychoactive substances may be different on the mechanism responsible for reaction to the sequence of experimentally important stimuli than to for ignoring those stimuli, which originally were defined as unimportant.

OC-25-05

CHRONIC HEROIN AND COCAINE ABUSE LOWERS SERUM CONCENTRATIONS OF THE NERVE GROWTH FACTOR AND BRAIN-DERIVED NEUROTROPHIC FACTOR

INSTITUTIONS

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Aims: Neurotrophins are a class of proteins that serve as survival factors for CNS neurons. In particular, nerve growth grow factor (NGF) plays an important role in the survival and function of cholinergic neurons while brain derived neurotrophic factor (BDNF) is involved in synaptic plasticity and in the maintenance of midbrain dopaminergic and cholinergic neurons. Our aim was to identify possible change in serum neurotrophins in heroin and cocaine users.

Methods: In the present study, we measured by enzyme-linked immunosorbent assay (ELISA) the NGF and BDNF levels in serum of three groups of subjects: heroin-dependent patients, cocaine-dependent patients and healthy volunteers.

Results: We found that BDNF was decreased in heroin users whereas NGF was decreased in both cocaine and heroin users.

Conclusions: These findings suggest that NGF and BDNF may play a role in the neurotoxicity and addiction induced by these drugs. In view of the neurotrophin hypothesis of schizophrenia the data also suggest that reduced level of neurotrophins may increase the risk of developing psychosis in drug users

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OC-26: MENTAL HEALTH CARE

OC-26-01

DETERMINATION OF EFFECTIVENESS OF PSYCHIATRIC NUSING EDUCATION PROVIDED FOR NURSES: A SAMPLE OF TURKEY

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Objective: This is a semi-experimental research carried out to determine the effectiveness of the psychiatric nursing education provided for nurses who work in a psychiatric hospital.

Method: The research was carried out with 59 nurses who work in Manisa Mental and Nervous Diseases Hospital. The nurses who volunteered to the education and attended more than 80% of the courses, took part in a 152-hour education program that was arranged to the literature (1,2,3).

Results: While average knowledge score of the nurses pre- psychiatric nursing education was 61.79 ± 15.59 , it rose to 77.40 ± 5.97 post-teaching, and this difference in scores was also statistically significant (p<0.01).

Conclusion: In conclusion, it was found out that psychiatric nursing education provided for the nurses enhanced knowledge and work

motivation at work and thus, the gained knowledge and skills increased the nurses' awareness of evaluating the changes in ward-atmosphere. In line with this conclusion, it is suggested that continuous education programs with similar content on psychiatric nursing and its practices are provided especially for the nurses working with psychiatric patients.

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OC-26-02

THE BURDEN OF CAREGIVERS OF STROKE PATIENTS AND THE FACTORS AFFECTING THE BURDEN

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Objective: The study was designed to analyze the burden of caregivers of stroke patients and the factors affecting the burden.

Method: This descriptive research was conducted at Turkey Izmir Atatürk Education and Research Hospital, Clinic for Neurology with the participation of 80 caregivers. The data was collected by Introductory Information Form and the Caregiver Burden Inventory (1.2)

Results: The average scores of the Caregiver Burden Inventory sub scale were in the order of; time-addiction burden (15.31 \pm 4.07), developmental burden (8.19 \pm 4.46), physical burden (6.88 \pm 3.93), social burden (5.55 \pm 4.40), emotional burden (3.44 \pm 4.25) and the total burden average score was determined to be 39.36 \pm 13.83. A statistically meaningful relationship between the time caregivers spare to their patients and the average sub-scale score of time-addiction burden has been determined (p<0.05).

Conclusion: In accordance with the aforementioned results, it has been concluded that taking care of a family member in need is perceived as a task and responsibility in Turkish society. Parallel to this, caregivers are not aware of their burden throughout the process and have difficulty in expressing the hardships they experience.

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OC-26-03

THE DEVELOPMENT AND IMPLEMENTATION OF NATIONAL STANDARDS FOR INTEGRATED CARE PATHWAYS IN SCOTLAND

INSTITUTIONS

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NHS Quality Improvement Scotland (QIS) has published National Standards for Integrated care Pathways (ICPs) in 5 mental health conditions. QIS will utilise the ICP model as a means to develop, improve and monitor the quality for those using and providing mental health services. Consultation with service providers and users underpins development of the standards, set in 4 main areas: 1. Process standards: describe the foundations that must be in place and the key tasks which affect how well ICPs are developed in a local area. 2. Generic care standards: describe the interactions and interventions that must be offered to all people who access mental health services. 3. Condition-specific care standards: build on the generic care standards and describe the interactions and interventions offe-

red by mental health services to people with a specific condition. 4. Service improvement standards: measure how ICPs are implemented and how variations from planned care are recorded and acted on. Emphasis of development and implementation of the ICPs lies with NHS Boards to ensure they are developed with local ownership. To ensure accreditation by QIS, the local ICPs must incorporate the national standards and evidence improvement in the quality of care provided. To aid development and implementation of ICPs an electronic toolkit has been developed containing the standards, evidence summaries, ICP development methodology and additional support materials. National ICP coordinators will facilitate the implementation of the ICP standards

OC-26-04

A ROAD MAP FOR SUCCESS: MODELS FOR EDUCATING ETHNIC MINORITY NURSES IN SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES IN THE UNITED STATES OF AMERICA

INSTITUTIONS

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Aim: The Minority Fellowship Program (MFP) has designed a blueprint that has proven successful for the education of ethnic minority nurses at the doctoral level. The focus of the Fellowship is on preparing expert educators, researchers, and clinicians who will provide substance abuse and mental health services disorders detection, prevention, and treatment.

Methods: The methods that are described in this paper include recruitment, retention, the statistics study group, mentoring, partnerships with minority communities, tutoring, intensive winter and summer institutes, micro/mini seminars, teleconferences, and personal and career counseling. The Fellows are responsible for providing evidence of their success every six months. Stipends and tuition assistance are provided during designated periods during the year. Fellows are able to select the college or university of their choice. A National

Advisory Committee that is comprised of experts in substance abuse and mental health nursing provides oversight for the program. The Logic Model is the framework that underlies the evaluation process, which includes summative and formative data.

Results: The ethnic minority Fellows graduate with their PhD degrees, and make significant contributions in substance abuse and mental health in the world community. They become leaders in research, education, practice, and health policy. One of the key findings related to the success of the program is its longevity.

Conclusion: The MFP is one of the most successful programs in the United States for educating ethnic minority nurses at the doctoral level in substance abuse and mental health disorders detection, prevention, and treatment.

OC-26-05

A SUSTAINABLE MENTAL HEALTH SYSTEM IN RURAL SUB-SAHARAN AFRICA: THE ROLE OF NGO PARTNERSHIP - A CASE FOR UGANDA

INSTITUTIONS

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The contribution of mental health burden on the global burden of disease is known to be significant the world over. The situation is even worse in the developing world where both human and financial resources are grossly limited amidst the increasing burden of disease caused by poverty, civil strifes and recently the HIV/AIDS pandemic. The mental health problems, while common in urban areas, the rural folks have not been spared either, with massive displacements as internally displaced persons especially in Africa.

Access to specialized mental health care in many parts of Africa is

still limited to developed few and mainly in urban areas. In an attempt to improve equity and access to mental health services, many countries have adopted policies and systems that bring on board other key players particularly in disadvantaged rural areas by the traditionally known caregivers such as NGOs.

The paper will discuss the various contribution of Non-governmental Organizations to sustainable mental health care delivery in Africa based on WPA Zone 14 experience.

OC-26-06

IMPACT OF COERCION ON SHORT-TERM OUTCOME OF INPATIENT PSYCHIATRIC CARE

INSTITUTIONS

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Objectives Conflicting results regarding the impact of coercion on outcome in psychiatric inpatient settings have been reported. The aim of the present study was to explore the association between short-term outcome of inpatient psychiatric care and number of days of involuntary detention.

Methods 110 involuntarily admitted or detained patients at four Swedish psychiatric clinics were interviewed within five days from admission and at discharge or after 3 weeks of care. Outcome was classified as improved or not improved based on patients' self-reports (subjective outcome) and change in GAF scores (assessed outcome)

Results The median number of days of involuntary detention was 28 (range 1 - 311). Days of involuntary detention were not associated to subjective or assessed outcome. Patients reporting they had been well treated (respected and listened to) by the staff had significantly less number of days of involuntary detention than other patients (median 28 vs. 31 days).

Conclusion This is the first outcome study to use days of involuntary detention as a measure of coercion. The results support the findings of some previous studies, indicating that coercion is not associated to subjective or assessed short-term outcome of inpatient psychiatric care.

OC-26-07

DOMESTIC VIOLENCE RISK ASSESSMENT FOR ARAB AMERICAN WOMEN

INSTITUTIONS

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Domestic violence is a major social, mental health and public health problem. It crosses ethnic, racial, cultural, age, religious, national origin, sexual orientation, and socioeconomic lines. The aim of this research is to develop and standardize an evidence-based, culturally sensitive bi-lingual (Arabic/English) measure of risk for domestic violence to be used in health service settings. The research was conducted in Dearborn, Michigan, where the population includes large numbers of immigrants. As is the case with all batterers, abusers of immigrant women use cultural values and norms as powerful weapons in controlling their victims' behavior. To date, there is no domestic violence risk assessment tool that is culturally appropriate for

Arab Americans. Focus group methodology was used to address the aim of the study. Five focus group meetings were conducted in the community to determine culturally specific domestic violence risk factors. Major variables considered by the focus group participants to be critical in the assessment of risk factors included the following: religious beliefs, lack of family support, economic situation, social norms, immigration status, legal rights and English language skills. A culturally appropriate risk assessment tool was developed based on the recommendations of the focus group participants and literature review. The scale was pilot tested in the community and will be used with Arab American women.

OC-26-08

PROBLEMS AND OPPOSITION TO CONSTITUTION OF MENTAL HEALTH CENTERS IN MONTENEGRO

INSTITUTIONS

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In recent years, with the support of the Stability pact for south-east Europe, and following the example of the EU countries, there has been developed a new concept of mental health care. It should be carried out by newly opened centers for mental health. Goal of the work is to set forth numerous problems which considerably slow down development of these modern approach to mental health care, as well as solutions to them. Problems in the realisation of the project, have been stated and classified in the discussion together with explanation of their causes and consequences:

- unadjusted or non-existent accompanied legal acts;
- $\ negligence \ of \ bureaucracy, \ resistance \ in \ other \ social \ services;$
- prejudices and opposition of "official" psychiatry and of professio-

nals in mental health institutions;

- insufficient education and shortage of trained staff
- lack of understanding and resistance in a wider community;
- financial problems.

Further on, methods have been stated for finding "less painful" solutions to these problems. This experience is probably similar to those in all countries in transition and should help that the same mistakes would not be made in further development of communal psychiatry. This work contains recommendations how to prevent and avoid these obstacles and may be useful in those places where development of such approach to mental health care just being planned.

ORAL COMMUNICATIONS

OC-26-09

MENTAL HEALTH SERVICES: WHAT CAN DEVELOPING COUNTRIES LEARN FROM THE DEVELOPED?

INSTITUTIONS

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When I started my psychiatric residency in the U.S.A. in 1962, there were said to be 750,000 patients in mental (state) hospitals in the U.S.A., 50% of all hospital patients. Now there are about 200,000 patients in those hospitals, but there are close to 1,800,000 prisoners in the country, as opposed to 300,000 earlier. Psychiatric services in the developing countries in Asia, Africa and South America suffers from enormous manpower constraints. As opposed to the norm of 100-150 psychiatrists per million population in developed countries in Western Europe and North America, developing countries average 1 to 4 psychiatrists per million However, contrary to the expectation, in spite of affluence and advantageous manpower situation, Western countries do not necessarily provide a more optimal level of care,

particularly for severe mental disorders. The mental health services in a country like the U.S. are very variable, with large pockets being ill-served. It is accordingly emphasized that, while paying attention to making progress, developing countries should uphold their advantages, and should heed own priorities and philosophy. They should not blindly follow the West, so as to avoid their mistakes. (There is compelling evidence, for example, that the outcome of severe mental illness is more favourable in developing countries.) We must not lose sight of our advantages - of indigenous psychosocial therapeutic approaches and the traditional social support and values and family ties, increasingly eroded in the developed world.

OC-27: OCD & PTSD

OC-27-01

THE RELATIONSHIPS BETWEEN CHRONIC PAIN AND CHRONIC PTSD IN CROATIAN WAR VETERANS

INSTITUTIONS

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- 2. University Hospital of Traumatology, Pain Clinic, Zagreb, Croatia
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Aims/Objectives: Recent research suggests that chronic PTSD and chronic pain frequently co-occur and that similar mechanisms may exist for maintaining both conditions. The high comorbidity between these disorders has been postulated as being due to either shared vulnerability or mutual maintenance. The authors analysed relationships between chronic PTSD, chronic pain and somatization in Croatian war veterans.

Methods: The 184 veterans who were treated at the Clinic for Psychological Medicine during year 2007 were selected as the sample for this study. On the base of interviews, medical records and different questionnaires (Mississippi Scale for combat-related PTSD, Mc Gill Pain Questionnaire, Pain Outcomes Questionnaire, Brief Pain Inventory, SCL-90) the authors analysed the relationships between chronic pain, chronic PTSD and somatization.

Results: Patients suffered from different chronic pain syndromes.

We found statistically significant positive correlation between PTSD symptoms and pain intensity. Patients with chronic PTSD had significantly higher total pain scores as well as affective and sensory pain components compared to the patients without PTSD. Affective component of pain were significantly correlated with the level of PTSD symptoms. Increased levels of PTSD experiencing symptoms were associated with increased pain level and pain-related disability. Comorbid depressive symptomatology was correlated with higher pain scores.

Conclusion: We assume that chronification of stress disorder has a similar pattern of genesis in relation to acute stress stimuli as well as chronic pain syndrome in relation to peripheric painful stimulus. PTSD may promote chronic pain through a complex interaction between biological, psychological and behavioural mechanisms.

OC-27-02

THE BRAZILIAN OBSESSIVE-COMPULSIVE SPECTRUM DISORDERS RESEARCH CONSORTIUM

INSTITUTIONS

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- 3. São Paulo State University, Botucatú, Psychiatry, Botucatú, Brazil
- 4. Federal University of Rio de Janeiro -UFRJ, Psychaitry, Rio de Janeiro, Brazil
- 5. Federal University of Bahia, Psychiatry, Salvador, Brazil
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Aims: The Brazilian Obsessive-Compulsive Spectrum Disorders Research Consortium includes 7 Brazilian sites. Its interests include collaborative research spanning over areas of OCD: phenotype; genetics; neuropsychology; neuroimaging and therapeutics. The objectives of this paper are: to present the implementation of the consortium and the initial clinical results.

Methods: 458 patients with DSM-IV OCD criteria were evaluated with: Structured Clinical Interview for DSM-IV; Yale-Brown Obsessive-Compulsive Scale; Dimensional YBOCS; Yale Global Tic Severity Scale; Beck Depression and Anxiety Inventories; University of São Paulo Sensory Phenomena Scale; Brown Assessment of Beliefs Scale; Social Evaluation Scale; Trauma History Questionnaire; Post Traumatic Stress Disorder Checklist; and Peritraumatic Dissociative Experiences Questionnaire.

Results: 54% were female and 84.9% were Caucasian. The mean age was 34.6 (+12.5) years, with compulsions starting earlier (13.7, +8.5)

than obsessions 14.2 (+8.5); 71% of the subjects had previously used an antiobsessive medication, and 64.3% had received psychotherapy. The most common OC symptoms were: symmetry (88.0%), contamination-washing symptoms (71.8%) and aggression (65.9%). The mean YBOCS score was 24.3(+7.8) while the DYBOCS score was 20.2 (+6.2). At least 66.6% of the patients presented sensory phenomena and 34% presented Tics. The most frequent psychiatric comorbidities were Major Depression (70.3%), Generalized Anxiety Disorder (33.6%), Social Phobia (28.4%) and Simple Phobias (27.1%).

Conclusion: The CTOC initiative was able to gather relevant data from a large number of OCD patients from different parts of Brazil, with a very comprehensive assessment battery. These data have heuristic value for etiological, clinical, genetic and treatment studies, in an effort to better understand the OCD heterogeneity.

OC-27-03

DIFFERENCES BETWEEN OBSESSIVE COMPULSIVE PATIENTS WITH AND WITHOUT OBSESSIVE COMPULSIVE PERSONALITY DISORDER

INSTITUTIONS

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AUTHORS

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Aim: The aim of the present study was to investigate possible differences between OCD patients with and without OCPD

Method: 76 patients with OCD were interviewed during their first visit in a university psychiatric outpatient clinic. The clinical diagnosis of OCD and OCPD was confirmed with the use of SCID-II. Thirty-five (46,1%) of the 76 OCD patients were found to suffer also by OCPD. Each patient completed the EPQ, LOI, ZDS, WI, STAI, HDHQ and LCB

Results: The OCPD group scored higher than the non OCPD group in the LOI hoarding (p=0.001), meanness (p=0.02), irritability/moroseness (p=0.001), rigidity (p=0.001), regularity (p=0.001) and punctuality (p=0.001) subscales, the WI for hypochondria-

sis (p=0.003), the HDHQ acting out (p=0.02), criticism of others (p=0.009) and introversion of hostility (p=0.05) subscales while according to LCB it had more external locus of control (p=0.009) Discriminant analysis showed that the LOI hoarding (sig=0.001), meanness (sig=0.001), irritability/moroseness (sig=0.001), rigidity (sig=0.001) , punctuality (sig=0.001) subscales score as well as the HDHQ acting out subscale (sig=0.001) score could differentiate the two groups.

Conclusion: The major finding of this study was that, beyond obsessionality, the main difference between OCD patients with and without OCPD was the higher probability of acting out behaviour

OC-27-04

EXPERIENCES OF TRAUMA AND PTSD IN ARAB AMERICAN IMMIGRANT WOMEN

INSTITUTIONS

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AUTHORS

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Background: Arab American populations show high prevalence of Post Traumatic Stress Disorder (PTSD) that may be culturally based. Ongoing exposure to trauma and immigration status may determine unique presentation of symptoms. Paucity of research makes examination of PTSD in this population critical.

Objectives: To asses trauma through the Arabic version of Post Traumatic Stress Disorder Scale (PDS) and identify how trauma exposure affects mental and emotional well-being of Muslim Arab immigrant women.

Study Design: The PDS scale was translated, pilot tested and admi-

nistered to 636 immigrant Muslim women along with demographic and migration information.

Results: The most frequently reported stressors were military combat (76%) and accidents/explosions (58.6%). Middle-Eastern immigrant women showed frequent traumatic events that may constitute physical and mental-health risk.

Conclusions: Accurate assessment of immigrant's mental health remains critical. We recommend mental health counselors use valid, reliable instruments and pay attention to particular multilateral traumas when assessing immigrant women.

OC-27-05

MEASURING RESILIANCE IN OIF/OAF VETERANS

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AUTHORS

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Resilience is associated with optimal coping and successful adaptation. At the Center for Stress Recovery a 10 week psychoeducational workshop (Rwas designed specifically to promote resources and to increase resilience in OIF/OEF (Iraq and Afghanistan veterans) seen at the Cleveland VAMC. This presentation aims to assess if RRreached its purported goal and to explore if initial resilience level has differential effects outcome.

The Connor-Davidson Resilience Scale (CD-RISC) is a 25-item self rating measure of resilience that has a range from 0-100, with higher scores reflecting greater endorsement of hardiness, dynamism, self efficacy, patience, humor in the face of adversity, altruism and/or spirituality. The CD-RISC was administered to the first, consecutive 34 individuals entering RRand readministered to the 23 completers. Analysis of data using repeated measures ANOVA and effect

sizes (ES) revealed statistically (p=.005) and clinically (ES=0.53) significant improvement in CD-RISC scores in completers. 11/34 individuals dropped out. Median (65) split comparisons showed that lower initial resilience was associated with greater attrition (8/17 vs 3/17,p=0.67) and that improvement in CD-RISC scores was more marked in the lower initial resilience subgroup of completers (ES=0.77).

Conclusion: The psychoeducational classes improved resilience to a significant degree in OIF/OEF veterans. The differential effects of initial resilience on outcome highlight the potential usefulness of measuring resilience in future efforts, both at the individual and policy making levels, to improve the retention of OIF/OEF veterans who have the most to gain but tend to drop out from an effective, time limited psycheducational intervention.

OC-27-06

SECONDARY IMMUNE DEFICIENCY AS A RISK FACTOR FOR DEVELOPMENT OF PROLONGED COURSE OF POSTTRAUMATIC STRESS DISORDERS

INSTITUTIONS

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AUTHORS

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- 3. Elena Epanchintseva¹

Objective: To develop assessment methods allowing prognosis of transition of neurotic disorders in persons after stressful events into chronic course.

Methods: 96 men have been examined - participants of military actions in Caucasus with PTSD. According to type of course and duration of disease patients have been divided into 2 groups: 1-acute-subacute course of PTSD, duration of disease not more than 3 years (46 persons); 2-prolonged course of PTSD, duration of disease 3 and more years (50 persons). We have identified structure of secondary immune deficiency (ID) and somatic health in examined groups. Laboratory diagnosis of ID was conducted with standard methods. Results: Clinical signs of secondary ID have been revealed in 58,6% of examined of group 1 and in 78,6% - group 2. During comparison of incidence of somatic diseases pathology of various systems in

group 1 has been noticed in 63,2% of combatants, in group 2, somatic pathology has been revealed in 100% of combatants. Significant differences have been identified between parameters of the immunity in patients of examined groups. Immune status of combatants with prolonged course of PTSD as compared with the group 1 was characterized by lower values of number of T-lymphocytes -CD3, natural killers -CD16; higher values of number of B-lymphocytes and activated T-lymphocytes HLADR, level of circulating immune complexes.

Conclusions: Revealed differences of indices of immune status between examined groups of combatants, presence of clinical signs of ID and somatic pathology allow considering complex of these factors as predictors of prolonged course of PTSD.

ORAL COMMUNICATIONS

OC-27-07

MODEL OF REHABILITATION OF PTSD PATIENTS IN BESLAN.

INSTITUTIONS

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INTRODUCTION: Tragic events in Beslan have become not only the cause of death of more than three hundred children and adults, but also provoked plenty of PTSDs in former hostages, their relatives and witnesses of this terrorist act. Additional difficulties were connected with the lack of local professionals in PTSD treatment and the absence of co-ordination into the work of local and non-local specialists.

METHOD AND RESULTS: The model of psychological rehabilitation of PTSD patients was developed on the basis of our own experience while working with the victims of terrorist act in Beslan. The first step is organizing of trainings for local specialists to provide a qualified help for PTSD patients. The next step is to create a satisfactory motivational level of a victim's family for psychotherapeutic

work. The future activities are strictly oriented on the whole family and includes at least four specialists: two psychologists and two psychiatrists, two of whom should be local professionals and two others are high qualified international supervisors. The next step includes the mutual discussion of both clinical and psychological findings, including diagnosis, and development of the individual rehabilitation program both for PTSD patient and the members of his/her family as a result. Further rehabilitation work is provided by local specialists and international professionals take part in rehabilitation activities only by periodical supervising.

CONCLUSION: This model was useful in rehabilitation work in Beslan and helped to overcome a number of difficulties while working with PTSD patients and their families.

W-01

THE ATYPICAL PSYCHOSES: FROM PSYCHOPATHOLOGY TO NEUROBIOLOGY

INSTITUTIONS

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- 3. Semmelweis Egyetem, Psyichiatriai es Pszichoterapias Klinika,, Hungary
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AUTHORS

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- 2. Willem M Verhoeven²
- 3. Bertalan Pethö³
- 4. Burkhard Jabs⁴
- Gerald Stöber⁴

Insights into the polymorphic and bipolar symptomatology of the atypical psychoses are of particular importance for the basic sciences as well as for clinical practice. Bipolar, catatonic, behavioural, and first rank symptoms are analysed regarding their heuristic value and under nosological considerations (Verhoeven and Tuinier, The Netherlands; Cetkovich-Bakmas, Argentina). The stability of interrater reliability of psychiatric symptoms and changes of hallucinations and delusions over lifetime in patients with psychotic disorders were

followed up over 21-33 years in a large series of cases (Pethö, Hungary). Results of a family and twin study on cycloid psychoses point to a significantly reduced morbidity risk in families compared to manic depression and unsystematic schizophrenias (Jabs, Germany). In periodic catatonia, a familial subtype of unsystematic schizophrenias, the major gene locus has actually been localized to chromosome 15q15 in two independent genome scans (Stöber, Germany).

THE CONCEPT OF ATYPICAL PSYCHOSES IN VIEW OF DIFFERENTIATED PSYCHOPATHOLOGY

INSTITUTIONS

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AUTHORS

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The concept of "atypical" psychoses dates from Kraepelin's dichotomy and refers to endogenous psychoses which could be assigned neither to schizophrenic psychoses nor to manic depressive illness due to their atypical clinical pictures. Within the differentiated psychopathology along the lines of Karl Leonhard the problem of "atypical" psychoses was accommodated by the idea that there might be an independent group of endogenous psychoses in addition to schizophrenias and manic-depressive illness, i. e. the cycloid psychoses. Main features of cycloid psychoses are a phasic remittent course without residual states and a bipolarity of the polymorphous

clinical syndromes which occur in three characteristic subforms, the anxiety-happiness-psychosis, confusion psychosis and motility psychosis. The cycloid psychoses have to be differentiated mainly from the unsystematic schizophrenias which also show bipolarly structured polymorphous clinical syndromes, but run a progredient course with exacerbations and incomplete remissions leading to residual states of varying degrees of severity. Clinical studies have shown that a reliable clinical differentiation of cycloid psychoses and unsystematic schizophrenias is possible if a comprehensive exploaration is carried out by a sufficiently trained examiner.

CYCLOID PSYCHOSES AND PRADER-WILLI-SYNDROME

INSTITUTIONS

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AUTHORS

- 1. Willem M .A. Verhoeven¹
- 2. S. Tuinier¹

Aims/Objects: Prader-Willi syndrome (PWS) is a disorder that results from the absence of a normal paternal contribution to the chromosome 15q11-13 region, due to either a paternal deletion or an uniparental maternal disomy (UPD). Apart from the behavioural problems associated with food seeking and intellectual disability per se, PWS carries the risk for a broad array of psychopathology. Concerning psychotic disorders, an association has been suggested with UPD.

Methods: A total of 28 PWS patients were referred for neuropsychiatric evaluation because of long lasting or recurrent behavioural problems and psychotic symptoms. Tentative formal psychiatric diagnoses were established according to the ICD-10.

Results: All but two patients (insufficient data) had a history of mood instability paralleled by fluctuating behavioural problems. With respect to actual psycho-pathology, 7 met the criteria for a bipolar affective disorder. In the other 21, the symptomatology in-

cluded emotional turmoil, anxieties, irritability, confusion, (rapid) mood swings, hallucinatory experiences and paranoid ideation, with a variable intensity and subacute onset. Therefore a diagnosis of cycloid psychosis was considered most appropriate. In 17 patients the etiology was UPD and in 4 a deletion. Three were genetically confirmed and in four a clinical diagnosis was made only.

Conclusions: The psychosis was preceded by affective instability for many years suggestive for an atypical bipolar disorder with an increase of obsessive rituals and the presence of cycloid symptoms in the acute phase[1].

[1] Verhoeven WMA, Egger JIM & Tuinier S. Thoughts on the behavioural phenotypes in Prader-Willi Syndrome and Velo-Cardio-Facial Syndrome: a novel approach. Acta Neuropsychiatr 2007;19: 244-250

INTERRATER RELIABILITY OF PSYCHIATRIC SYMPTOMS AND CHANGES OF HALLUCINATIONS AND DELUSIONS OVER LIFETIME IN PATIENTS WITH PSYCHOTIC DISORDERS: RESULTS OF A 21-33 YEAR FOLLOW-UP

INSTITUTIONS

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AUTHORS

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- 3. G. Tusnády¹
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- 5. P. Czobor¹
- 6. A. Vargha¹
- 7. G. Vizkeleti¹

Our prospective study (n = 276; female patients n = 222; normal control persons n = 54) "Budapest 2000" started in 1967-1976. For the purpose of this study, the diagnostic status of our target population was defined by one of the eight unique nosological categories representing the middle level of hierarchy in the Leonhardean classification system The same population was followed-up by participation of the principal investigator and a , 'blinded control" psychiatrist in 1997-2002 [patients available at follow-up = 125 (56.3%); available controls = 38 (70.4%)]. The two independent diagnosticians summarized their diagnostic decisions by making a definitive or a combined or a less specific Leonhardean diagnosis or using the label "Normal control person" concerning each person investigated. Predictive validity of the hebephrenias, group of normal persons and of schizophrenias proved to be valid categories, with diagnostic stabilities of 0.94, 0.91, and 0.93, for the three groups, respectively. In addition, bipolar manic-depressive psychoses and cycloid psychoses were also valid (diagnostic stability of 0.77 and 0.76, respectively). Unipolar depression was valid (diagnostic stability = 0.84) only by

forming a ,'nosological family" based on diagnostic stability and on current status and clinical presentation during the period preceding the follow-up with regard to other mood-congruent disorders and outcome-diagnosis ,'normal control".

Validity of systematic paraphrenias (diagnostic stability = 0.69) was in the moderate range. Division of schizophrenias in , systematic versus non-systematic "nosological categories was inconclusive; the categories of affect-laden paraphrenia, periodic catatonia and systematic catatonias could not be confirmed reliably in this study. In a subsequent analysis based on a large scale symptomology we aimed at validition of catatonias taking in consideration special symptoms and signs.

Reference: PethQ, B., Tolna, J., Tusnády, G., Farkas, M., Vizkeleti, Gy., Vargha, A., Czobor, P., The predictive validity of the Leonhardean classification of endogenous psychoses: a 21-33 year follow-up of a prospective study ("BUDAPEST 2000"). *European Archives of Psychiatry and Clinical Neuroscience* (Article in Press)

A CONTROLLED FAMILY STUDY AND A SYSTEMATIC TWIN STUDY ON CYCLOID PSYCHOSES

INSTITUTIONS

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AUTHORS

1. Burkhard Jabs¹

Cycloid psychoses represent a clinical category which can be reliably differentiated from schizophrenic and affective psychoses regarding symptomatology and course. To further clarify aetiological and nosological questions concerning cycloid psychoses a controlled family study and a systematic twin study were undertaken. In the family study, all living and traceable adult first-degree relatives of 45 cycloid psychotic, 32 manic-depressive and 27 control probands were personally examined by an experienced psychiatrist blind to the index proband's diagnosis. Age-corrected morbidity risks were calculated using the life-table method. Relatives of cycloid psychotic patients showed a significantly lower morbidity risk of endogenous psychoses than relatives of patients with manic-depressive illness but did not differ significantly from relatives of controls.

In the twin study, 22 twin pairs with cycloid psychotic index twins were systematically recruited in the psychiatric hospitals of Lower Franconia. After establishing the diagnoses of the respective cotwins by an independent experienced psychiatrist concordance rates were compared. They did not differ significantly between the 11 monozygotic and the 11 dizygotic pairs.

Both studies suggest a subordinate role of hereditary influences in the aetiology of cycloid psychoses. The results point out that cycloid psychoses have to be distinguished from manic-depressive illness as well as from schizophrenic psychoses regarding clinical genetic aspects, and that cycloid psychoses therefore could be integrated neither into a spectrum of schizophrenic psychoses nor into a spectrum of affective disorders.

PERIODIC CATATONIA: PHENOTYPE AND NEUROBIOLOGICAL FINDINGS

INSTITUTIONS

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AUTHORS

1. Gerald Stöber¹

Gjessing and Leonhard described periodic catatonia as a distinct catatonic psychosis, which has been underestimated over decades. The central syndrome in periodic catatonia consists of qualitative psychomotor disturbances in both, a hyperkinetic and akinetic pole. Psychomotor excitement gives way to iterations and stereotypies, grimacing and parakinesia. On the other pole, prominent symptoms are akinetic negativism as well as distorted stiff movements, masklike facies or posture stereotypies. In most cases acute psychotic attacks are accompanied by hallucinations and delusions. In remission there remains a distinct mild to severe catatonic residual state with psychomotor weakness of facial expression and diminished incentive. Videos of patients suffering from motility psychoses contrasted by those exhibiting periodic catatonia are presented with discussion

of differential diagnoses and therapeutic strategies.

Periodic catatonia (MIM 605419) is genetically mapped to chromosome 15q15 in two independent genome-wide linkage scans on a total sample of 16 multiplex pedigrees. Parametric as well as haplotype analysis were consistent with the assumption of an autosomal dominant inheritance with reduced penetrance, as reflected by a morbidity risk of $\sim\!\!27\%$ for first degree relatives. Linkage and haplotype analysis in three exceptionally large pedigrees linked to chromosome 15q15 disclosed a refined critical region. Thus, the findings on clinical phenotypes of catatonia speak in favour of a nosological classification of catatonia. As a general conjecture in the endogenous psychoses, clinical differentiation creates nosology, and these biological foundations will forge ahead insights in the aetiology.

W-02

COLLABORATIVE CARE OF DEPRESSION - TRANSLATION OF AN EVIDENCE-BASED MODEL INTO MULTIPLE PRIMARY CARE SETTINGS ACROSS MINNESOTA

INSTITUTIONS

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- 2. Mayo Clinic, Family Medicine, Rochester, United States

AUTHORS

- 1. Mark D. Williams¹, Williams.mark@mayo.edu
- 2. John Wilkinson², wilkinson.john@mayo.edu

This workshop will make the case for a change in the way depression is managed and the value of a collaborative model. We will then describe a translational clinical experiment of providing an incentive to primary care practices across the state of Minnesota in the United

States towards implementation of this evidence-based model. Outcome data from the first group of several clinics and data specific to one primary clinic at Mayo will be presented. Time will be available for questions and dialogue with the audience.

TRANSLATION OF COLLABORATIVE CARE FOR DEPRESSION INTO OVER 20 DIFFERENT HEALTH PRACTICES

INSTITUTIONS

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Aims and Objectives:

- 1. A review of current barriers to effective treatment of depression
- 2. The DIAMOND model and creating a climate of change
- 3. Specific focus on role change for participating psychiatrist
- 4. Outcome measures and early data of the initiative

Depression is a common and costly problem and access to mental health treatment in most of the US is poor. New models are needed to better address depression for both the primary care providers and the mental health professionals. A collaborative model of care has significant support for efficacy¹.

Methods:

The Institute for Clinical Systems Improvement (ICSI) was able to pull together the major insurance carriers in the state of Minnesota to reach agreement that they would reimburse for a model of collaborative care in select clinics across the state. In order to receive this new source of income, each practice had to make significant changes

in their practice model.

Results:

Six clinics (including one within the Mayo system) agreed to participate in the first wave of the project and to share outcomes. Every six months a new set of clinics is added over a five year period with plans to adjust the model as the initiative progressed.

Conclusions:

This model has wide applicability and provides a way to address depression in a population where there are limited resources. Outcomes will be reviewed along with lessons learned about this mechanism of introducing practice change.

References

1. Gilbody et al. Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. Arch Int Med 2006;166:2314-21.

COLLABORATIVE CARE FOR DEPRESSION — LESSONS LEARNED AT ONE MAYO PRIMARY CARE CLINIC

INSTITUTIONS

1. Mayo Clinic, Family Medicine, Rochester, United States

AUTHORS

1. John Wilkinson¹, wilkinson.john@mayo.edu

Aims and Objectives:

- 1. Description of practice model and limitations before collaboration.
- 2. Change process and new roles
- 3. Outcome measures specific to Mayo and data from first six months

Depression is a common and costly problem and access to mental health treatment in most of the US is poor. New models are needed to better address depression for both the primary care providers and the mental health professionals. A collaborative model of care has significant support for efficacy 1 .

Methods:

Mayo formed a team of providers in primary care involving nursing, administration, and psychiatry to participate in a series of meetings with teams from other institutions around development of this model in each institution. Several barriers were common to many of the groups and will be reviewed. An internal study of the clinical intervention was created to attempt to better monitor outcomes.

Results:

The initial outcomes included patients screened appropriately, those responding to treatment as documented by the Patient Health Questionnaire, and recruitment data.. Other outcomes will include changes in access to mental health and utilization differences by patients managed in this model as compared to those in practice as usual.

Conclusions:

The care management model in the DIAMOND project is be a powerful model to assist in reaching a population of patients with depression.

References:

1. Gilbody et al. Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. Arch Int Med 2006;166:2314-21.

W-03

PSYCHOSOMATICS IN PSYCHIATRY AND THE CROSS-CULTURAL POINT OF VIEW OF POSITIVE PSYCHOTHERAPY

INSTITUTIONS

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- 2. Shridhar Sharma¹, Prof. Dr., MD, PhD
- 3. François Biland¹, Dr.

This workshop is to systematically and comprehensively present the pathway of Positive Psychotherapy and its implications for psychosomatic medicine and mental health, in such a way that specialists in the different fields are involved in information sharing and practice.

PSYCHOSOMATICS IN PSYCHIATRY AND THE CROSS-CULTURAL POINT OF VIEW OF POSITIVE PSYCHOTHERAPY

INSTITUTIONS

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1. Nossrat Peseschkian¹, Prof., MD, PhD, nossrat@peseschkian.com

Aim: One essential aim of this workshop is to systematically and comprehensively present the pathway of Positive Psychotherapy and its implications for psychosomatic medicine and mental health, in such a way that specialists in the different fields are involved in information sharing and practice.

Method: The transcultural approach, which is central to Positive Psychotherapy (since 1968), describes the relativity of the concepts of illness and their dependence on the culture areas in which they are found. These observations and considerations have encouraged us to develop a model which attempts to place health, rather than sickness, at the core.

Result: Therapeutically, we offer an efficacious five-stage short the-

rapy which stresses activation of the patient's indwelling therapeutic capacities. In other words, the patient is not only the sufferer of his illness, but also is employed as a therapist himself.

The success rate showed that as a rule there was either a cure or considerable improvement after just a short time (6 to 15 sessions). Check-ups after a year generally showed that the success had continued. Presentation of awarded quality assurance.

Conclusion: The current situation in psychiatry and psychosomatic medicine and psychotherapy calls for the development of procedures that are both economical and efficient. In addition to the technical questions related to therapeutic procedure, content-related questions, concerning the criteria with regard to which the existing conflict is to be described and worked through, acquire importance.

PSYCHOSOMATICS, CULTURE AND PSYCHOTHERAPY

INSTITUTIONS

1. National Academy of Medical Sciences, India

AUTHORS

1. Shridhar Sharma¹, Prof.

Aim: The concept of psychosomatic disorders is based on the basic principle of "Mind Body dualism" and is an elusive interplay of psyche and soma; in which both health and disease are strongly influenced by psychological and sociocultural factors.

Method: The concept implies the existence of a class of disease, in which the application of psychological approach provides information of high etiological relevance and where somatic symptoms can be successfully treated by methods effective in treating psychic symptoms. How these symptoms develop in cultural context and how they respond by psychological intervention is interesting phenomena.

Result: Recent research findings also suggest that Biology and Culture act on one another as the conditioning parameters of neurocultural information. In this process culture conditions and stimulates biology, while biology conditions and makes culture possible. Various psychotherapeutic techniques have been used in treating psychosomatic disorders. In the present paper, the role and usefulness of Positive Psychotherapy is explained.

Conclusion: In the Positive Psychotherapy, emphasis is not on illness but on man and his capacities, and wherein Stress is given on available potential of each persons to enable him to cope effectively with his problems.

PSYCHOSOMATICS AND POSITIVE AND TRANSCULTURAL PSYCHOTHERAPY IN CONSULTATION-LIAISON-PSYCHIATRY IN A GENERAL HOSPITAL IN SWITZERLAND

INSTITUTIONS

1. Int. Academy for Positive and Cross-cultural Psychotherapy, Wiesbaden, Germany

AUTHORS

1. François Biland¹, Dr.

Objectives

Many Swiss therapists, nurses and physicians are interested in transcultural problems of foreign or immigrated patients but they often run the risk to do too much and they burn out.

Methods

A pilot project "Migrant Friendly Hospital; against racism and discrimination in the hospital" was started in the General Hospital of Olten (reference 1). Language courses are offered right at work for the staff and for the patients the opportunity of translation from more than 20 languages; even instantly through telephone. The Positive and Transcultural Psychotherapy was integrated in the daily work of C-L-Psychiatry and the ambulatory rehabilitation of cardiac patients.

Results

The Positive and Transcultural Psychotherapy turned out to be very

effective and successful. It has deeply and positively changed the therapeutic approach of the hospital staff. Embedded in oriental and other stories (reference 2) this approach was very well accepted by immigrated and Swiss patients.

Conclusion

This presentation will be an illustration of the practical value of the Positive and Transcultural Approach - a method developed by Prof. Peseschkian in the last 40 years. The theory will be presented by Prof. Peseschkian in his lecture.

- 1. Di Bernardo N: "Rassismus und Diskriminierung am Arbeitsplatz": Migrant Friendly Hospital and Swiss Network of Health Promoting Hospitals: www.healthhospitals.ch
- 2. Peseschkian N: Oriental Stories as Tools in Psychotherapy; www. positum.org

W-04

EMILIA: AN EU ACTION RESEARCH PROJECT IN MENTAL HEALTH AND SOCIAL INCLUSION

INSTITUTIONS

1. Anglia Ruskin University, Health and social care, Cambridge, United Kingdom

AUTHORS

1. Shula Ramon¹

This workshop will focus on the evaluation of the first phase of this unique psychosocial project, the rationale for the selection of the quantitative and qualitative tools, the logistics of data collection on

multiple sites, the main findings, and what we can learn from them across Europe.

EMILIA: AN EU ACTION RESEARCH PROJECT ON MENTAL HEALTH AND SOCIAL INCLUSION

INSTITUTIONS

- 1. Anglia Ruskin University, Health and social care, Cambridge, United Kingdom
- 2. Tampere University, Nursing, Tampere, Finland
- 3. Institute of Psychiatry, Service evaluation, London, United Kingdom
- 4. Maison Blanche, Research, Paris, France

AUTHORS

- 1. Shula Ramon¹, Professor, M.A., Ph.D., s.ramon@anglia.ac.uk
- 2. Marja Kaunonen², Dr, Ph.D., marja.kaunonen@uta.fi
- 3. Tamara Shaw³, Ms, B.A.MsC, t.shaw@mdx.ac.uk
- 4. Emmanuelle Jouet⁴, Dr, Ph.D., ejouet@ch-maison-blanche.fr

Emilia is an EU framework 6 action research focused on mental health and social inclusion in eight European demonstration sites over 54 months.

The project aims to enable service users who experienced psychosis to enter training and employment. Attitudinal changes, the acquisition of new knowledge and skills, and locally collaborative work are called for. Presently users have been already recruited to the project. Following initial assessment and planning they are taking training modules (e.g. recovery, relapse prevention, dual diagnosis, assertiveness, engagement in research).

The added value of the project lies not only in enabling users to lead an ordinary life, but in facilitating the service to become a life long learning organisation.

Evaluating the outcomes, economic costs, participants' perspectives

(users and providers) is of central importance within an action research geared towards sharing and learning from the findings while the project evolves.

To achieve this purpose the evaluation of the project entails both quantitative and qualitative aspects, with repeat measures. Furthermore, the evaluation investigates both individuals through time series, and the service organisations through an organisational case study to understand and impact on both key components of the project.

The workshop will focus on the evaluation of the first phase of the project, the rationale for selecting the tools, the logistics of data collection on eight sites, the main findings and what we can learn from them.

QUALITATIVE RESEARCH AS A TOOL IN THE DEVELOPMENT OF LIFE LONG LEARNING BY THE DEMONSTRATION SITES AND BY SERVICE USERS WITHIN EMILIA: AN EU ACTION RESEARCH PROJECT IN MENTAL HEALTH AND SOCIAL INCLUSION

INSTITUTIONS

- 1. Tampere University, Nursing, Tampere, Finland
- 2. Anglia Ruskin University, Health and social care, Cambridge, United Kingdom

AUTHORS

- 1. Marja Kaunonen¹, Marja.kaunonen@uta.fi
- 2. Shula Ramon², s.ramon@anglia.ac.uk

Emilia is an EU framework 6 action research project focused on mental health and social inclusion for people experiencing serious mental illness in eight European demonstration sites, over 54 mon-

The added value of the project lies not only in enabling users to lead a more fulfilling life, but in facilitating the service to become a learning organisation able to provide more effective user and social inclusion interventions.

The qualitative research aspect of Emilia has concentrated on two aspects:

1.through documentary analysis, observation of staff meeting and a focus group, an organisation case study is constructed. It is aimed at tracking changes over time in the implementation of the lifelong learning strategy within the learning organisations.

2.Through users' self report and interviews with a smaller number of key informants, users perspectives are recorded about desired changes in their lives and how these are achieved, obstacles to achieving these changes and steps to overcome them, and to evaluate the degree to which individual mental health service users are attaining social inclusion through this process.

As Emilia is an action research, we are disseminating the findings and our analysis back to the demonstration sites, to assist the learning process of these organisations.

The process of carrying out the data collection, the major findings from the baseline data obtained from the demonstration sites, and issues in dissemination of findings to the demonstration sites will be presented.

EMILIA: QUANTITATIVE RESEARCH ELEMENT

INSTITUTIONS

1. Institute of Psychiatry, Service evaluation, London, United Kingdom

AUTHORS

- 1. Tamara Shaw1, t.shaw@mdx.ac.uk
- 2. Richard Gray1

Evidence (Grove, 2005) highlights the difficulty people with serious mental illness have in finding employment and/or meaningful activities, and its cost to society, resulting in social exclusion.

Through the quantitative element of the research we will investigate the degree of the impact of lifelong learning (EMILIA training) in helping people find work/meaningful occupation and whether it is cost effective. Our primary hypothesis is that lifelong learning will increase the number of people with severe mental illness who are in employment, compared to the previous year. Secondary hypotheses are that lifelong learning will increase the time spent in employment and/or education and training, and improve quality of life.

Service users recruited into the study will be asked to complete two quantitative survey measures in order to collect outcome data on employment status, use of mental health services, amount of training received and quality of life. They will be assessed at baseline (before commencing the EMILIA training) and then at one year and two year follow up. Data on the economic costs of the training interventions will be estimated from locally specific information from the demonstration sites.

Preliminary findings from the baseline data assessment will be presented.

Grove et al (2005): New Thinking in Mental Health

BUILDING THE PATHWAY READINESS EVALUATION TOOL TO ACCESSING LIFELONG LEARNING AND EMPLOYMENT FOR PEOPLE WITH MENTAL ILLNESS ACROSS EUROPE

INSTITUTIONS

1. EPS Maison Blanche, Laboratoire de recherche, Paris, France

AUTHORS

- 1. Emmanuelle Jouet¹, ejouet@ch-maison-blanche.fr
- 2. Tim Greacen1

The paper describes a new instrument for measuring obstacles and facilitators to accessing lifelong learning and employment for people with enduring mental illness across Europe, and the processes involved in developing it. At four key points in the process of putting into place parallel lifelong learning projects for this population at 8 European sites, qualitative questionnaires and interviews reveal progressively deeper layers of obstacles to accessing training and meaningful activities. High unemployment rates at certain sites create a highly competitive job market which disadvantage this group. Laws fixing incentives or obligations for employers, occupational health constraints and issues around obtaining diplomas and accreditation can often become obstacles. Institutionally, the lack of integrated re-

habilitation schemes and the barriers between social and health care systems create multiple problems for users, ranging from contradictory information through to difficulties accessing training funding. Disabilities allocations, sheltered workshops, social support and housing, create a sense of security and stability that works against training and competitive employment. Users and their families fear the economic and psychological consequences of losing current security. Obstacles appear at all sites, with discrimination and stigma playing a major role in accessing real-world training, employment and other social activity.

Finally, at the individual level, the nature and severity of the psychiatric disability can constitute an obstacle in itself.

W-05

OUT AND ABOUT: AN UPDATE ON LESBIAN AND GAY MENTAL HEALTH

INSTITUTIONS

1. CSP, San Francisco, CA, United States

AUTHORS

1. Gene Nakajima¹, Dr., MD, Gnakajima@alumni.stanford.org

In this workshop, 4 psychiatrists will address diverse topics in gay and lesbian mental health. Dr. Olson will speak about gay people over 55 who live in the US. He will present findings from a series of biographical interviews, which he used to construct a model for successful identity formation of the aging gay man. Dr. Carrion, a Puerto Rican, will explain his work with children who experience interpersonal violence and discuss how this research can inform the psychological consequences and treatment of hate crimes against gay youth. Dr. Cabai, a Polish American, will review how homose-

xuality in and of itself is not a mental illness and is not psychopathological. Men and women who are gay, lesbian or bisexual, however, may have specific behavioral health issues that must be appreciated to treat them effectively. Dr. Nakajima, a Japanese American, will speak about damaging and unscientific diagnoses in ICD-11 that relate to homosexuality. He will outline changes that are needed for ICD-11 and DSM-V to bring them in line with current psychiatric thinking and clinical practice with gay people.

UPDATE ON LESBIAN AND GAY MENTAL HEALTH

INSTITUTIONS

1. Private Practice, Des Moines, United States

AUTHORS

1. Loren A Olson¹, Dr., MD, mbrbelt@netins.net

The Graying of Gay Men in the United States: A Model for Successful Identity Formation

Aims and objectives:

When gerontologists study the elderly, they study heterosexuals; when gay rights advocates discuss homosexuals, they mean young homosexuals. Although about 3 1/2 million gay, lesbian, bisexual and transgender people over the age of 55 live in the United States (1), little is known about them, even in the gay community.

Older gay men have lived the majority of their lives during periods of active hostility and oppression toward homosexuality where being openly gay was not adaptive.

Some now are finding that they must again hide their sexuality in order to access services necessitated by their aging.

Methods:

This research was conducted through biographical interviewing described by Levinson (2), using a research interview while allowing

subjects to tell their unique story as it has evolved over the years. Because of the difficulty in accessing these subjects and the depth of the interviews, only about 20 subjects will be interviewed. A survey of 200 subjects will also be discussed.

Results:

Preliminary findings from these interviews will be presented.

Conclusions

Using these interviews, a model for successful identity formation of the aging gay man will be constructed. It will also serve to raise awareness of the extent and diversity of this population.

- 1. Berger RM. Gay and Gray, The Older Homosexual Man, Second Edition. New York: Harrington Park Press, 1996.
- 2. Levinson DJ, The Seasons of a Man's Life. New York: Random House, 1978

EVALUATING GAY YOUTH EXPOSED TO HATE CRIMES AND TREATMENT IMPLICATIONS

INSTITUTIONS

1. Stanford University, Psychiatry, Stanford, CA, United States

AUTHORS

1. Victor G Carrion¹, MD, vcarrion@stanford.edu

AIMS: This presentation will apply research in youth with interpersonal violence and a diagnosis of posttraumatic stress disorder (PTSD) to gay youth with a history of hate crimes.

METHODS: Research from 100 youth with PTSD symptoms who have been evaluated with salivary cortisol, brain neuroimaging (via sMRI and fMRI), behavioral and cognitive instruments will inform the assessment of gay youth with history of hate crimes. In addition, a multi-modality structured manual that has been developed for youth with a history of trauma will be discussed in terms of its applicability for the treatment of youth exposed to hate crimes.

RESULTS: Gay youth exposed to hate crimes and who develop symptoms of PTSD may have limbic and prefrontal cortex abnormalities of structure and function (Carrion et al 2007; Carrion et al 2008). Exposure and insight-oriented treatment into the importance of cues on behavioral symptoms may impact the functional impairment in these kids.

CONCLUSIONS: Hate crimes are an example of interpersonal violence and as such can produce symptoms of PTSD in youth.

These symptoms are treatable with a variety of modalities that include cognitive behavioral therapy, insight-oriented therapy, exposure, education and self-efficacy training.

References:

Carrion VG, Weems CF, Reiss AL. Stress predicts brain changes in children: a pilot longitudinal study on youth stress, posttraumatic stress disorder, and the hippocampus. Pediatrics 2007; 119; 509-516

Carrion VG, Garrett A, Menon V, Weems CF, Reiss AL. (In press) Posttraumatic stress symptoms and brain function during a response-inhibition task: an fMRI study in youth. Depression and Anxietv.

A RESEARCH REVIEW AND AGENDA FOR FUTURE RESEARCH FOR GAY, LESBIAN AND BISEXUAL POPULATION

INSTITUTIONS

1. University of California, San Francisco, Psychiatry, San Francisco, United States

AUTHORS

1. Robert P Cabaj¹, Dr., MD, bob.cabaj@sfdph.org

Homosexuality is considered a normal variation of human sexual expression, on a continuum with heterosexuality and bisexuality. Gay men, lesbians and people who are bisexual--though not having a mental illness due to sexual orientation in and of itself-- have specific mental health issues and concerns that need to be addressed for the delivery of the best possible behavioral health care. Research over the years has identified areas of concern such as higher rates of affective disorders, suicide-related behaviors, and substance abuse. There are many areas for future research such as the effects of

cross-cultural issues, impact of same-sex marriage on mental health, parenting effects and so on. This presentation will review the current research and future directions and was a paper that was presented to the American Psychiatric Association's Committee to revise the DSM.

Reference:

Cabaj RP, Stein TS (eds). Textbook of Homosexuality and Mental Health. Washington, DC, American Psychiatric Press, Inc, 1996.

ARE WE STILL DIAGOSING HOMOSEXUALITY AS A MENTAL ILLNESS? PROPOSED REVISIONS FOR ICD-11 AND DSM-V

INSTITUTIONS

1. CSP, San Francisco, CA, United States

AUTHORS

1. Gene A Nakajima¹, Dr., MD, GNakajima@alumni.stanford.org

Aims: To understand the history of how homosexuality was regarded as a mental illness and continues to viewed as pathologic by many psychiatrists worldwide. To understand current diagnostic controversies and problematic and unscientific diagnoses like Egodystonic Sexual Orientation, Sexual Maturation Disorder and Sexual Relationship Disorder in ICD-10. To understand the treatment implications of these diagnoses for gays and lesbians. To understand how political concerns may override scientific concerns in the inclusion of these diagnoses to ICD-11.

Method: Literature review of diagnoses related to homosexuality through MEDLINE and PSYCH-INFO

Results: These three diagnoses are almost never used in the scientific literature. Research on these diagnoses is almost non-existent. There

is no scientific validity to these diagnoses and national psychiatric societies should advocate that they not be used in ICD-10 and eliminated from ICD-11.

Conclusions: As progress continues toward the creation of ICD-11 and DSM-V in 2011, suggestions for changes will be discussed. Because political rather than scientific concerns may have driven the inclusion of these diagnoses, the importance of lobbying for changes through scientific channels will be discussed.

Particular revisions in DSM-V, especially relating to the diagnosis, sexual disorder NOS, will also be discussed.(1)

(1) Nakajima GA. The Emergence of an International Lesbian, Gay, and Bisexual Psychiatric Movement. Journal of Gay and Lesbian Psychotherapy, 2003;7:165-188.

W-06

WORKING THROUGH THE TRAUMA OF THE HOLOCAUST IN A BI-NATIONAL ASSOCIATION

INSTITUTIONS

1. IPAMH, Israel

AUTHORS

1. Henry Szor¹

The Israeli-Polish Association for Mental Health (IPAMH) was established simultaneously in Poland and in Israel May 2000. Its goals express mainly a deep and shared commitment of Polish and Israeli psychiatrists to the victims of the Holocaust. It defined as its central goals to investigate the roots of and the harm caused by racial and ethnic hatred and anti-Semitism and other forms of racial prejudice. We undertook to further the above goals and to contribute to the improvement of mental health care in our two countries and to develop and strengthen mutual contacts between mental health care professionals in Poland and Israel and thus to contribute to international mutual understanding and to contribute to an enlightened and tolerant society. In order to achieve those aims the association

established a framework of intensive and continuous bi-national meetings, which allowed for a creation of deep personal relations between the participants, thus laying the basis for a common learning and an emotional working through of the historical past, the conflict and its implication on present and future. This workshop will demonstrate different aspects of the ongoing process. We will stress in our contributions the importance of bi-national working together when dealing with a conflict, which is so deep and complex. Our work might serve as an example or even a model for other conflicts between nations as well as between any other opponents who are immersed in a deep and difficult conflict which otherwise might be experienced as insoluble and not allowing forgiveness.

IN THE FACE OF ANTI-SEMITISM: THOUGHTS OF THE POLISH PSYCHOTHERAPIST

INSTITUTIONS

1. Collegium Medicum Jagiellonian University, Krakow, Poland

AUTHORS

- 1. Bogdan de Barbaro¹
- 2. Barbara Józefik1
- 3. Lucyna Drozdzowicz¹
- 4. Krzysztof Szwajca1

Members of the Polish-Israeli Association for Mental Health established at the Faculty of Psychiatry CMUJ in Krakow have been meeting for a few years and have formed a group of a special kind. While presenting the dynamics of this group, it is worth observing the controversies that create the axis of discussion at the heart of the association. Should the association work in the form of a club with well-defined boundaries, or whether the idea of expanding the group and its outside activity is more important? Should the meetings have a self-instructive and educational character, or whether the thread of "inner talk" inspired by group meetings is more essential? Annual meetings with a group of psychiatrists and psychologists from Israel, in turn, make one consider and think about an optimal structure for

the group: should the Israeli-Polish dialogue be deepen, or maybe tripartite Polish-Jewish-German meetings would be more profound and offer greater development and progress. The heated discussion in Poland that had been incited in connection with the publication of Professor J.T. Gross' work on Polish anti-Semitism after the war has become an additional stimulus to ask questions about national mythology and its dark sides. It has demonstrated the basic meaning of Polish narrations, often contradictory, concerning Polish attitudes and stances toward Holocaust. While sharing their thoughts on the above mentioned issues, the authors refer to their personal experiences.

A MULTI-GENERATIONAL PERSPECTIVE OF THE GROUP PROCESS, IN A GROUP OF THE ISRAELI POLISH MENTAL HEALTH ASSOCIATION (IPMHA)

INSTITUTIONS

- 1. Haemek Medical center, Psychiatric Department, Afula, Israel
- 2. Technion, Faculty of Medicine, Haifa, Israel

AUTHORS

1. <u>Ilana Kremer</u>^{1,2}

The Israeli-Polish Mental Health Association (IPMHA) operates as a part of the psychiatric associations of both countries. One meeting takes place every year, alternately in Poland and Israel, with a core of participants from both sides that attended all the meetings, and a number of participants who only participated in some of the meetings. I will bring the narrative of the group, as well as a discussion about the overt and covert motivations of the participants, including the coordinators, and a description of the group's process. In addition I will bring in details vignettes from four group meetings.

The group is multi-generational. I will show that it is possible to identify among the participants various mental processes of working through the trauma of the Holocaust, where the difference most noticeable is between generations. I would like to suggest that an intra-psychic and interpersonal process of Forgiveness, with its complexities and difficulties, takes place, in a different way in persons of different generations.

W-07

TREATMENT MODELS FOR BIPOLAR DISORDER: HELPING PATIENTS PAST THE BUMPS IN THE ROAD

INSTITUTIONS

- 1. Case Western Reserve University School of Medicine, Psychiatry, Cleveland, Ohio, United States
- 2. University of Michigan, Psychiatry, Ann Arbor, Michigan, United States

AUTHORS

- 1. Martha Sajatovic¹, Professor, MD, martha.sajatovic@uhhospitals.org
- 2. Frederic C Blow², Professor, PhD, fredblow@umich.edu
- 3. Amy M Kilbourne², Dr, PhD, amykilbo@med.umich.edu

Illness outcomes for individuals with bipolar disorder (BD) are complicated by comorbidities, treatment non-adherence, and issues related to care delivery. Individuals with complicated BD have greater functional disability, higher health care costs and higher suicide rates than individuals with uncomplicated BD. This workshop will discuss the implementation of effective treatment models for bipolar disorder with a focus on complexity issues. Comorbidities occur disproportionately in persons with BD and health care costs from medical and substance use disorders can be up to 40%-70% higher than psychiatric care for this group. Interventions that address comorbidity can improve outcome and reduce costs. In spite of growingly sophisticated treatments for BPD, nearly one in two individuals with BD do not benefit from drug treatments because of

poor medication adherence. However, there is evidence suggesting that collaborative treatments stressing psychoeducation, the development of illness self-management, and ongoing relapse prevention can improve adherence. Finally, improving outcomes for individuals with BD in routine care requires system-level efforts that can be implemented across different providers and settings. Examples of potentially effective strategies include pay-for-performance models and the application of integrated medical and psychiatric chronic care models. Managing illness complexity requires involvement of individuals with illness, their families, health care providers and health care systems. Evidence-based treatment approaches may improve illness outcomes for individuals with complicated BD.

TREATMENTS FOR INDIVIDUALS WITH BIPOLAR DISORDER AND COMORBID SUBSTANCE ABUSE

INSTITUTIONS

1. University of Michigan, Psychiatry, Ann Arbor, Michigan, United States

AUTHORS

1. Frederic C Blow¹, Professor, PhD, fredblow@umich.edu

The complexities of comorbidity common among patients with bipolar disorder (BD) present special challenges for mental and physical health care delivery for both the public and private healthcare sectors. For example, approximately 65% of individuals with BD meet *DSM-IV* criteria for at least one comorbid Axis I psychiatric disorder, and alcohol and drug abuse occur more often with BPD than with any other Axis I diagnosis. Additionally, BD illness severity is strongly correlated with psychiatric and medical comorbidity. However, until relatively recently, research on co-occurring disorders among individuals bipolar disorder has received little attention, despite the unique service needs of this particularly vulnerable po-

pulation. This presentation will focus on substance use disorders in bipolar populations.

An emerging literature suggests that integrated treatment that addresses both BD symptoms and comorbid conditions can optimize outcomes among bipolar populations that might have had a particularly poor prognosis in the past. Comprehensive and concurrent medical, psychiatric, and substance abuse treatment is known to provide stabilization, education, and self-management while at the same time reducing conflicts between providers, potentially eliminating burden of attending two treatment programs, and reducing financial and other barriers to access and retention.

ENHANCING TREATMENT ADHERENCE AMONG INDIVIDUALS WITH BIPOLAR DISORDER

INSTITUTIONS

1. Case Western Reserve University School of Medicine, Psychiatry, Cleveland, Ohio, United States

AUTHORS

1. Martha Sajatovic¹, Professor, MD, martha.sajatovic@uhhospitals.org

A major obstacle to good outcome among individuals with bipolar disorder (BD) is discontinuation of medications. This presentation will summarize the current literature on prevalence and consequences of non-adherence in BD populations, measurement of adherence, risk factors for non-adherence, general and psychoeducational interventions to enhance treatment adherence among bipolar populations, and suggests future directions in approaches with respect to treatment adherence enhancement. There is an urgent need for greater understanding of interventions that can be implemented in real-world settings that address patient, provider/system, and environmental/social factors that are critical to treatment adherence. A growing literature suggests that it is possible to enhance treatment

adherence among patients with BD. The most positive evidence for the improvement of medication adherence among patients with BD comes from specific psychosocial interventions used in conjunction with pharmacotherapies. It has been suggested that improved treatment adherence is at least a partial component of the observed positive outcomes of psychoeducational approaches among bipolar populations. Many individuals with BD remain relatively uninformed regarding their illness, creating potential barriers to optimal treatment adherence, and limiting self-management skills. A collaborative care model in which individuals are active participants in their own care decisions can potentially optimize choice of interventions intended to improved medication treatment adherence.

IMPROVING OUTCOMES: MANAGING UNWANTED COTRAVELERS IN BIPOLAR DISORDER

INSTITUTIONS

1. University of Michigan, Psychiatry, Ann Arbor, Michigan, United States

AUTHORS

1. Amy M Kilbourne¹, Dr., PhD, amykilbo@med.umich.edu

Medical conditions are often referred to as "unwanted co-travelers" in bipolar disorder, but are prevalent and contribute to substantial morbidity and mortality.

Cardiovascular disease (CVD) is a common causes of mortality in patients with bipolar disorder, in part because of behavioral, treatment, and system-level factors that exacerbate CVD risk. Despite the existence of effective medications for managing CVD-related risk factors (e.g., hypertension, hyperlipidemia, diabetes, obesity), outcomes for these conditions remain suboptimal among patients with bipolar disorder. However, interventions targeting the unique CVD-related risks in patients with bipolar disorder have not been developed. We describe how bipolar disorder can exacerbate CVD-related risk factors and morbidity, and review practical guidelines for providers and patients. We also review where gaps in medical care exist,

and discuss emerging strategies to enhance quality of care (e.g., the Chronic Care Model). We also describe a brief intervention (Bipolar Care Model) designed to improve outcomes, coordinated care, and health behavior change in the context of bipolar disorder. The intervention's three core components include: 1) self-management behavioral sessions for patients addressing the reduction of CVD risk factors through symptom control and behavior change (diet, exercise), 2) care management to promote patient behavior change and coordinated care, and 3) implementation of practice guidelines for providers on management of CVD risk factors in patients with bipolar disorder. Lessons learned from the implementation of the intervention, including clinical pearls, practical patient education strategies, and guidance for monitoring and improving control of CVD-related risk factors will be discussed.

W-08

CULTURE, SOCIETY, AND MENTAL HEALTH: RECONCILING GAY IDENTITIES IN THE 21ST CENTURY

INSTITUTIONS

1. UCSF, Dept. of Psychiatry, San Francisco, United States

AUTHORS

1. Howard C. Rubin¹, Dr., MD MSHS, hrubin@pacbell.net

Four psychiatrists from diverse backgrounds, will address crosscultural and clinical issues relating to gay identities. Dr. McIntosh a Canadian will describe his experience working in Toronto with LGBT (Lesbian, Gay, Bisexual, and Transgender) immigrants and the interaction of settlement issues, cultural conflicts and sexual/ gender identity issues. Also the particular issues of refugees claiming asylum from persecution on the basis of sexual orientation/gender identity will be raised. Dr. Hall will speak on how psychiatry and related clinical and academic disciplines hold conflicting models of sexual variation and identity, which complicate the interpretation of research studies and compromise clinical work. He reviews relevant literature from anthropology, sexology, and psychiatry and presents a comparative framework for understanding male homosexual identity. Dr. Nakajima, a Japanese American, will speak about the formation of gay identities of East Asians living in North America. Howard Rubin, MD a Jewish American will highlight the struggle to reconcile gay identity with traditional religious values. He will present a psychotherapeutic case of a Catholic man struggling with his faith and with his sexuality.

SEXUAL ORIENTATION AND GENDER IDENTITY AND IMMIGRATION

INSTITUTIONS

- 1. University of Toronto, Department of Psychiatry, Toronto, Canada
- 2. Mount Sinai Hospital, Department of Psychiatry, Toronto, Canada
- 3. Toronto East General Hospital, Department of Psychiatry, Toronto, Canada

AUTHORS

1. Christopher A McIntosh 1,2,3, Dr., MSc, MD, FRCPC, chris.mcintosh@utoronto.ca

AIM: To explore how sexual orientation and gender identity issues impact the mental health of immigrants to a large North American city.

METHODS: The author will describe his experiences working with lesbian, gay, bisexual and transgendered (LGBT) immigrants and refugees from different countries who are settling in Toronto, Canada, a city that is strongly supportive of both gay rights and the rights of immigrants to maintain their cultural values.

RESULTS: LGBT immigrants report typical psychosocial stressors related to "coming out" but also a sort of "double cross-cultural" conflict in which they may feel excluded from mainstream Canadian culture on the basis of their immigrant status but also from their culture of origin on the basis of their sexual orientation or gender identity.

CONCLUSIONS: The case material presented suggests further investigation into the mental health needs of this population is warranted.

RECONSIDERING HOMOSEXUAL IDENTITIES IN CROSS-CULTURAL PERSPECTIVE: VIEWS FROM SEXOLOGY, ANTHROPOLOGY, AND PSYCHIATRY

INSTITUTIONS

1. UCLA Semel Institute of Neurosciences, Psychiatry, Los Angeles, United States

AUTHORS

1. Timothy M Hall¹, Dr, MD PhD, mccajor@earthlink.net

Aims: Accurate models of human sexual variation and patients' self-understanding are important for both psychotherapy and community health interventions, but clinical psychology and psychiatry, academic sexology, and other disciplines currently hold several conflicting models of sexual identity.

Methods: The author conducted anthropological fieldwork in Czech Republic since 1999, including semi-structured interviews with 46 homosexual and bisexual Czech men, two surveys in 2002 (n=144) and 2005 (n=133) of attendees at gay bars in Prague, and anthropological analyses of gay-oriented literature and informal discourse among gay men in Prague and three US cities. ¹

Results: Many current models of homosexual identity assume a linear, step-wise development of sexual identity towards an ideal based on contemporary Western urban populations, not supported by this or other recent comparative studies. Many respondents in

this study do not demonstrate exclusively same-sex behavior (e.g. they marrying heterosexually); do not consider sexual orientation as a primary component of their social identity; and do not form homosexual communities above the level of sexual or friendship networks—though some do so.

Conclusions: In contrast to many current models, we must attend to the interplay of psychological, cultural, and social factors—specifically, how the distinct axes of sexual orientation, sexual behavior, and sexual identity interact with local social conditions. Not only are non-Western homosexual identities and communities not developing towards a 1990s-Western type, but Western homosexual identities themselves are continuing to change in response to ongoing social changes.

1. Quinn N. Finding culture in talk: a collection of methods. New York: Palgrave Macmillan; 2005.

DEVELOPMENTAL AND MENTAL HEALTH ISSUES IN GAY EAST ASIAN AMERICANS

INSTITUTIONS

1. CSP, Psychiatry, San Francisco, United States

AUTHORS

1. Gene Nakajima¹, Dr., MD, gnakajima@alumni.stanford.org

Aims: To understand how East Asian gay men and lesbians in North America experience racism within mainstream gay communities and homophobia (anti-gay prejudice) within Asian American communities. To understand how East Asian gay men develop their own sense of ethnic and sexual orientation identities.

Method: Literature review and clinical data.

Results: Many East Asian Americans come from Korean, Japanese, and Chinese families which emphasize traditional Confucian values of family or collective good over individual needs. Those ideals conflict with mainstream North American culture's emphasis on individualism. East Asian Americans may be more circumspect about their sexual orientation and less open to their families and ethnic communities than European Americans. They may also have difficulties in their relationships with partners from the dominant cul-

ture as values concerning sexual orientation may conflict. Because they may view aspects of their traditional cultures as anti-gay, they may fail to integrate them into their identities. Conversely, racism in mainstream gay and lesbian communities impacts the formation of integrated identities in Asian Americans as well.

Conclusion: Understanding how East Asian gay men and lesbians from North America develop their own sense of identity is important in providing culturally competent psychiatric treatment to this population. How gay and lesbian Asian Americans navigate their sexual orientation and ethnic development may also impact their romantic relationships.(1)

(1) Nakajima GA, Chan YH, Lee K. In: Cabaj RP, Stein TS (eds). Textbook of Homosexuality and Mental Health. Washington, DC: American Psychiatric Press, 1996: 563-582.

WRESTLING WITH THE ANGEL: THE PSYCHOTHERAPY OF A GAY MAN STRUGGLING WITH HIS RELIGIOUS FAITH

INSTITUTIONS

1. UCSF, Department of Psychiatry, San Francisco, United States

AUTHORS

1. Howard C Rubin¹, Dr., MD, MSHS, hrubin@pacbell.net

Objectives: To understand the complex interplay of religion, spirituality and sexual orientation

Methods: Psychotherapeutic Case Presentation and Formulation.

Results: T is a 56 yo gay man and a devout Catholic who is struggling to reconcile his sexual orientation with his orthodox Catholic faith. Although he is well versed in the contemporary perspectives on sexuality within more progressive elements of the Church like the Most Holy Redeemer Parish in San Francisco¹, he finds it extremely difficult to accept a spiritual path not directly blessed by Rome and the Church hierarchy². Through the insights gained in psychotherapy, I have tried to help him forge a more resilient identity that allows

him to incorporate the strength of his religious convictions and spiritual beliefs into a more cohesive gay identity.

Conclusion: This case presentation highlights the importance of gay affirmative psychotherapy in helping patients reconcile and integrate conflicting beliefs into an authentic self.

References:

- 1. Godfrey, Donal. Gays and Grays: The Story of the Gay Community at Most Holy Redeemer Catholic Parish. Lanham, MD: Lexington books, 2007.
- 2. Daily, Bishop Thomas. Pastoral Letter on Homosexuality. http://www.dignityusa.org/1993pastoral.html 1993.

W-09

PRINCIPLES AND PRACTICE OF AUTOGENIC TRAINING AND BREATHING RELAXATION

INSTITUTIONS

- 1. Indiana University School of Medicine, Indianapolis, Indiana, United States
- 2. South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Burton upon Trent, United Kingdom

AUTHORS

- 1. Vijoy K Varma¹, Professor, MD, FRCPsych, vijoyv@comcast.net
- 2. Nitin Gupta², Dr., MD, nitingupta659@yahoo.co.in

The limitations of pharmacological approaches are becoming increasingly apparent, particularly in psychosomatic and neurotic disorders. As such, there is increasing emphasis on non-pharmacological approaches such as yoga, various types of meditation, including transcendental meditation and relaxation techniques, such as autogenic training and breathing relaxation. Furthermore, non-pharma-

cological treatments have the added advantage of greater acceptance and freedom from side-effects.

This presentation will discuss the literature regarding one such technique, i.e., autogenic training (AT), and give live presentation of its delivery.

AUTOGENIC TRAINING AND BREATHING RELAXATION IN TREATMENT OF NEUROTIC AND PSYCHOSOMATIC DISORDERS

INSTITUTIONS

1. Indiana University School of Medicine, Psychiatry, Indianapolis, IN, United States

AUTHORS

1. Vijoy K Varma¹, Professor, MD, FRCPsych, FAMS, vijoyv@comcast.net

The limitations of pharmacological approaches are becoming increasingly apparent, particularly in psychosomatic and neurotic disorders. As such, there is increasing emphasis on non-pharmacological approaches such as yoga, various types of meditation, including transcendental meditation and relaxation techniques, such as autogenic training and breathing relaxation. Furthermore, non-pharmacological treatments have the added advantage of greater acceptance and freedom from side-effects.

This presentation will discuss the literature regarding one such technique, i.e., autogenic training (AT), and give live presentation of its delivery.

AT is based on usage of verbal formulas of self-suggestion for relaxation, focusing on a visual formula (the *mandala*), based on Jung's theory of collective unconscious.

The recent revival of AT was brought out by Schultz in 1932. The re-

cent research into AT has examined its efficacy in migraine, insomnia and test anxiety, angina pectoris, asthma, childbirth, eczema, hypertension, infertility, Raynaud's disease, recovery from myocardial infarction, panic attacks and agoraphobic avoidance, trait anxiety and psychosomatic complaints in anxiety and panic disorders.

In addition AT has been found useful in psychosomatic illnesses, including tension headache, vascular headache, obesity, neurasthenia, and irritable bowel syndrome. A high profile USSR-USA project in AT and breathing relaxation documented effectiveness of these techniques in hypertension; it also reported improvement in quality of life. In addition, there has been reported enhanced cardiac parasympathetic tone with AT.

In a study, we found autogenic training to be as effective as psychotropic medication in generalized anxiety disorder (Kohli, Varma and Nehra, 2001.

THE PRACTICE OF AUTOGENIC TRAINING

INSTITUTIONS

- 1. South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Burton upon Trent, United Kingdom
- 2. Indiana University School of Medicine, Indianapolis, Indiana, United States

AUTHORS

- 1. Nitin Gupta¹, Dr., MD, nitingupta659@yahoo.co.in
- 2. Vijoy K Varma², Professor, MD, FRCPsych, vijoyv@comcast.net

Autogenic training (AT) is based on usage of self-suggestion for relaxation. The basic principle is to have the subjects simultaneously attend to i) verbal commands, ii) the relaxation figure, *mandala*, and iii) a part of the body. The technique is characterized by teaching to remember the sensation of relaxation related to a part of the body, and to connect this with.

In the first sessions, the basis of AT is explained. It useful to emphasize that AT and the *mandala* are not totally based on any particular religion.

The sessions are performed in groups of 4 to 12. The subjects sit in comfortable deep arm-chairs arranged so that all can have a good view of the *manadala* which hangs 1 metre above the floor. Their heads lean against the neck-rest, legs are kept slightly apart, hands lie

palm down either on the thighs or on the armrests. They are asked to assume a comfortably relaxed position with the so-called "relaxation mask" (facial muscles relaxed).

In the beginning of the session, the subjects recount how have they been and felt lately. Then, the therapist starts to pronounce the relaxation modules rhythmically, in a commanding but not authoritative tone of medium loudness. The eyes should usually remain open looking at the *mandala* but can also be closed, if so wished. At the end of the session, the patients are asked about their feelings during the session.

AT can also be practiced at home with a tape recorder and mandala.

HIV AND GAY/BISEXUAL MEN: CHALLENGES FOR THE SECOND QUARTER CENTURY OF THE EPIDEMIC

INSTITUTIONS

- 1. Mt. Sinai medical center, psychiatry, New York, NY, United States
- 2. National Institute of Mental Health, psychiatry, Bethesda, Maryland, United States
- 3. Beth Israel Medical Center, psychiatry, New York, NY, United States

AUTHORS

- 1. Daniel Garza¹, Dr., MD, GARZAD@nychhc.org
- 2. Sami Khalife², Dr., MD, sammykhalife@gmail.com
- 3. Kenn Ashley³, Dr., MD, KAshley820@aol.com

It has been 25 years since the impact of the HIV virus became evident to the medical community. Three psychiatrists from diverse backgrounds will discuss the psychosocial impact of HIV/AIDS which continues to evolve even after the advent of successful antiretroviral treatments that usually control the effects of infection. Dr. Khalife, a NIMH research fellow from Beirut, Lebanon will speak about how stigma and discrimination play an important role in AIDS psychiatry given their impact upon the physical and mental wellbeing of patients, loved ones, families, and caregivers. The creation of a supportive non-iudgmental healthcare environment can

combat stigma. Dr. Ashley, an African American, will speak about increases in new HIV diagnoses among Men who have sex with Men (MSM), possible reasons for the rise, and various issues regarding interventions and treatments. Dr. Garza, a Mexican American, will speak about young gay men, born in a world already affected by the virus, who are beginning to bear the brunt of this growing incidence of infection. Access to wireless of forms of communication, support, and intimacy has created a facile and accelerated connection among MSM resulting in unsafe sexual liaisons increasing HIV and other infections.

STIGMA ASSOCIATED WITH HIV AND AIDS

INSTITUTIONS

1. National Institute of Mental Health, Mood and Anxiety Disorders Program, Bethesda MD, United States

AUTHORS

1. Sami Khalife¹, M.D., sammykhalife@gmail.com

Aims/Objectives:

To describe the characteristics of HIV/AIDS-related stigma in the US and its impact on individuals and society. To suggest strategies to deal with this public health problem.

Methods:

Literature review of articles and books on stigma associated with HIV and AIDS written since the beginning of the epidemic.

Results:

Stigma, discrimination, and fear in conjunction with denial, feelings of omnipotence, and lack of awareness perpetuate the HIV pandemic. Stigma associated with HIV and AIDS magnifies other stigmas associated with HIV risk behaviors (e.g. bartering sex, drug

abuse...). It affects HIV positive individuals and previously stigmatized groups disproportionately affected by HIV (e.g. gay men, sex workers, ethnic minorities...). Stigma and discrimination play an important role in AIDS psychiatry given their impact upon the physical and mental wellbeing of patients, loved ones, families, and caregivers. The creation of a supportive, nurturing, non-judgmental healthcare environment can combat stigma.

Conclusion

More than two decades after the epidemic began, stigma related to HIV/AIDS still exists. It impacts the psychological and physiological wellbeing of people living with HIV and complicates its prevention and treatment. There is an ongoing need for education and implementation of public health strategies to reduce this stigma.

THE SAME STORY OR A NEW EDITION? THE INCREASING RATE OF HIV INFECTIONS IN MEN WHO HAVE SEX WITH MEN (MSM)

INSTITUTIONS

1. Beth Israel Medical Center, Peter Krueger Center, New York, United States

AUTHORS

1. Kenneth B Ashley¹, Dr., MD, kashley@chpnet.org

AIMS: To present data on the recent increase of new HIV infections and rates of HIV/AIDS in men who have sex with men (MSM), discuss possible causes for this finding, and explore interventions

METHODS: Data on rates of new HIV infections was reviewed, as well as the literature on interventions to address risk behavior--especially among MSM.

RESULTS: MSM have been the largest proportion of AIDS cases in most industrialized countries. The initial interventions promoting risk reduction now appear less effective with increasing rates of new HIV infections in MSM. Recent estimates show increases in HIV/AIDS among MSM in the US and 13 western European countries (1).

The New York City (NYC) Dept. of Health and Mental Hygiene reported a significant recent increase in rates of new HIV diagnoses

among young MSM in New York City (2). Other epidemiological studies of the HIV/AIDS epidemic

The increasing rates of new HIV infections among MSM, particularly in various subpopulations (e.g age, ethnicity, nationality, psychiatric disorder), indicate that the causes for this surge need to be identified and new intervention strategies for reduction of risk behavior and prevention must be developed.

CONCLUSION: There has been an increase in new HIV infection in MSM. Intervention and prevention models need to be appropriate to the subpopulations of MSM with the highest rates of new infection.

- 1. Jaffe HW, Valdiserri RO, De Cock KM. The Reemerging HIV/AIDS Epidemic in Men Who Have Sex With Men. JAMA. 2007;298(20):2412-2414
- 2. "New H.I.V. Cases Drop but Rise in Young Gay Men" NY Times: Sarah Kershaw. 1/2/08

SEXUAL MINORITY YOUTH IN THE AGE OF CYBERSPACE

INSTITUTIONS

1. Mount Sinai medical center, psychiatry, New York, United States

AUTHORS

1. Daniel Garza¹, Dr., MD, garZAD@nychhc.org

The New York City Dept. of Health and Mental Hygiene reported that new HIV diagnoses among men who sex with men (MSM) under age 30 have increased by 33% during the past six years and that the under-30 group now account for 44% of all new diagnoses among MSM in New York City. Many such connections no longer require a computer, but only a cell phone to establish a virtual friendship, or a real world intimate connection. The ease and accessibility of the Internet has facilitated and accelerated social networking for ostra-

cized youth. Adolescents negotiating clandestine, web-based relationships may lead to crime victimization and the spread of sexually transmitted diseases, such as HIV.

"New H.I.V. Cases Drop but Rise in Young Gay Men" NY Times: Sarah Kershaw, 1/2/08

"Tracing a Syphilis Outbreak Through Cyberspace" JD Klausner, et al; JAMA. 2000; 284:447-449

WORKSHOP ON INTERNATIONAL CLINICAL, OPERATIONAL AND HEALTH SERVICES TRAINING FOR MENTAL HEALTH RESEARCHERS

INSTITUTIONS

1. Michigan State University, Epidemiology, East Lansing, United States

AUTHORS

1. James C. (Jim) Anthony¹, Professor Dr., PhD, janthony@msu.edu

This workshop, sponsored by the WPA Section on Epidemiology and Public Health, brings together leaders and participants in collaborative international research training programs. The director or a designated representative from each participating program will give a brief presentation on the training program. After presentations,

the plenary workshop discussion will cover topics and problemsolving on issues of mutual interest to the program representatives and the workshop audience, as well as networking toward future research training solutions.

THE INTERNATIONAL MENTAL HEALTH AND DEVELOPMENT DISABILITIES RESEARCH TRAINING PROGRAM AT CHILDREN'S HOSPITAL BOSTON, HARVARD MEDICAL SCHOOL & ANKARA UNIVERSITY (TURKEY)

INSTITUTIONS

- 1. The Children's Hospital, Psychiatry, Boston, United States
- 2. Ankara University, Psychiatry, Ankara, Turkey

AUTHORS

1. Kerim M Munir^{1,2}, Professor Dr., MD, MPH, DSc, kerim.munir@childrens.harvard.edu

Dr. Munir will present an overview of the Children's Hospital, Boston and Harvard Medical School (Turkey) international research training program collaboration and selected program details (e.g., financing, how trainees are selected, the nature of short and long term training opportunities, and the types of re-entry research pro-

jects being completed by program trainees). Problems and issues of mutual interest will be identified and brought to the attention of the audience, in preparation for a plenary discussion and audience participation during the second half of the workshop.

INDO-US FOGARTY TRAINING PROGRAM IN BEHAVIORAL DISORDERS

INSTITUTIONS

- 1. Washington University School of Medicine, St. Louis, United States
- 2. National Institute of Medical Health and Neuro Sciences (NIMHANS), Bangalore, India

AUTHORS

1. Linda Cottler^{1,2}, MD, PhD

Dr. Cottler will present an overview of the WUSTL and NIMHANS (India) international research training program collaboration and selected program details (e.g., financing, how trainees are selected, the nature of short and long term training opportunities, and the types of re-entry research projects being completed by program tra-

inees). Problems and issues of mutual interest will be identified and brought to the attention of the audience, in preparation for a plenary discussion and audience participation during the second half of the workshop.

THE INTERNATIONAL SUBSTANCE ABUSE RESEARCH PROGRAM AT UM AND IPN (POLAND)

INSTITUTIONS

- 1. University of Michigan, Addiction Research Center, United States
- 2. Medical University of Poland, Psychiatry, Warsaw, Poland
- 3. Institute of Psychiatry and Neurology, Warsaw, Poland

AUTHORS

1. Marcin Wojnar^{1,2}, Dr., MD, PhD, ojnar@med.umich.edu

Dr. Wojnar will present an overview of the UM and IPN (Poland) international research training program collaboration and selected program details (e.g., financing, how trainees are selected, the nature of short and long term training opportunities, and the types of re-

entry research projects being completed by program trainees). Problems and issues of mutual interest will be identified and brought to the attention of the audience, in preparation for a plenary discussion and audience participation during the second half of the workshop.

THE NIDA DRUG DEPENDENCE EPIDEMIOLOGY TRAINING PROGRAM AT MSU AND UPCH (PERU)

INSTITUTIONS

- 1. Michigan State University, Epidemiology, East Lansing, United States
- 2. Universidad Peruana Cayetano Heredia, School of Public Health, Lima, Peru

AUTHORS

1. James C. (Jim) Anthony^{1,2}, Professor Dr., M.Sc., Ph.D., janthony@msu.edu

Dr. Anthony will present an overview of the MSU and UPCH international research training program collaboration and selected program details (e.g., financing, how trainees are selected, the nature of short and long term training opportunities, including MSc and PhD options, and the types of re-entry research projects being completed

by program trainees). Problems and issues of mutual interest will be identified and brought to the attention of the audience, in preparation for a plenary discussion and audience participation during the second half of the workshop.

W-12

CLINICAL ASPECTS OF SCHIZOPHRENIA AND RELIGION: UNDERSTANDING AND MANAGING SPIRITUAL THEMES IN PSYCHOSIS

INSTITUTIONS

- 1. University of Geneva, Dept. of Psychiatry, Geneva, Switzerland
- 2. Clinic Sonnenhalde, Dept. of Psychiatry, Riehen, Switzerland
- 3. Universities of Lausanne and Geneva, Dept. of Theology, Lausanne, Switzerland

AUTHORS

- 1. Sylvia Mohr¹, Dr., Ph.D., sylvia.mohr@hcuge.ch
- 2. Samuel Pfeifer², Dr., MD, pfeifer@sonnenhalde.ch
- 3. Pierre-Yves Brandt³, Prof. Dr., PhD
- 4. Philippe Huguelet¹, Dr, MD, philippe.huguelet@hcuge.ch

Aims and Objectives: Until recently, studies on religion and schizophrenia have mainly focused on pathology (delusions and hallucinations with religious content). The role of spirituality and religious practices as a coping mechanism is beginning to receive growing interest. Spirituality can be an important aspect in the care of psychotic patients. Educational objectives of the course are: - to provide knowledge on aspects of spirituality and religious practices in schizophrenia. - to provide criteria to differentiate between pathology and religious coping. - to use tools for the evaluation of spirituality.

Methods and Materials: Presentation of information as well as small group discussions of case vignettes, focused on the specific needs from participants clinical experiences and questions raised by the course.

The workshop is supported by the WPA-Section for Religion, Spirituality and Psychiatry.

Literature:

Mohr S et al. (2006) Toward an integration of spirituality and religiousness into the psychosocial dimension of schizophrenia. Am J Psychiatry 163:1952-1959.

Mohr S et al. (2007). The assessment of spirituality and religiousness in schizophrenia. J Nerv Ment Dis. 195:247-253.

PHENOMENOLOGY AND PSYCHODYNAMICS OF RELIGIOUS DELUSIONS: A PERSON-CENTERED APPROACH

INSTITUTIONS

1. Clinic Sonnenhalde, Riehen, Switzerland

AUTHORS

1. Samuel Pfeifer¹, Dr., MD, pfeifer@sonnenhalde.ch

Aims / Objectives: About 20 percent of patients with paranoid schizophrenia and other psychotic disorders are expressing hallucinations as well as paranoid ideas and fears with religious content. This pertains to all major world religions. What is their value in understanding the person?

Method: We studied 43 patients, who suffered from religious paranoid ideas. Content and dynamics were categorized based on chart reviews. In some cases video interviews were systematically analyzed for the individual construction of meaning.

Results: Four psychodynamic functions for the individual were identified: The delusions with religious content served the following functions:

a) explanation of psychotic experiences,

- b) construction of personal meaning,
- c) relief from feelings of guilt and shame,
- d) psychotic forms of wish fulfilment in religious terms.

We found no correlation with religious education, and the intensity of religious content did not necessarily correlate with religious values before the index episode.

Conclusions: Diagnosis of religious delusions should follow an algorithm proposed by Siddle et al (2002). However, psychiatrists have to be careful not to confuse personally meaningful (ego-syntonic) religion in delusional patients as pathological. Rather these spiritual resources could be constructively used in coping with the long term consequences of the illness (Mohr et al., 2007). Psychiatrists should be trained to be culturally sensitive regarding religious content in psychosis.

SPIRITUALITY AND RELIGIOUSNESS: A PREDICTOR FACTOR OF OUTCOME IN SCHIZOPHRENIA

INSTITUTIONS

1. University of Geneva, Psychiatry, Geneva, Switzerland

AUTHORS

1. Sylvia Madeleine Mohr¹, Mrs, PhD, sylvia.mohr@hcuge.ch

Religion embraces a subjective dimension (spirituality) and a collective one (religiousness). Religion is highly prevalent in psychiatric patients all around the world and is associated with psychopathology. In a previous study among 115 outpatients with chronic psychosis, religion was either a resource (for 71%, religion sustained a positive sense of self and helped to cope with the illness) or a burden (for 14%, it exacerbated suffering).

Objectives: to assess the predictive value of religious coping and the evolution of religion among those patients.

Method: Religious and clinical assessment of the cohort at 3-years.

Results: Attrition of 20%. For positive religious coping at intake, the salience of religion was correlated with fewer symptoms (PANSS,

negative scale: -.17 and general scale: -.17), better social functioning (GAS, .20) and a better quality of life (WhoQol, .20) at 3-years. Religion was still predictive of outcome after controlling for gender, age, symptoms and psychosocial functioning at intake by multivariate regression models (R2: .20 to .32). Whereas, negative religious coping at intake was correlated with more positive (.59) and general (.45) symptoms at 3-years. Religion was stable for 71% patients. For 22%, the salience of religion increased (9%) or decreased (13%) drastically. For 7%, positive and negative religious coping reversed.

Conclusion: Religion is a predictive factor of clinical outcome. Religious coping is a dynamic process. It may change in salience and reverse in helpful versus harmful coping effects. Therefore, it is of relevance to assess it systematically in clinical practice for integrative care.

IN THE DARK I STRAY: PROFESSIONAL MISINTERPRETATIONS IN AUTISTIC SPECTRUM DISORDERS

INSTITUTIONS

1. Amazonic Alpha, integrative Psychiatry, Birmingham, United Kingdom

AUTHORS

1. Ruth L Brand Flu¹, Dr, MD, amazonicalpha@aol.com

Objective:

- 1). Highlighting diagnostic misinterpretations and discussing pragmatic tools to enhance the diagnostic process
- 2). Raising awareness of pitfalls and collusive processes and discussion of integrative therapeutic options ${\bf r}$
- 1. I see what you can't see

Autism is an interesting but poignant condition with a wide variety of manifestations and complications. The lack of common sense and communication deficit induces recursive unpleasant interactions. This aggravates the developmental delay, which is part of the neuropsychological condition. Treatment options are exhaustive, but there is too little trans-professional integration. Crude diagnostic criteria induce false positive and negative cases with serious repercussions to treatment.

Co-morbidity might be an aspect of the condition or can be secondary to developmental delay due to early recursive interpersonal

complications. Differential psychopathology, particularly regarding personality factors and psychosis will be discussed along other syndromes such as obsessions, catatonia and attention deficit disorder.

2. Blue crackers and a whole lot of eye

There is un-certainty on the treatment outcome of autism due to the diversity of presentation and specific neuropsychological deficits. Covert developmental delay can be perceived as psychiatric symptoms. The neuropsychological tenet imposes serious pitfalls in treatment. Psycho-trauma can be obscured or over-emphasised. Abstract thinking, narrative and empathy can be enhanced by specific interventions or improve by ,scaffolding' of the person. Reciprocal acting out is a risk. Extreme behaviour can induce serious collusive reactions. Discussions of the above with case scenarios are hoped to demystify some aspects of the condition with suggestions of psychotherapeutic interventions.

W-14

THE NECESSITY OF PSYCHOPATHOLOGY NOWADAYS

INSTITUTIONS

- 1. Hellenic Psychiatric Association, Greece
- 2. Dimokritio University of Thraki, Alexandroupoli, Greece

AUTHORS

- 1. Nicolas Tzavaras^{1,2}, MR., MD, tzav3jax234ya@otenet.gr
- 2. Chrysoula Giannoulaki^{1,2}, Mrs., MD, chr234ya@otenet.gr

Having been initiated as a main topic of collaboration between the World Health Organisation (WHO) and the World Psychiatric Association (WPA), the classification models and tools have been insufficient for the psychiatric clinical. The psychiatric patient is a bio-psychosocial entity living in a society, so the simple form of description is not adequate for our clinical description. We think that the clinical description via empathic consideration is more appropriate, as it can lead to encourage the patient's self-knowledge. The self-knowledge

can be a basic tool and a criterion for the success of any psychiatric treatment. Despite its eclipse from the mainstream, the tradition of phenomenology with the demand for the integration of meanings with causes can promote the patient's recovery.

In this workshop, we will tend to emphasize that "what may appear as naked survival is always in its roots a historical phenomenon", following Jurgen Habermas's call for self-reflection in "Knowledge and Human Interests"(1968)

SURVIVING AGAINST ALL ODDS: LESSONS LEARNED AFTER A DECADE OF TELEPSYCHIATRY PRACTICE

INSTITUTIONS

1. University of La Laguna. School of Medicine, Psychiatry, La Laguna, Tenerife, Spain

AUTHORS

1. Carlos De Las Cuevas1, Prof., MD, PhD, cdelascuevas@gmail.com

Telepsychiatry can be conceived as an integrated system of mental healthcare delivery that uses telecommunications and computerized information technology as an alternative to face-to-face conventional modality. Telepsychiatry connects patients and mental health professionals, permitting effective diagnosis, treatment, education, transfer of medical data and other activities related to mental health care. Telepsychiatry is a growing field with the potential to deliver high quality; much needed assistance in a variety of settings to persons in need of mental health services. After two telepsychiatry pilot projects and seven years of telepsychiatry as a routine service, that involved 265 patients, 1260 teleconsultations and more than 1300 hours of clinical practice, we have learn some lessons that could be useful for future telepsychiatric developments. The workshop has the objective to allow a common understanding of the state of the

art, increase the knowledge of each other needs/priorities and to investigate on the future strategies.

De las Cuevas C, Artiles J, De la Fuente J, Serrano P: Telepsychiatry in the Canary Islands: user acceptance and satisfaction. J Telemed Telecare 2003, 9 (4): 221-224.

De las Cuevas C, Artiles J: Process Quality Analysis of Telepsychiatry. Contributions of Statistical Control Process and Critical Pathway Analysis. Neuropsychiatrie 2004, 18 S2: 100-105.

De las Cuevas C, Arredondo MT, Cabrera MF, Sulzenbacher H, Meise U. Randomized Clinical Trial of Telepsychiatry through Videoconference versus Face-to-Face Conventional Psychiatric Treatment. Telemedicine Journal and e-Health 2006, 12(3): 341-350.

W-16

GENERAL PRACTITIONERS' PARTICIPATION IN COMPULSORY ADMISSION

INSTITUTIONS

1. University of Aarhus, Department of General Practice, Institute of Public Health, Aarhus, Denmark

AUTHORS

1. Marianne Engberg1, Dr., PhD, marianne.engberg@alm.au.dk

Objectives To present a review of the general practitioners' (GPs') participation in compulsory admission in Denmark with references to conditions in other countries, mostly European, to present an ongoing study in Denmark on the subject, and to discuss the GPs' participation in compulsory admission.

Methods Review of literature and preliminary results from an ongoing study in Denmark using both a qualitative and quantitative approach. Individual and focus group interviews were used to explore experiences among GPs and questionnaires were used to study representativity of findings.

Results Deciding authority for the detention order of compulsory admission vary between countries and can be medical or non-medical. Advantages and disadvantages of the varying procedures for the patient, the treatment, civil rights, and for the deciding authority, are not known. In Denmark physicians are the deciding authority, most-

ly GPs. Participation induced both unpleasant feelings, discomfort, stress, and pleasant feelings such as professional satisfaction.

Conclusions The advantages and disadvantages of varying procedures regarding deciding authority for the detention order of compulsory admission are unclear. GP's participation in compulsory admission has both positive and negative impacts relating to the treatment of patients and working environment.

References

1. Salize, H.J., Dressing, H. Epidemiology of involuntary placement of mentally ill people across the European Union. British Journal of Psychiatry, 2004; 184: 163 -168.

2. Jepsen B, Lomborg K, Engberg M. General practitioners' experiences of involuntary admission. Submitted to Scandinavian Journal of Primary Health Care.

TELE-PSYCHIATRY IN FORENSIC SETTINGS IN UK

INSTITUTIONS

1. Wells Road Centre, Forensic Psychiatry, Nottingham NG3 3AA, United Kingdom

AUTHORS

1. Younus Saleem¹

Objective: To outline new developments in the field of Tele-Psychiatry in Forensic Settings and discuss its opportunities and challenges.

Having developed the first Forensic Tele-psychiatry Service in UK in 2005 the presenter has undertaken numerous forensic assessments (many resulting in hospital admissions) and given court testimony. Assessments were undertaken using the already existent video-link facilities within the criminal justice system. The above experience supports the view that Tele-psychiatry saves time, cost and improves access to psychiatric services.

A Forensic Tele-psychiatry Steering Group, with a research sub-committee, based in Nottingham coordinates research projects. The

session will discuss how this is relevant to Forensic Psychiatrists and address its importance to the training of new forensic psychiatrists.

Tele-psychiatry had been used by other services in UK in Forensic settings albeit in a narrow remit not involving actual gate keeping assessments, preparation of Court Reports etc. The session will discuss how it is crucial for services across the UK and beyond to share experiences and promote innovative practices. The work-shop will examine how the promotion of Tele-psychiatry in Forensic settings could potentially change current practice positively. It will aim to explore ways to succeed with regard to delivering timely, easily accessible and clinically sound psychiatric services, with the additional spotlight on cost-efficiency, saving valuable professional time and "going green" with respect to health service delivery.

TELEPSYCHIATRY: NORM FOR THE FUTURE

INSTITUTIONS

- 1. Southern Illinois University School of Medicine, Psychiatry, Anna, Illinois 62906, United States
- 2. Wells Road Centre, Forensic Psychiatry, Nottingham NG3 3AA, United Kingdom

AUTHORS

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Objective: The aim is to define and describe the term Telepsychiatry and its uses in United States and United Kingdom. The American Telemedicine Association defines telemedicine as "the use of medical information exchanged from one site to another via electronic communications to improve patients' health status." Telepsychiatry is the delivery of psychiatric services over distances, especially via interactive video conferences. Currently there is extensive use of telepsychiatry to provide consultations and recommendations in child and adolescent, forensic, emergency and community psychiatry. Juvenile and geriatric populations have received particular attention because of the limited access in rural and under-served areas. Besides clinical consultation, telepsychiatry has many more applications in programmatic and administrative consultations, distant learning, training and research.

Method: Descriptive with examples of use in various settings in Psychiatry addressing both benefits and barriers. Benefits include access

to care as well as cost savings. Barriers include technology, reimbursement, civil commitment, medical license and privacy issues. **Results:** Telepsychiatry applications are increasingly utilized every year. Several studies have shown efficacy in diagnosis, treatment, therapeutic alliance and reduction in psychiatric morbidity. **Conclusions:** Clearly telepsychiatry is here to stay and can be a valuable tool for developing countries.

References:

O'Reilly, Bishop J, Maddox K, Hutchinson L, Fisman M, Takhar J. (2007). Is Telepsychiatry equivalent to face-to-face psychiatry? Results from a randomized controlled equivalentce trial. Psychiatric Services, 58(6), 836-843.

Hyler SE, Gangure DP, Batchelder ST (2005). Can telepsychiatry replace in-person psychiatric assessments? A review and meta-analysis of comparison studies. CNS Spectrums 10(5), 403-413.

COMPUTER TOOLS FOR COGNITIVE-BEHAVIOR THERAPY

INSTITUTIONS

- 1. University of Louisville, Psychiatry and Behavioral Sciences, Louisville, KY, United States
- 2. University of Newcastle-upon-Tyne, Royal Victoria Infirmary, Newcastle-upon-Tyne, United Kingdom

AUTHORS

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- 2. Douglas Turkington², Dr., M.D., douglas.turkington@ncl.ac.uk

Cognitive-behavior therapy (CBT) has been demonstrated to be an effective treatment for many forms of mental disorders. However, patients typically have limited access to this treatment because of a lack of trained therapists and other barriers to care. Several computer programs have been developed to assist therapists in reaching more patients. These programs can instruct patients on basic CBT principles and can help them gain CBT skills with a variety of interactive exercises. Computer tools have also been developed to help train clinicians in CBT.

This workshop provides a learning experience in computer-assisted

CBT, by briefly reviewing some of the key findings from empirical research and then demonstrating two principal forms of computer tools for CBT: a multimedia computer program that has been shown to be efficacious in treatment of depression, and a computer-assisted method for training therapists. Participants will discuss methods for implementing computer-assisted CBT in clinical practice and education.

Wright JH, Wright AS, Albano AM, et al: Computer-assisted cognitive therapy for depression: maintaining efficacy while reducing therapist time. American Journal of Psychiatry 162, 1158-1164, 2005.

COMPUTER TOOLS FOR COGNITIVE-BEHAVIOR THERAPY

INSTITUTIONS

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- 2. University of Newcastle-upon-Tyne, Psychiatry, Newcastle-upon-Tyne, United Kingdom

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Presentation by Jesse H. Wright, M.D., Ph.D.

Computer tools are being used increasingly to assist clinicians in delivering therapy to patients with depression, anxiety, and other psychiatric disorders. This presentation outlines the major types of computer-assisted psychotherapy and then illustrates a specific application of multimedia technology for cognitive-behavior therapy (CBT) for depression. The *Good Days Ahead* software described in this presentation has been tested in empirical trials and found to be an effective treatment method for major depression. Participants will view and discuss this software application for psychiatric treatment. Discussion points will include: (1) What is the acceptability of computer-assisted therapy by patients? (2) What are potential advantages of computer-assisted therapy? (3) What are the limitations and barriers to implementation of computer-assisted therapy?

(4) How can computer-assisted therapy be integrated into clinical practice?

Presentation by Douglas Turkington, M.D.

A training CD-ROM (Praxis) designed to teach cognitive-behavior therapy (CBT) to clinicians is described and illustrated. Methods for implementing CBT for anxiety and depression are presented and modeled in this interactive CD-ROM. This computer tool is combined with clinical supervision to help clinicians master the core procedures of CBT. Participants in this workshop will be able to view and discuss this computer application for teaching basic therapy skills.

COMBINING CBT AND PHARMACOTHERAPY: HIGH YIELD METHODS FOR BRIEF SESSIONS

INSTITUTIONS

- 1. University of Pennsylvania, Psychiatry, Philadelphia, PA, United States
- 2. University of Louisville, Psychiatry, Louisville, KY, United States
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AUTHORS

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- 3. Douglas Turkington³, Dr., MD, douglas.turkington@ncl.ac.uk

Cognitive-behavior therapy (CBT) methods are being used increasingly in combination with pharmacotherapy to treat a wide variety of mental disorders, including severe mental illnesses. This workshop describes an integrative theory for combining CBT with pharmacotherapy and details specific, high yield techniques that psychiatrists and other clinicians can use in brief sessions. The emphasis is

on practical interventions that can be applied in standard practice. Participants will learn how to adapt key principles of behavioral activation, cognitive restructuring, exposure and response prevention, and CBT for treatment adherence for brief sessions. Video illustrations and role plays are used to demonstrate techniques. Applications of CBT in participant's clinical practices are discussed.

COMBINING CBT AND PHARMACOTHERAPY: HIGH YIELD METHODS FOR BRIEF SESSIONS

INSTITUTIONS

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Presentation by Michael Thase, M.D.

A comprehensive model for combining cognitive-behavior therapy (CBT) with pharmacotherapy is described and illustrated with examples of specific applications for treatment of depression and anxiety. High yield methods (e.g., psychoeducation, behavioral activation, thought recording, and exposure and response prevention) which can be adapted for relatively brief sessions are discussed. This presentation is based on the clinical experiences of clinicians trained in both pharmacotherapy and CBT who find these methods to be highly compatible for use in brief sessions.

Presentation by Jesse H. Wright, M.D., Ph.D.

This presentation gives detailed illustrations of methods for combining cognitive-behavior therapy (CBT) and pharmacotherapy in

brief sessions. Examples include using hierarchical exposure for anxiety disorders, teaching relapse prevention methods to patients with bipolar disorder, and treating anhedonia with CBT. Computer-assisted therapy is also discussed as a method of leveraging the clinician's time and improving the efficiency of treatment.

Presentation by Douglas Turkington, M.D.

This presentation describes how psychiatrists can effectively integrate a basic cognitive-behavioral model and linked techniques with antipsychotic medications for treatment of people with schizophrenia. The targets of such an intervention are hallucinations and delusions. Methods for using the combined approach to improve adherence with antipsychotic medication are also discussed.

DEVELOPMENTS IN THE ASSESSMENT OF CAPACITY: VIGNETTES, ALGORITHMS AND REDUCING THE LITIGATION RISK

INSTITUTIONS

- 1. CNWL Foundation NHS Trust, General Adult, London, United Kingdom
- 2. Norfolk & Waverney Mental Health Partnership Trust, Crisis Resolution Team, Norwich, United Kingdom

AUTHORS

- 1. M E Jan Wise¹, Dr, MSc MRCPsych, jan@wiserminds.co.uk
- 2. Julian Beezhold², Dr, MRCPsych, beezhold@doctors.org.uk

The aim of the workshop is to help participants improve their ability to assess capacity and be aware of relevant tools for aiding decisions regarding capacity and consent.

Audience:

The workshop is aimed at psychiatrists of all levels. Research has shown that there is room for improving the knowledge of the principles of capacity at all levels of experience from trainee to consultant practitioner.

Method:

Teaching will be a mix of interactive exercises, demonstrations, presentation, and discussions. Initially participants will view a clinical dilemma and discuss whether capacity is present. A presentation

will then inform participants of legal principles.

Objectives:

To be aware of the issues involved in assessing capacity, including relevant legal tests. To improve the assessment skills of participants. To learn about resources for assessing capacity and consent.

References:

- 1. Safeguards for Young Minds: Young People and Protective Legislation. R Williams. $2^{\rm nd}$ Edition. Gaskell, London, 2004.
- 2. Informed Consent: Information or Knowledge? *Medicine & Law.* 22(4): 743-50, 2003
- 3. Capacity Act 2005. HMSO, London 2005

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LEADERSHIP IN PSYCHIATRY

INSTITUTIONS

- 1. Free University, Psychiatry, Amsterdam, The Netherlands
- $2.\ Milestone\ clinics,\ Psychiatry,\ Norwich,\ United\ Kingdom$

AUTHORS

- 1. Victor JA Buwalda¹, Dr., MD, imsep@xs4all.nl
- 2. Julian B Beezhold², Dr., MD

How does psychiatry as a medical specialty, and how do psychiatrists as professionals, influence and lead the significant and rapidly changing developments in mental health care? This is an issue of everyday importance to all psychiatrists, whether in the multidisciplinary workplace or in professional organisations. It is widely reported that young psychiatrists feel inadequately trained and equipped for a leadership role. Yet on the other hand more experienced psychiatrists display high levels of cynicism and burn-out. The potential danger for us as individuals and as a specialty is that we enter a state of learnt helplessness. This symposium presents four very different

perspectives: Woman and leadership, Leadership in international waters, Learning to lead as a resident and the FLAME project. All presenters have experience at different levels of leadership in both national and international psychiatry. All passionately believe that as psychiatrists we can take control of our own destiny. The workshop will use their presentations to provoke discussion and debate about leadership in a context of increasingly integrated multidisciplinary mental health services. The aim is that participants will leave with new awareness and new ideas for future leadership.

WOMAN AND LEADERSHIP IN PSYCHIATRY

INSTITUTIONS

1. University of Michigan, Integrated Medicine and Psychiatric Services, Ann Arbor, United States

AUTHORS

1. Michelle B. Riba1, Dr., MD, PhD

As a past president of the American Psychiatric Association and the fifth woman APA president, it was a great honor to serve. Throughout my years on the APA Board of Trustees and as an officer, I have been very conscious of the importance of being a good role model and mentor to woman medical students, residents and junior colleagues. Gender is important in our work and roles as leaders of professional and academic organizations. As preparation for my assuming the presidency of the APA, I was fortunate to participate in the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women. ELAM was a training pro-

gram for women to achieve success in their academic and professional organizations. It was also an opportunity to network, bond, form relationships and alliances, and learn from successful women from many disciplines in medicine and science. In order for our profession to have excellent leaders, both females and male, it is important to develop training opportunities for those who aspire to be officers and leaders. Our national and international psychiatry organizations can explore ways to offer joint programs and training opportunities so that we have highly skilled and inspired leaders.

LEADERSHIP IN INTERNATIONAL WATERS

INSTITUTIONS

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AUTHORS

1. Victor JA Buwalda¹, Dr, MD, PhD, imsep@xs4all.nl

This presentation is about the growth of an national en international leader in Psychiatry. First as an resident and later on as a Young Psychiatrist. From a third year resident and national leader he became Secretary General of the European Federation of Psychiatric Trainees (EFPT) and later on the first president of the World Association of Young Psychiatrists and Trainees.

During this process as an national and international leader her learned how to build bridges between people, how to stimulate colleagues to achieve goals in a diplomatic way and continue to have his warm personality. In this presentation he we guide us through the sometimes rough paths climbing the international mountain of a worthwhile experience.

Learning objective:

- 1. to learn about the challenged in leadership in national and international organizations;
- 2. to learn about what good leadership is in general;
- 3. to learn about the competencies of good leadership as a Young Psychiatrists and Trainee.

References

 $\label{eq:Vries} Vries, MFR, \ de, \ (2006). \ The \ leader \ on the Couch. \ A \ clinical \ approach to \ changing \ people \ and \ organizations. \ Jossy-Bass.$

LEARNING TO LEAD: RESIDENTS IN THE AMERICAN PSYCHIATRIC ASSOCIATION

INSTITUTIONS

1. Massachusetts General Hospital, Child Psychiatry, Boston, United States

AUTHORS

1. Abigail L Donovan¹, Dr., MD

Residents are recognized as the future practitioners of medicine and receive comprehensive education in the many areas of medical practice. More recently, residents have also been recognized as future leaders in medicine, even early on in their training. As a result, professional organizations, including hospitals, academic associations and specialty societies, are now including residents in important leadership positions. What does it take to be a resident leader? The skills required are unique to the role of the young leader and will be explored fully. The presenter will discuss the challenges and rewards of being a resident leader in the context of her role as the resident member of the American Psychiatric Association Board of Trustees

LEARNING OBJECTIVES:

To identify the critical components of effective leadership
To identify the particular challenges for resident leaders
To learn approaches to address the challenges of being a resident
leader

REFERENCES:

Bickel J. Turning intellectual capital into leadership capital: why and how psychiatrists can take the lead. Academic Psychiatry. 31(1):1-4, 2007 Jan-Feb.:

Broquet KE. Leadership: from a psychiatric to an institutional perspective. Academic Psychiatry. 30(4):289-91, 2006 Jul-Aug.

THE FUTURE LEADERS IN MENTAL HEALTH IN EUROPE (FLAME) PROGRAM

INSTITUTIONS

1. Milestone Clinic, Psychiatry, Norwitch, United Kingdom

AUTHORS

1. Julian B Beezhold¹, Dr., MD

The FLAME program is designed to directly develop participants, from within the WHO European region, over a six-year period in order to build a lasting network of future mental health leaders who will continue to work together long after graduating. Participants will be equipped with a full range of appropriate skills, in particular including skills in working constructively together with a very diverse range of fellow future leaders. The personal contacts and shared experiences enabled by the FLAME program should contribute to delivering the highest quality of future mental health services.

Mental health is a very important but often neglected issue. Promotion of mental health and prevention and care of mental health problems should be a priority for international and local organizations, governments and health professionals. Yet despite this Mental

Health services suffer internationally from a relative lack of priority and funding due to a variety of causes including the stigma attached to mental health problems.

It is common cause that in order to create local and international policy and systems to promote mental health for all, to tackle stigma and discrimination and to prevent and treat mental health problems, effective leadership and collaboration is needed. The time has come, in the long road that leads to scientific, organizational or political leadership in mental health, to devote more attention to creating an integrative understanding of mental health issues and solutions.

This presentation describes the progress to date in implementing the FLAME program.

REVIEW OF POSTGRADUATE TRAINING IN PSYCHIATRY ACROSS THE WORLD

INSTITUTIONS

- 1. 7th. Field Military Hospital,, Hradec Králové, VU 6900, Czech Republic
- 2. Psychiatric Clinic, First Faculty of Medicine, Charles University, Prague, Czech Republic
- 3. Ardala Sok. Dönmezoluglu Ishani, Tokat, Turkey
- 4. Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan

AUTHORS

- 1. Jan Vevera¹, Mr, MD, PhD, janvevera@centrum.cz
- 2. Alexander Nawka², Dr
- 3. Murat Altin³, MD
- 4. Takahiro Kato⁴, Mr, MD

The purpose is to provide and exchange information about post-graduate trainings from the trainee's perspective. Each presentation should briefly described postgraduate training in presenters country and point out strengthens and more importantly weaknesses of the training. Dr. Murat will provide information on training in Mid-

dle East, Dr Tateno on training in Japan and Dr. Nawka on Czech Republic. Standardized questioners will be distributed during the workshop to all delegates of Young Psychiatrists and consequently data will be putt on the web.

PSYCHIATRY TRAINING IN TURKEY

INSTITUTIONS

1. Tokat Cevdet Aykan Devlet Hastanesi Psikiyatri Klinigi, Turkey

AUTHORS

1. Murat Altin¹, Mr, MD

In Turkey the Psychiatric Association of Turkey (PAT) has studies about post graduate education. In our country a Psychiatric Board to specify and enhance the standards of post graduate education is formed by PAT. Another aim of this board is to improve the knowledge and clinical skills of psychiatry specialists. Also in recent years board exams had been put into practice. These board exams are thought to be compelling for the specialists to improve themselves.

Unfortunately systematic psychotherapy education is inadequate during trainee education. And this is a big defect for Turkish psychiatrists. Because of this, specialists tend to take courses some of which are institutional like PAT workshops or Society of Sexual Education or some other special courses which are accredited by international

associations after graduation.

The PAT publishes the books prepared by Scientific Sections in order to contribute to the professional development of its members. And these books are free for the members of association.

A new project had been started. Psychopharmacology courses are arranged by branches of PAT. At these courses, young psychiatrists have the chance to meet other academicians so they can improve their knowledge about psychopharmacology.

But post graduate education is not well organized. Psychotherapy courses are located in big cities. There is along way for Turkey to develop post graduate education.

NEW RESIDENCY PROGRAM INCLUDING PSYCHIATRY TRAINING IN JAPAN

INSTITUTIONS

1. Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu University, Japan

AUTHORS

1. Takahiro Kato¹, Mr, MD

In Japan, a new residency program has been started since 2004. Under the traditional residency program, most clinical doctors had few trainings in psychiatric care, meanwhile most psychiatrists had few trainings in general clinical practice after graduating from sixyear medical course. However, the new program contains at least one month of psychiatric training during the period of two-year residency. As a result, all of new non-psychiatric doctors will have experiences of psychiatric care and all of new psychiatrists will have experiences of general clinical practice.

Suicide is a major public health problem and the number of suicide victims has exceeded 30,000 a year since 1998 in Japan. The rates of depression are extremely high in suicide victims. People with depression tend to visit non-psychiatric doctors and they tend to

spend longer time to obtain appropriate mental health care in Japan. The new residency program is expected to help to establish a smoother pathway between non-psychiatric doctors and psychiatrists, which might contribute to reduce suicide victims in Japan.

In 2006, the new residents have become the first new doctors beneficial from the new residency program. To evaluate the new residency program, the Japan Young Psychiatrists Organization (JYPO) has started a questionnaire survey, which is sent to residents, new psychiatrists and traditional psychiatrists regarding their own residency experiences and their skills or interests in fields of psychiatry, non-psychiatric medicine and so on. The author will introduce the significance of the new system with the results at this symposium.

PSYCHIATRY TRAINING PROGRAM IN THE CZECH REPUBLIC

INSTITUTIONS

- 1. Department of Psychiatry, First Faculty of Medicine, Charles University, Prague,, Czech Republic
- 2. Department of Psychiatry, University Hospital, Plzen, Czech Republic
- 3. Prague Psychiatric Centre, Prague, Czech Republic
- 4. Third Faculty of Medicine, Prague, Czech Republic
- 5. Centre of Neuropsychiatric Studies in Prague, Prague, Czech Republic
- 6. 7th. Field Military Hospital, Hradec Králové, VU 6900, Czech Republic

AUTHORS

- 1. A. Nawka1, Mr, MD
- 2. S. Rackova², MD
- 3. L. Nawkova¹, MD
- 4. L. Janu², MD
- 5. T. Novak^{3,4,5}
- 6. B. Tislerova^{3,4,5}, MD
- 7. J. Vevera^{1,6}, MD, PhD

Until 2005, the psychiatry chair organized two-day board exams—both practical and theoretical—that were standardized across the country. For the practical exam, candidates demonstrated a complete psychiatric assessment. During the theoretical exam, candidates answered three questions from a panel of four experts. For the first board exam, candidates must have 23 months of psychiatric practice, three months of practice in internal medicine and three months in surgery.

One month practice in neurology was recommended. The second board exam was required for senior posts in psychiatry. It required an additional 36 months of practice and submission of a thesis on selected topic. Since 2005 the training for specialization in general adult psychiatry includes 5 years of practice (at least 12 months at accredited departments) with rotation in various types of wards

and outpatient facilities (recommended - 30 months in general psychiatry, 6 months in outpatient facilities, 5 months addictology, 5 months C.A.P. and 5 months of old age psychiatry). Three-month internships in internal medicine and neurology as well as participation in continuing medical education are also obligatory. Major strength of new curriculum is rotation in various types of facilities, and fact that 3 months internships in surgery is not further required. However psychotherapy reminds underestimated with only one week of intensive psychotherapy training being sufficient condition for fulfilling the current criteria. The interest for and status of social medicine, social psychiatry and social mental health approaches decreased and young professionals are seldom encouraged to take interest in public mental health.

A CHANGING WORLD AND A CHANGING PROFESSION: CHALLENGES TO PSYCHIATRIC EDUCATION AND TRAINING

INSTITUTIONS

- 1. INSTITUTE OF PSYCHIATRY, AIN SHAMS UNIVERSITY, PSYCHIATRY, CAIRO, Egypt
- 2. ALAMAL COMPLEX FOR MENTAL HEALTH, PSYCHIATRY, DAMMAM, Saudi Arabia
- 3. KING FAISAL UNIVERSITY HOSPITALS, PSYCHIARTY, AL-KHOBAR, Saudi Arabia

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- 2. Mohamed H. Ghanem¹, Dr., MD, yarazek68@asuip.net
- 3. Mahdy A. Alqahtany³, Dr., MD, yarazek68@asuip.net
- 4. Mohamed A. Alzahrani², Dr., PhD, yarazek68@asuip.net 5. Yasser A. M. H. Elsayed¹, Dr., MD, yarazek68@gmail.com

Globalization forces are becoming increasingly evident in psychiatric education. Countries are becoming more involved in the social, political, and economic affairs of the world, which will directly affect medicine in the future. The world is growing more complex, and consequently, people expect more and more from the profession. A lot of pressures have faced psychiatric education some of which are the fast development of neurosciences and of medical technology; the rationalization of resources; and the special importance that is granted to the quality of the medical care. A large body of knowledge relevant to psychiatry currently exists and we are enlarging it at an ever-accelerating rate. Without information management systems, the quantity of relevant knowledge is far beyond human capacity to cope. This will focus professional education process on the ability to find and use information rather than on the accumulation and instant recall of facts. Training programs are being forced to opera-

te with funding levels that, in the light of previous experience, are thought to be inadequate. There is every reason to believe that lower levels of funding will continue for some time. Lower levels of funding do not necessarily mean that programs must be of lower quality, but it does mean that it will be different. We must think creatively about the future of medical education. These main future challenges can be put in three main domains: curriculum development, tutor development and restructuring the learning environment. All these topics will be discussed through this symposium.

At the end of this workshop each one of the attendants should be able to identify: the impacts of globalization on psychiatric education and training, the current and future challenges to psychiatrists, what is required to overcome the negative impacts of globalization.

TRAINING OF PSYCHIATRISTS IN THE ERA OF **GLOBALIZATION**

INSTITUTIONS

1. INSTITUTE OF PSYCHIATRY AIN SHAMS UNIVERSITY, PSYCHIATRY, CAIRO, Egypt

AUTHORS

1. Mohmaed H. Ghanem¹, Dr., MD, yarazek68@asuip.net

Globalization is a process in which the traditional boundaries between individuals and societies gradually and increasingly recede. This shift of human affairs from the restricted frame of the nation to the vast theater of planet Earth not only is affecting trade and finance, it is also changing the nature of mental health challenges facing people all over the world. With globalization, responsibilities of psychiatrists are going far beyond the consultation room, and the separation between domestic and international psychiatric problems is losing its usefulness. Psychiatric education was seen as transmitting large amounts of increasingly complicated knowledge to young minds. Very little attention was given to public health and prevention or to skills required to provide leadership in health teams; or to provide the optimal mixture of knowledge and skills needed for mental and social health. So, How to read the future challenges for young trainees who will practice psychiatry for 30 years. How to make our curriculum such dynamic and informative? Today more than ever before we should think teach how to manage change.

GLOBALIZATION AND IMPACT ON PSYCHIATRIC EDUCATION AND TRAINING

INSTITUTIONS

1. KING FAISAL UNIVERSITY HOSPITALS, PSYCHIATRY, AL-KHOBAR, Saudi Arabia

AUTHORS

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Globalization forces are becoming increasingly evident in medical education. The world is growing more complex, and knowledge of science is expanding rapidly. Consequently, people expect more and more from the profession. A lot of pressures have faced medical education some of which are the fast development of medical science and of medical technology; the growing importance of social factors in the development of health services; the rationalization of resources; the special importance that is granted to the quality of the psychiatric care; and the strong involvement of information

technology into psychiatry. Also, psychiatry education has been accused by many things from which weak innovative trends, financing difficulties, exaggerated development of the theoretical component,. A large body of knowledge relevant to medicine currently exists and we are enlarging it at an ever-accelerating rate. Without information management systems, the quantity of relevant knowledge is far beyond human capacity to cope. This will focus professional education process on the ability to find and use information rather than on the accumulation and instant recall of facts.

GOING BEYOND GLOBALIZATION IN PSYCHIATRY

INSTITUTIONS

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AUTHORS

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Globalization is a broad concept. It refers to the increased international mobility of goods, services, money and finance, information, people and ideas. It is the most heatedly debated subject these days and is held responsible for everything from slow down in the economy to rising unemployment to terrorism. It is important therefore o objectively discuss its negative impacts on psychiatry and mental health care. With globalization, mental health care is being forced in many countries to operate with funding levels that, in the light of previous experience, are thought to be inadequate.

There is every reason to believe that lower levels of funding will continue for some time. Lower levels of funding do not necessarily mean that the service must be of lower quality, but it does mean that it will be different. Planning the psychiatric staff is essential to the good functioning of services, the quality of access to psychiatric care, and the cost and quality of psychiatric care. There is a strong need for critical changes of the policies and strategies of mental health care. This lecture will discuss such changes and more.

References

Okasha A., 2005: Globalization and mental health: a WPA perspective, world Psychiatry journal, February; 4(1): 1-2.

Greg Martin, 2005: Globalization and Health Global Health., Published online, global health magazine, licensee BioMed Central Ltd., pp 1186-1744.

DOCTOR PATIENT RELATIONSHIP: CULTURAL AND ETHICAL ISSUES

INSTITUTIONS

- 1. Institute of Psychiatry Ain Shams University, Psychiatry, Cairo, Egypt
- 2. King Faisal University, psychiatry, Alkhobar, Saudi Arabia
- 3. Almadinah Psychiatric Hospital, Psychiatry, Madinah, Saudi Arabia
- 4. Alamal Complex for Mental Health, Psychiatry, Dammam, Saudi Arabia

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- 5. Mohamed Ali Alzahrani⁴, Dr., PhD, yarazek68@asuip.net

At the end of this workshop each one of the attendants should be able to:

- 1- identify the importance of doctor patient relationship,
- 2- recognize different kinds of ethical problems and their impacts on the relationship in different cultures,

3- know how to deal with such problems. The workshop will be interactive and will include only short lecture followed by discussion of large number of problems of doctor patient relationship

DOCTOR PATIENT RELATIONSHIP: CULTURAL AND ETHICAL ISSUES

INSTITUTIONS

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AUTHORS

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Are you married? Doctor I don't have schizophrenia and your drugs will not change my mind? How can you answer these questions? And what does it mean for the patient, for the family and for you? And what are the consequences of your answers? Will you succeed to maintain a healthy therapeutic relationship or you will fail? Failure to respond adequately to these questions may be followed by loss of the patient, his/her family, your reputation and may be your safety. Doctor patient relationship is the main guide of a healthy management process with patients and their families.

Although this importance it was under discussed in the past. Nowadays doctor patient relationship is a very important topic in the curriculum of training and examination of all medical specialties all over developed countries. In this workshop, a lot of ethical and cultural problems related to this relationship and a lot of questions will be discussed in small groups and recommendations for immediate interventions will be generally discussed. A specially prepared semi structured problems happened before to psychiatrists in different regions of the world will be presented for discussion. While classifications, diagnoses and current drugs may be changed over time, Doctor patient relationship and clinical skills will persist and psychiatrists must have the experience and wisdom to immediately deal with such problems to keep the management process healthy and effective.

A NEW HORIZON IN PSYCHIATRY: OUTCOME ASSESSMENT, QUALITY MANAGEMENT AND TELEPSYCHIATRIE

INSTITUTIONS

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- 2. Davor Micic², Dr., MD

This workshop is about new developments in psychiatry. These new initiatives are capable to facilitate the work of the professional in psychiatry in routine clinical practice. This workshop has two parts: part one is about outcome assessment and quality management and part two is about telepsychiatry. In between there is a short coffee break. In the first part we will talk about the outcome of a research project on different outcome measures in the Netherlands. To instruments will be compared: the Heath of the Nation Outcome Scales (HoNOS) and the Outcome Questionnaires (OQ). We will show how they can be used in routine clinical practice. Secondly we will explain a quality management model, in combination with the balanced scorecard of objectives for improvement, and how it can be

used by clinicians and managers to improve their performance and their patients' outcomes (Hermann, 2005; Santiago, 1999). We will show the advantage of such a model and how administrators can add the results of the daily work by the professionals into the system. The system will give more structure to the professional and organisation on a micro level (the doctor-patient-relationship). In the second part we will talk about the possibilities of tele-psychiatry, its advantages and how to implement this new method. We will explain through a research-project in Denmark the possibilities. At the end we will invite the attendees to participate in a worldwide research-project under supervision of the presenters.

THE USE OF THE HEALTH OF THE NATION OUTCOME SCALES (HONOS) AND THE OUTCOME QUESTIONNAIRE (OQ) AS TOOLS FOR ROUTINE CLINICAL OUTCOME MEASURES FOR PATIENTS WITH MODERATE TO SEVERE MENTAL ILLNESSES

INSTITUTIONS

- 1. Free University of Amsterdam/Altrecht GGZ, Psychiatry, Amsterdam, The Netherlands
- 2. GGZ Buitenamstel/Free University, Psychiatry, Amsterdam, The Netherlands
- 3. AMC, Psychiatry, Amsterdam, The Netherlands

AUTHORS

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Objective: to study the characteristics and usefulness of the HoNOS, and the OQ, in routine clinical practice for patients with moderate to severe mental illnesses.

Content: more transparency is needed during the treatment of mentally ill patients, not only for patients but also for professionals and managers. To enhance the quality of treatment there is need for routine outcome assessment with measures that are easy to use and that give insight into treatment response. The HoNOS and OQ are two of these measures.

Methods: Instruments: The HoNOS is a 12 item staff-rated assessment of clinical problems and social functioning. The OQ is a 45 items self-assessment of symptom distress, interpersonal relations

and social role.

Procedure 500 patients in a rural clinical setting were routinely assessed with the HoNOS and the OQ every 6-12 weeks, for a time period of 2 years.

Results: psychometric characteristics of the HoNOS and OQ will be presented as their usefulness for monitoring clinical symptoms in terms of reliability, validity and the ability to show clinical significant improvement and reliable change.

Importance: To enhance quality of care we have to find outcome measures that can help the professional to evaluate treatment results in a short time frame. It also benefits the patient and manager.

THE QUALITY INFORMATION SYSTEM: A NEW SYSTEM FOR MEASURING PROGRESS IN THE DOCTOR-PATIENT RELATIONSHIP

INSTITUTIONS

- 1. Free University of Amsterdam/Altrecht GGZ, Psychiatry, Amsterdam, The Netherlands
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AUTHORS

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- 2. Prashaant Debipersad², Mr.
- 3. Henk van den Berg², Dr., MD

A framework used in industry, and increasingly to address gaps in the quality of healthcare is the European Foundation of Quality Management model. This approach, in combination with a balanced scorecard of objectives for improvement, can be used by clinicians and managers to improve their performance and their patients' outcomes (Hermann, 2005; Santiago, 1999; Wagner, 1999). We developed a computerized system that easily can be introduced and used in routine clinical practice. Administrators can add the results of the daily work by the professionals into the system. The system will give more structure to the professional and organisation on a micro level

(the doctor-patient-relationship) and can be used for implementing measuring instruments in the organization as a whole.

The program we use is called "The Quality Information System" (KIS) and can be used on different levels (micro, meso and macro level). In this workshop we will give an example how we use the program to introduce and implement a short measurement instrument (like the Health of the Nation Outcome Scales) that can be used to evaluate the progress of the treatment of individual patients and groups in a clinical practice, hospital or healthcare system.

INTRODUCTION: WHAT TELEPSYCHIATRY IS ABOUT

INSTITUTIONS

- 1. Little Prins, Psychiatry, Malmo, Sweden
- 2. Free University of Amsterdam/Altrecht GGZ, Psychiatry, Amsterdam, The Netherlands

AUTHORS

- 1. Davor Mucic¹, Dr., MD
- 2. Victor JA Buwalda², Dr., MD

In this presentation we will highlight to possibilities of TELEPSYCIATRY. At the end of the $20^{\rm th}$ century there was a increasing development of possibilities to use internet. Internet made the distance between countries much smaller. An example of this kind of expansion is "telepsychiatry". Telepsychiatry is the use of videoconferencing in order to provide mental health service on distance. The patient and the therapist can see and hear each other at the same time, like via TV-transmission.

We will talk about the do's and dont's of telemedicine as a useful tool for regular psychiatric treatment. We think it can lower the costs an benefits psychiatry as a whole. It is an extra possibility to treat patients on a long distant, for example in a region that has a lack of psychiatrists. We go deeper into the details of the advantage and disadvantages of this new technology that facilitates treatment on a distance.

AN EXAMPLE OF A RESEARCH PROJECTS ON TELEPSYCHIATRY AS A NEW WAY FOR THE TREATMENT OF PSYCHIATRIC PATIENTS

INSTITUTIONS

1. Psychiatric Center Little Prins, Psychiatry, Malmo, Sweden

AUTHORS

1. <u>Davor Mucic</u>¹, Dr., MD

Introduction: To treat refugees and migrants in a proper way is quite difficult. Limited access to clinicians with similar cultural and ethnic background decreased speed and accuracy of diagnosis and treatment (especially psychotherapeutic intervention) is one of the manu reason. A possible solution for this problem is to give refugees and migrants access to ethnic specialists by using Telepsychiatry. In Denmark a transcultural expertise centre provided treatment via Telepsychiatry. The professionals involved in the Telepsychiatry project had an ethnic background what facilitated the treatment and gave possibilities for treatment without the use of translators.

Method: In 2005 to 2007 4 stations were used in the project in a period of three years. The participants were refugees and migrants

with mental healthcare problems.

The professionals spoke Arabic, Polish, and Kurdish and were placed in Sweden while the patients were located in Denmark. All participants answered a 10-items questionnaire after finishing the treatment in which Telepsychiatry was used.

Results: most of the participants preferred treatment in a Telepsychiatry setting rather then treatment as usual with a translator.

Conclusion: Telepsychiatry could enhance the accessibility of mental healthcare for refugees and migrant in areas were there is a shortage and need for professionals with the same cultural and ethnic background.

W-30

ETHICAL ISSUES IN SOUTH ASIA: IN CLINICAL RESEARCH AND PRACTICE

INSTITUTIONS

- 1. C.S.M.Medical University (Formerly K.G.Medical University), Psychiatry, Lucknow-Uttar Pradesh, India
- 2. Fatimah Jinnah Medical College & Sir Ganga, Head Department of Psychiatry, Lahore, Pakistan
- 3. Royal Melbourne Hospital, Psychiatry, Victoria 3050, Australia
- 4. Chair, WPA Standing Committee on Ethics, Greece
- 5. S.M.S.Medical College, Psychiatry, Jaipur, Rajasthan, India
- 6. Seinan-Gakuin University, Psychiatry, Fukuoka 814-8511, Japan

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- 6. Naotaka Shinfuku⁶, Professor, shinfuku@seinan-gu.ac.jp

Ethics is derived from the Greek word "ethicos" which means "Rules of conduct that govern natural disposition in human beings".

It is the body of moral principles or values governing a particular culture or group. Ethics in psychiatry is always in a state of flux adapting to changes in the specialty & its place in the world at large.

The ethical issues that are relevant to the developing or low resource countries are in contrast to the industrialized countries. The issues such as euthanasia, surrogate motherhood, organ transplantation and gene therapy, which are on the forefront in the industrialized countries, are, for the moment, irrelevant in most developing countries. Here the ethics of scarcity, cross-cultural research, as well as the activities of multinational companies, are more relevant. The

majority population in these areas is illiterate and unaware of their rights and is vulnerable to all sorts of mistreatments. There is a lack of consensus on the ethical issues and well defined ethical guidelines are needed.

Lack of resources and weak infrastructure mean that researchers in developing countries are often unable to conduct their own research. As they increasingly establish partnerships with groups from developed countries, a sound ethical framework is a crucial safeguard to avoid possible exploitation of research participants in these circumstances. Initiating early discussion of the issues with national authorities as well as the local communities concerned can help researchers to overcome the difficulties of adhering to conflicting international guidance.

OUTSOURCING CLINICAL RESEARCH - IMPLICATION FOR SOUTH ASIA

INSTITUTIONS

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AUTHORS

1. Jitendra K. Trivedi¹

Clinical trials are moving more to the developing countries each year and this is projected to intensify. The possible reasons for this are that there is a large patient pool in developing countries and the cost of clinical research and the time for completion of a study both is almost halved if research is conducted in the developing countries. There is also availability of well trained staff and clinicians who can conduct the clinical research and are forthcoming to participate in multi-national clinical trials

Community-related factors may make risks and benefits systemati-

cally worse in developing countries and ethical parameters of appropriateness should be expanded to include these risk factors.

The research in developing countries is under scrutiny now-a-days. Human rights violation, unethical practice and huge financial gains are some of the allegations which have been labeled to researches in developing countries. Issues have been raised about the relevance of informed consent, the ethical considerations of placebo-controlled trials and admission procedures for patients involved in research

ETHICAL PRACTICES IN AREAS WITH LIMITED RESOURCES

INSTITUTIONS

1. Fatimah Jinnah Medical College & Sir Ganga, Psychiatry, Pakistan

AUTHORS

1. Haroon Chaudhary1

Ethical standards are needed to protect patients, to assure honesty, to maintain minimum standards of quality, and to prevent the wasteful and fraudulent use of health care funds. Developed and developing countries have shared responsibilities, needs, and interests that form the basis for partnership. Both are progressing towards the alleviation of poverty and the achievement of sustainable economic development rests upon a commitment to good governance, the rule of law, sound economic policies and the protection of human rights. Progress on economic front, governance, health, education is threatened by the continuing plagues of physical (HIV/AIDS, malaria, tuberculosis, cardio vascular diseases etc) and mental illnesses (depression, schizophrenia, epilepsy, drug dependence etc).

Medical ethics and medical economics are increasingly in conflict.

Ethical conduct of science leads to better scientific results because the adherence to ethical research practices leads to more attention to the details of scientific research, including quantitative and statistical techniques, and to more thoughtful collaboration among investigators. Also, the credibility of science with the general public depends on the maintenance of the highest ethical standards in research.

The purpose of this presentation is to offer recommendations for clinical practice and for public policy discussions that accept the reality of physicians' participation in common forms of managed care. It also gives understanding of clinical and ethical practices which will help psychiatrists to serve patients with mental illness in their everyday clinical activities in a manner that is respectful, engenders trust, and ultimately fosters optimal clinical care.

ETHICAL ISSUES IN CLINICAL PRACTICE - SOUTH ASIAN SCENARIO

INSTITUTIONS

1. Department of Psychiatry, University of Royal Melbourne Hospital, Australia

AUTHORS

1. Bruce Singh1

Clinical practice in psychiatry in South Asia is predominantly institutionally based in large old asylums. In addition such metal health care as is delivered in the community is primarily done by family practitions or nurses. South Asia illustrates many of the ethical dilemmas associated with scarcity and the allocation of limited resou-

rces. Stigma remains a potent factor affecting the willingness of individuals and families to seek treatment. Such workforce as do exist are under considerable pressure to move from rural areas to cities and to migrate to wealthier countries. In this talk I will explore some of these issues as they affect ethnical practice in South Asia.

ETHICAL ISSUES IN EAST ASIA-PATTERNS OF PSYCHOTROPIC DRUG USE

INSTITUTIONS

1. Seinan-Gakuin University, Japan

AUTHORS

1. Shinfuka Naotaka¹

Psychotropic drugs play a key role in modern psychiatry all over the world. Psychotropic drugs are the most important agents in the treatment of mental diseases. On the other hand, psychotropic drugs produce harmful side effects. It is true that many patients in Asia are suffering from various kinds of side effects such as extra-pyramidal signs, metabolic syndrome and damages to liver functions. Some countries are reputed with the high dose prescription and poly drug use. The actual prescription patterns of psychotropic drugs are not well studied in countries and areas in Asia. The author has collaborated with psychiatrists in China, Korea, Japan, Taiwan, Hong Kong and Singapore since 2,000 to review prescription pattern of anti-psy-

chotics and antidepressants. The project is now known as Research of East Asia Prescription Pattern (REAP). REAP is the biggest and longest lasting multi-national collaborative research project in East Asia in the field of psychiatry covering 6 countries and involving over 20 centers and more that 200 psychiatrists.

My presentation will cover, among others,

- -Overview of prescription pattern of anti-psychotics in East Asia
- -Changes of prescription pattern in East Asia.
- -Forces to determine the prescription patterns.
- -Characteristic feature of prescription in countries in East Asia.
- -Ethical issues in the use of psychotropic drugs

ETHICS AND LAW

INSTITUTIONS

1. SMS Medical College, Department of psychiatry, Jaipur, India

AUTHORS

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Law is the body of rules formally sanctioned by Parliament and the Courts so as to be defined as ,Law, administered by ,legal forum. Psychiatry and Psychiatrists are restrained by the rules and law of the land. In ethics, the profession is restrained by self imposed rules and regulations that do not have legal sanctity. Ethics ,fill the gaps' in the law, often arising because the law is ,silent' on many matters. Psychiatry presents a unique array of difficult ethical questions. However, a major challenge is to approach psychiatry in a way that does justice to the real ethical issues. Psychiatry entails ethical dilemmas in defining normal and abnormal, diagnosis and treatment, individual freedom, confidentiality, competency, commitment and other complex issues. Some ethical guiding principles change with time and the place of practice. Fundamentally concerned with conceptual analysis rather than the collection of empirical data, ethics may not provide direct or definite answers on every issue.

I stress that ethical concepts must be analyzed with reference to cli-

nical practice in Psychiatry as well as increasing clinical research in south-east Asian countries.

While these states face a scarcity of resources to provide the clinical care to all the psychiatric patients on one hand, on the other hand, practitioners are facing pressure to keep them abreast with the research going in developed countries. These situations while, dealt effectively with the rules of the land, but at times compromise the ethics that we are expected to follow.

Thus, ethical guidelines must be framed according to the culturalneeds to support the law, to fill the gap and should be able to provide the best possible care to the patients as well as clinician both in practice as well as clinical research. Many important issues that can not adequately be governed by law such as Doctor- patient relationship, autonomy, consent, informed consent, competence and technique of treatment and methods of research must be addressed.

W-31

PHYSICIAN MENTAL HEALTH, BIOLOGICAL, PSYCHOLOGICAL AND SPIRITUAL MODEL FOR CARE

INSTITUTIONS

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Maslach eloquently described burnout as erosion of the soul. Burnout is a syndrome characterized by emotional exhaustion, decreased personal satisfaction, and a sense of depersonalization in physicians exposed to chronic stress. Personal consequences of burnout include marital difficulties, substance abuse, and the development of depression and anxiety. Physician burnout has also been associated with poor prescribing habits, and increased likelihood of physician error. Depression is prevalent in physicians as in the general population; however, physicians have an increased suicide rate compared to the general population and other professionals. As psychiatrists, we are in the unique position of understanding the biological, psychological, social, and spiritual factors that affect a physician throughout training and practice. We need to assume a leading role in decreasing stigma associated with mental health care in physicians, and encouraging physicians to receive treatment for burnout and

its debilitating consequences. At the conclusion of this workshop, participants should be able to understand burnout, depression and anxiety in physicians, and ways that psychiatrists can use their training to identify and treat such syndromes in our colleagues.

The workshop will be interactive, including case discussions and ex-

The workshop will be interactive, including case discussions and experiential exercises for the participants.

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Spickard, A. et al: Mid-Career Burnout in Generalist and Specialist Physicians. JAMA 2002; 288: 1446-1450.

Goldman, LS, Meyers, M, Dickstein, LJ: The Handbook of Physician Health: The Essential Guide to Understanding the Healthcare Needs of Physicians. Chicago, American Medical Association, 2000

EFFECT OF MATERNAL DEPRESSION ON THE COGNITIVE AND EMOTIONAL DEVELOPMENT OF CHILDREN

INSTITUTIONS

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AUTHORS

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- 2. Monisha Vasa¹, Dr., MD

Major depression is a common disorder, with a lifetime prevalence of around 15%. An almost universal observation is the nearly two-fold prevalence of major depressive disorder in women, perhaps as high as 25% for women. Depression has a profound negative impact on a wide range of interpersonal relationships and behaviors. Multiple studies have shown the harmful effects of maternal depression on children's cognitive development and emotional development. By the age of 20 a child with an affectively ill parent has a 40% chance of experiencing an episode of depression, and that figure rises to 60% by the age of 25. These children not only inherit the genetic predisposition for depression, but also may be exposed to adverse

environmental conditions that predict depressive outcomes such as parental marital discord, higher levels of interpersonal stress, and negative parent-child relationships. Due to the fact that children are exquisitely sensitive to interpersonal contacts, and mothers constitute a major proportion of the child's social environment, the importance of understanding the impact of maternal depression on children's growth and cognitive development cannot be underestimated. At the conclusion of this session, the participant should be able to understand the impact of maternal depression on children's cognitive and emotional development

W-33

THE FORENSIC ASSESSMENT IN WORKPLACE HARASSMENT CLAIMS

INSTITUTIONS

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There is an increase in the number of claims related to workplace harassment and subsequent damage compensation specially in Europe. This type of litigation is directly related to the type of legislation that protects workers. The more protective is the legislation the bigger number of claims. Usually the alleged consequences of the harassment are psychiatric disorders, particularly mood disorders. Generally the clinician who attends the patient/ victim of the alleged workplace harassment is asked to validate not only the psychiatric diagnosis but also the causal relationship between the incidents in the workplace and the psychiatric disorders.

The forensic psychiatrist is usually asked to review all the evidence that includes medical examination, legal documents, reports and video from private investigators, etc. It is not uncommon that beside the harassment allegations other complaints arise like stress related to work overload and burnout. Other elements of organisational psychology should be taken into consideration.

In the workshop it will be reviewed the methodology for these assessments and how to systematise the evidence and present it in Court

STRATEGIES FOR BENZODIAZEPINE DISCONTINUATION

INSTITUTIONS

1. University of British Columbia Hospital/Vancouver General Hospital, Psychopharmacology, Vancouver, Canada

AUTHORS

1. James J. Kim¹, Dr., PharmD, james.kim@vch.ca

Background:

The undesirable effects of chronic benzodiazepine use pose a serious challenge to the treatment of psychiatric illness, especially in persons with mental disorders and with other substance abuse history. The withdrawal symptoms can often overlap with presenting symptoms of psychiatric illnesses or interfere with therapy plan.

Aims

- 1) Describe and identify withdrawal symptoms associated with long-term benzodiazepine use.
- 2) Familiarize with successful benzodiazepine tapering process.
- 3) Review pharmacological and psychological strategies of benzodiazepine discontinuation.

Methods:

An unstructured review of the relevant literature.

Results:

This workshop will review current strategies and guidelines of benzodiazepine discontinuation in patients with long-term benzodiazepine exposure. It will also address the need for psychological support and proper dosing withdrawal schedule. The use of hands-on case models will enable practice-oriented application.

Conclusions:

Preliminary evidence supports the proper discontinuation of these medications with recommended protocol.

W-36

RECENT ADVANCES IN EVIDENCE BASED FAMILY TREATMENT FOR CHILD AND ADOLESCENT ANXIETY, DEPRESSION AND OBSESSIVE COMPULSIVE DISORDER

INSTITUTIONS

- 1. Pathways Health and Research Centre, Psychology, Brisbane, Australia
- 2. The University of Queensland, Education, Brisbane, Australia

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- 2. Paula Barrett², Professor, M.Clin.Psych., MAPS,, info@pathwayshrc.com.au

In this workshop participants will learn state of the art therapy techniques to help children, siblings and parents overcome the disabling symptoms of anxiety, depression and obsessive compulsive disorder (OCD). We will also provide specific strategies to effectively treat these disorders in both adult and childhood presentations. Live DVDs will be presented and will be discussed. Researchers and practitioners will find this workshop valuable in terms of assessment and intervention. The treatment strategies described in the workshop have been empirically tested through rigorous international controlled trials (1, 2). Many of the techniques we will describe have been disseminated country wide in Australia, Canada, Mexico, Norway, Finland, Netherlands, United Kingdom, Portugal, Germany,

United States and New Zealand. Additionally, these programs have been recognised by the World Health Organization as the best practice for the prevention and treatment of childhood and adolescent anxiety and depression.

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- 2. Barrett P, Healy-Farrell L, March JS. (2004). Cognitive-behavioral family treatment of childhood obsessive-compulsive disorder: A controlled trial. Journal of the American Academy of Child and Adolescent Psychiatry, 2004; 43(1), 46-62.

GROUP CBT FOR SOCIAL PHOBIA

INSTITUTIONS

- 1. Prague Psychiatric Centre, Czech Republic
- 2. 3rd Medical faculty of Charles University, Czech Republic
- 3. Centre of Neuropsychiatric Studies, Czech Republic
- 4. Out-patients Psychiatric Clinic, Czech Republic

AUTHORS

- 1. Jan Prasko^{1,2,3}, Dr., CSc.
- 2. Beata Paskova¹
- 3. Hana Praskova⁴

Social phobia is the second common psychiatric disorder in general population. It is chronic and impairing anxiety disorder, with a low rate of natural remission, producing substantial decreases in the quality of life and numerous specific social role impairment and disabilities. Over past 15 years, behavioural, cognitive, and cognitive behavioural procedures (primarily exposure and cognitive reconstruction based treatments) were found to be effective in the treatment of social phobia. The purpose of this mini workshop is to present the main principals and techniques of a short-term group cognitive behavioural therapy for generalized form of social phobia. In our work, we combine education, cognitive reconstruction, behavioural experiments, exposure therapy, social skills training and problem solving approach. This program will demonstrate how to provide significant

improvement even for those with the most severe social phobia. You will learn theoretically and practically in exercises:

- 1. The cognitive and behavioral models of social phobia
- 2. The main principles of group cognitive behavioral therapy for social phobia
- 3. How to use CBT techniques useful for social phobia in group:
- cognitive reconstruction;
- social skills training with role playing;
- behavioral experiments and exposure (including imaginal exposure);
- problem solving

Supported by the research project No. 1M0002375201 from Ministry of Education, Youth and Sports, the Czech Republic.

W-38

IMAGINATIVE DEATH EXPERIENCE IN HYPOCHONDRIASIS

INSTITUTIONS

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- 2. 3rd Medical faculty of Charles University, Czech Republic
- 3. Centre of Neuropsychiatric Studies, Czech Republic
- 4. Out-patients Psychiatric Clinic, Czech Republic

AUTHORS

- 1. <u>Jan Prasko</u>^{1,2,3}
- 2. Hana Praskova⁴

Patients with health-anxiety are very often unable to describe concrete consequences of their putative somatic diseases. They block their thoughts due to anxiety attended this thoughts. The health-anxious patients try not to think about illness at all, by attempting to control their thoughts or by distraction. Our method is based on therapeutic dialogue, using Socratic questioning, and inductive methods which force patient to think beyond actual blocks.

In second step, patients are asked to think out all other possibilities of newly discovered future. They are forced to imagine the worse consequences of all dread situations. Dialogue is led through one's serious illness status, with its somatic, psychological and social consequences, and the dying experience to the moment of death, which has to be described with all related emotions and details. Further, we ask patients to fantasize and constellate possible "after death experi-

ences". In the next session the patient brings a written conception of the redoubtable situation previously discussed. Than we work with this text as in imaginative exposure therapy.

This method seems to be quite effective and not too time-consuming. Several patients with health-anxiety underwent this exposure in our therapeutical groups. All of these patients profited from this therapy, as confirmed by follow-up data.

Participants will learn:

- conceptualization of health anxiety with the patient;
- Socratic questioning with the hypochondriacal patient;
- how to apply the exposure to the imaginative death experience.

Supported by the research project No. 1M0517 from Ministry of Education, Youth and Sports, the Czech Republic.

CHILD PSYCHIATRY AND LEARNING DISABILITY: DEVELOPMENTAL PSYCHOLOGY OR PSYCHOPATHOLOGY? AUTISM AS PARADIGM, IMPACT ON ASSESSMENT AND TREATMENT

INSTITUTIONS

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AUTHORS

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Developmental aspects of child psychiatry and learning disabilities are core issues which differentiate the profession from general psychiatry. Despite the availability of a multi-axial diagnostic system, there is still a tenet of transposing adult psychopathology, i.e. ,psychotic features' into child and learning disability, which confuses the diagnostic process and treatment options. The differentiation between normal development and abnormal behaviour is even more challenging in autism due to an uneven cognitive and emotional developmental profile. Infants' vocalisations are often encouraged in an interactive manner. Similar behaviour in a person, when tainted by muscle strength, quality of voice, particularly when distracting and risky are appraised as challenging and handled accordingly. This can induce a shift to other ,inappropriate' behaviour. Using autism as a paradigm these issues will be discussed in context of develop-

mental theories and vignettes will be used to illustrate observational methods, alternative explanations of behaviour, treatment options and effect of interventions

Learning goals are: to raise awareness of developmentally related behaviour, observational methods and how to disseminate them to allied professionals and carers, and a list with alternative explanations for ,common inappropriate behaviour will be provided after the workshop. Issues such as intrusiveness, eating difficulties and different types of attention deficit will pass the review in more detail.

The method of presentation will be interactive, depending on size of the audience. Toys and tools will be used for illustration material and given out to be tried out.

W-40

BIPOLAR DISORDER IN THE NEW MILLENNIUM

INSTITUTIONS

- 1. Trissur Hospital, Psychiatry, Trissur, India
- 2. Mumbai Hospital, Psychiatry, Mumbai, India
- 3. Apollo Gleneagles Hospital, Psychiatry, Kolkata, India
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Bipolar Disorder has a long history .The Homerian terms mania and melancholia or the Kraepelinian manic-depressive illness have transcended into a wide gamut of etiologic, phenomenological, nosological and therapeutic aspects. Bipolar disorder remains one of the most frequently underdiagnosed and undertreated psychiatric disorders. Its complexity and multidimensional form presents particular challenges in its treatment and there is a growing need to tailor individual treatment plans. The importance of early detecti-

on & treatment as well as striving towards sustained remission ,and possibly complete recovery throws the gauntlet at identifying and managing the bipolar psychopathology in two very clinically important and clinically conspicuous sub-populations, viz., children and adolescents on one hand and bipolar disorders in women on the other. Finally, bipolar spectrum is today one the most clearly defined and widely accepted entity in the "Spectrum Disorders Club" and may have clear clinical implications.

W-41

COMBINING PSYCHIATRY ANS PSYCHOANALYSIS

INSTITUTIONS

- 1. ASM13, Psychiatry, Paris, France
- 2. Hôspital Esquirol, Psychiatry, Paris, France

AUTHORS

- 1. Catherine Liermier¹, Dr., catherine.liermier@asm13.org
- 2. Estelle Botvinik², Dr.

Over the past five years, we have implemented a working group, bringing together Dr Florence Quartier, psychiatrist-psychoanalyst, and a few French psychiatric trainees with various practices and duties: child and adult psychiatric work in hospital or outpatient clinic, or private practice. In this group, we carry on with a theoretical reflection based on our clinical practice: from an interview one of us had with a patient, we then try to reconstruct the psychoanalytical approach from the inner world, taking into account transference, counter- transference, unconscious functioning in order to find useful words to say to the patient.

We try to focus above all on the person, concerned with his suffe-

ring, but we also try to highlight preserved aspects in psychic functioning. This working group became gradually an important part of our medical education. It largely consolidated us in our identity of psychiatrists-psychotherapists in our daily practice. However, it seems important to us at present time to take a stand.

The work of this group falls within the scope of a broader reflection carried out in the "WPA" Section of Psychoanalysis in Psychiatry. We will describe in details the work of the group in order to open the discussion with participants, with a clinic case: a young woman, suffering from a severe post-natal depression, has been told by her baby's nurse: « You must eniov the relation-ship with your baby! »

ADVANCES IN WPA SEXUAL HEALTH EDUCATIONAL PROGRAM (SHEP)

INSTITUTIONS

1. WPA, Psychiatry and Human Sexuality Section, Caracas, Venezuela

AUTHORS

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After the presentation of the WPA book Psychiatry and Human Sexuality: An Integrative approach, Mezzich JE, Hernandez-Serrano R et al, Istambul (2006), many new changes has been occurring in the field:

New diagnostic categories related to the six phases of the Human Cycle Response including Sexual Satisfaction

New drugs that are in the pipe line, specially Avanafil, Dapoxetine, Testosterone patches and PT-141.

New definitions by WHO regarding Sex, Sexuality and Sexual Health.

New ways of approaching female sexuality, specially with measurement of vaginal musculature tone and training of pelvic floor.

Increasing of mass media communications world wide regarding Sex Education

The inclusion of Human Sexuality in Quality of Life Evaluations Valorations of Human Sexual Rights (WAS Valencia Declaration) New and controversial forms of unions between sexes

Cognitive and Behavioral Techniques for Treatment of Sexual Disorders

Unusual sexual behaviors that are not considered now Paraphilias Homosexualities and Homopohobia.

Late onset Hypogonadism and relationships with Sex Hormones

The relevance of these topics will be very useful for DSM-V and ICD-11

ADVANCES IN WPA SEXUAL HEALTH EDUCATIONAL PROGRAM. SEXUAL DYSFUNCTIONS AND CHRONIC PAIN PSYCHOLOGY: AN INTEGRATIVE MODEL

INSTITUTIONS

- 1. Facultad de Medicina UMH, Medicina Clínica, San Juan (Alicante) Spain, Spain
- 2. Universidad Central de Venezuela, Facultad de Medicina, Caracas, Venezuela
- 3. Facultad de Medicina UMH, Psicologia de la Salud, San Juan (Alicante), Spain
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Aims/Objectives

From the basis of the sexual current diagnostic systems CIE and DSM and the chronic pain psychosocial science toward an integrative model of diagnosis and treatment of the different types of chronic sexual pain dysfunctions, enhancing pain coping and control strategies.

Methods

To update the sexual pain disorders with definitions and theoretical changes and comorbid patterns and also the recent clinical trends arising from evidence-based knowledge and clinical consensus.

Results

The label of chronic sexual dysfunctions as complex behavioral and cognitive experiences of chronic pain lets us to remain in the broad field of the human sexuality, not only as specific instances of chronic pain syndromes.

Conclusion

Chronic sexual pain dysfunctions may be usefully completed with the recent trends and issues of the chronic pain psychology enhancing the psychosocial factors in the evaluation and clinical intervention of these sexual matters of clinical interest.

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Mezzich JE, Hernández R. Psychiatry and Sexual Health: An Integrative Approach. Lanham: Jason Aronson, 2006

COGNITIVE-BEHAVIOR THERAPY FOR SCHIZOPHRENIA

INSTITUTIONS

- 1. University of Louisville, Psychiatry and Behavioral Sciences, Louisville, KY, United States
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Cognitive-behavior therapy (CBT) has been shown to improve outcome in patients treated with medication for schizophrenia and other severe mental illnesses. CBT methods can be used to target both positive and negative symptoms, in addition to problems with adherence to pharmacotherapy. Treatment procedures are practical and can be combined with medication in a comprehensive approach to severe mental disorders.

After briefly reviewing the empirical evidence for efficacy of CBT for psychotic illnesses, this course focuses on providing participants with pragmatic tools for using CBT for schizophrenia. Specific topics covered include: optimizing the therapeutic relationship, normalizing and educating, modifying delusions, coping with hallucinations, treating negative symptoms, and promoting treatment adherence. Role play and video illustrations are used to demonstrate key points and to help participants build clinical skills.

C-03

RECOVERY, PERSON-CENTERED CARE, AND SHARED DECISION MAKING: PRACTICAL TOOLS TO PUT IT ALL TOGETHER

INSTITUTIONS

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AUTHORS

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Objective

This 6 hour course will mix lecture/didactic presentations with opportunities for experiential learning and practical skill development. Focus will be on helping attendees to better understand the key elements of a model service delivery system designed to promote service user engagement, shared understanding of personal recovery goals and barriers, and the development of individual service plans that are based on shared-decision making. The policy, administrative and clinical implications of this approach will be considered and specific competencies for direct service staff as well as supervisors will be presented.

Methods

Following presentation of didactic material attendees will be given problem solving interactive assignments to facilitate mastery of concepts presented in the lecture portion of the course with an emphasis on opportunities to practice skills in plan development or personcentered care plans.

Results

Specific changes in delivery system design and ways of working with service users can be made to help move beyond the rhetoric of recovery and substantially change service user's experience of care and outcomes as measured by increased self-reliance and community integration. Developing skills in person-centered service planning is an effective strategy for making these changes. Practice models with defined competencies can be mastered.

Conclusions

Policy makers, administrators and providers must have the clinical knowledge, skills and abilities, along with the capacity to direct and manage systems change, to create a more humanistic and recovery oriented mental health services system. A focus on service planning and shared decision-making is an effective vehicle for leveraging this change can be an effective change strategy.

HABILITIES IN FORENSIC PSYCHIATRY

INSTITUTIONS

- 1. WPA Section Forensic Psychiatry, Spain
- 2. WPA Section Forensic Psychiatry, Canada
- 3. WPA Section Forensic Psychiatry, Germany
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The main educational goal of this course is helping the student to understand the differences between clinical and forensic practice. There is an important difference between the methodology and the ethical framework in both settings. Clinicians willing to get involved in forensic practice should be familiar and prepared for the adversarial procedures in the courtroom those results in aggressive cross-examinations from the attorneys involved.

Psychiatrists should be prepared to defend their opinions in an honest way avoiding falling in contradictions with other pieces of evi-

dence and the relevant scientific literature. We have observed that there is an increase in the number of legal actions against forensic psychiatrists in different jurisdictions: regulatory bodies, civil, criminal, tort law, etc.

In the course we shall present the basics on how depositions should be made, how to structure properly a written report, what evidence should be reviewed (beside clinical data), and how to prevent malpractice lawsuits related to forensic practice.

C-05

COPING UP WITH CLINICAL CHALLENGES OF RISK ASSESSMENT

INSTITUTIONS

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AUTHORS

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Introduction: Risk assessment is an important area of clinical work. All of us are constantly engaged in improving it and bridging the gaps between assessment and outcome. Suicidal ideation is common in about 4% in general population and about 20% in psychiatric population. Suicide attempt and suicidal threats are together seen in about 60-70% in acute psychiatric wards as well as in crisis services. There are tools available for risk assessment of such patients however almost always this is done based upon personal clinical judgment of the clinicians. The science of suicidology is constantly evolving with changing socio-cultural perspectives. Literature suggests three main domains for origin of suicidal ideas i.e. Biological domain, Psychological domain and Social-Environmental Domain. The suicidal ideas have constant interplay with risk factors present in the individual who gives rise to suicidal thoughts. The cognitive set changes and cognitive control is lost which then leads to an 'attempt'. An adequa-

te risk assessment is one, which incorporates all the three domains of risks in the background of suicide protectors.

Objective: The objective is to educate mental health professional in skills of risk assessment and to enhance their competency in recognising and dealing with issues of clinical challenges, complexity of risk and assessment, its measurements, need for a new & comprehensive risk assessment; documentation; risk planning; & risk management

Methods: the course is based on group leaning method and utilises three main contents 1. Background literature 2.available tools.3. Case vintage rating. Short presentations will precede group-discussion and skill building.

DETECTION, ASSESSMENT AND TREATMENT OF VICTIMS OF INTIMATE PARTNER VIOLENCE: EXPERIENCE OF THREE YEARS OF A SPECIALISED MENTAL HEALTH UNIT

INSTITUTIONS

1. Hospital Gregorio Marañón, Psychiatry, Madrid, Spain

AUTHORS

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- 2. Begoña Arbulo¹
- 3. Mariano De Iceta1
- 4. Ana Mena¹

Intimate partner violence (IPV) has become one of the major problem in any society regardless the level of socio-economic development. Dealing with these cases in the health services is difficult for several reasons: first the tendency that society has to make invisible the violence that takes place inside the couple, second the lack of awareness and sensibility that the majority of mental health professionals have for these problems, and third the lack of training on the treatment of these patients.

In the last decade there has been in Spain a strong sensibilisation in our society for these problems. Several law have been enacted to try help the victims in the different agencies involved (education, social services, health sector, etc). In the trend was created 3 years ago the only, to the best of our knowledge, mental health unit devoted to the treatment of victims of IPV: Programa ATIENDE.

Along the course the members of our team will explain our methodology in the detection, assessment and treatment of the cases. We shall address particular ethical and legal issues like the conflict between security and confidentiality, the duty-to-report legislation for health professionals, conflicts of interest between mothers victims of IPV and the children, etc.

C-07

WOMEN WITH BIPOLAR DISORDER: CLINICAL CHALLENGES

INSTITUTIONS

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AUTHORS

1. Ruth Baruch¹

Gender differences have been documented in patients suffering from bipolar disorder, with women experiencing higher rates of bipolar II, co-morbidities, rapid cycling and mixed episodes. In addition, female-specific reproductive events and hormonal fluctuations appear to impact the course of bipolar disorder in women.

The management of bipolar disorders across the female reproductive life cycle (from menarche to menopause and beyond) imposes a challenge to clinicians; common agents used may lead to menstrual irregularities, weight changes, and increased risk for Polycistic Ovarian Syndrome. During pregnancy, treatment challenges include the need to balance the putative teratogenic effect of psychotropic agents with the same well-documented adverse obstetrical outcomes and neurobehavioral consequences of an untreated psychiatric condition.

Pregnant women are exposed to heightened risk for relapse, due to treatment discontinuation, and significant worsening of symptoms during the postpartum. Unfortunately, there are no decisions that are risk

free and exposure is present either to illness or to medication.

In this presentation, we will critically review the existing evidence for the prevalence and risk factors for bipolar disorders in women. Evidence-based treatment options will be discussed. Specific recommendations will take into account the efficacy and safety of various agents. Particular emphasis will be put on reproductive safety and management of bipolar disorder during pregnancy and postpartum. Lastly, we will address some of the treatment strategies for women with bipolar disorder during perimenopausal and menopausal years.

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2.Yatham LN,Kennedy SH, O'Donovan C, et al. Canadian Network for Mood and Anxiety treatments(CANMAT)guielines for management of patients with bipolar disorder: consensus and contaversies. Bipolar Disorders 2005;7(Suppl.3):5-69.

FOLLOWING UP THE WHO HELSINKI DECLARATION ON MENTAL HEALTH

INSTITUTIONS

- 1. Institute of Mental Health, Serbia and Montenegro
- 2. Institution WPA zonal representative, France

AUTHORS

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- 2. Michel Botbol²

WPA Interzonal Forum

According to the WHO data mental health problems are widely spread and the global burden of diseases is rising in Europe, especially in developing countries. In order to face the challenges and build solutions, WHO Helsinki Declaration on mental health introduced the pan-European action plan on mental health focusing on many significant issues related to mental health and mental disor-

ders. However, development of psychiatry is different in European countries and depends on many factors involving economic development, professional resource availability, national priorities and the particular culture. This symposium will deal with the impact and challenges of the Helsinki Declaration in a dialogue between WHO regional advisor for mental health and five WPA zonal representatives of the European region.

THE IMPACT OF THE HELSINKI DECLARATION

INSTITUTIONS

1. WHO Europe, Denmark

AUTHORS

1. Matthijs Muijen¹

Since the endorsement of the European Declaration of Mental Health (Helsinki Declaration), there has been much policy and service development across the Region. Many countries are preoccupied with the prevention of common mental health problems that are posing major public health and economic risks. Countries are also

reviewing their mental health systems, gradually shifting towards community based models of care. The process of shifting from policy to implementation is challenging, and is involving psychiatrists at every level. Positive examples and challenges will be presented.

MENTAL HEALTH ISSUES OF CONCERN IN MENTAL CARE IN THE NORDIC REGION

INSTITUTIONS

1. Centre Transcultural Psychiatry, Denmark

AUTHORS

1. Marianne Kastrup¹

At the WHO European Conference on Mental Health held in Helsinki 2005 a main focus was the identification of European values for mental health such as equality, fairness and solidarity. The Northern European Region supports wholly the values mentioned above, and the region is characterised with its longstanding tradition to a welfare model with emphasis on public services. In many welfare societies, the overall aim has been to have a mental health service that provides free and equal access to care irrespective of sex, age, social status or ethnic background. But the consequences of globalization increasingly colours the scene and today, we know that exposure to extreme stress have psychological consequences, and that severe social adversities may influence mental health, and that the consequences are to some extent similar independent of cultural back-

ground. This fact has vast public health consequences also in the Northern European region and deserves increased public attention today. The question is however to what extent the above thoughts and aspirations have been implemented for the vulnerable marginalised populations. In my presentation I intend to discuss the interweaving of these factors seen in the perspective of ethnic minorities, including refugees, as the prototype of a population that is facing increasing social adversities in many European countries with the inherent increased risk of developing mental problems. The paper will discuss Northern European strategies to empower marginalized, vulnerable groups and work for reintegration into society for those suffering of mental disorders.

FROM THE HELSINKI DECLARATION TO THE GREEN PAPER: THE WESTERN EUROPEAN PERSPECTIVE

INSTITUTIONS

1. WPA zonal representative, France

AUTHORS

1. Michel Botbol1

For the first at this level, most of the countries of a continent participated in January 2005 in Helsinki at the ministerial conference on mental health. This very important initiative launched a strong process that led to the Green Paper on mental health elaborated by the European Union to promote institutional and political reforms on mental health along the lines of the Helsinki declaration. The Green Paper is then the first governmental application of this continental strategy. Through a public consultation was the best way to open a public debate on mental health seen as one of the most important public health topic. Most of the comments from Western European psychiatrists welcomed this innovative initiative and the stress it put on non psychiatric issues in this field. This position was certainly

favoured by the imposed division of competency between the member States (in charge of the providing of health resources and thus of providing psychiatric resources), and the European Community whose competency is limited to social and economic aspects, and based on one of the possible definitions of mental health in its relation with psychiatry. The critics of the Green paper underline the risk of increasing the splitting between psychiatry and mental health broadening the gap between these two interrelated fields. To the essential motto: "No public health without mental health" another essential one is opposed: "No mental health without psychiatry and no psychiatry without mental health".

SINCE THE WHO HELSINKI DECLARATION: FROM THE PERSPECTIVE OF SOUTHERN EUROPE

INSTITUTIONS

1. Istanbul Bilgi University, Turkey

AUTHORS

1. Levent Küey1

It has been three years since the Helsinki Mental Health Declaration and Action Plan had been signed by the ministers of health of the European countries. It had actually suggested a flexible guidance for implementation in individual countries. This presentation will review the developments in this context in the Southern European countries since the January of 2005. It aims to present the achievements and the challenges in the region from a transcultural perspective.

TOWARD THE MODERN HEALTH CARE VIA HELSINKI DECLARATION

INSTITUTIONS

1. Yerevan State Medical University, Armenia

AUTHORS

1. Armen Soghoyan¹

A WHO European Ministerial Conference on Mental Health "Facing the Challenges, Building Solutions" was held in Helsinki in 2005 and emphasized on the action plan in 12 priority areas, which are signed for the implementation by European countries. From one hand it is normal to "face the challenges" while there is a new initiative, but from an other hand it is difficult to "build solution" in countries of long-lasting transitional period from Eastern European region. It is

well known that people (even without mental health problems) from above mentioned countries have trouble of realization the rights adopted via European values and the situation is worst in case of mentally ill persons. Experience indicates that from ratification to implementation there is a long way to go and we value the role of international NGO's, Institutions that could facilitate this process.

MENTAL HEALTH CARE IN CENTRAL EUROPE - CASES OF GOOD PRACTICE

INSTITUTIONS

1. Institute of Mental Health, Serbia and Montenegro

AUTHORS

1. Dusica Lecic Tosevski1

Development of psychiatry has similarities and differences and depends on many factors involving economic development, professional resource availability, national priorities and the particular culture. Due to prolonged adversities health system has deteriorated and is facing specific challenges. Many of the countries of the region have faced prolonged stress and difficulties due to civil conflicts, continuous political upheaval and social transition, with increasing prevalence of mental disorders. However, a movement towards renewal of collaboration, reform of psychiatry and harmonization of mental health care policies has started in these countries. Cases of good practice (Mental health project and multicentric studies invol-

ving eight countries of the region) will be presented. These cases are important steps towards the reform of psychiatry, but also towards conflict resolution and reconciliation.

References:

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- 2. Mental Health Project for South Eastern Europe (2003). Enhancing social cohesion through strengthening mental health services in South Eastern Europe. www.seemhp.ba/index.php.

F-02

POST-GRADUATE TRAINING IN ASIA

INSTITUTIONS

- 1. Peking University, Institute of Mental Health, Peking, China
- 2. All India Institute of Medical Sciences, Department of Psychiatry, New Delhi, India
- 3. Nihon University, Department of Psychiatry, Tokyo, Japan
- 4. Kangwon National University, Department of Psychiatry, Chunchon, Republic of Korea
- 5. Kaohsiung Medical University, Department of Psychiatry, Kaohsiung, Taiwan Republic of China
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- 6. Tsuyoshi Akiyama⁶, Dr, MD, PhD, akiyama@sa2.so-net.ne.jp

Aims: The aims of this forum as organized by the Japanese Society of Psychiatry and Neurology are to share the experiences of the recent developments and the future plans for post-graduate training in Asia. For example, the specialist qualification system was recently introduced in Japan. Methods: The Chinese Society of Psychiatry, the Indian Association of Social Psychiatry, the Japanese Society of Psychiatry and Neurology, the Korean Neuropsychiatric Association and the Taiwanese Society of Psychiatry will report what has been taking place regarding post-graduate training in each country. Results: These reports will describe what has been implemented

and achieved, what issues remain as challenges and what planning is being considered by the presenting societies and associations. Conclusions: These presentations will provide significant bases of information for the societies and associations in Asia and also the World Psychiatric Association. Through this forum the societies and associations can learn from each other's endeavor and aspiration and discuss how post-graduate training programs can be improved in Asia. Such discussion will provide the World Psychiatric Association a clue for the direction to consider regarding the planning of the educational training programs in Asia and in the world.

RECENT DEVELOPMENT OF PSYCHIATRY IN ASIA

INSTITUTIONS

- 1. Peking University, Institute of Mental Health, Peking, China
- 2. All India Institute of Medical Sciences, Department of Psychiatry, New Delhi, India
- 3. Matsuzawa Hospital, Department of Psychiatry, Tokyo, Japan
- 4. Yongin Mental Hospital, WHO Collaborating Center for Psychosocial Rehabilitation and Community Mental Health, Yong-In, Republic of Korea
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- 4. Tae-Yeon Hwang⁴, Dr, MD, PhD, lilymh@dreamwiz.com
- 5. Chiao-Chicy Chen⁵, Prof, MD, PhD, DAF39@tpech.gov.tw
- 6. Tsuyoshi Akiyama⁶, Dr, MD, PhD, akiyama@sa2.so-net.ne.jp

Aims: The aims of this forum as organized by the Japanese Society of Psychiatry and Neurology are to share the recent developments and the future orientations of education, research and practice of psychiatry in Asia. Methods: The Chinese Society of Psychiatry, the Indian Association of Social Psychiatry, the Japanese Society of Psychiatry and Neurology, the Korean Neuropsychiatric Association and the Taiwanese Society of Psychiatry will report what has been taking place as new developments in each country. Results: These reports will describe the cultural and societal backgrounds, planning, implementation and achievements of the recent developments. These

reports will also include the discussion on the remaining challenges and the orientation for the future. Conclusions: These presentations will provide valuable information regarding the development of psychiatry in Asia, which is relatively not well recognized. The presenting societies and association have all introduced advanced information and technology and integrated them with the cultural tradition of each country. These presentations will provide good examples how global principles can be assimilated creatively and productively in the unique cultural heritage and society system.

F-04

WPA POSITION STATMENT ON SPIRITUALITY, RELIGION AND PSYCHIATRY

INSTITUTIONS

- 1. Meerkanten GGZ, Harderwijk, The Netherlands
- 2. Ibn Rusd University, psychiatry department, Casablanca, Morocco

AUTHORS

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The Section on Spirituality, Religion and Psychiatry, in collaboration with the Special Interest Group (SIG) Spirituality and Psychiatry of the Royal College of Psychiatrists (London, UK) is working on the development of a WPA position statement with regard to Spirituality, Religion and Psychiatry. Spirituality and religion are increasingly recognised as being of importance in the understanding of the ae-

tiology of psychiatric disorders, and in the clinical assessment and treatment of patients. Spirituality (including religiosity) is, as indicated in the WHO definition of health, an important aspect of health. This forum is meant to create an opportunity to discuss the draft for this position statement with experts in the field from all different religious and spiritual traditions, from all around the world.

PREVENTING SUICIDAL BEHAVIOUR AND DEPRESSION IN YOUNG PEOPLE: WHAT ROLE CAN TECHNOLOGY PLAY?

INSTITUTIONS

- 1. University of Melbourne, ORYGEN Youth, Melbourne, Victoria, Australia
- 2. University of Sydney, Brain & Mind Research Institute, Sydney, NSW, Australia

AUTHORS

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- 4. Ian Hickie², Professor, ianh@med.usyd.edu.au

International concern exists about the increase in rates of suicidal behaviour and depression amongst young people. Suicide ranks among the top 10 causes of death in most western countries, while the World Health Organisation predicts that depression will be the second leading cause of disease and disability by 2020. Apart from impacting on the quality of a young person's life, depression is also a major risk factor for suicide and is associated with long term health consequences in adulthood. Reach Out! (www.reachout.com.au) is an Australian web-based mental health service for young people aged 16-25. Launched in 1998, Reach Out! was the first website in the world with the express purpose of reducing youth suicide. In developed and, increasingly developing countries, access to and use

of the internet is common. If we are to impact on the mental health of young people it is essential that we look to the settings in which they spend time. Debate regarding the potential dangers of the internet and the impact it has on mental health has been fierce ranging across academic disciplines, government policy, popular press and in communities. Keeping young people safe is essential but this narrow focus fails to explore the opportunities the internet affords as a setting for mental health promotion and prevention or as an adjunct to clinical care for young people experiencing mental health difficulties. This paper will present evidence of the potential role that the internet and related technology can play in improving the mental health of young people.

F-06

WORLD ASSOCIATION FOR YOUNG PSYCHIATRISTS AND TRAINEES WAYPT

INSTITUTIONS

1. Cairo University Hospital, Psychiatry, Cairo, Egypt

AUTHORS

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Forum on Mass Media and Psychiatry

The World Association for Young psychiatrists and Trainees founded in 2002 from wpa fellows and young psychiatrists at XIIWCP in Yokohama, and conducted several workshops and meetings in many WPA regional meetings and international conferences. Last in Cairo 2005. It offers a chance to YPs and trainees to interact and share and

input their experience in the pool of discussion. In regards to what's happening in various parts of the world from stressful, painful and also exciting events and in view of the still prevalent stigma against psychiatry enhanced or lessend in some models of Media. We are proposing this topic for our Forum in 2008, and will extend the invitation to all YPs and YP supporters and mentors to participate in this debate in Prague.

THE TIME FOR IMMUNOPSYCHIATRY?

INSTITUTIONS

1. McMaster University, Psychiatry and Behavioural Neurosciences, Hamilton, Canada

AUTHORS

1. Boris Sakic¹, Mr., PhD., sakic@mcmaster.ca

During the 20th century various life sciences merged into new multidisciplinary fields. Accumulating evidence from neuroimmunology, psychoneuroimmunology, and psychoneuroendocrinology provided critical amounts of knowledge to support the view that mental health is controlled by a complex neuro-immuno-endocrine network, called homeostatic metasystem. Sound experimental data and numerous clinical studies suggest that brain morphology and function are compromised during systemic autoimmunity and

inflammation. Psychiatric manifestations in systemic lupus ertythematosus and multiple sclerosis, as well as autoimmune/inflammatory phenomena in schizophrenia and autism spectrum disorders are examples where psychiatry meets immunology. Other conditions and experimental evidence which justify the birth of Immuno-Psychiatry as a new multidisciplinary field will be reviewed at the conference.

F-08

THE BALANCE OF CARE ("PAN METRON ARISTON")

INSTITUTIONS

1. Hellenic Centre for Mental Health and Research, Athens, Greece

AUTHORS

1. George Christodoulou¹

The Panel Discussion is organized by the Psychiatric Association for Eastern Europe and the Balkans and the WPA Section of Preventive Psychiatry.

The Psychiatric Associations of the countries of Eastern Europe have identified, in a recent survey, as their main mental health concerns two basic topics: psychiatric reform and suicide prevention.

This panel discussion will deal with the first topic. Psychiatric care in Eastern Europe is presently in a transitional period from big hospital psychiatry to other forms of care, basically Community Psychiatry. Psychiatrists and planners in Eastern Europe have the advantage of a precedent - the psychiatric reform in Western Europe and thus they can identify the advantages but also the difficulties and drawbacks of this reform. For example, they are in the advantageous position

to realize that what is indicated for a certain socio-political and cultural milieu is not necessarily good for another environment. They can also realize that a necessary prerequisite for closing a psychiatric hospital is to establish alternative facilities in advance and to guarantee a continuous flow of funding.

The Psychiatric Association of Eastern Europe and the Balkans (PAEEB) is currently dealing with the problems encountered on the way to de-institutionalization and the purpose of this panel discussion is to highlight them and contribute to their understanding. Each representative of an Eastern Europe Psychiatric Association will present the major problems encountered in the process of psychiatric reform in their respective countries.

Reference: www.paeeb.com

REFORM OF PSYCHIATRIC SERVICE IN RUSSIA

INSTITUTIONS

1. Independent Psychiatric Association of Russia, Moscow, Russian Federation

AUTHORS

1. Liubov N. Vinogradova¹, Mrs., PhD, vinograd@npar.ru 2. Yuri S. Savenko¹, Dr., MD, info@npar.ru

In 2005 Russia signed the European Declaration on Protection of Mental Health and joined the European Plan of Actions for protection of Mental Health. In 2007 the Federal five year Program for reforming psychiatric service was adopted. It planed to transfer the accent of mental health care to help in community, to out-patient forms of help carried out by multi-professional teams of specialists and to reduce number of beds in in-patient facilities, which is 11,4 for 100 thousand people in present Russia. The main stimulating motive of the Government was reducing expenses of society in connection with mental diseases of citizens. The meaning of reform didn't discuss as with mental health professionals as with population. Meanwhile one of the most fundamental factors determining

successfulness of the reform is a level of health care financing. In Russia it is 2,7% of the GDP in 2007, whereas according to the World Health Organization health care system can't fulfill its functions at the expenses less than 5%. In such conditions specialized care can correspond to the European Plan only in particular big centers. It is the most important on a present stage to invest funds into versatile work on development of out-patient help in community, to fix the percentage of funds for psychiatric care, to create hostels and daily inpatient centers, to provide patients with prolonged drugs, to organize groups of self-help and mutual support, to promote wide anti-stigmatization program.

F-09

CONFLICT, VIOLENCE AND MENTAL HEALTH: THE MIDDLE EAST PARADIGM

INSTITUTIONS

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AUTHORS

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FORUMS

VIOLENCE IN IRAQ

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AUTHORS

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Each year, over 1.6. million people worldwide lose their lives to violence.

Violence is among the leading causes of death for people aged 15-44 years worldwide, accounting for 14% of deaths among males and 7% of deaths among females .

When violence is prolonged, it undermines the social and economic conditions of communities and nations.

The consequences of armed conflict are especially devastating. The loss of parents, children, spouses, etc. is emotionally traumatic, and

may have serious economic consequences for surviving members of the families as well.

Iraq with a history of bloody violence is not lucky through what it has subjected to occupation, invasion, destruction, killing, deportation, and elimination during the previous centuries.

There are several cornerstones of violence in Iraq which need to be discussed in details

Non-violence education is very crucial for the future of Iraq.

THE BICOMMUNAL RECONCILIATION PROCESS IN CYPRUS

AUTHORS

1. Argyris Argyriou¹

The reconciliation process in Cyprus between the Turkish Cypriot community and the Greek Cypriot community has been in evolution the last 20 years in systematic progressive rates. Citizens and professional groups have commenced initiatives of bilateral meetings, in times that the political conditions were not facilitating such movements. The encouragement of foreign embassies, the European Union and the United States authorities reinforced the effectiveness of this procedure.

The mental health professionals have a central role in the conflict resolution effort, in promoting the reciprocal understanding and the development of common views in the island's perspectives. The present political and socioeconomic context provides more opportunities for bicommunal collaboration and reestablishment of unanimity. In this background the maturation of social conceptions for the final solution of the Cyprus issue are being fostered. Hence the settlement seems more plausible in the near future.

CONFLICT, VIOLENCE AND MENTAL HEALTH: THE MIDDLE EAST PARADIGM

INSTITUTIONS

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It seems that the continuation of the very complex conflict in the Middle East, with escalation of hostilities, the painful price in human lives and the long lasting psychological consequences, demands that mental health (MH) professionals seek and recruit all relevant resources with potential to contribute to conflict resolution, healing processes and to peace.

People living in regions of conflict and related hostilities are more exposed to traumatic events and consequently, to peri and post traumatic distress and disorders. A major contribution of MH would thus be, a collaboration among professionals, on both sides, in promoting psychosocial therapeutic models that are suitable for the specific needs of the casualties in this region, including research and training of therapists.

Another possible contribution of MH could be in influencing public opinion including leaders. This may be achieved by readiness for self examination, studying the various psychological consequences on society including expressions of distress, coping and attitudes. Such

studies, when professionally validated, could raise public awareness of putative findings and insights, that may sometimes be hard to accept, but which may alter public views and attitudes and promote readiness and efforts towards peace (1,2).

In this context, a specific attention should be given to collective/national traumas. Such traumas may serve as a significant obstacle to resolution of the conflict, but can also be recruited for reconciliation processes, serving as a bridge for common aspirations for peace.

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LEBANON, WAR AND MENTAL HEALTH

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We have assessed over the past three decades the impact of war exposure on mental health in several populations using retrospective as well as prospective designs. The studied populations included targeted individuals, as well as, national samples representing the entire Lebanese population. Recurrent findings from these studies point out witnessing war events, repeated exposure to war and living in areas of terror are shared risk factors for children, adolescents and adults. Other childhood adversities and prior mental health disorders play a major role in predicting the final effect. The importance of temperament in mediating these effects is under study.

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Karam EG, Mneimneh ZN, Fayyad JA, Dimassi H, Karam AN, Nasser SC, Chatterji S, Kessler RC (2008) Lifetime Prevalence of Mental Health Disorders: First Onset, Treatment and Exposure to War- the LEBANON Study. PLOS Medicine, 5(4):e61.

DISASTERS AND MENTAL HEALTH: THE WPA RESPONSE

INSTITUTIONS

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KASHMIR DISASTER

AUTHORS

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Disaster is severe disruption of ecological and psycho-social situation which greatly exceeds the coping capacity of the affected community (WHO, 1992). South Asia is a frequent victim of disasters. Poor infrastructure, adverse economic conditions and tough geographical terrain add on to the existing problems.

In October 2005, a devastating earthquake occurred in Kashmir in India. A team of mental health professionals visited the earthquake stricken area to provide mental health services five weeks after of the event. The team conducted clinics at >30 sites in different villages in the area. Finding of the team have been published by R. K. Chadda and A. Malhotra (2006, 2007). The finding from the study found that adjustment disorders, depression, other stress reactions, and PTSD-like symptoms were the common mental health problems five to six weeks following an earthquake.

This presentation will describe the mental health problems encountered in those communities in the aftermath of the Kashmir earthquake.

Reference

World Health Organization. (1992) Psychosocial Consequences of Disasters

R. K. Chadda and A. Malhotra (2006). An experience of provision of psychiatric services in the earthquake-affected area of Kashmir in India. International Psychiatry. Vol. 3, No. 3, 3-5.

Chadda RK, Malhotra A, Kaw N, Singh J, Sethi H.(2007) Mental health problems following the 2005 earthquake in Kashmir: Findings of community-run clinics. Prehospital Disast Med.22 (6):541–545. J.K.Trivedi,M.D., M.R.C.Psych.(U.K.)F.A.P.A.(U.S.A.)Professor & Mohan Dhyani, M.D., Research Officer, Department of Psychiatry, C.S.M.Medical University (Formerly K.G. Medical University, Lucknow-226003),India

SOUTH ASIAN TSUNAMI

AUTHORS

1. Harischandra Gambheera, Sri Lanka

To the time immemorial, the worst ever tragedy experienced by Sri Lankans had been the destruction caused by the tsunami on December 26th 2004. These tidal waves destroyed more than I of costal margin of Sri Lanka and significant parts of Indonesia, Malaysia, Thailand Maldives and Andaman & Nicobar Islands. During the disaster 40.000 people have lost their lives in Sri Lanka alone and approximately two hundred thousands people lost their lives in entire disaster. Thousands of children had become orphans, many thousands were injured, and further thousands are documented as missing. Destruction of thousands of houses had made millions of people homeless.

A large number of stress generation scenarios would have occurred during the disaster. Considering the speed which the escaped children and adults have lost their loved ones, the resulting stress would have been unimaginable. In addition there are enormous losses in relation to disabilities, houses, vehicles, livelihoods etc. On the other hand disruption of family structures due to loss of members could result in very complex psychosocial problems. All these factors could pose a formidable psychosocial damage. Although natural disasters

and man made disasters are common in our region there is not much evidence on which the assessment of psychological damage could be based. Nevertheless expected psychological sequelae would be as high as following any other disaster perhaps would be more.

Post disaster Psychological interventions should be flexible and based on an ongoing assessment of needs. The emotional reactions should be understood based on the manifestation of various stress reactions level of individual effort invested by the people for their own construction, the pattern and degree of disability as a result of these psychological stresses etc. This is a formidable challenge to the mental health services of Sri Lanka as well as for the other countries in the South Asian region.

On the other hand there is little experience among South Asian mental health service personal in terms of managing post disaster Psychological sequelae. These deficiencies would affect children more than others. This problem is even more confounded by the underdeveloped nature of existing mental health services in this region.

PERUVIAN EARTHQUAKE

INSTITUTIONS

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Background:

At 06:40 p.m. local time on August 15th 2007 an earthquake measuring 7.9 degrees in the Richter scale, lasting 210 seconds struck the Department of Ica, Peru, that is located 306 km. (191 miles) south from Lima. The earthquake was followed by a 5 meter height tsunami that affected mainly Pisco and Paracas coasts and more than 20 aftershocks, which were felt by the people in the Ica region in the following week¹. Unlike other natural disasters, such as, a hurricane, an earthquake gives people no time to prepare. In minutes, thousands of families saw their houses collapse creating a mental health emergency². The Peruvian Psychiatric Association prepared a workshop that was held in Ica to provide participants with information on psychiatric disorders and mental health.

Aims/Objectives:

To provide participants with a positive attitude towards mental health, information on psychiatric disorders frequently seen after a natural disaster and a place for discussion of challenging issues associated with mental health within their own region.

Methods

Pre and post tests were taken before and after the workshop to assess the extent to which the activities had an impact on the participants.

Results:

Participants increased their score after the workshop (Pre-score: 62%, Post-score: 83%)

Conclusions:

The workshop improved the participants' knowledge on mental health problems.

The authorities of the Regional Peruvian Medical Board and other health operators at local level got engaged in a mental health network devoted to curb this emergency.

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DISASTERS AND MENTAL HEALTH: THE WPA RESPONSE

AUTHORS

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Bangladesh is basically a disaster prone country due to it's geographical situation. A large part of the country is surrounded by the Bay of Bengal. Bangladesh faces natural disaster like cyclone, flood, draught and seasonal storm in different time almost every year. The country experienced most severe cyclonic storm during the year 1970 and 1991 and flood during 1988 and 1998. Recently devastating super cyclone SIDR crossed over the southern part of the country on 15 November, 2007. Fifteen districts of the southern region were badly affected. Thousands of people died, several thousand were seriously injured and infrastructures were severely damaged. World largest mangrove forest Sundarban had been badly affected.

Psycho-social morbidity among disaster affected people previously was not done. It has been reported that people of disaster affected areas develop psychiatric disaster and morbidity due to adverse life situation. Bangladesh Association of Psychiatrists (BAP) took initiative to assess the psycho-social morbidity and risk factors among the SIDR affected people. The study by BAP will be helpful in future

planning regarding the management of psycho-social morbidity in disaster affected people.

The psychosocial morbidity and the risk factors among the people affected by the SIDR were assessed by a group of psychiatrists after the disaster.

Immediately after the SIDR disaster, the response from WPA was very prompt. WPA President was informed about the disaster and a task force was formed to face the disaster with the directive of WPA President. Five thousand U.S. Dollar was sanctioned by the WPA fund for disaster management. Echoing the WPA activities many other societies also came forward with financial assistance and verbal suggestions.

Helping the survivors with food and shelter is the first priority immediately after the disaster, followed by management of physical and psycho-social problems. Organizing local volunteers and proper training to the field level workers appears to be most helpful in the management of physical and psycho-social problems for short and long term.

DISASTERS AND MENTAL HEALTH: THE WPA RESPONSE

AUTHORS

1. Dongfeng Zhou, China

May 12, 14:28, the most severe earthquake in Chinese history was happened with magnitude of 8.0 on Richter scale. Up to July 10, 2008 69197 people have been killed, 96445 hurt and 18000 lost in the earthquake that has struck Sichuan province in the southwest China. The center of the earthquake was in Wenchuan, a hilly area, about 100 km from the provincial capital Chengdu.

As early May 17, President of WPA, Prof. Mezzich asked Prof. Zhou, The Chinese Society of Psychiatry (CSP) if some supports needed. CSP wants the educational materials about psychological adding, for survivals from earthquake, especially for orphans.

After than we receive lots of emails, Prof. Prof. George Christodoulou send me many papers about this area, and sent me a CD for Crisis intervention.

These papers and CD are very usefully, and we have used them in education, and in making the long term intervention plan for child and adolescents writ by CSP.

WPA

Have sent us 3000 \$ to CSP, We have used this money to interpret a Book <Disaster Psychiatry> into Chinese, and we plan to buy the book in Chinese to send every member of CSP in the future.

MASTER CLINICAL CASE CONFERENCE

MCC-01

TAO PSYCHOTHERAPY CASE CONFERENCE: FUSION OF EASTERN TAO AND WESTERN PSYCHOTHERAPY

INSTITUTIONS

- 1. Koeran Academy of Psychotherapists, Honorary President, Seoul, Republic of Korea
- 2. Center for Existential Studies and Daseinsanlytic Psyhchotherapy, Director, Santa Fe, United States
- 3. Dr. Lee's Psychiatric Clinic, Director, Seoul, Republic of Korea

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- 3. Jung-Kuk Lee³, Dr., MD, kap8432@hanafos.com

Chairpersons: Erik Craig & Huh Chan Hee

- 1. Introducing the Case: Lee Jung-Kug
- 2. Viewing the Videotape of the Interview: (Interviewed by Rhee Dongshick)
- 3. Discussion:
- 4. Meet the therapist, Prof. Rhee, the founder of Tao Psychotherapy

Western psychotherapy, when it is freed from its conceptual prison, can fully resonate with Eastern Tao, and thereby can be much strengthened. After the introductory theme is addressed, the participants will view to the videotape of a patient's interview with Prof.

Rhee Dongshick, who is the founder of Tao Psychotherapy. At proper points the videotape will be interrupted for comments which are intended to highlight the patient's subjective 'nuclear feelings' and the therapist's empathic responses including 'pointing directly at the patient's mind'. Then the discussants' comments will be followed and the participants will be encouraged to freely discuss with Prof. Rhee.

Keywords: Nuclear Feeling, Tao Psychotherapy, Empathy

VFS-01

THE WRATH OF GOD: A FAITH-BASED SURVIVAL PARADIGM

(A PRESENTATION AND FILM ABOUT THE SURVIVORS OF THE 2005 EARTHQUAKE IN PAKISTAN)

INSTITUTIONS

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AUTHORS

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On October 8, 2005 at 8:52 am, an earthquake measuring 7.6 on the Richter scale struck Pakistan and Kashmir. More than 250,000 people perished, though the official toll remains around 80,000. The majority of the dead were children. Millions (3.5) are homeless, with no relief in sight. This oral presentation and the 17 minute movie illustrates the role of faith as a coping mechanism in the earthquake victims. The project began after my visit to the earthquake region of Pakistan and Kashmir in May, 2006, 6 months after the earthquake.

An individual's ability to cope with disaster is a function of culture, religion, faith, and belief. Common patterns of trauma have emerged among those affected by disaster, and have been the subject of numerous studies. A literature search showed that no scientific papers have been written nor any protocol developed to study this population where psychiatry is non–existent due to detachment from

the modern world by virtue of its geographical inaccessibility and defiance to accept modern medicine.

Individuals in this population may cope with disaster differently since they exist as nuclear extended families with strong religious and spiritual belief systems. I interviewed and videotaped survivors utilizing the Traumatic Stress Symptom Checklist (TSSC). Despite a high prevalence of PTSD and Depressive Disorder, there was less incidence of suicide and more optimism due to faith and religious belief systems. The role of God was quite prevalent. Faith, religion, society and family play a large role in coping mechanisms, but do not prevent the induction of PTSD or depressive symptoms. Lack of basic necessities and resources cultivates passivity, dependency, hopelessness, resentment and ultimately the potential exploitation by extremist viewpoints.

VFS-02

ABOMINATION: HOMOSEXUALITY AND THE EX-GAY MOVEMENT

INSTITUTIONS

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Psychiatrists have been at the forefront of the depathologization and destigmatization of homosexuality. Many conservative religious groups have opposed this process, maintaining that homosexual behavior is immoral and mutable. They often cite statistics that have no support in the scientific community. *Abomination: Homosexuality and the Ex–Gay Movement* is a video produced by the Association of Gay and Lesbian Psychiatrists (AGLP), as a vehicle to understand how Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals with religious backgrounds have wrestled with their religious faith. It is a documentary focusing on sexual orientation—conversion therapy (sometimes referred to as "reparative therapy"). Mainstream mental health professionals have criticized conversion therapies for the harm they cause and objected to their practitioners' overstated

claims of success. Nevertheless, these "treatments" are increasingly promoted to, and practiced by, fundamentalist faith communities across the US and Europe. *Abomination* focuses on four individuals for whom conversion treatments have been unsuccessful: The film features the prominent psychiatrist, Robert Spitzer, MD, who explains what his controversial research on conversion therapy actually means. It presents interviews with mental health experts who have studied and written about the ex—gay movement's treatment failures, including James Scully, MD, the medical director of the American Psychiatric Association. He explains why professional mental health organizations remain concerned about the harm caused by conversion therapies. *Abomination* is available at AGLP's website www.aglp. org as a 31 minute DVD.

VFS-03

REDUCING STIGMA AND DISCRIMINATION AGAINST OLDER PEOPLE WITH MENTAL DISORDER: THE BRAZILIAN PERSPECTIVE

INSTITUTIONS

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The World Health Day 2001 motto was "Stop exclusion, dare to care". WHO and WPA, jointly with several other NGOs published a Consensus Statement on the stigmatization and destigmatization of the elderly with mental disorders. The objectives of this meeting were to:

- promote a debate at all levels on the stigmatization
- describe the risk factors, the phenomena and the consequences of stigmatization
- stimulate, assist, promote, suggest policies, programmes and actions to combat the stigmatization.

Some terms were defined such: stigma, exclusion, discrimination, stereotypes, myths. Risk factors for stigmatization were listed such: old age, mental disorders, cultural issues and crisis situations (wars,

migration of populations, socio-economic changes...). The phenomena of stigmatization was studied in its different aspects: how does stigma show itself, the amplitude of the phenomena, stigma in particular mental disorders in old age, stigma in particular contexts, who is stigmatized, who stigmatizes. The consequences were also discussed: for whom and with which consequences. Some types of strategies to combat stigma were proposed to whom, when, where, how and by whom.

In order to introduce this document in Brazil, the Rio de Janeiro State Association of Psychiatry, in collaboration with the Federal University of Rio de Janeiro has prepared a video with images of Brazilian old people in situation of stigmatization and discrimination.

VFS-04

ADHD THROUGH THE MOVIES

INSTITUTIONS

- 1. Credit Valley Hospital, Psychiatry, Toronto, Canada
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AUTHORS

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There Is a growing awareness in educational literature that visual strategies work best for ADHD patients. The art of film—making can effectively utilized as a tool to help us navigate the emerging science of ADHD. Showing patients charts, graphs and electronic information has more appeal than auditory strategies (like an office based educational strategy). During this session I will present movies that have a clear connection to both diagnosis and treatment of ADHD: 1. Symptoms of impulsivity will be illustrated using clips from: *Home Alone, Dennis the Menace* and other key choices

2. Treatment strategies that illustrate the immature personality and growth will be illustrated using *Mrs Doubtfire* and *The Lion King*.

Understanding the personality profile is a major component of long term therapy, if one believes that a genetic disorder is likely to alter personality development if it affects the individual from early childhood. Therefore, the patient must deal with attachment and trust. Fostering the therapeutic alliance with the physician can be illustrated:

- 1. Showing the movie *Officer and a Gentlemen* attacking the vulnerability of Anti– Social Personality Disorder
- 2. Pushing buttons with Good Will Hunting.

The participant will have a keener sense of what ails ADHD adults and the treatment strategies that will benefit them.

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VIDEO & FILM SESSIONS

VFS-05

ONE FLEW OVER PSYCHIATRY'S NEST: THE THEORY AND PRACTICE OF PSYCHIATRY IN THE CINEMA

INSTITUTIONS

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AUTHORS

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Psychiatry and film has grown up together. There has always been a love hate relationship between the two entities, and various stigmatizations and perceptions of the field have been a result of portrayals in film

The aim of the workshop is to make use of film clips to evaluate the portrayal of psychiatrists and the psychiatric profession over decades. The first "movie psychiatrist" that is documented is "DR. DIP-PY" in a 1906 film titeled "DR. DIPPY'S SANOTORIUM" and there has been a Sanotorium full of psychiatrists depicted since then!

The workshop will be looking at a variety of films eg. "Ordinary People", "As good as it gets", "Mr Jones", "K– Pax", "Girl Interupted" and the more recent "Beautiful Mind" among others.

The workshop will also aim to create interest in using film as a successful teaching tool to lay people as well as professionals.

See you at the movies!

ADDICTIONS

P-01-001

PSYCHOLOGICAL CHARACTERISTIC OF SPOUSES OF ALCOHOLICS

INSTITUTIONS

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The concept of codependency has been advanced to explain certain psychological traits purported to be characteristic of spouses and adult children of alcoholics. To test the validity of this hypothesized syndrome, 60 female subjects living with either an alcololic, a nonal-coholic person. Over 50% of subjects had a positive family history

for alcoholism.

The results revealed significantly greater levels of psychological symptomatology among the spouses of alcoholics, consistent with the hypothesized symptomatology of codependency.

P-01-002

CHAT SEX AND SEXUAL BEHAVIOR OF YOUNG MEN

INSTITUTIONS

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Since 1995 when Goldberg first discussed "internet addiction", various forms of this addiction have been dealt with, and under various names. Given that sexual relation outside marriage are a taboo in Iran and concerning the fundamentals of the theory of psychoanalysis on the surfacing of suppressed needs, chat sex seems to have become quite prevalent in Iran recently. The present research was carried out in 2007 in order to analyze the effect of chat sex on sexual behavior in young people. A message was posted in a chat room with all Iranian members, giving a phone number for further relations. Upon calling us, the caller was asked to take part in a phone inter-

view within the framework of a scientific research project. 50 males, with an average age of 26.5, agreed. Of the entire participant, 80% were single, 14% married, and 6% divorced. The findings indicate that continued chat sex led to bodily contact, including sexual intercourse, 34% of the cases. 76% of the participants pointed out that chat sex intensified their sexual feelings. 58% said they felt sexually satisfied after a sex chat. 26% reported an effect on their jobs. 60% admitted they masturbated during or after sex chat. Regarding these and other findings, it appears sex chat will develop into a habit and can intensify sexual activity and masturbation.

THE IMPROVEMENT OF GENERAL PRACTITIONERS' APPROACHES TO THE PATIENTS WITH ALCOHOL RELATED PROBLEMS: A RANDOMIZED CONTROLLED EDUCATIONAL TRIAL

INSTITUTIONS

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Excessive alcohol consumption and alcohol related problems are significant public health problems worldwide. It is aimed to assess the primary health care working general practioners' knowledge, attitude and behavior related to the detection of risky alcohol use and brief intervention and to investigate the effect of education on these aspects.

General practioners working in the Konak (KGSB) region (n=226) were separated into intervention and control groups with 1:2 ratio and randomized according to the health centers. Sixty two general practioners participated in the intervention group and 73 in the control group. One hour didactic lecture + a video example of brief intervention + skills training with role playing + intervention materials (physician education booklet + patient self-help brochures + Alcohol Use Disorder Identification Test (AUDIT) + follow-up

forms) were provided to intervention group. Control group had didactic lecture only. Participants answered a questionnaire related to knowledge, attitude and behavior before the implementation of the programme. The same questionnaire was applied at the end of the education sessions and at the 2.5 month follow-up.

Pre-intervention knowledge, attitude and behavior scores were similar between groups. A significant increase was observed in knowledge post-intervention scores in advantage of control group. In spite of the decrease in knowledge scores at the 2.5 month follow-up, a significant increase related to pre-intervention scores was established. No significant difference was observed in attitude and behavior scores. Some improvement in knowledge had been provided by the education programme.

P-01-004

NONCHEMICAL ADDICTIONS IN REHABILITATION OF CHEMICAL ADDICITS

INSTITUTIONS

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The spectrum of addictive disorders consists of at least two groups: chemical and nonchemical addictions. Nonchemical addictions cover all spectrum of human behavioral activity such as love, sex, work, money and shopping, religion, sport etc. It seems that each human behavioral act may be potentially addictive. In other words, normally any human being has specific polyaddictiveness when in one person several potential addictions peacefully coexist, one of them being preponderant. Potential addiction which plays the most important role in the present period of life, which does not suppress, does not force out the others we propose to call *prevalent addiction*. Prevalent addiction is transient, can fall under some external action and can coexist with other potential addictions. One gets a problem when one of potential addictions begins to dominate and force out

the others. In this case we talk about the *dominant* (*fixed*) addiction origin. The dominant addiction fills up the consciousness totally, forces out other potential addictions and resists external influence. Essentially dominant addiction has features close to psychopathological characteristics of *idée fixe*. Long-term experience shows that one addiction can easily transform into the other. It happens both in chemical and nonchemical addictions. Essentially the treatment of a socially unacceptable addiction comes to addict shift into a socially acceptable form of the addiction (stable remission). The basic idea of rehabilitation of a chemical addict should be realized in strictly individual search and following strengthening of socially acceptable nonchemical addiction. If it is impossible, the next step should be replacement therapy.

AN ANALYSIS OF THE WIDESPREAD USE OF ALCOHOL AMONG TURKISH UNIVERSITY STUDENTS AND THE FACTORS AFFECTING THE USE OF ALCOHOL

INSTITUTIONS

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Objective: Use of alcohol is gradually becoming more and more widespread among young individuals (1,2). This study was planned to analyze the widespread use of alcohol among university students and the contributing factors.

Method: The sample of the research consisted of 170 students who studied at Ege University in Turkey. The data were collected by two questionnaire forms. The first one was the descriptive form and second one was the information form which aimed at determining the status of alcohol use and the stories of alcohol user students.

Results: It was seen that 84.7 % of students were alcohol users and 75.7 % consumed alcohol when they were happy. The older the age, the more the rate of alcohol consumption becomes. The rate of alcohol consumption was meaningfully high for male students with

educated parents and those who spend their spare time at cafés and bars. No meaningful relation was determined between the frequency of alcohol usage and the place inhabited for a long time, economic status, number of siblings and the alcohol use of family members. **Conclusion:** The high rates portraying the widespread use of alcohol among university students have proven that it is a significant issue to be handled urgently.

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P-01-006

DO THE PROSPECTIVE MEMORY DEFICITS ASSOCIATED WITH CANNABIS USE IN TEENAGERS AND YOUNG ADULTS RECOVER ON CESSATION OF USE?

INSTITUTIONS

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Aims: The present study examined whether the deficits in prospective memory associated with recreational use of cannabis among teenagers and young adults recover following cessation of use.

Methods: An independent measures design utilising pre-existing groups of current cannabis users, previous cannabis users and non-users was employed in which an opportunity sample of 128 undergraduates studying at universities in the north east of England completed an objective video-based prospective memory task and a series of self-report questionnaires assessing failures in prospective memory, levels of anxiety and depression, use of strategies to assist remembering and recreational drug use.

Results: Analysis of covariance (ANCOVA) revealed no significant differences in the number of self-reported failures in prospective

memory. Current cannabis users, however, correctly recalled significantly fewer location-action combinations during the video-based prospective memory task than both previous users and non-users with no significant differences observed between previous cannabis users and non-users. These findings were observed after controlling for age, level of anxiety and depression, use of strategies to assist remembering, and the use of other recreational drugs including alcohol, nicotine and ecstasy.

Conclusion: The findings from the objective prospective memory task in the present study suggest that current recreational cannabis use has a detrimental effect on prospective memory ability in teenagers and young adults but suggest that these observed deficits may recover following cessation of use.

DOES CANNABIS USE AFFECT PROSPECTIVE MEMORY IN TEENAGERS AND YOUNG ADULTS?

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Aims: The present study examined whether recreational use of cannabis affected prospective memory ability in teenagers and young adults. *Methods:* An independent measures design utilising pre-existing groups of cannabis users and non-users was employed in which an opportunity sample of 90 undergraduates studying at universities in the north east of England completed an objective video-based prospective memory task and a series of self-report questionnaires assessing failures in prospective memory, levels of anxiety and depression, use of strategies to assist remembering and recreational drug use.

Results: Analysis of covariance (ANCOVA) revealed no significant

differences in the number of self-reported failures in prospective memory. Cannabis users, however, correctly recalled significantly fewer location-action combinations during the video-based prospective memory task than non-users. These findings were observed after controlling for age, level of anxiety and depression, use of strategies to assist remembering, and the use of other recreational drugs including alcohol, nicotine and ecstasy.

Conclusion: The findings from the objective prospective memory task in the present study suggest that recreational cannabis use has a detrimental effect on prospective memory ability in teenagers and young adults.

P-01-008

AN INNOVATIVE CROSS-TRAINING PROJECT: ADDICTION COUNSELORS AND MENTAL HEALTH PROFESSIONALS" PERSPECTIVES

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OBJECTIVES. The aim of this study is to evaluate the implementation of an innovative cross-training method (Perreault & al., 2005) designed to improve treatment integration of dual disorders (Mueser & al., 2003). This cross-training project implies a ten weeks position rotation between 20 clinicians from a public addiction centre located in Canada and 20 clinicians working in various clinical settings (i.e. Program of Assertive Community Treatment (PACT) teams, inpatient and outpatient psychiatric clinics, primary health care). One of the specific goals of this evaluation is to improve our understanding, from addiction counselors and mental health professionals' perspective, of: 1) clinical and organizational challenges associated with the treatment of dual disorders before and after the project; 2) the successful components of the cross-training project as well as the pitfalls.

METHODS. A focus group was conducted with each clinical team (n=20 teams) before and after their participation to the project. Thematic analyses were conducted with N'VIVO software.

RESULTS. Clinicians noted a lack of training about dual disorders and underlined differences in intervention philosophy among clinical settings. Cross-training is perceived as an effective way to improve collaboration between professionals as well as addiction screening. However, in order to develop new skills, clinicians said they need more supervision and suggested new collaboration modalities implying co-intervention.

CONCLUSION. Active collaboration between mental health services and addiction treatment centres need to be implemented in a long-term framework in order to be effective.

A COMPARATIVE STUDY OF ATTACHMENT STYLES OF PATIENTS WITH SUBSTANCE USE DISORDERS OF OPIOID AND NORMAL INDIVIDUALS

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Objectives: The aim of this study was to compare the attachment styles of patients with substance use disorders of opioid and normal individuals

Methods: Two hundred and forty volunteers (120 patients, 120 normals) were included in this study. All participants were asked to complete Substance Use Disorders Questionnaire (SUDQ) and Adult Attachment Inventory (AAI). Analysis of the data involved both descriptive and inferential statistics including means, standard deviations, t-tests, Pearson's correlation coefficients, and regression analyses.

Results: The results revealed significant difference between attachment styles of the patients with substance use disorders of opioid and normal individuals. Significant negative and positive correlations were found between secure and insecure attachment styles of the patients, respectively.

Conclusion: It cab be concluded that substance use disorders of opioid are influenced by attachment styles through the processes of family interactions, social control, affect regulation and self-efficacy. Keywords: attachment theory, attachment style, substance use disorder, addiction

P-01-010

A COMPARATIVE STUDY OF FAMILY CHARACTERISTICS OF PATIENTS WITH SUBSTANCE USE DISORDERS OF OPIOID AND NORMAL INDIVIDUALS

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Objectives: The aim of this study was to compare the family characteristics of patients with substance use disorders of opioid and normal individuals.

Methods: Two hundred and forty volunteers (120 patients, 120 normals) were included in this study. All participants were asked to complete Substance Use Disorders Questionnaire (SUDQ) and Family Assessment Device (FAD). Analysis of the data involved both descriptive and inferential statistics including means, standard

deviations, t-tests, Pearson's correlation coefficients, and regression analyses

Results: The results revealed significant difference between family characteristics of the patients with substance use disorders of opioid and normal individuals.

Conclusion: It was shown that severity of substance use disorders could be predicted by ineffective family characteristics.

Keywords: family, substance use disorder, addiction

PRE-MORBID CHARACTERISTICS OF DRUG ADDICT PATIENTS WHO WERE HIV INFECTED

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Analysis of pre-morbid characteristics of persons who were HIV - infected, and suffered from opiate narcotic drug addiction was conducted with the application of psychological methods (MMPI), psychological diagnosing of different types of attitudes towards the disease. From 11 examined patients 6 persons were diagnosed by the II B stage, 5 - by III A, 4 - by HIV encephalopathy. The length of narcotic drugs abuse was from 2 to 9 years.

During the first years of drug abuse 5 persons used a common "group" syringe. While they seemed active, they still had introvert features of character and conformity, they followed the regime of their drug addict company, entirely obeying the leader. When these persons had to resolve the issues independently, their character traits such as rigidity, inclination towards anxieties with an emphasis

on social problems grew stronger. Often transitory depression developed. 6 patients' personalities were closer to extrovert type: light judgments, unstable interests, satisfaction with immediate happiness, inclination towards independent and active search for the drug. All patients had a low intellectual level.

Disclosure of HIV infection had caused two types of reactions in patients. Extroverts have "pathologically denied the disease", they were convinced in the diagnostic mistake or stated that they could have contracted the disease at the dentist. Introverts had a following reaction to the diagnosis: growing self-consciousness, anxieties together with hypochondria, very often developing depressions with panic attacks.

P-01-012

ADORATION OF THE GOD OF SLIMNESS - FROM A SYMPTOM TO AN ILLNESS

INSTITUTIONS

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Introduction: Victims of anorexia nervosa are usually the smartest and the best adolescent girls - they are good, obedient daughters and excellent students. Their qualities are self-control and perfectionism in everything, including their diet and they perfectly deny their own being. Anorexia nervosa, with the growing prevalence in the modern times, has different evolution, from a symptom to a severe illness which requires a multidisciplinary approach to treatment.

Aim: Six short vignettes of adolescent girls with identical beginning of symptoms but with different evolution and different treatment possibilities will be presented.

Methods: Assessment of personality and family functioning in the sense of developmental phenomena and therapeutic procedures description.

Discussion and conclusion: Etiological substratum diversity of anorexia nervosa leads to a variability of clinical manifestation, with different underlying personality organization - neurotic, borderline or psychotic. The consequence of this is a different prognosis of the illness as well as the dilemma about the most adequate therapeutic approach. Driven by different prognosis of identical clinical manifestations of adolescent girls who at some point of their development suffer from have anorexia nervosa, the question is whether such a diagnose is just a symptom of different clinical identities. This question puts into focus more intensive dealing with psychodynamics of this disorder, which also implies more adequate treatment with modified psychoanalytic approaches.

STRESS, RELAPSE AND SUBSTANCE USE DISORDERS

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The relationship between stress, substance use disorders (SUDs) and relapse has been the subject of much recent investigation. Epidemiologic and clinical studies suggest that early life adversity, in particular childhood sexual abuse, is associated with the development of SUDs in adulthood. Individuals with SUDs commonly experience multiple life stressors, but the relationship between life stressors and relapse has not been well characterized and is likely to be complex. The rapid development of technical advances in the neurosciences has led to increased understanding of molecular biology, neurotransmitter systems and neural circuitry involved in stress response and SUDs. There is much overlap in the neurobiologic pathways involved in SUDs, psychiatric disorders and stress response. Individual's with SUD's have abnormalities in stress responding which may predict risk for relapse. In this presentation, the epidemiologic and clinical

data addressing the relationship between stress and SUDs will be reviewed. Data will be presented from studies investigating the neurobiologic interface between stress and substance use disorders. Specifically, studies using human laboratory paradigms to explore stress reactivity and hypothalamic-pituitary-adrenal axis (HPA) function in alcohol and cocaine dependent individuals will be presented. These studies shed light on the mechanistic relationship between stress reactivity and relapse suggesting that abnormalities in the HPA response to stress are associated with risk for relapse. Findings also suggest that the mechanisms linking stress and substance use may be gender-specific with implications for gender differences in co-occurring psychiatric disorders and SUDs. Future research and implications for clinical interventions will be discussed.

P-01-014

EVALUATION OF THE RE-GAIN OF WEIGHT AFTER THE OBESITY SURGERY

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Introduction: Literature refers that the success of obesity surgical treatment in the long-term depends less on the technical quality of the surgical procedure and more on the patient's adaptive capacity to new eating habits. **Aim:** To evaluate the weight evolution of patients submitted to the obesity surgery.

Method: 50 patients (12% male and 88% female), who undertook the obesity surgery, were monitored in the Morbid Obesity Surgery Ward. Variables analyzed: weight loss, excess weight loss and re-gain of weight.

Results: The age group varied between 25-66 years, with a minimum of 24 months and maximum of 61 months of post-surgery. 18% did not achieve the expected weight loss (< 35% of starting weight), 48% achieved the expected weight loss (35-45% of starting

weight) and 34% lost more weight than expected (over 45% of the initial weight). Regarding the percentage of excessive weight loss: 34% did not achieve their goal (< 65% of excess weight) and 66% achieved or passed the weight loss goal (> 65% excess weight). As for the re-gain of weight, 30% maintained the minimum weight reached and 70% gained weight during the study period. Among these last, 51% gained less than 5% of the lost weight, 34% gained between 5 -10% of the lost weight and only 15% gained more than 10% of the lost weight.

Conclusions: Most of the patients submitted to surgery lost weight in a satisfactory manner; however, after the weight re-gain (41%) they maintained the weight in the expected standard.

INVESTIGATION OF THE INCIDENCE OF TOBACCOISM IN HOSPITALIZED PATIENTS IN A CARDIOLOGY WARD

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Introduction: Tobaccoism is the second greatest cause of death in developed countries, the sixth in developing countries and one of the main risk factors for heart disease.

Aim: to investigate the incidence of tobaccoism in hospitalized cardiopat patients and tackle the importance to stop smoking.

Method: A protocol created by the researcher was applied on 220 patients between 2005 and 2006.

Results: Of the 220 patients, 50% were male, with an average age of 58 years, 35,4% had not completed middle school and 22,3% were illiterate. 43,2% were non-smokers, 43,2% former smokers and 10,5% smokers. Amongst the smokers, 86% mentioned they missed the cigarette during hospitalization and 82,6% presented abstinence symptoms. The most described were: craving (43%), headache (42%),

"nervousness" (42%) and anxiety (37%). 82,6% mentioned that they want to stop smoking because they know cigarettes are bad for the health, 74% because they are hospitalized due to the disease and 52% would stop smoking by medical imposition. 41% mentioned the presence of smokers in the family and 40,5% live with smokers. Conclusions: The numbers of smokers and passive smokers in this population of low social-cultural level is significant. The supply of information about tobaccoism and its harms is important, contributing to an improvement in the quality of life and greater period of living. The abstinence symptoms may negatively influence in the hospitalization, seeing that psychological factors interfere in the disease's evolution as well as treatment.

P-01-016

SEVERITY OF THE SYNDROME OF ABSTINENCE TO ALCOHOL: AN APPROACH IN RELATION TO THE TIME OF CONSUMPTION, LEVEL OF DEPENDENCY AND CALORIC CONTRIBUTION

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The chronic alcohol consumption is a high-priority problem of Public Health, which entails to an endless number of medical complications, early and delayed, like direct or secondary consequence of the ingestion of the same one. In many occasions, the abstinence syndrome gets to represent a complex clinical organisation and burdens. The intensity of the symptomatology and the presence of complications depend on a series of factors that aggravate it or their predisposition. The objective of the current investigation was to value the weight of some variables in the gravity of the syndrome of abstinence to alcohol. 31 selected patients went to have their treatment to the Center of Aid to Alcoholic and its Families (CAAF) in Mexico City, D. F., and they displayed a series of symptoms of abs-

tinence to alcohol. The age of beginning consumption, time and the level of dependency, caloric ingestion by food and alcohol for the 24 previous hours were evaluated as well as the severity of the clinical picture. One was that the beginning of the consumption of alcoholic beverages to early ages and the long time of the same one influenced in a level of substantial dependency, whereas an important caloric contribution by alcohol altogether determined the gravity of the abstinence syndrome.

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INTERACTIONS BETWEEN DRUGS OF ABUSE AND PSYCHOTROPIC MEDICATIONS

INSTITUTIONS

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Aims/Objectives

One challenge in treating people with both mental illness and substance use problems, or so-called 'dual diagnosis', is prescribing psychotropic medication when there is a history of substance misuse. All psychotropic medications have psychoactive effects and are therefore drugs that are at risk of misuse. Furthermore, in the setting of simultaneous administration, there exists the risk of interactions between the prescribed psychotropic medications and the drugs that are not prescribed or are illegally obtained. This paper will outline some of the issues that arise in the clinical context of combined use of psychiatric drugs and substances of misuse.

Methods

There will be explanations of the pharmacological, pharmacokinetic and pharmacodynamic principles that underlie medication-drug interactions and examples of these interactions drawing on the literature. There will also be exploration of the clinical impact of these in-

teractions, including the resulting consequences and complications.

Interactions between drugs of abuse and psychotropic medications may be described as additive, synergistic and antagonistic. Drug overdose deaths and the serotonin syndrome are examples of the severe consequences of some interactions. However there is a wide range of interactions' outcomes.

Conclusions

Interactions between drugs of abuse and psychotropic medications are often unpredictable. There is a dearth of research evidence and literature in this important area. The psychiatrist must apply basic pharmacological principles in order to make informed decisions regarding choices of treatment and doses. The treatment of these patients usually requires closer monitoring and frequent review. Harm reduction strategies must address issues of drug-medication interaction.

P-01-018

SELF-REPORTS OF HOPELESSNESS AND URINE TESTS IN METHADONE MAINTENANCE PATIENTS

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Aims/Objectives: Feelings of hopelessness are often hypothesized to be a precedent or potential sign of relapse in opiate addiction. We investigated whether self-reports of these feelings by patients in methadone maintenance treatment (MMT) are indeed correlated with concurrent abuse of non-prescription drugs.

Methods: 52 MMT outpatients (34 men, 18 women, mean age 33.6, SD=9.7) completed the Beck Hopelessness Scale (BHS). This 20 item questionnaire quantifies self-reports of feelings of hopelessness: the patients are asked to describe how they felt within the last 7 days. Results of urine screening tests for opiates, cocaine, oxycodone, and benzodiazepines were recorded for all 52 patients for the period of last 7 days.

Results: 67.3% of the patients scored within the normal range on

BHS (scores <4), 21.2% within the category of mild hopelessness (BHS from 4 to 8), 9.6% within the moderate category (BHS from 9 to 14), and only one patient scored in the severe category (BHS>14). With respect to urine tests, 23.1% of the patients tested positive for opiates at least once in last 7 days, 19.2% for cocaine, 7.7% for benzodiazepines, and 17.3% for oxycodone. There was no significant correlation (p<.05, 1-tailed) between the BHS scores and urine tests. Neither age nor gender were significantly correlated with results of urine tests and with BHS scores, except as follows: women more frequently tested positive for benzodiazepines (r=.25, p=.040).

Conclusion: Self-reports of mild to moderate hopelessness among MMT patients are unrelated to frequency of their concurrent abuse of opiates, cocaine, oxycodone, and benzodiazepines.

SLEEP QUALITY IN METHADONE MAINTENANCE PATIENTS AND RESULTS OF URINE SCREENING TESTS

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Aims/Objectives: We investigated whether poor sleep quality in patients in methadone maintenance treatment (MMT) is associated with concurrent abuse of non-prescription drugs.

Methods: 30 MMT outpatients (mean age 35.5, SD=11.2) who complained about poor sleep were administered the Pittsburgh Sleep Quality Index (PSQI). Twenty other MMT outpatients (mean age 37.4, SD=10.7) with adequate sleep quality (no insomnia or restless sleep) served as controls. The methadone dosage ranged from 3 to 100 mg per day with the average at 46.6 mg, SD=24.9. Results of urine screening tests for opiates, cocaine, oxycodone, and benzodiazepines were recorded for all 50 patients.

Results: Those who complained about poor sleep were more likely to have positive urine tests for cocaine use (r=.24, p=.050) and

were currently on a higher dosage of methadone than good sleepers (r=.28, p=.027) perhaps due to their lower stage of recovery from addictions. As a further step, we analyzed the relationships, within the group of poor sleepers, between the 7 standard PSQI scales and urine tests and the methadone dosage. No significant correlations were found except for those involving the methadone dosage, as follows. Higher methadone dosage was associated with urine tests more frequently positive for cocaine (r=.27, p=030) and for oxycodone (r=.38, p=003). Higher methadone dosage also correlated with lower sleep efficiency (r=.50, p=.003) defined as the ratio of time spent sleeping to time spent in bed.

Conclusion: Self-reports of poor sleep among MMT patients are more frequent among those engaged in concurrent cocaine abuse.

P-01-020

THE RELATIONSHIP OF QUANTITY, FREQUENCY AND THE DURATION OF CANNABIS USE TO ADDICTION

INSTITUTIONS

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Investigators are using data from national studies to address pertinent questions on addiction. However, the assessments are not similar regarding quantity, frequency (Q/F) and the duration (D) of illicit drug use. The Substance Abuse Module was developed for nosological purposes; hence, it addresses full criteria for abuse and dependence for all drugs in the DSM. It also covers Q/F during the period of heaviest use and the duration of this period, along with onset and recency age of use. The DSM V Committee is interested in the age old question of how Q/F/D is associated with abuse and dependence. As a first step, we evaluated assessments, and then data collected over the years from our NIDA funded studies, specifically focused on these issues. Data from 1025 cannabis users, who are

50% male, 43% African American, 34% never married and 75% out of treatment, show that during their heaviest period of cannabis use, they used an average of 10 joints on 5 days/week for 3 years. When users were stratified by Q/F/D into quartiles, we found, as hypothesized, that heavier cannabis users (HCU) were more likely than less heavy cannabis users (LHCU) to meet individual criteria for dependence and abuse. Also, HCU vs. LHCU was associated with more moderate and severe dependence. This association can help the DSM Committee determine the usefulness of Q/F/D for predicting addiction and for understanding the clinical usefulness of collecting such information. Additionally, this data will help understand the velocity from HCU to development of dependence.

SOCIAL STRESS AND ALCOHOL BASED PSYCHOSES

INSTITUTIONS

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The aim of present work is discovery of how the social stress impacts on formation of alcohol psychosis in Chechen republic during various periods of social crises.

Methods and means of research: The illness of alcoholism and alcoholic psychosis for period of 2001 up to 2007 based on statistical reports and files of patients were analyzed. As criteria of correlation the ratio between the numbers of re-identified alcohol psychosis and

alcoholism were used.

Results and discussions: Due to the improvement of social situation in Chechen republic the frequency of alcohol psychoses was decreased. Alcoholism is keeps increasing. There are conclusions about the role of social crises in rising of alcohol psychoses in condition of extraordinary situations.

P-01-022

EARLY AGE OF ONSET OF SUBSTANCE USE IN CLIENTS ADMITTED TO A GENERAL HOSPITAL IN KINGSTON, JAMAICA.

INSTITUTIONS

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Aim: To describe the age of onset and pattern of substance misuse in a sample of clients admitted to the Detoxification Unit of the University Hospital of the West Indies.

Method: Data from clients admitted between January and December 2005 were disaggregated using retrospective chart extractions and analyzed using SPSS 13.0

Results: A total of 158 clients were admitted, with 144 (91.1%) males and 14 (8.9%) females. The mean age was 33.3 ± 12.85 years, range 14-77 years (p = 0.000). The majority (86, 54.4%) was from Kingston. A combination of nicotine, alcohol, cannabis and crack cocaine misuse (38, 24.1%) was the most common diagnosis, followed by a combination of nicotine, alcohol and cannabis misuse (p = 0.000).

The main drug of onset was cannabis (68, 43%) and nicotine (68, 43%), (p = 0.000), with the main drug of impact being crack cocaine (84, 53.2%), (p = 0.000). The mean age of onset for cannabis use was 16.0 ± 4.5 years, nicotine use 18.3 ± 6.8 years, alcohol use 20.6 ± 8.7 years and crack cocaine use 26.2 ± 8.3 years. The majority initiated cannabis (88, 80%), nicotine (58, 69%) and alcohol (33, 55.9%) use before the end of their adolescent years, and cocaine use (60, 73.2%) in their post adolescent years.

Conclusion: 1. There is an early age of onset in this sample of substance abusers. 2. There are implications for early prevention messages, identification and treatment of adolescent substance abusers in Jamaica.

CONSIDERING THE QUALITY OF PRESCRIBING TRANQUILLISERS IN GREAT TEHRAN

INSTITUTIONS

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INTRODUCTION: In recent years, it has become increasingly obvious that we now face a major problem of coping with people who have become ADDICTED to prescribed drugs.

METHOD: This survey is on a self group of people and therefore of questionable statistical value. General shape of the survey and all of the questions are asked does not bias the answer and several drafts were made of the survey.

RESULTS:

- 1) It is doubtful whether TRANQUILLISERS which can provide effective relief from stress and anxiety are effective for periods beyond four months.
- 2) TRANQUILLISERS which are marketed as sleeping pills are no longer effective after a period of between 3 & 12 days.

- 3) There is no significant difference between the effects of the drugs which are marketed as TRANQUILLISERS and the effects of those which are marketed as sleeping pills.
- 4) Sudden withdrawal after medium to long term use may cause serious withdrawal symptoms.

CONCLUSION: This survey reveals that 3 quarters of patients are fighting on their own, without help or encouragement from their doctors. Only 1 quarter of the survey were advised by their doctors to try and cut down. Taking TRANQUILLISERS continuously for a long period (4 months) can lend to a triple problem. Firstly, the tranquillising effect may wear off. Secondly, there may be physical / mental side - effects. Thirdly, there is danger of insidious development of Dependence and subsequent difficulty in withdrawing the drug."

P-01-024

COMORBIDITY BETWEEN ALCOHOL DEPENDENCE AND BEHAVIORAL ADDICTIONS: CORRELATIONS WITH TEMPERAMENTAL AND CHARACTER DIMENSIONS

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AIMS: The concept of "addiction", traditionally referred to the abuse of psychoactive substances, has been extended to objects, attitudes and experiences because of their potential to determine symptoms and course of diseases partially overlapping with those induced by chemical substances. According to some researchers all kinds of pathological addictions share neurobiological mechanisms, suggesting the *rationale* to investigate the possible presence of a greater susceptibility to develop behavioral addictions in those who have already experienced a substance related disorder.

METHODS: 120 patients with a diagnosis of Alcohol Dependence (DSM-IV) were compared with 120 healthy subjects. The two samples were assessed with psychometric tests designed to investigate the main behavioral addictions: pathological gambling, compulsive shopping, sexual, affective, internet, work and physical exercise

addictions. To the pathological sample was also administered the Temperament and Character Inventory-Revised (TCI-R) in order to investigate the personality dimensions associated with addiction. RESULTS: Results shown a major prevalence of all behavioral addictions, except for sexual and internet ones, in the clinical sample

dictions, except for sexual and internet ones, in the clinical sample respect to the control group. Significant correlations between specific behavioral addictions and between each addiction and temperamental and character dimensions has been also founded.

CONCLUSION: This study confirmed the hypothesis that individuals who have already experienced a substance dependence, are more likely to develop other conducts of abuse or addiction, including the behavioral ones, in comorbidity. However, it seems highly plausible that in the presence of an alcohol dependence, some behaviors of addiction do not occur as clinically significant.

IMPULSIVITY AND DISSOCIATIVE EXPERIENCES IN A SAMPLE OF PATIENTS WITH ALCOHOL USE DISORDERS

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Aims. Aims of this study were to investigate impulsivity traits and dissociative experiences in a sample of patients with Alcohol Use Disorders, the significance of this association and the possible correlation with temperamental and character personality traits.

Methods. Fifty-one patients with diagnosis of Alcohol Use Disorder (DSM-IV) were consecutively recruited at the Day Hospital of Psychiatry and Addictive Behaviors of the Catholic University Medical School in Rome and assessed with the following psychometric scales: the Barratt Impulsiveness Scale, Version 11 (BIS-11), the Dissociative Experience Scale II (DES II), and the Temperament and Character Inventory - Revised (TCI-R).

Results. The mean scores obtained by the experimental group in

both the BIS-11 and DES II do not differ from those estimated during the validation procedure. Pearson's linear correlation between scores was found statistically significant (p <.05). Significant correlations with some personality dimensions have also been found.

Conclusion. It is possible that the presence of mild and transient dissociative conditions, due in part to the effects induced by the substance itself and partly to the comorbid psychopathologic framework, could lead the rise of instinctive and impulsive behaviors, not controlled by the critical capacities of the subject. Further, it is highly plausible that the tendency to impulsivity and instinctiveness can facilitate, in particular conditions of stress or vulnerability, the onset of dissociative phenomena, albeit mild and short-lived.

P-01-026

ALCOHOL CRAVING CHARACTERISTICS IN PATIENTS CONSULTING A PSYCHIATRIC SERVICE IN A GENERAL HOSPITAL AT UNIDAD DE CONDUCTAS ADICTIVAS, HOSPITAL ITALIANO DE BUENOS AIRES, ARGENTINA. A DESCRIPTIVE STUDY

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Introduction: The aim of this study is to describe the principal characteristics of alcohol and tobacco abuse in patients admitted in a psychiatric service at a general hospital

Method: We reviewed the records of 111 patients consulting between November 2006 and December 2007. They completed a self-administered questionnaire including demographic data, consulting motivation, and type of substance abused, the "Desire of drinking questionnaire" by Jimenez, Gimenez , and the Fagerstrom Test.

Results: When sending this abstract, we do have just partial results (53 /111 patients). 70 % of patients completed the Desire drinking

questionnaire; 57%, of patients who completed the questionnaire had a high score in the desire for difficult of control factor, 43% of patients obtained scores exceeding the cut point in the positive desire reinforcement factor; 57% had a high score in the negative desire reinforcement factor; 64 % of patients completed the Fagerstrom Test, 22 % obtained a high score.

Conclusions: A higher number of patients had a high score in the desire for difficult of control factor and in the negative desire reinforcement factor. We expect to find more consistent results from the total results processed, which will be exhibit at the congress.

COCAINE CRAVING CHARACTERISTICS IN PATIENTS CONSULTING A PSYCHIATRIC SERVICE IN A GENERAL HOSPITAL AT THE UNIDAD DE CONDUCTAS ADICTIVAS DEL HOSPITAL ITALIANO DE BUENOS AIRES, ARGENTINA: A DESCRIPTIVE STUDY

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Introduction: The aim of this study is to describe general features of substance abuse patients admitted in a psychiatric service at a general hospital and to describe particular characteristic of craving in cocaine abusers.

Method: We reviewed the records of 111 patients consulting between November 2006 and December 2007. Patients completed a self-administered questionnaire, which included demographic data, consulting motivation, type of substance abused and the Self-administered Craving questionnaire by Roger Weiss

Results: Craving questionnaire punctuations show higher scores in question 9 which includes the possibility of being in a place where

he or she used to abuse cocaine compared with craving levels at the moment of filling in the questionnaire.

Discussion: Craving questionnaire shows high scores: that's to say a high level of craving which would predict a higher possibility of consumption, when the situation of being exposed to a previous, known environment of consumption compared with current level of craving. Patients show low levels of craving at the moment of the interview and 24 hours before. This suggests that the consulting situation would act as therapeutic itself. More data in process at the moment this abstract is sent will add more conclusions and make results stronger for the presentation.

P-01-028

CODEINE INDUCED MANIA

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Codeine is methoxy derivative of morphine which is well known that drugs having Codein can be abused. We report the case of mania that appeared to be related to codeine abuse.

Case report:

Mr. M, 40 years-old married male patient who had no previous personal or family history of psychiatric disorder presented to clinic for evaluation of elevated and irritable mood and insomnia for four weeks. At the time of the interview he was found to be irritable, talkative than usual, increase energy with less need of sleep but nevertheless is no tired or fatigue, inflated sense of self importance. . He had almost started to take codein containing anti-cough medication (150-200 mg of codein phosphate per day) 6 weeks ago. He was diagnosed as bipolar disorder- manic episode due to abuse of codein and hospitalized. We stopped Codein containing

medication as soon as he hospitalized. We prescribed Olanzapine 10 mg/day and valproate 1000 mg/day at the end of first week for the reason of unremitted manic symptoms. At the end of two following his initial treatment his mood had stabilized and he begun to regain function

Discussion:. Codeine central nervous system effects include doserelated mood change, usually euphoria. (1) . Due to the abuse potential and risk of causing psychiatric disorders, the prescription of codein containing drugs must be enlisted as controlled drugs.

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SOCIAL REPRESENTATION OF DRUG USE IN YOUNG ROMANIANS

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Drug use is a major issue of contemporary society; efficient prevention strategies could emerge by a better understanding of people's representation of the problem. This cross-sectional study aims to describe and compare the social representations of drug use in young Romanian students. Free associations questionnaire and a standardised one were applied, in 105 high-school, 100 Medicine and 78 Law students, all non consumers. Data were analysed by a word rank and frequency software (Evoc2000) and a factor analysis on principal components with oblique rotation. Similar social representations were found, with some differences due to age and academic profiles. In all groups they were focused on dependency. With age, both negative consequences and evaluation of drug use prevale in students' discourse, while positive consequences like "euphoria",

"pleasure" and "fun", associated to drug use in high-school students, are less frequent. Based on Kaisers' eigenvalue criterion, the Principal Components Analysis resulted in a pattern matrix with three or four factors for all groups, containing elements from the main explicative models of drug use: psychological, medical and social. Medicine students consider drug use as a pathology that needs treatment and not punishment, while Law students see this behaviour as a consequence of social context that requires a higher social control.

There are no major differences in social representations by age, all having a negative evaluation basis. "Dependency" is the central core of the representations but the perceived personal risk is minimal at this age, which could explain the poor effectiveness of prevention strategies.

P-01-030

AMPHETAMINE RELATED SYMPTOMS: DESCRIPTIVE ANALYSIS AND REASONING

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This study was done to: Assess clinical features related to amphetamine withdrawal, Assess if there are changes in these features in comparison to other previous studies or not, and to study the relation between amphetamine and chronicity of psychotic symptoms

Methods: A total of 150 male amphetamine dependent inpatient were selected. Patients were subjected to the following procedures: Oral informed consent, Full psychiatric interview, Urine test for common addictive substances on admission, Symptoms checklist which have been designed by the authors to assess Clinical features associated with amphetamine, Symptom Checklist-90—Revised.

Results: Generally the present study shows that the psychotic symptoms were very common with Amphetamine dependent patients

and the severity of all symptoms decreased significantly during the different phases of treatment. Delusions and hallucinations were very common during $2^{\mbox{nd}}$ week (54% and 51% respectively) and persisted for more than 8 weeks in 24% and 10% of patients respectively.

Discussion: Some of the results are similar to previous studies as Dalmau et al 1999 and Koyama et al 1991 but still the duration of psychosis is much longer.

Conclusion: there is increased risk of psychosis with use of amphetamine and a lot of reasons may play role as starting abuse at early age, sensitization process that may lead to chronic psychosis, and adulterating substances like ephedrine that may be dangerous and can lead to permanent damage of brain serotonin nerve endings.

ECONOMIC ASPECTS OF SUBSTANCE ABUSE AND DEPENDENCE

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WHO reported that there are more than 2 billion alcoholic in the world in addition to 1.2 billion tobacco users and more than 200 million addicts on other substances. Addiction is one of the most expensive disorders in the last years. Addiction starts at early age and is chronic in nature. In addition it is a relapsing disorder and deeply impacts the cognitive and global function of patients. Up till now still the outcome of treatment is not satisfactory. Addiction is associated with a lot of criminal problems and especially economic crimes like truancy from tax paying, washing and lightening of money. All money invested in substance is reduced from economy

of the country as it does not appear in national growth domestic product. The cost of substance abuse can be classified into direct, indirect and intangible cost. The direct cost is the cost of the substance itself and treatment. The indirect cost is the cost of the years lost from productivity at work and life. The intangible cost is the cost of pain and suffering. How much the cost of a single year lost from life of our sons? How much the family pays to protect these years of life. How much the countries overall pay to protect the people from the dangerousness of substance. All these points and more will be discussed during this presentation.

P-01-032

OBJECTIVE AND PATIENTS PERCEIVED IMPROVEMENT IN QUALITY OF LIFE DURING TREATMENT FOR SUBSTANCE ABUSE/ALCOHOL DEPENDENCE

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On our inpatient detoxification unit, we ask patients to complete the Cumming's Fifth Edition of the Comprehensive Quality of Life Scale (COM Q O1-A5) ,patients followed every 6 months while they are in rehabilitation program with the Scale to study how much sobriety and rehabilitation could affect their Quality of life This a self administered scale it contains both objective and subjective section, each objective and subjective axis is composed of 7 domains. these are: Material well being, Health, Productivity, Intimacy, Safety, Place in the Community and Emotional well being we use the specific information learned from the scale with motivational interviewing and intervention to help facilitate the patient going directly from our detoxification to long term rehabilitation program. To date we have information from 110 patients Thirty seven percent of these patients

had psychiatric comorbidities and 55% were positive for Hepatitis C and 4% were HIV positive. we aggressively treat both psychiatric and medical comorbidities while the patients are on the unit. There were significant changes on both the subjective and the objective section of the Quality of Life Scale. After a 12-18 month rehabilitation, on the subjective scale, there was significant increase on all seven domains and on the objective scale, the results were most significant on Safety where the score changed from 13% to 65% The quality of life scale indicates that after 12 to 18 months in a rehabilitation following treatment on a medically managed detoxification unit, patients subjectively perceive the quality of their life as improved in addition to their being objective evidence of improvement.

ANALYSIS OF THE SEXUAL BEHAVIOR OF CLINICAL AND NON-CLINICAL POPULATIONS OF ADOLESCENTS USING PSYCHOACTIVE DRUGS

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Introduction: The psychoactive substance use is thought to be related to a more promiscuous sexual behavior; therefore, with a great risk of contamination by the HIV. This statement; however, has not been adequately investigated.

Objective: To compare sexual behavior of a group of adolescents on treatment for problems related to the use of drugs and of a control group.

Method: Forty-one adolescents on treatment at PROAD of UNI-FESP, Brazil, have been evaluated in 2003, in comparison to a group of 43 adolescents from the general population.

Results: In the comparison of groups it has been observed that men under treatment presented a significant higher average number of partners and a higher mean of sexual intercourses and on the 30

days that preceded the research (p=0.05). No statistic difference was found for the frequency of condom use in the 6-month period preceding data collection. The same absence of significance was observed for sexual intercourses under the effect of psychoactive substances. Finally, 83.9% of interviewed men at PROAD and 94.7% of the general population declared they consider themselves out of risk for getting infected by HIV (p>0.05). Between the women groups these values were 70.0% and 100.0%, respectively (p=0.03).

Conclusion: Drug use is related to increased risk for HVI and STD and distinct types of risky behavior could be identified. Low self-risk perception reinforces the need of specific targeted strategies directed towards these adolescents.

P-01-034

PSYCHIATRY COMORBIDITY RELATED TO ALCOHOL USE AMONG ADOLESCENTS

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Introduction: Alcohol use is apparently related to a higher prevalence of psychiatry comorbidity, although scientific studies focusing the problem among adolescents are still lacking.

Objective: To evaluate the performance of adolescents with different patterns of alcohol use on screening instruments for psychiatry disorders.

Method: Forty-one adolescents seeking assistance for alcohol-related problems at PROAD of UNIFESP, Brazil, were compared to a non-clinical sample of 43 adolescents. These 84 users were divided in three sub-groups according to pattern of alcohol intake: non-users; mild users and heavy users. Groups were compared by means of ANOVA.

Results: The first part of SRQ aims to evaluate the presence of mental disorders. Heavy users presented significantly higher scores than the other groups (p<0.05) and, taking 7/8 as cut-off, 50.0% of them

had higher risk of presenting a psychiatry diagnosis. The second part of the same instrument focuses on psychotic symptoms. Also in this case heavy users showed a higher average score (p<0.05). The same was observed for the scores on CES-D, a depression scale. Using 15/16 as cut-off, 76.9% of daily users of alcohol scored positively for depressive symptoms. In the Beck Anxiety Inventory the same was observed and 50.0% of those adolescents who drink daily could be considered at a higher risk of presenting anxiety disorders (cut-off 15/16).

Conclusion: We detected higher frequencies of mental disorders, psychotic, depressive, and anxious symptoms among adolescents who were heavy alcohol users. This data reinforces the importance of detailed diagnostic investigation among patients with substance use disorders.

PSYCHIATRY COMORBIDITY RELATED TO DRUG USE AMONG ADOLESCENTS

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Introduction: Drug use is apparently related to higher prevalence of psychiatry comorbidity, although scientific studies focusing the problem among adolescents are still lacking.

Objective: To evaluate the performance of adolescents with different patterns of alcohol use on screening instruments for psychiatry disorders.

Method: Forty-one adolescents seeking assistance for alcohol-related problems at PROAD of UNIFESP, Brazil, were compared to a non-clinical sample of 43 adolescents.

Results: The first part of Self Report Questionnaire aims to evaluate the presence of mental disorders and adolescents from PROAD presented significantly higher scores than the control group (p<0.001). Taking 7/8 as cut-off, 38.5% of them had higher risk of presenting a psychiatry diagnosis. The second part of the same instrument focu-

ses on psychotic symptoms. Also in this case the clinical population showed a higher average score (p<0.001). The same was observed for the scores on the Center for Epidemiologic Studies - Depression scale. Using 15/16 as cut-off, 74.2% of drug users scored positively for depressive symptoms. In the Beck Anxiety Inventory the same was observed and 37.8% of those adolescents under treatment could be considered at a higher risk of presenting anxiety disorders (cut-off 15/16).

Conclusion: We detected higher frequencies of mental disorders, psychotic, depressive, and anxious symptoms among adolescents who were under treatment for drug abuse. This data reinforces the importance of detailed diagnostic investigation among patients with substance use disorders.

P-01-036

SCREENING DRUG USE AMONG ADOLESCENTS IN BRAZIL

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Background: The Drug Use Screening Inventory (DUSI) is a questionnaire devised to identify use of alcohol and other drugs among adolescents. The psychometric properties of the instrument when used among clinical and non-clinical populations of teenagers have not yet been fully understood. The objective of the present study is to evaluate the performance of the DUSI Brazilian version in two distinct groups of adolescents.

Method: This was a cross-sectional study, developed at the Addiction Unit of the Psychiatric Department at the Federal University of Sao Paulo, Brazil (PROAD). Forty-one adolescent outpatients receiving treatment for problems related to drug misuse at PROAD were compared with a group of 43 adolescents from the general population. DUSI scores of both groups were compared through t Student test.

Results: The mean DUSI score among the adolescents from the clinical group was 6.68 + 3.8 whereas in the comparison group the average DUSI score was 1.88 + 2.5 (t=6.8; p<0.001). The instrument achieved its best performance when a cut-off of 2/3 points was used, corresponding to 85% of the dependents and 70% of the non-cases being correctly identified (sensitivity = 0.85; specificity = 0.70, respectively).

Conclusions: The study of the psychometric properties of the DUSI revealed that the instrument was effective in terms of discriminating drug use among adolescents.

Acknowledgments: This research could be realized with the support of CNPq (National Council of Scientific and Technological Development).

SUBSTANCE MISUSE AMONG PHYSICIANS: A STILL NEGLECTED PROBLEM

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Introduction: According to previous research, physicians present higher prevalence of substance use disorders when compared to general population. In our country, nevertheless, scientific studies focusing the problem are still lacking.

Objective: To evaluate the opinions and attitudes about substance use among clinical physicians.

Method: A hundred physicians of clinical areas were selected in a public hospital of São Paulo. All of them were asked to answer a questionnaire with some questions about drug use. 83% completed the research protocol properly.

Results: 60.2% of the interviewed clinicians think that physicians are more likely to develop substance use disorders than general population. 67.5% of them stated they knew a colleague presenting a substance use disorder and in that in 41.0% of the cases the abu-

sed substance was a psychotropic available on the surgery facilities. However, 96.4% of the participants denied they could have a substance use problem, although 16.9% declared they had already used non prescribed psychotropics. Benzodiazepines were the most frequently used substances. In addition, 88.0% of them consider it was difficult to search for medical help. They added that a service exclusive for physicians would make this search easier. Nevertheless, 56.6% are not aware of the existence of such a service.

Conclusion: Non-prescribed psychotropic use was high. However, most part of the clinicians does not consider this a problem. Most of the professionals do not know programs on substance use disorders specific for physicians, what would be a very positive initiative according to great part of them.

P-01-038

PUBLICITY-PATHOLOGIES (A PSYCHOLOGICAL LOOK ON NERVOUS ANOREXIA)

INSTITUTIONS

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The influence of social factors plays a very important part in nervous anorexia. There are many clues and data that lead us to this conclusion. Nervous anorexia can't be understood without noticing determined facts that begin and develop in society, surrounding the patients. The genetic, biological and endocrine facts, the secondary

effects of the non-eating process, as well as the social factors, are gathered in this bio-axiological perspective that defines itself as integrative. This bio-axiological integration acquires significance in societies where success implies the adaptation of certain standards, almost forced by the media on the population.

CANNABINOIDS AND MONOAMINE OXIDASE ACTIVITY

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Aims Mitochondrial monoamine oxidase (MAO) metabolises monoamine neurotransmitters which participate in the development of affective disorders, as well as in the side or therapeutic effects of cannabinoids. Therefore, we studied the effects of cannabinoids on MAO activity in synaptosomes.

Methods The effects of Δ^9 -tetrahydrocannabinol (THC), anandamide (endogenous cannabinoid) and synthetic agonist of cannabinoid receptors WIN 55,212, on the activity of MAO (type-A or type-B) were measured in synaptosomes isolated from pig brains by means of 14 C-labelled substrates (serotonin or phenylethylamine).

Results Significant inhibitory in vitro effects of cannabinoids on the activity of MAO-A and MAO-B were observed at concentrations exceeding 10 $\mu mol/l$, while THC was a more effective inhibitor than anandamide and the inhibition was a competitive one. The inhibition caused by WIN 55,212 was significantly lower than that caused by THC and anandamide.

Conclusion MAO activity is acutely influenced by cannabinoids only at relatively high concentrations of the drug. Our previous results indicate that such concentrations also cause the inhibition of serotonin uptake (1). The results support the hypothesis that direct action on monoaminergic neurotransmission can be involved in the effects of high doses of cannabinoids. The sensitivity of MAO to antidepressants, but also to nicotine and personality traits (2), makes it possible to consider the hypothesis that MAO activity can also be related to the interindividual differences in several effects of cannabinoids.

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P-01-040

EMOTIONAL CHANGES DURING ALCOHOL DETOXIFICATION: A COMPARATIVE STUDY

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Aims: The aim of this study was to evaluate alcohol addicts' emotional experience, and to identify which feelings they endure most during detoxification.

Methods: We interviewed 69 subjects: 38 alcohol addicts (ADs) of an inpatient program, and 31 matched controls. Each patient answered a selection of questionnaires twice, once at the beginning and once at the end of their hospital stay. The questionnaires were the *Toronto Alexithymia Scales* (TAS-20); the *Positive and Negative Affect Schedule* (PANAS); the *State-Trait Anger Expression Inventory-2** (STAXI-2)

Results: After a week abstinence patients were less emotionally confused, less subject to intense angry feelings, less sensitive to criticism and were less likely to express their anger through aggressive beha-

vior. Their general level of distress, improved considerably (1.3 times less intense), replaced by a high state of energy, concentration and positive engagements. Patients (76%) declared they drank to avoid their emotions ("anaesthetic function"). At the beginning of the stay, AD patients displayed high levels of anxiety and hostility, as well as strong feelings of guilt and shame. At the end of their stay, they were still sensitive to criticism (high tendency) and experienced superior levels of guilt and shame linked to events preceding their decision to go into care. It would be appropriate to help these patients tolerate frustration, increase their self-esteem, and, in order to decrease their feelings of guilt, undertake reparative actions.

Conclusion: The emotions of alcoholic patients are modified during detoxification with a decrease in anger and distressing feelings.

POSSIBLE EFFECTS OF POLYUNSATURATED FATTY ACIDS (PUFAs) IN ALCOHOLISM: PRELIMINARY FINDINGS

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INTRODUCTION: Goldstein (1987) showed that alcohol alters the environment of the membranes, mainly by modifying their permeability through the lipidic fraction. Ethanol changes the absorption and metabolism of polyunsaturated fatty acids (PUFAs).

OBJECTIVE: to assess a possible reduction of alcohol consumption through the association between naltrexone and PUFAs.

METHODOLOGY: This double-blind, double-dummy, randomized, placebo-controlled study involved 80 severe alcohol dependent male patients (DSM-IV). They were divided into 4 groups (20 patients/ group) treated for 30 days as follows:

- I 50mg placebo (morning) and 2 capsules of liquid parafine (night). II 50mg naltrexone (morning) and 2 capsules of liquid parafine (night).
- III 50mg placebo (morning) and 1 capsule of $\Omega\text{-}6$ and 1 of Ω -3 (night).
- IV 50mg naltrexone (morning) and 1 capsule of Ω -6 and 1 of Ω -3 (night).

We evaluated their amount of alcohol intake pre- and post-treatment.

RESULTS: The mean age + sd was 42 + 8; 30% were married. Their mean schooling was 8 years. Valid n was 18 (group I); 15 (II); 17 (III); 16 (group IV). The ANOVA showed significant differences when comparing themselves the baseline and after one month of treatment in three groups II, III and IV (p<0.0001). In the placebo group (I) there were no statistical differences.

DISCUSSION: PUFAs seem to be possible coadjutants in the treatment of alcoholism, since they can stabilize neuron membranes and act on the neural systems that were altered by the chronic use of this drug. However, further studies are necessary before one can reach more consistent conclusions.

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P-01-042

IDIOPATHIC ACHALASIA MISTAKENLY DIAGNOSED AS ANOREXIA NERVOSA

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Introduction

There are several reports of idiopathic achalasia misdiagnosed as anorexia nervosa (AN) in the literature

Case Report

We report a case of a 21-year-old woman, referred to the Eating Disorders Outpatient Program at the Universidade Estadual de Campinas, with diagnostic hypothesis of AN and weight loss of 22-kg in 11 months. Organic etiology had been previously excluded. The early symptoms were regurgitation during sleep, worsening to involuntary vomiting. She described that the vomits got worse when she was anxious. She demonstrated ambivalence on the perspective of nutritional recovery and affective dissociation when considering the consequences and risks of malnutrition. She was referred to another upper digestive endoscopy, an esophagogram and an esophageal manometry that confirmed the diagnosis of idiopathic achalasia. She was submitted to surgical intervention and postoperative recovery was very satisfactory without symptoms of AN.

Discussion

Differential diagnosis between AN and achalasia is not invariably so evident. Esophageal motility disorders have been reported in patients with diagnosis of AN, and the gastrointestinal symptoms frequently improve with refeeding. Besides, eating avoidance and self-induced vomiting have also been reported in patients with esophageal achalasia². In the case reported here, the absence of intention to lose weight and body-image distortion was initially neglected. Psychological and psychiatric were overestimated at the expense of clinical history and vomiting characteristics, leading to the initial misdiagnosis.

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INTERNET ADDICTION, PREVALENCE AND EPIDEMIOLOGICAL FEATURES: FIRST STUDY IN IRAN

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Background and aims: The concept of Internet addiction, also called Internet addictive disorder or pathological Internet use, entered the medical lexicon in 1995. To investigate the prevalence of Internet addiction among north Iranian Internet users and to explore the epidemiological features associated with Internet addiction, for the first time in Iran, this study performed.

Methods: A total of 1856 Internet user volunteers' from Mazandaran province cities were surveyed using Farsi version of Young's Internet Addiction Questionnaire during 2005-2006. Data analysis was done using the SPSS 13.0 Win Program for descriptive and correlational statistics.

Results: Total of 424 Dependents was in our sample. The incidence rate of Internet addiction was 22.8%. Dependents spent an M = 14.42, SD = 13.74 hours per week compared to Non-Dependents who spent M= 9, SD = 10.37 hours per week (P<0.001). The sam-

ple of Dependents included 256 males and 165 females (P<0.001). Mean±SD of Income Used for On-line Service Fees was 30.11±25.27 percent in Dependent group and 18.90±20.79 in Non-Dependent group (P<0.001). Dependents predominantly used the two-way communication functions available on the Internet like chat rooms

Conclusions: The present study suggests that Internet addiction is frequent among northern Iranian Internet users. In addition, chat rooms are most addictive web environment in this population. The results have important implications for further studies of prevalence, implementation of preventive measures, and the development of treatment approaches for Internet addiction.

Keywords: Internet addiction, Young's Internet Addiction Questionnaire, Prevalence, Iran

P-01-044

BUPRENORPHINE (SUBUTEX®) SUBSTITUTION TREATMENT IN AUSTRIA: GUIDELINES FROM A PRACTICAL POINT OF VIEW

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Objectives: Substitution treatment has become a major intervention in the care and treatment of drug dependence in Europe. Buprenorphine has been proposed as a new therapy that could help those who are not already receiving treatment, help to stem the incidence of HIV and other diseases, and help alleviate other problems resulting from opioid abuse. In several studies buprenorphine was found to be nearly as effective as methadone and a useful alternative for maintenance therapy of opioid-dependent subjects. The presented work aims to introduce some guidelines for buprenorphine from a practical point of view within maintenance treatment.

Methods and results:

To calculate estimated dosages the following conversion factors could be used:

Methadone dosage = Subutex* dosage x 4.166

Methadone dosage = SROM dosage x 0.166

After a treatment period over 8 years we can present starting dosages and medication transfer guidelines which differ a bit from calculated conversion factors from a practical point of view could be established as follows:

General starting dosages

Methadone 20-40 mg

Buprenorphine 2-8 mg SROM (slow-release oral morphine) 200 mg

Methadone to Subutex®

40 mg 8-14 mg

60 mg 14-20 mg

70 mg 16-24 mg

80 mg 24-30 mg

SROM to Subutex®

200 mg 16 mg 400 mg 24 mg

Heroin to Subutex®

0.5g/d 4-8 mg

1.0g/d 8-16 mg

According to these practical transition guidelines the appropriate buprenorphine (Subutex®) dosage can be estimated more easily and the maintenance phase can be reached when the patient is doing well on a steady dose of buprenorphine. The length of time of the maintenance phase is individualized for each patient and may be indefinite.

AN ANALYSIS OF THE STATE OF ALCOHOL USE OF TURKISH UNIVERSITY STUDENTS ACCORDING TO THEIR BODY MASS INDEX

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Objective: The use of alcohol leads to various nutrition problems. Youngsters constitute the risk group for nutrition disorders based on alcohol use (1, 2). This study was conducted to analyze the state of alcohol use of Turkish university students according to their body mass index.

Method: The sample of the research consisted of 284 students who studied in Ege University in Turkey. Data was collected with the questionnaire form developed by researchers.

Results: 71.1% of the students were normal weight while 58 % consumed the highest amount of carbohydrates, 51.1 % had breakfast regularly, 53.9 % dined three or more times a day and 78.9 % did sports regularly. 65.5 % of students consume alcohol and 39.4 % consume 1-10 units of alcohol a week. 39.1 % of students first consumed alcohol at the age of 16-19 and 51.4 % consumed it first with

friends. No meaningful difference has been determined between the body mass indices of students and their state of alcohol use ($X_c = 7,291, p>0,05$).

Conclusion: The majority of students are consuming alcohol. The students' states of alcohol use do not differ according to their body mass indices.

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P-01-046

CONTROLLED DRINKING PROGRAMS FOR AN IMPAIRED CONTROL DISEASE- AN APPARENT DILEMMA?

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Aims - Impaired control is a central element in disease model of alcoholism. Some studies documented that a little percentage of alcoholics may live within the context of a controlled drinking pattern without an absolute abstinence necessity. Our objective is to investigate how established disease concepts question these empirical observations.

Methods - We describe and explore the diagnosis of dependence syndrome and its underlying disease concepts. We analyse recent studies on drinking behaviour control ability, described as a binary component- maintained versus lost, or on a linear scale. With reference to Rawls's reflexive equilibrium we attempt to dialogue between theory and practical focus.

Results - We support a model of addiction disease which allows a comprehensive integration of concepts and empirical observations.

We analyze in parallel the lost of ability to control drinking and the theory of a psycho-social training model for regaining lost competences. The binary model of dependence syndrome seems reductive. It describes a severe disease, in which adverse consequences may already coexist and brings together a large inhomogeneous population. The treatment goals are also often ambiguous, in regard with the fact that abstinence or controlled drinking are a direct target or one of the way of obtaining a secondary main benefit - a better health. Conclusion - We emphasize that continuing clinical and ethical research needs improving efforts in precision of disease concept reference, accurate treatment objectives and precise sub-population description. Better context referencing would help solving apparent conflicts and visibility problems.

HOW CAREGIVERS FAIL TO RECOGNISE AND COUNSEL DRINKING PROBLEMS AMONG HOSPITALISED PATIENTS

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Aims - Despite high prevalence of alcohol use disorders in hospitalised patients, caregivers often fail to recognise and help. Our study's goal is to give an objective measure of how caregivers identify and help patients with alcohol problems.

Methods - We conducted a prospective observational study in general medicine wards. Patients were screened with the AUDIT questionnaire- a ten-item standardised screening tool for excessive drinking and dependence. Each patient's physician and nursing team were asked if they thought their patient had alcohol problem. In the case of a positive response, the caregivers were asked to describe the ways they used to identify and manage the problem.

Results - On a total of 680 hospitalised patients, 458 (67,4%) fulfilled inclusion criteria and give consent to the study (231 males, 227 females). Mean age was 64.7 years. An "alcohol problem" was men-

tioned only in 2 % as a reason for admission. Results from AUDIT confirm the high prevalence of alcohol problems (19.6%). Among all the patients detected with the AUDIT, doctors only detect 64,5% alcoholics and 28,8% excessive drinkers. Excessive drinkers without obvious clinical problems are rarely identified. The caregivers counseled 28% patients and referred 11% to a specialised consultation. They never used standardised questionnaires for screening alcohol problems. and keep in mind some stereotypes of alcoholic patients as diagnostic criteria.

Conclusions - Caregivers may improve screening efficacy with using specific well validated questionnaires. They need to be trained to diagnose alcohol use disorders (especially excessive drinkers) and to propose specific interventions.

P-01-048

THE USE OF INJECTABLE DRUGS AMONG WOMEN IN THE CITY OF SANTOS-BRAZIL

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Aims/Objectives: On 90's decade, 50% of the notified cases of AIDS in the city of Santos were indicated as contamination form the sharing of the needles. Of the AIDS's cases in Brazil, 38% are women that catched the HIV virus because of the injectable drugs use or through sexual partnership of injectable drugs users (health ministry, 2000). This study aims to understand the use of injectable drugs among women that use injectable drugs in the city of Santos, Brazil. Method: Qualitative study with assessment on two focal groups. Twenty usuary women participated being active or ex usuary of injectable drugs, that lived in the region.

Results: the women that were assessed are more than one drug's usuary. The syringes are obtained by their partners attached to the harm reducers. The women are not linked at the program, because the partners do not authorize them to participate of the program. This relationship makes abstinence attempt behave almost impossi-

ble. When they change sex for drugs, the sexual relationship is almost ever without protection.

Conclusions: The drugs reduction programs need to be developed with counseling techniques to practice protected sex and that the culture and gender questions like gerenators of vulnerability to sexual disease transmission and for AIDS.

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INTERNET ADDICTION AND MENTAL HEALTH AMONG IRANIAN STUDENTS: NEW CHALLENGE IN HEALTH PSYCHOLOGY

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Aims/objectives: The use of the internet has increased considerably over the last few years. With this soaring number of internet users, the problem of internet addiction has attracted high attention from psychiatrists, psychologists, educators, and the public. The purpose of this research is a study of internet addiction and mental health among students as new challenge in health psychology.

Methods: Research method is descriptive. Statistical population is all of students of Islamic Azad university- Sari- Branch. Statistical sample is 261 college students that were selected by using the random sampling method. Sample size estimate with use Kerejci and Morgan table. In this research for gathering data questionnaire were used. In present study six hypotheses was tested. To analyze data, coefficient of correlation and, t-test have been used.

Results: Results of research showed that: 1) Students of university

suffer to internet addiction (t=28.456, p<0.05). 2) Students of university uses from internet due to different reasons (14 reasons). 3) There is significant difference between internet addiction in male and female (t=4.267, p<0.05). 4) There isn't significant difference between internet addiction in students of university with different ages (F=1.054, p>0.05).

Conclusion: Based on Results of research, Internet addiction is currently becoming a serious mental health problem among college students. Internet addiction as new challenge in health psychology needed to prevention and cure considerations.

Key words: Internet addiction, mental health, college students, health psychology.

P-01-050

ARE EVERYDAY PROSPECTIVE MEMORY IMPAIRMENTS ASSOCIATED WITH BINGE DRINKING?

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Aims/Objectives: This study assesses whether everyday prospective memory (PM: memory for future events) is impaired by 'binge drinking' in a teenage cohort.

Methods: 100 students aged 16-19 years was accessed for the study. 40 were omitted from because they were using other illicit drugs (e.g. ecstasy) alongside alcohol. Of the remaining sixty, 26 were categorized as 'binge drinkers' - defined as someone who drank above 6 units for females and 8 units for males on 2 or more occasions per week. The other 34 participants were categorised as non-binge drinkers. Each participant completed the self-report Prospective and Retrospective Memory Questionnaire (PRMQ) - measuring everyday PM lapses (eg how often one forgets to post a letter on time), an objective video-based PM task - which requires the person to remember to carry out particular actions at particular locations when viewing the

video clip of a city shopping area, a mood questionnaire - measuring anxiety and depression, and a Substance Use Questionnaire - which measured weekly alcohol use and other substance use.

Results: A MANCOVA comparing the binge drinkers and non-binge drinkers, incorporating age, anxiety and depression scores as covariates, was applied to the self-report and video PM data. After controlling for age, anxiety and depression, there were no significant group differences on self-reported PM lapses, but binge drinkers did recall significantly fewer location-action combinations on the video-based task, than non-binge drinkers.

Conclusion: The findings from the objective measure of PM indicate that deficits in everyday PM are associated with 'binge drinking' in teenagers.

DOES PROLONGED USE OF MDMA OR 'ECSTASY' AFFECT EVERYDAY PROSPECTIVE MEMORY?

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Background: Regular use of MDMA ("ecstasy") is associated with self-reported long-term prospective memory errors (PM: memory for future events/actions) when compared to non-users (Heffernan et al., 2001; Rodgers et al., 2003). However, self-reports of memory are susceptible to a range of biases and need to be used alongside objective PM measures.

Aims: To compare ecstasy-users and non-users on both self-reported and objective measures of PM.

Methods: A quasi-experimental design was used, accessing 11 ecstasy-users and 9 non-users. Each participant completed the following; self-reported Long-Term Prospective Memory Scale and Strategy Scale measured by the Prospective Memory Questionnaire (PMQ) - which measures everyday PM lapses, an objective measure of PM was achieved using the Cambridge Test of Prospective Memory (CAMPROMPT) - an objective and standardized clinical instrument that measures a person's PM on time/event-based PM tasks,

a self-reported Recreational Drug Use Questionnaire - measuring weekly use of ecstasy and other substances, and the Hospital Anxiety and Depression Scale (HADS) - which was used to measure mood.

Results: An ANOVA applied to the non-memory data revealed no significant group- differences on age, other drug use (alcohol was approaching significance), memory strategies, or mood. A MANCOVA, incorporating alcohol use as a covariate, was applied to the self-reported Long-Term PM and CAMPROMPT data comparing ecstasy-users and non-users. The results revealed no significant group differences on self-reported long-term PM lapses. However, ecstasy-users did recall significantly fewer tasks on the CAMPROMPT.

Conclusion: The results suggest ecstasy-users have impairments in everyday PM activities, but lack self-awareness of their memory problems.

P-01-052

DOES SMOKING IN THE TEENAGE YEARS IMPAIR EVERYDAY PROSPECTIVE MEMORY?

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Aims/Objectives: prolonged smoking has been associated with a variety of cognitive deficits, including impairments in memory. This study assesses whether smoking in teenagers impairs their everyday prospective memory (PM: memory for future events).

Methods: A non-experimental design was used. Thirty-eight smokers and 38 non-smokers were tested, all of whom were college/university students aged 17-19 years studying in the North-East of England. Each participant was asked to complete 3 tasks: a Prospective Memory Questionnaire (PMQ) - which is a self-rating scale used to gauge the number of everyday PM lapses experienced (e.g. forgetting to lock one's door as one leaves the house), as well as measuring strategy-use, an objective video-based PM task - which requires the person to remember to carry out particular actions at particular lo-

cations when viewing a 10 minute video clip of a busy city shopping area, and a Substance Use Questionnaire - which measured weekly alcohol use and other substance use.

Results: A series of one-way ANOVAs revealed that the smokers were older, drank more alcohol and used more cannabis, than the non-smokers, with no difference on strategy use. A MANCOVA revealed that, after controlling for age, alcohol use and cannabis use, the smokers reported more lapses in their long-term PM and recalled less on the video-based PM task, than the non-smokers.

Conclusion: Self-reported and objective deficits in everyday PM are associated with smoking in teenagers.

CRAVING IN ALCOHOL DEPENDENCE IS ASSOCIATED WITH PROMOTER-SPECIFIC METHYLATION OF THE DOPAMINE TRANSPORTER GENE

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Aims: It is known that dopaminergic neurotransmission is of crucial importance in the neurobiology of alcohol craving. Recent studies showed that the promoter-specific methylation of alpha-synuclein, which is important for dopaminergic neurotransmission, is altered in alcohol dependence. Aim of the present study was to investigate a possible association between promoter-specific DNA methylation of the dopamine transporter gene (DAT) and alcohol craving in patients with alcohol dependence.

Methods: Blood samples of 76 patients admitted for in-patient detoxification treatment were included in the study. We measured promoter specific DNA methylation of the dopamine transporter using methylation specific quantitative real-time PCR. The extent of alcohol craving was assessed using the Obsessive Compulsive Drinking Scale (OCDS) which was administered at admission.

Results: As DAT promoter methylation was not normally distributed we ln-transformed the values to achieve normal distribution. Ln-transformed methylation of the DAT-promoter was negatively associated with the OCDS (linear regression: Beta=-0.275, p=0.016), particularly with the obsessive subscale (Beta=-0.300, p=0.008). Compulsive Craving was not associated with DAT promoter methylation

Conclusion: Findings of the present study show that DNA-specific hypermethylation of the DAT-promoter may play a role in the neurobiology of alcohol craving. It can be hypothesized that hypermethylation of the DAT-promoter inhibits transcription and therefore expression of DAT and leads to elevated dopamine levels in the synaptic gap which seems to be associated with lower craving.

P-01-054

MISMATCH NEGATIVITY IN METHAMPHETAMINE DEPENDENCE: A PILOT STUDY

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Aims/Objectives: The objective of this study was to assess differences between subjects dependent on methamphetamine (MAMP) and healthy volunteers in event related potentials (ERPs). We tested the hypothesis that subjects dependent on methamphetamine significantly differ from age- and gender-matched healthy volunteers in the visual mismatch negativity generation. Methods: We recorded ERPs in MAMP dependent individuals and a group of healthy controls in the visual mismatch negativity paradigm (vMMN). Results: The 17 studied subjects did not significantly differ from the 17

healthy volunteers in age, gender distribution or vMMN (P = N.S.; Wilcoxon Matched Pairs Test). The vMMN component of ERP in MAMP dependent individuals significantly degraded accordingly to the duration of abuse (Pearson correlation coefficient r = 0.59-0.62; p<0.05). Conclusion: Due to neurotoxicity of methamphetamine, MAMP dependent subjects are gradually becoming similar to patients with schizophrenia in psychopathology (psychotic symptoms) as well as ERP changes (MMN deficit).

THE COMT GENE POLYMORPHISM AND PSYCHOSIS IN METHAMPHETAMINE DEPENDENCE

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Aims/Objectives: The risk of occurrence of psychotic symptoms in methamphetamine dependent subjects is eleven times higher than in the total population. Dopamine, one of the key neurotransmitters in etiopathogenesis of psychosis, is metabolized by catechol-Omethyltransferase (COMT). The Val158Met polymorphism of the COMT gene (22q11.21) changes the activity of the enzyme up to fourfold, thus influencing the dopamine activity in the human brain. We tested the hypothesis that individuals dependent on methamphetamine with psychotic symptoms differ from subjects dependent on the same substance without psychosis in genotype or allele frequency of the COMT gene Val158Met polymorphism. Methods: Methamphetamine dependent patients treated at the Substance Dependence Treatment Unit in Nechanice who signed the informed

consent were enrolled into the study. Psychosis was diagnosed according to the ICD-10 Classification of Mental Disorders (diagnoses F15.50 to F15.53). We assessed the COMT genotype using the polymerase chain reaction. Results: Eighty-three patients (25 women) at the age 18-38 years (median 22 years) dependent on methamphetamine for 1-13 years (median 5 years) entered the study. We detected psychotic symptoms in 18 patients (8 women). We did not find a significant association between the COMT genotype or individual COMT Val158Met alleles and occurrence of psychotic symptoms in methamphetamine dependent subjects (P=N.S.; Fisher's exact test). Conclusion: Our results may have been biased by assessment of males and females together, hidden ethnic stratification of the study sample, or gene-gene/environment interactions.

P-01-056

EFFECTS OF METHAMPHETAMINE AND POSTNATAL CARE ON DEVELOPMENT AND BEHAVIOR OF MALE RATS

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Our previous studies demonstrated that methamphetamine (MA) administered during gestation and lactation periods impair maternal behavior as well as the postnatal development of rat pups. Prenatal MA exposure affects behavior in rats even in adulthood. The aim of our study was to distinguish the extent of the drug-induced effect and the extent of the effect induced by impaired maternal care. Mothers were or were not daily exposed to injection of MA (5 mg/kg): prior to impregnation and throughout gestation and lactation periods. On postnatal day 1, pups were cross-fostered so that each mother received some of her own and some of the pups of mother with opposite treatment. Male offspring were tested for sensorimotor development in preweaning period by using tests: negative geotaxis, tail pull, righting reflex on surface, righting reflex in mid-air

and rotarod. In adulthood, animals were tested for behavior in Open field and Elevated plus-maze. Our results demonstrated that prenatal as well as postnatal MA exposures impair senzorimotor development in all tests. In adulthood, prenatal MA exposure decreases locomotor and exploratory behavior tested in Open field. In some cases postnatal care of control mothers at least partially suppressed the negative effect of prenatal MA exposure. Thus, it seems that not only the drug per se but also the postnatal care may play a role in long-term consequences of drug abuse.

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PATHOPHYSIOLOGICAL AND PSYCHOTHERAPEUTIC MECHANISMS OF THE DOSED PAIN IN THE TREATMENT OF DEPRESSION AND ADDICTION

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Painful therapy into the corporally-focused psychotherapy has shown the efficiency at treatment addictions and other avitality (Chukhrova M.G. and al., 2005, 2006, and 2007).

Have been revealed following mechanisms of a positive effect of painful influence:

- 1. There is activation of endorphins device.
- 2. The patient is trained to test and recognize the emotions during the moment of painful influence.
- 3. There is a switching an existing stereotype of functioning on more complex level caused by sharp short-term painful stress, thus the metabolism is transformed.

Painful stimulation destroys pathological programs in a brain, breaks off pathological conditioned-reflex communications, activates the central nervous system, especially emotions zone, and forms a

new physiological condition with a new dominant - a sharp pain. Besides at painful therapy there is a restoration of mutual relations between hemispheres. During therapy the left hemisphere is activated, and inversion of reflection between hemispheres is restored. The pain is the stress factor, and it includes nonlinear multivariate mutual relations, interrupts braking reserve genes and connects not used resources of a brain. In reply to threat of a body damage there is an activation of a protective instinct. The physical pain dissolves a spiritual pain. The pain renders positive influence in depression. By us it is developed and is put into practice algorithm of carrying out of sessions of painful stimulation within the limits of the corporally-focused psychotherapy. We have developed and we put into practice algorithm of carrying out of sessions of painful stimulation within the corporally-focused psychotherapy.

P-01-058

PREVALENCE OF SMOKING IN KOREAN BIPOLAR PATIENTS

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Aim: Nicotine addiction is an important health problem increasing medical morbidity and mortality. There are three possibility related the mood disorder with smoking. Firstly, some have suggested that such persons use cigarette as means of self-medication of affective symptoms. The alternative possibility that regular nicotine use increases the likelihood of subsequent mood disorder. We investigated prevalence of smoking in bipolar patients.

Method: This case-control study carried out in Ilsanpaik Hospital, Korea included patients with a DSM-IV diagnosis of bipolar I disorder (N = 40) and a representative sample of the normal population (N = 150). Smoking history of bipolar patients was assessed with the Fagerstrom Test for Nicotine Dependence.

Results: The frequencies of ever smoking and current daily smoking

were, respectively, 75% (30/40) and 53% (21/40) for the bipolar patients and 43%(65/150)and 33% (50/150) for the control group (respective odds ratios [ORs] and 95% confidence intervals [CIs] were OR = 3.9, 95% CI = 1.8 to 8.6 and OR = 2.2, 95% CI = 1.1 to 4.5). The differences were significant (p = .01 and p = .029, respectively).

Conclusion: Although small sample size, this study suggests that smoking may be more prevalent in bipolar patients than in the normal population. In future, the additional studies related the epidemiology of smoking with mood disorder and other psychiatric illness is needed.

Reference

1. Gonzalez-Pinto A, Gutierrez M, Ezcurra J, et al. Tobacco smoking and bipolar disorder. 1998;59(5):225-228

ADVANTAGES OF A COUNSELLING CENTER FOR COMBATING DRUG ABUSE WITH MULTIPLE SERVICES

INSTITUTIONS

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Objectives

This presentation concerns the advantages resulting from the model of a Counselling Center providing prevention as well as treatment services.

Method

The Center was established in 1994 and was the first service in town providing prevention and treatment services through an outpatient drug counselling psychotherapeutic programme on an individual basis. Prevention interventions for students, parents, and groups from the community constitute the first phase of the contact between this population and the scientific team.

Results

Individuals who belong to high risk groups or have been involved in drug use, and parents who detect problematic behaviours or drug use in their children, have the opportunity to look for further individual interventions. The involvement of one Center and the same specialists in the prevention and treatment process facilitates immediacy and the possibility of approaching people without referrals. This ensures confidentiality, absence of competitiveness among services, detection of high risk groups and drug abuse behaviours, and participation of citizens in the preventive interventions, which results in the acceptance of the Center. The involvement of specialists in different activities increases their motive, has an educative function, and reduces the danger of "burn out".

Conclusion

The shifting of the staff in different fields of interest gives them the opportunity to have a global perception of the drug abuse phenomenon, its causes and the changes which occur in the course of time. The use of this model reduces costs, since different services which cover big part of the community needs are offered by one service.

P-01-060

AN INSIGHT INTO THE TREATMENT OF ELDERLY ALCOHOLICS

INSTITUTIONS

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As a part of low-demand programmes of the Belgrade Special Hospital for Addiction, a programme for treating elderly alcoholics has been developed, within a greater goal of harm reduction. With a global trend of longer life expectancy, elderly alcoholics increasingly become a more numerous category of patients. Due to the lack of social control, neglect by the family, and a mixture of alcohol-related health problems and age-related problems, this category of patents are not easy to diagnose, and therefore they persist as in-

visible alcoholics for longer periods of time. Moreover, even their own children often do not properly realise the seriousness of their parents' condition. The programme is therefore based on: educating the elderly alcoholics' children on the problem of alcoholism, support to patients' abstinence, support in overcoming the hardness of getting retired, helping them to structure their free time, developing their diet, and supporting them in taking over their family roles and responsibilities.

DRUG USE AMONG ANESTHESIOLOGISTS AND GENERAL PRACTITIONERS IN A BRAZILIAN UNIVERSITY HOSPITAL

INSTITUTIONS

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Objective: to compare drug use among anesthesiologists and general practitioners in a Brazilian University Hospital. Methods: this is a cross-sectional study with the application of a social-demographic and drug use pattern questionnaire in the last 30 days and last 12 months. Interviewees were 178 anesthesiologists and general practitioners in the university hospital of the Federal University of Săo Paulo, Brazil. Only one physician has refused to participate of the interview. Statistical-descriptive analysis was conducted and comparison with qui-squared test and p<0,5 was considered for significant differences. Results: from the 178 physicians, 53,4% were anesthesi-

ologists (n=95) and 46,6% (n=83) were general practitioners. There were no significant differences in relation to gender, age and marital status. There were no significant differences in relation to use of alcohol, hallucinogens, anticholinergics, tranquilizers, opioids, barbiturates, anabolizants in life, last 30 days and last 12 months. Aneshtesiologists have higher prevalences of life use of tobacco, cannabis, cocaine, amphetamines, solvents, halogens and designer drugs. Conclusion: in this study, Brazilian anesthesiologists have higher prevalences of drug use when compared to general practitioners, such as international references.

P-01-062

INTERACTION EFFECT OF *SLC6A4* AND *DRD2* VARIATIONS IS ASSOCIATED WITH DELIRIUM TREMENS

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Objective: This study investigated effects of genetic variations and clinical characteristics of alcohol dependence on the development of alcohol withdrawal seizures (AWS) and delirium tremens (DT).

Methods: Clinical and demographic information was collected in 116 alcohol dependent subjects with a history of AWS and/or DT (cases) and 101 alcohol dependent subjects with a history of alcohol withdrawal without AWS and/or DT (controls). Genotypes at 12 candidate loci were analyzed in 204 DNA samples (112 cases and 92 controls). Main effects of the genomic and clinical characteristics and interaction effects were investigated using logistic regression models.

Results: Study groups were similar in demographic characteristics. The case group reported higher intensity of alcohol withdrawal, higher alcohol consumption and greater tolerance compared to the

control group. We found a significant interaction effect of SLC6A4 promoter polymorphism and DRD2 Ex8+246 SNP on AWS and/or DT history (p=0.009), but no strong main effects of these variations. Since maximum drinking tolerance was related to the history of AWS and/or DT, we adjusted for this covariate in analyses of genetic effects. Post-hoc analysis adjusted for maximum drinking tolerance revealed an even stronger association of the SLC6A4-DRD2 interaction with DT (p=2.8×10⁻⁵), but no association with AWS.

Conclusion: This is the first study revealing decreased likelihood of DT in alcoholics that carry at least one *DRD2* Ex8+246 G allele and have the *SLC6A4 LL* genotype. It also provides direct evidence to support the search for gene-gene interactions even when strong main effects are absent.

EFFECT OF COMBINATION OF NALTREXONE AND ONDANSETRON ON ALCOHOL INTAKE IN C57BL/6 MICE

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Dopamine reward pathway projecting from ventral tegmental area to nucleus accumbens is well known as playing an important role in alcohol dependence. It is supposed that this dopamine pathway is modulated by 5-HT₃ nervous system, and it was reported that ondansetron (OND), 5-HT₃ receptor antagonist, reduced drinking amount and increased abstinence rate in alcohol-dependent patients. The purpose of this study is to investigate the effect of combination of OND and naltrexone (NTX), non-specific opioid receptor antagonist, on alcohol intake in C57BL/6 mice. In 40 C57BL/6 mice in the state of alcohol dependence, vehicle, while OND 0.01 mg/kg, or NTX 1.0 mg/kg administrated respectively, or OND 0.01 mg/kg and NTX 1.0 mg/kg administrated simultaneously for ten days, medication effects on 2-hours alcohol, 22-hour water, 24-hour food

intake and body weight were studied. When vehicle group was compared with 3 medication groups respectively, using a repeated measure ANOVA, NTX alone and vehicle groups showed a significant medication by time interaction (p=0.042) in 2-hour alcohol intake, but in the other 2 groups, OND and NTX combination group and OND alone group, there was no significant interaction with vehicle group in 2-hour alcohol intake. From these results, it is suggested that there is no effect on alcohol intake in mice treating with OND, and naltrexone's suppression effect on alcohol intake in mice is attenuated when treating with OND and NTX simultaneously. It is supposed that a further study looking at the interactions of serotonin, dopamine and opioid nerves systems will be needed.

P-01-064

PREDICTION OF CANNABIS USE DISORDER BETWEEN BOYHOOD AND YOUNG ADULTHOOD CLARIFYING THE PHENOTYPE AND ENVIRONTYPE

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Objective: Employing a prospective paradigm, this investigation derived the childhood phenotype and the environtype associated with risk for cannabis use disorder.

Methods: Two hundred and sixteen boys were evaluated at age 10-12 on a comprehensive protocol using self, mother, and teacher reports and followed up at age 19 and 22 to determine the presence of cannabis use disorder. The *transmissible liability index* (TLI) and *non-transmissible environment index* (NTEI) were derived using item response theory. Logistic regression was conducted to evaluate the accuracy of the indexes, singly and in combination, to predict

cannabis use disorder.

Results: The TLI and NTEI together predicted with 70% and 75% accuracy cannabis use disorder manifest by age 19 and age 22. Sensitivity was respectively 75% and 75% at ages 19 and 22.

Conclusion: The TLI and NTEI, capturing the individual and environment components of risk, provide the framework to screen the population from which youths having high susceptibility can be targeted to receive interventions to prevent cannabis use disorder.

DUAL DIAGNOSIS. COINCIDENCE OF ADDICTIONS AND PERSONALITY DISORDERS IN RUSSIAN CULTURE

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The goal of this study was to provide the psychodynamic analysis of the patients with dual diagnosis consisted in the simultaneous coincidence of addiction and personality disorder. This category of patients is observed more and more often by psychiatrists and clinical psychologists in the large cities in Russia. They are recruited from the areas of postmodern culture. The enclaves of postmodern culture coexist with the structures of traditional and modern society. The challenge of postmodern psychology express itself in the "no time" phenomenon, in the high mobility of people, the mobility of such symbols as words and visual images; cultural pluralism and cultural changes. The relationships between people become multiple, and at the same time superficial. The dual diagnosis in patients was presented by the coincidence of different personality disorders and various addictions. The personality disorders (according to DSM-IV-TR)

included borderline, antisocial, narcissistic (cluster B), and avoidant (cluster C) Addictions were represented both by chemical and non chemical forms. Chemical forms included alcohol and drug addictions. Non chemical forms included pathological gambling, sexual addiction, overeating, self-injury, and workaholism. The psychodynamic analysis revealed that psychological structure of observed patients contained the common to all addictions psychological addictive mechanisms The emotional detachment and the absence of spirituality was typical. Established psychological dysfunctions were combined with the symptoms of the personality disorder. Psychodynamic therapy oriented on enhancing of the mentalization, creating the awareness of others' mental states and strengthen the impulse control is proposed.

P-01-066

TREATMENT OF OFFENDERS WITH SUBSTANCE USE DISORDERS - LESSONS LEARNED IN CALIFORNIA IN THE LAST DECADE

INSTITUTIONS

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Over the last decade, California has been a leader in implementing a variety of treatment programs for offenders with substance use disorders in prisons and community settings. Evaluation studies of prison based therapeutic communities followed by communitybased continuum of care have consistently demonstrated their effectiveness at reducing recidivism and relapse to drug use. The lecture

will focuse on existing policies and strategies to treat substance use disorders in offenders, most common challenges in developing effective treatment strategies for this population, as well as the most recent treatment outcomes. The lecture will also review the successful strategies to integrate treatment intervention into criminal justice environment.

PSYCHOSOCIAL CONTEXT OF MARIJUANA USE IN CZECH ADOLESCENT POPULATION

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Authors refer on risks of using cannabis among pupils of 8th and 9th grade of basic schools and students of 3rd and 4th grades of eight-year grammar schools in Prague and Ceské Budjovice. 17.3% of 1431 adolescents in an average age of 14.5 years reported an experience with marijuana or hashish during last year. Between the age of 14 and 15, an experience with cannabis increased from 12% to 22%. 7.7% reported regular (once a month and more often) use of cannabis. A higher prevalence of cannabis use was found among Prague adolescents; no significant difference was found between boys and girls. In comparison with their peers users of cannabis spent more often their leisure time in a bunch, they went out for entertainment

in the evening more often, they had higher pocket money, they spent less time with their parents, they had conflicting relationship with one of their parents, more often they reported that one of their parents had problems with alcohol. They smoked, drank alcohol and had an experience with other drugs more often. In Windle's questionnaire they showed higher score in a scale of attention disorder and hyperactivity, opposing disorder and behaviour disorders. Also a higher score of anomie and depression was found.

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P-01-068

CORRELATION BETWEEN INTERNET ABUSE AND SOCIAL CONTACTS

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Aim: Young generation spends more and more time using internet and addiction to it seems to be an increasing problem. In the context of social life each addiction, including internet addiction is a destructive attachment, which leads to functional disturbance in relationships with other people, strengthens suffering and loneliness.

The objective of this study was to show influence of the internet overuse on human relationships and displaying network addiction features in young generations. Out of the group of 100 students 68 daily internet users aged 19 to 24 were examined. An anonymous inquiry containing 28 questions was used. The inquiry was constructed basing on available tests checking internet addiction and authors' observations. Age, sex and place of residence were taken into ac-

count as the characteristics of the examined group. The examined population included 10 males and 58 females, 57 of them lived in the cities, 11 of them in the villages.

Results: The results showed that internet overuse is a reason for family conflicts in 50% examinees, due to long term stay on-line young people have problems in learning, work, and family duties, on-line stay above 5 hours a day may be followed by an increased risk of addiction.

Conclusion: Prolonged internet use influences reduction of contacts with real friends.

FREQUENCY OF OSTEOPOROSIS IN 46 MEN WITH METHAMPHETAMINE ABUSE HOSPITALIZED IN A NATIONAL HOSPITAL

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OBJECTIVE: Methamphetamine has been well known to cause mainly mental problems in humans, but only little is known about physical problems. In clinical settings, methamphetamine abusers often complain that their bones are brittle and broken easily. But there hasn't been substantial data to back this up. We evaluated the frequency of osteoporosis in a group of hospitalized Korean men with methamphetamine abuse.

METHOD: The subjects were hospitalized male patients in Bugok National Hospital who met the DSM-IV criteria for methamphetamine abuse or dependence (n = 46, ages 41.33 ± 7.61 , duration of use (years) 14.35 ± 7.35). Bone mineral density (BMD) was measured at lumbar spine by dual x-ray absorptiometry (DEXXUM3). Osteoporosis was a T-score \le -2.5 SD and osteopenia was a T-score \le -1, which were defined according to the criteria of the World Health Organization (WHO).

RESULTS: Mean BMD (g/cm 2 , 0.71 \pm 0.07) was lower in methamphetamine abuser group than in the general Korean population [Z score -1.96 \pm 0.45]. When the WHO threshold was applied, frequency of osteoporosis was 21.74%, and osteopenia was 76.09% at lumbar spine.

CONCLUSION: There was considerable loss in bone mineral density in methamphetamine abusers. Our research shows that methamphetamine abuse has chronic effects on bone mineral density. The results may be meaningful in that it is the first clinical study to determine frequency of osteoporosis in male patients with methamphetamine abuse. An additional case-control study that includes important background variables for BMD such as height and weight is required.

P-01-070

OPIOID DEPENDENCE IN ABORIGINAL PEOPLES OF NORTH CHINA AND FAR EAST OF RUSSIA

INSTITUTIONS

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Objective of present investigation is to analyze of influence of socio-cultural factors on formation of opioid dependence in representatives of aboriginal subpopulations of Far East and North China with opioid dependence. 388 patients with opioid dependence were examined; from them 219 persons were ethnic Chinese living in North-Chine province Khaylunzyan and 169 patients with opioid dependence, inhabitants of Far East of Russia. Aboriginal Chinese group living in Russia was characterized by weakening influence of cultural factors. Informal observing of religious and national traditions in microsocial environment has been noticed in 60,9% of inhabitants of China and 30,8% Chinese-inhabitants of Russia, formal - in 16,3 and 6,8%, respectively; absence of religious and national

traditions - in 22,8 and 62,4% of ethnic Chinese living in different countries. In both samples in groups where any observance of ethnocultural traditions was absent, antisocial actions have constituted 24,6 and 56,0%; convictions with compulsory treatment - 14,7 and 8,5%, respectively. Observance of national traditions is a constraint in relation to formation of opioid dependence in both ethnic samples but was not a factor conditioning motivation for refusal from drug consumption. Upbringing in the atmosphere of informal observance of religious traditions of Buddhism and Confucianism has an ambiguous influence on dynamic of opioid consumption and more seldom preceded to opioid consumption and opioid dependence formation.

PROMISING FUTURE WITH HIGH DOSES OF BACLOFEN IN SEVERE ALCOHOLISM

INSTITUTIONS

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Objectives of the study: Baclofen is a potent GABAB receptor agonist. At the low-dose of 30mg/day (approximately 0.5mg/kg), oral baclofen has been shown to promote abstinence, reduce alcohol craving and consumption. In rats, high-doses of baclofen (3mg/kg) suppress alcohol craving. Our hypothesis lies on that high-dose of baclofen could help alcoholdependent patients with multiple failure therapeutic attempts to achieve abstinence.

Method: We performed an open-labeled study with high doses of baclofen (3mg/kg) for a period of 26 weeks. We included patients with long history of alcoholdependence and numerous attempts of treatment without significant improvement. Baclofen was given progressively to patients until the optimal steady dose (maximum of 3mg/kg). In case of adverse effect, progression was stopped temporarily or definitively.

Results: 12 patients participated to this open labeled study, they were 7 females, the mean age was 49.83 $(\pm\,5.9)$. The longest period of alcohol abstinence during the year previous to the study was 8.58 weeks (±12.7) . The average alcohol intake at time of inclusion was 115g pure ethanol/ day. The maximum average dose of baclofen was 2.41mg/kg/patient $(\pm\,0.98)$ and the maintained dose was 2.10mg/kg/patient (±1.1) . After 6 months, the number of consecutive days without drinking since the beginning of baclofen was 138.0 days (±117.0) and the number of excessive drinking during the follow-up period was 2.2 days (±4.4) .

Conclusion: High doses of baclofen are globally well tolerated and seem to be an effective treatment of alcoholdependence for patients non presenting sedation as a baclofen's side effect

P-01-072

NEW INSIGHTS ON THE USE OF BENZODIAZEPINES IN THE TREATMENT OF ALCOHOL WITHDRAWAL

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Objective: Despite the frequent use of benzodiazepines for the treatment of alcohol withdrawal, studies comparing the efficacy of long and short half-life benzodiazepines in the treatment of alcohol withdrawal have shown mixed results. This study compared the effects of lorazepam to those of diazepam on vital signs and the Revised Clinical Institute Withdrawal Assessment for Alcohol scale.

Methods: Patients (n=47) presenting with alcohol withdrawal symptoms were randomly assigned to either a lorazepam (n=24) or diazepam (n=23) treatment protocol at the time of admission. Primary outcome measures consisted of the Revised Clinical Institute Withdrawal Assessment for Alcohol scale, administered three times per day, and corresponding vital signs recorded throughout the length of their hospital stay.

Results: The average rates of change of CIWA-Ar scores and sy-

stolic blood pressure measurements and total benzodiazepine use were computed for each patient. There was no significant difference between the rates of change for either group on either measure (P>.05). Similarly, there was no significant difference in the total benzodiazepine usage between groups (P>.05).

Conclusions: This study did not reveal any evidence of a clinical advantage for choosing benzodiazepines according to their half lives. Our findings suggest that the choice of benzodiazepine in the management of alcohol withdrawal is not as critical as has been anecdotally assumed. Even though the findings of this study do not suggest a difference between class of benzodiazepine, it does highlights the benefits of close symptom monitoring and early intervention of patients at risk or undergoing alcohol withdrawal.

CLINICAL PURPOSE OF AN EMPIRICAL TYPOLOGY OF ALCOHOL-DEPENDENT PATIENTS

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Background: DSM or ICD categorical classifications of alcohol use disorders have clinical convenience. However, alcohol dependence remains heterogeneous and probably encompasses a number of disorders of varying causes. Numerous multi-dimensional typologies of alcoholism have been suggested

Method and sample: as a contribution to the categorical-dimensional debate, we aggregated descriptive data of almost 2000 DSM-III-R alcohol-dependent patients involved in clinical trials in six European countries (UK, Belgium, Switzerland, Austria, Portugal and Germany). Fourteen cluster internal criteria were selected among five domains considered useful in typologies 1: alcohol consumption, pattern of drinking, medical condition, physical consequences, and social consequences.

Results: two subtypes were identified and nine criteria were shown to have the strongest discriminant validity. They mostly correspond to alcohological and clinical characteristics of severity. Validity was confirmed with external criteria as well as outcome measurement.

Discussion: Our results are consistent with the intention to consider at least severity in the dimensional approach in the revision of the DSM classification². On the contrary of typologies in general population, subtypes in clinical samples can't pretend to any etiopathogenic purpose. However, this axe of research in patients in care has immediate interest for better treatment matching.

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P-01-074

CHANGES IN COGNITIVE FUNCTIONING AND DEPRESSION IN ALCOHOLICS IN EARLY ABSTINENTION

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Background: Chronic misuse of alcohol is associated with impairment of cognitive functioning. Decreased performance in alcoholics may be related to biological and psychological stress in early abstinention¹

Objective: The effect of four-week abstinention on global cognitive functioning and depression among alcoholics were examined.

Methods: A total group of non-cirrhotic male primary alcoholics, without malnutrition, (N=86) aged from 20-60 (mean 43,4) years was consecutive recruited during inpatient treatment. They meet ICD-10 criteria for alcohol dependence and were compared with 30 matched healthy male controls (mean 43,3 years). Assessment of depression (HAMD, Hamilton, 1960) and cognition (Mini Mental Scale-MMSE, Folstein, 1975) were performed for alcoholics average three days after admission (HAMD-1, MMSE-1) and compared with controls (HAMD-c, MMSE-c). After four weeks assessment was repea-

ted for alcoholics (HAMD-2, MMSE-2). Differences between groups were tested by Student t-test.

Results: There was significant difference between MMSE-1 and MMSE-c score, and MMSE-1 vs. MMSE-2, without difference between MMSE-2 and MMSE-c. All values were between normal ranges. Score on HAMD-1 was 15,37 vs. 7,35 on HAMD-2 and 1,43 on HAMD-c with significant differences.

Conclusions: In early four-week abstinention alcoholics showed non-clinical, but significant improvement of cognition functioning. Depression was mild, but more prominent in comparing with healthy controls. Cognitive and depressive symptom may be transient and may resolve at alcoholics. They need repeated assessment after early abstinention.

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A PILOT STUDY OF TEMPERAMENT AND CHARACTER IN BULIMIA NERVOSA

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Objectives: Several studies have shown temperament and character profile of women with bulimia nervosa to be different from those of women with other eating disorders or healthy control women ¹. The aim of this preliminary study is to assess the personality characteristics of a sample of bulimic outpatients seen at an Eating Disorders Unit.

Method: The revised version of the Temperament and Character Inventory was administered to 27 bulimic women and to 38 healthy controls. Both groups were matched by age and instruction.

Results: Compared to healthy controls, bulimics show higher mean scores in the areas of harm avoidance (116.96 vs. 103.21; p < 0.01) and self-transcendence (69.07 vs. 57.50, p < 0.01), and lower mean scores in self-directedness (117.37 vs. 148.18; p < 0.01).

Conclusions: As in other studies of women with bulimia nervosa, we have found higher levels of harm avoidance and lower self-directedness in these patients than in healthy control women. In contrast with previous reports, there were no significant differences with the global score of novelty seeking in our sample. These characteristics could be relevant towards prognosis because of their relationship with the response to pharmacologic and psychotherapeutic treatment.

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P-01-076

MINNESOTA MODEL AND ALCOHOL DEPENDENCE: WHICH PERSONALITY TRAIT IS ASSOCIATED TO RETENTION IN TREATMENT?

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Aims. Aims of our study were to evaluate the temperamental and character traits predictive of retention in a type of treatment performed with the *Minnesota Model* and to investigate the outcome of subjects after a self-help group treatment in relation to temperamental and character dimensions in order to highlight the presence of factors predictive of treatment outcome.

Methods. 104 detoxified patients with diagnosis of Alcohol Use Disorder (DSM-IV) were consecutively recruited. After detoxification, all the patients were included in a group treatment according to the Minnesota Model and then assessed with the Temperament and Character Inventory Personality Profile; abstinence from alcohol was regularly evaluated during the study.

Results. The temperamental dimension of Persistence (P) was found

to be higher (p< .05) in the "alcohol free" group whereas the character dimension of Self Trascendence (ST) resulted to be lower. (p< .05) with respect to the group of relapsed subjects (p< .05). P was found to be positively correlated to the number of accesses to the group treatment.

Conclusion. This is the first study to evaluate the personality dimensions involved in the decision of taking part to a psychosocial group treatment and the retention degree in treatment. The presence of a significantly higher level of Persistence reflects the importance of motivation and determination to remain sober and to continue to attend the group; Self Trascendence, significantly lower in the group with negative outcome, is probably a factor of lower adherence to a project such as the maintenance of sobriety.

HOSPITAL PSYCHIATRIC MORBIDITY ASSOCIATED WITH DRUG USE [ICD-9, Cod.292, 304, 305]. A DESCRIPTIVE LONGITUDINAL STUDY (SPAIN, 1979-2004)

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AIMS/OBJECTIVES: Longitudinal description of hospital psychiatric morbidity associated with drug use(Drug-psychoses [ICD-9,Cod.292],Drug-dependence [ICD-9,Cod.304],Nondependent-abuse-of-drugs [ICD-9,Cod.305]) in Spain, 1979-2004. Spain shows one of the highest drug use indicators in the world. Morbidity evolution reflects worrying trends in order to deal with mental health problems in the immediate future.

METHODS: A descriptive study, 26-year time (1979-2004). Assessment of national hospital utilization databases: CMBD-EMH. Age and sex adjusted hospital indicators were obtained and analysed. Hospital morbidity indicators obtained: admission, readmissions, total stays, averages stays, time intervals during the hospital stay, timely assisted prevalence and cause for discharge. Analysis of time cycles and the age distribution of admission and stays.

RESULTS: Rates were much higher for males than for females. Until 1992 the admission rate for drug-dependence [ICD-9,Cod.304] suffers a major increase. Since 1992 that rate start a decrease. In 1992

the admission rate per 10.000 inhabitants for Drug-psychoses [ICD-9,Cod.292] begins an extraordinary increase. Nondependent-abuse-of-drugs [ICD-9,Cod.305] follows a moderate increasing trend. In 2004 the admission rates of male patients reach the following values: Drug-psychoses (0,933); Drug-dependence (1,933); Nondependent-abuse-of-drugs (0,752). All of them account for 11% of hospital admission and 5% of stays for all psychiatric disorders. The average stays suffer a moderate decrease in the first half of the study period and keep stable in the second half. The average age of admissions shows a strong increasing trend. The rate of readmissions per calendar-year is one of the highest values occurring in mental health. Analysis of time cycles and age distribution of admission over the time series show relevant patterns of drug use.

CONCLUSION: Those conditions show a high hospital utilization in Spain. It is remarkable that although a decrease in admissions for Drug-dependence [ICD-9,Cod.304],admissions for Drug psychoses [ICD-9,Cod.292] are increasing.

P-01-078

ABSTINENT FACTORS IN PSYCHOACTIVE SUBSTANCE - DEPENDENTS

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The goal of research is factor estimation which has influence on the length of abstinence in psychoactive substance-dependents. Research method: We used the following techniques and tests: interview, test of basic outstanding leans (BOL), TCI-9 and NEO-PI-R. The results of this research are pointed on factors which have influence on the length of abstinence: family support, motivation for treatment, personal structure, efficiency and kind of defense mechanism. At the beginning of a treatment, family support and motivation for treatment have a special significance for treatment efficiency. After beginning of abstinence, a particular significance for its length has personal structure, efficiency and kind of defense mechanism. In this case, advanced level of psychological personal

organization and presence of rationalization as defense mechanism cause length of abstinence. According to that, rationalization allows abstinent because its represents fair of losing an object. In actual moment that fair is real. Its manifestation is in form: "If I take drugs, he (she) will leave me and I will stay alone." This rationalization we called positive rationalization. Based on our results a husband is on the top of positive rationalizations. Conclusion: Family support and motivation for treatment are necessary for succeed in dependents treatment. Special importance has positive rationalizations as defense mechanism, because these actualize fair of losing an object and on that way contribute the length of abstinence. Key words: dependent, abstinence, fear.

SOCIAL-DEMOGRAPHIC CHARACTERISTICS OF ALCOHOLIC AND NON-ALCOHOLIC FAMILIES - COMPARATIVE ANALYSES

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Background: Alcoholism is social medical illness with consequences to all members of alcoholic family and all spheres of family life. We have choose family with adolescent (age 15-18), having in mind that adolescence is most vulnerable, but at the same time one of the most important periods in psychosexual development of personality.

Aim: The aim of our research is to find out whether there is a statistically relevant difference between alcoholic and non-alcoholic family in relation to particular social demographic variables.

Method: Sample is made out of 186 informants (62 whole families with adolescent) who are based on discriminative variable - alcoholism in family- divided in experimental and control group. In our research we have used following instruments: social demographic questionnaire, AUDIT, KOG-3 (Cybernetic IQ tests battery), as well as adequate statistical methodology for data processing.

Results: Some of the most important results are: lower level of religioness (p<0,01 between alcoholic and men from control group); members of alcoholic families consider their parents marriage to be worst then control group (p<0,001 between adolescents from two groups). Members of non-alcoholic families are satisfied with their jobs and are in a better financial situation then members of alcoholic families (p<0,01).

Conclusion: We can conclude we got lower scores in alcoholic families in almost all examined variables. Destructivity of alcoholism in family could be seen also in social demographic sphere, in the case of alcoholic as well as in the cases of other family members.

Keywords: alcoholism, alcoholic family, adolescence, social demographic characteristics

P-01-080

PSYCHOTHERAPY IN TREATMENT OF ADOLESCENTS WITH OBESITY

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Simplex obesity is the most often kind of obesity which appears in group of children and adolescents. Lower physical activity coexists to obesity in this group of patients. The main reasons of the obesity are: environmental factors, genes, and psychological connected to schema of reaction for stress, quality of processes of coping, learning abilities, stage of personality development, self-esteem etc.

The aim of the study was to estimates types of coping with stress, level of fear and health habits in adolescents with obesity. 60 patients aged 134-16 yrs of age with obesity - BMI over 27 participated in the study.

There STAI, CISS and IZZ questionnaires used in the study. Statistical analysis with SPSS for Win used in the study.

The results show significant correlation of negative health behaviors and the results of CISS. There was also the correlation on p. 0,05 between fear as a state and obesity. Adolescents with obesity had lower health behaviors in comparison to norms in population. Results show the necessity of psychotherapy oriented to improvement of coping and education toward good health habits and behaviors.

SEVERE LIFE EVENTS AND POST-TRAUMATIC STRESS DISORDER AMONG OPIATE DEPENDENT PATIENTS

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Objective: The aim of this study was to find the prevalence of PTSD in opioid dependence patients and the relationship of post-traumatic stress disorder to the severity of dependence on opioid in patients attending the out patient clinic of drug treatment service.

Method: An interview with the Maudsley Addiction Profile (MAP), the Severity of Dependence Scale (SDS), Impact of Events Scale (IES) and ICD 10 clinical criteria was conducted in a substance-misuse outpatient clinic in Birmingham. Seventy patients with opioid dependence syndrome were interviewed.

Results: On interview, 30% of the patients' sample met ICD 10 criteria for posttraumatic stress disorder. The mean number of traumatic events was 1.3, SD=1.5 (0-5 events). The number of patients

who were exposed to sexual abuse in childhood was 17 (24.3%). The number of patients exposed to physical abuse was 19 (27.1%). The number of patients who witnessed parental physical fights was 20 (28.6%). The mean age of first exposure to trauma was 8.5 years. The main traumatic experiences in adulthood were mainly rape 4(5.7%) and severe physical injuries to self, (road traffic accident or physical assault) 20 (28.6%). The average age of second exposure to trauma was 19.6 years. Clinically significant levels of intrusive (45.7%) and avoidant (65.7%) symptoms were reported.

Conclusions: As in other samples the co-morbidity of PTSD and opiate use is much more common and warrant further study in the area of aetiology and management.

P-01-082

THE ABUSE OF CORTICOSTEROIDS AMONG IRAQI FOR WEIGHT GAIN PURPOSE IN BABYLON, IRAQ: A UNIQUE EXPERIENCE

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Objective: The abuse of corticosteroids, among Iraqi women, in the Babylon governance and some parts of Iraq was noted during the last two decades. This inspired our group to research into the existence of this problem among Iraqi in Al Hilla city. Our objective of this study was to test the hypothesis that there is an abuse of corticosteroids among this target group for weight gain purposes.

Method: The patients included in the study were recruited from all subjects who had been consecutively visited the 3 primary health centres in Al-Hilla city, Babylon Governorate, Iraq, during a 150 days period (September 2001 to January 2002). A pre-designed questionnaire was used to extract socio-demographic information, and detailed clinical history, mental status examination and drug use histories from patients.

Results: A 120 patients out of 7309 used corticosteroid for weight gain purposes. Female were over represented (80.8%). The average age of the sample was 29 years. Eighty percent felt satisfied with the effect of the drug and 90% were not motivated to stop it. Majority of the patients experienced mood changes but no clear psychiatric syndromes. Doctors were significantly the main source of information about the weight gain effects of corticosteroids.

Conclusions: There are a significant number of patients who routinely misuse dexamethasone. The main original reason for starting it is gaining weight and improves their physical appearance. This issue raises the need for awareness by both general public and medical practitioners of the potential adverse effects of corticosteroids and its devastating consequences.

A NEW QUESTIONNAIRE FOR THE EARLY DETECTION OF ALCOHOL ABUSE AND ADDICTION (AUDIT): GREEK DATA ON RELIABILITY AND VALIDITY

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Aim

To validate AUDIT in a Greek population.

Material-Method

AUDIT was translated and back translated by two bilingual Greek psychiatrists. 218 individuals took part in the study (128men and 90 women). 109 (75 M and 34 F) fulfilled the DSM IV criteria for alcohol addiction and presented themselves in alcohol treatment units. The remaining 109 (53 M, 56F) were healthy controls. Average age of the sample was 40,71 ($\pm 11,34$). 39,1% were single, 44,6% married, and 14,7% were divorced.

Results

Internal reliability (Cronbach's a) was 0,80 for the controls and 0,80 for the alcoholics. Controls presented statistically significant lower scores 3,80 $(\pm 3,61)$ (t test p<0.001) from the average score of the

alcoholics 26,69(\pm 8,39). From the alcohol addicted individuals 3% scored 10 or less (the average sore plus one standard deviation of the controls). There were 1,8% false positives in the control group. Age was inversely correlated with AUDIT scores only within the alcoholic group (person's p<0.05, r= -221).

Conclusions

AUDIT presents a high internal reliability and high validity. Detects 97% of the patients and shows high sensitivity and specificity. Early detection is one of the main issues concerning prevention and treatment, in this respect AUDIT can be of substantial help. AUDIT is a reliable and easy to use instrument for the detection of alcohol problems in vulnerable populations and patients with psychiatric co morbidity.

P-01-084

ANESTHESIOLOGISTS AND DRUG USE: A QUALITATIVE STUDY

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Objective: The aim of this study is to comprehend drug use among anesthesiologists, focusing on a work-related context.

Method: A qualitative study divided in two principal parts: (1) field observation (2) in-depth interviews: fifteen anesthesiologists participated in this research.

Results: The analysis of the interviews demonstrated, from the empiric data, the context of drug use among anesthesiologists. With the interviews and ethnographic observation, it was possible to describe the context and how the professionals comprehend this behavior.

Discussion: Some paradoxes in the anesthesiologist's routine: the first one was related to the contact with patients and death; the second one was related the control of work rhythm and the search for a

specialty with more autonomy. Other subjects were touched, like the negative aspects of the profession as a predisponent to drug abuse, the anesthesiologist's view of use of drugs, the presence of depressive states and the facilitated access to drugs.

Conclusion: This study, despite having found an illustrative description for the quantitative data, looked at the phenomenon in a very specific way. Therefore, it has found the logic inside the anesthesia practice, with the day-by-day contradictions and its coping strategies. It can be assumed that the drug use phenomenon is present on the anesthesiologists' professional horizon; so, dislocating the analysis to the professional practice is the best way to comprehend the several responses to it, since it is not independent from the judgment of society.

ATTENTION DEFICIT DISORDER (ADD) AND COMORBIDITY WITH DRUG DEPENDENCE: A BIBLIOGRAPHIC REVIEW

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Studies show that children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) maintain the symptoms in adulthood, interfering in the academic, professional, affective and social life. Early diagnosis and appropriate treatment can significantly reduce

symptoms. This review is focused on treatment of individual who presents with concomitant ADHD and Substance Use Disorders (SUD), from Mediline, Pubmed, Psycinfo, Lilacs and books published in the last 17 years (1990-2007).

P-01-086

SOCIO-DEMOGRAPHIC AND DIAGNOSIS PROFILE OF ADDICTED WOMEN IN A BRAZILIAN OUT-PATIENT CENTER

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INTRODUCTION: This study comes from the interest of professionals of two drug treatment community centers, both located at São Paulo, Brazil, on understanding chemical dependence among women.

OBJECTIVE: The main objective to compare the social-demographic and comorbidity profiles of chemical dependent women.

METHOD: It was a cross-sectional study, based on registered data of the women in treatment between June 1st, 2006 and June 30th, 2007. The data-collecting was done through a social-demographic and diagnosis questionnaire, elaborated and applied by professionals. The studied sample was composed by 130 women.

RESULTS: Comparisons were made from age, instruction, housing, profession, origin, civil status, religion, number of children, diagnosis of dependence, beginning of use, psychiatric diagnosis, psychiatric

ric internments, time of treatment before the abandonment, clinicalsurgical diseases, repetitions of diagnosis, clinical tests for hepatitis B and C and for HIV, story of violence, negligence and abandonment in childhood and story of current violence of the patients.

DISCUSSION: some similarities were in the two centers, in terms of age of beginning of treatment, professional status, housing, instruction, civil status, index of unemployment, dependence and spontaneous arriving at treatment. Depression was the most prevalent illness among the psychiatric diagnosis.

CONCLUSION: Through this work, many similarities between the women of the two centers were found, although these services are located in regions with different social-economic profiles.

KEYWORDS: woman; chemical dependence; violence; social stigma; prejudice; treatment of dependents; alcohol; drug

THE COMPREHENSION OF BRAZILIAN HEALTH PROFESSIONALS CONCERNING SPECIALIZED CENTERS FOR DRUG DEPENDENCE TREATMENT

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Introduction: The creation of specialized centers for drug dependence treatment is intimately related to psychiatric reform in Brazil. In the eighties a deshospitalization movement was born in Brazil, with a multiprofessional treatment concept. These changes were the "nest" for the creation of specialized centers for drug dependence treatment.

Objective: To comprehend different thought patterns among health professionals concerning the existence of these specialized centers and its relation with the premises of Health Ministry.

Method: This was a qualitative-exploratoru study with semi-structured interviews with eleven health professionals.

Results: It was possible to understand the difficulties among health professionals in these specialized centers, such as problems with the government structure and the comprehension about the importance of this type of specialized structures.

P-01-088

CHILDHOOD BULLYING BEHAVIOURS AND SUBSTANCE USE IN LATE ADOLESCENCE

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Objective: To study the prospective associations between childhood bullying behaviours and substance use in late adolescence among males in a nationwide longitudinal birth cohort study.

Methods: A general population sample of 2946 8-year-old Finnish boys was followed up from age 8 to 18. In 1989, information about bullying and victimization, and childhood psychopathology (Rutter scales and Child Depression Inventory) was collected. At age 18, information about self-reported smoking, drunkenness frequency, use of illicit drugs, and psychopathology (Young Adult Self-Report) was collected from 79% of the boys attending the study in 1989.

Results: After controlling for childhood and late-adolescent psychopathology, family background, and substance use, bullying others

frequently predicted illicit drug use (OR=3.0, 95%CI 1.3-6.7). Bullying others occasionally predicted independently for daily smoking (OR=1.7, 95%CI 1.2-2.3). Victimatization to bullying at age eight independently predicted daily smoking (OR=1.7, 95%CI 1.02 - 2.7), and lower occurrence of illicit drug use (OR=0.3, 95%CI 0.1-0.8) at age 18.

Conclusions: Among males, childhood victimization is an independent risk factor for smoking, supporting the self-mediaction hypothesis. Bullying others should be considered as a marker of risk for later substance use. These results further increase our knowledge of long-term consequences of bullying, and highlight the efforts to prevent childhood bullying.

STUDY OF THE M.M.P.I OF ALCOHOLIC PATIENTS

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Objectives

clinical profile of alcoholic patients as derived from the M.M.P.I subscales.

Method

247 alcoholic patients (194 men and 53 women), completed the M.M.P.I, their demographic details were recorded, as well as type of alcoholism

Results

The average age was 42,2 years \pm 6,96, and the years of education 12 \pm 3,376. Marital status: 29,1% were single, 36,4% married and 32,8% divorced. Type of alcoholism: 78,5% was type I and 21,5% type II.

M.M.P.I results: highest was the scale 8 (Sc) with an average T-score value 82 \pm 19,643, scale 4 (Pd) with an average 76 \pm 5,651 and 2 (D) with an average 74 \pm 6,513. Women presented higher values in the Pd scale in comparison with men (79 \pm 5,818 vs 74 \pm 5,528, ANOVA

F=6,278 p<0,05) and men higher values in the D scale in comparison with women (75 \pm 6,335 vs 73 \pm 6,331, ANOVA F=15,082 p<0,01).

The age group 20-35 presents higher values in the Pd scale as compared with the age group 46-60 ($79\pm6,269$ vs $71\pm5,812$, ANOVA F=4,240 p<0,05) as well as singles and divorced in the same scale as compared with married ($76\pm5,583$ and $79\pm5,574$ vs $71\pm4,950$ ANOVA F=4,266 p<0,01). Finally alcoholics of type II present higher values in the Pd scale as compared with the ones of type I ($(81\pm6,237$ vs $74\pm5,405$ ANOVA F=7,789 p<0,01)

Conclusions

The scales of Pd, D and Sc is high, even if the last one should be interpreted mainly as an expression of anxiety rather than an expression of pure psychotic characteristics. Women have higher scores in the Pd scale than men and the alcoholics of type II have increased values in the Pd scale, which is expected, based on the clinical characteristics of this type of alcoholism.

P-01-090

YOUNG PEOPLE'S ALCOHOL OUTBREAK

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"An uncertain future, the feeling of inner emptiness, the lack of a crucial projects and the absence of important values have been more than a decade inducing the young to pursue pleasure derived from an object rather than a subject" (Miguez H. 2007)

In modern times, men put emphasis on hope, progress and future but in postmodernism the mass media form a new subjectivity and vulnerability. Anywhere, "everything is ok", immediacy, lack of reflection and spending time with friends were replaced by "the meeting taste" (slogan from a well know beer advertisement), a glass of beer, two...and then drunkenness became a synonym of fun and a challenge of traditional norms of society.

The absence of family and school institutions as germs of society

should transmit values and educate under the principle of personal effort in order to achieve improvement and gain satisfaction of the job done. They also should set limits to transpressive behaviour. With this absence, addictions develop as the result of a social conflict unable to prepare young people to use freedom in a responsible way and to aim at their so desired happiness.

Field work: In Argentina, between 2005 and 2006, there were carried out eight hundred surveys to young people between 14 and 17 years old belonging to public and private secondary schools in Capital Federal and Gran Buenos Aires. The result, as it was previously stated, showed that 40 % of young people from both sexes drank every weekend and started with their drinking habit.

ASSOCIATION STUDY BETWEEN THE CANNABINOID RECEPTOR 2 GENE AND PATIENTS WITH METHAMPHETAMINE DEPENDENCE/PSYCHOSIS

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Several lines of evidence showed that the endocannabinoid system is involved in vulnerability to development of addiction and other psychiatric disorders. There are two well-characterized cannabinoid receptors, CB1 and CB2. The CB1 but not CB2 receptor might mediate the psychoactive effects of cannabinoids and marijuana use, because the CB1 receptor is highly expressed in the brain and the CB2 receptor is expressed predominantly in immune and hematopoietic cells. However, recent studies demonstrated that the CB2 receptor is also expressed in some region of the brain observed in brain and supposed to be associated with addiction vulnerability as a modulator of the reward system. A previous study showed that the association between the CB2 gene and Japanese alcoholics. Therefore, we investigated the association between the CB2 gene and methamphetami-

ne dependence/psychosis. Subjects were comprised of 223 patients and 221 age- and gender-matched healthy controls. We genotyped a nonsynonymus polymorphism, Q63R, in the CB2 gene. There were no significant differences between controls and patients with methamphetamine dependence/psychosis. In the clinical feature analyses, in respect with age of first use, latency of psychosis, spontaneous relapse of psychotic symptoms, and poly-substance abuse, we found no significant association with the Q63R polymorphisms in the CB2 gene. This study did not support the proposition that the CB2 gene play a major role in methamphetamine dependence liability and/or the development of methamphetamine induced psychosis, at least in a Japanese population.

P-01-092

TWIN STUDIES OF EATING DISORDERS

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The psychiatric morbidity -endogenous and exogenous psychoses, neurosis and abnormal personalities, psychosomatic diseases, addictions, sociopathies and so on- is studied mainly on first grade relatives in 6 cases of female patients affected vith anorexia nervosa, 2 monozygotic twins; 2 dizygotic twin and 2 cases of anorexia

nervosa on non-twin sisters. On both patients and their families, cathamnesic study has been made and syndrome-shift or psychiatric polysyndrome coincidences-alterations have been estimated. Finally, results and genetical and clinical findings are discussed in the scope of etiological theory of anorexia nervosa.

USE STANDARDS - MOTIVATIONS TO DEPENDENTS

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The motivation is directed to resolve the following problems: anxiety reduction, depression; diminish a sense of inferiority, revive self-confident, a lifestyle changing, as well as improve a whole life quality. On the analysis basis of abundance interventions to dependence sickness, it's confirmed that motivation is a significant for dependent persons. The motivation was present in 56% of patients, which are included in accidental specimen of 150 patients. Some of the most common individual interventions in aim to accomplish standards-motivations are: motivation for cooperation, motivation

for treatment, correcting wrong statements and ideas which are in relation with sickness, motivation in achieving life habits, motivation for companion and realizing the social contacts, motivation for joining a group work. The motivation is a treatment segment that stimulates personal activity of patient and enables their defending from outside and of negative contents that sickness has.

Key words: motivation, standards, norms.

P-01-094

THE INFLUENCE OF OCCUPATIONAL-RECREATIONAL THERAPY ON THE REDUCED CONSUMPTION OF ANXIOLYTICS TO PATIENTS WHICH ARE DEPENDENTS OF PAS DURING THE ABSTINENCE CRISIS

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The research is included group of 40 patients, dependents of PAS which are hospitalized in a ward for dependents treating. The first control group of 20 patients, further a usual detoxifying therapy, has been treated by therapy that includes usage of anxiolytics and hypnotics in aim to trim the symptoms of abstinence crisis. The second group, along with detoxifying therapy, daily has been on occupational-recreational therapy, while adjuvant therapy has been included just in case of need. The goal of research: comparative analysis of adjuvant therapy consumption /anxiolytics and hypnotics/, in refe-

rence to pointing an importance of occupational-recreational therapy to dependents. The expected result is saving adjuvant pharmacotherapy and easier abstinence establish in the second dependents group. As parameter of success, in research will be used anxious scale /MMPI/, which is done on the beginning, during, and at the end of a treatment.

Key words: dependent, abstinence, occupational therapy.

ADULT ATTACHMENT STYLE AND ADDICTIVE DISORDERS

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Objectives: There are few studies reminding the pattern of adult attachment style and addictive disorders. With this study we propose to clarify this relation.

Methods: This is a prospective study, involving a sample of 18 patients that attend to a centre of addictive disorders. We applied two psychometric scales (Adult attachment scale - EVA), validated to the Portuguese population, and the Brief Symptoms Inventory - BSI). Also a questionnaire with some clinical and socio-demographical data was applied. We compare this data with 18 healthy controls assigned to the study.

Results: The mean age of the group of patients was 35.5 years old (min=21; max =52) and in the controls 33.2 (min=19; max=55); the sex distribution was, respectively, 11:7 and 12:6 (M:F). In concern

to the Adult Attachment Style (Secure vs. Insecure) we found a significative statistical difference between the groups (p<0.001), with major prevalence of Insecure attachment style in the group of patients. In this group there was a prevalence of the Fearful - Avoidant (38.9%) and Preoccupied (22.2%) Type. The Index of general symptoms (IGS) in the BSI was superior in the group of patients (0.944 vs. 0.632). We found a statistical difference (p<0.01) in Depression and Anxiety items, in the group of patients. The sample will be enlarged to 30 patients.

Conclusion: In this study we find a strong relation between the Insecure (Fearful - Avoidant, Preoccupied) Attachment style and addictive behaviour, stating the importance of psychotherapy in this population of patients.

P-01-096

ASSOCIATED FACTORS WITH ILLICIT DRUG USE AMONG COLOMBIAN ADOLESCENT STUDENTS

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Background: The abuse of illicit drugs is established during early adolescence. Furthermore, a lot of variables in Colombian adolescents have not been studied yet.

Objective: To establish the prevalence and associated factors of illicit drug use among adolescent students in Bucaramanga, Colombia.

Methods: A random sample of adolescent students completed an anonymous questionnaire asking about illegal and legal substance use, CAGE questionnaire, CES-D Scale, Francis Scale, Rosenberg Self-Esteem Scale, the module for antisocial personality of the questionnaire of the structured clinical interview for DSM-IV axis II diagnosis, and family APGAR. Logistical regression was used to control confounding variables.

Results: 2916 students participated in this research. Mean age was 14.4 years; 51.1% was female. The prevalence of illicit drug use during the last year was 6.48% (95%CI; 5.59-7.38). Illicit drug use in

men was associated with antisocial behavior (OR=2.07; 95%CI 1.09-3.92), smoking everyday during the last month (OR=5.24; 95%CI; 2.33-11.82), alcohol dependence pattern (OR=1.56; 95%CI; 1.22-2.01), having a friend who uses illicit drugs (OR=5.76; 95%CI; 2.96-11.21) and having a brother o sister who uses illicit drugs (OR=2.27; 95%CI; 1.14-4.52). In women was associated with antisocial behavior (OR=4.27; 95%CI 2.41-7.57), having a friend who uses illicit drugs (OR=3.84; 95%CI; 2.06-7.17), alcohol dependence pattern (OR=1.31; 95%CI; 1.04-1.66), having a brother or sister who uses illicit drugs (OR=2.45; 95%CI; 1.31-4.61) and smoking everyday during the last month (OR=5.24; 95%CI; 2.33-11.82).

Conclusions: One in 15 adolescent students from Bucaramanga has used illicit drugs during the last year. Women and men showed similar associated factors but statistical different.

VALIDITY AND RELIABILITY OF TWO SILHOUETTE SCALES IN COLOMBIAN ADOLESCENTS

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Background. The "silhouette scales" are the most useful tools to assess Body-Image Dissatisfaction, however in Latin-America there not validity tools.

Objective. To determine the validity and reliability of the 13-card scales and Standard Figural Stimuli to evaluate the Body.

Methods. A validity study with a probabilistic sample in 189 Colombians student adolescents was design. The students fill out the 13-card scales and Standard figural stimuli and after two weeks they fill out these scales again, as well as, the SCOFF questionnaire, the Rosenberg Self-Esteem Scale. The fat body percentage, weight and size were evaluated. Convergent validity was determined through the Spearman coefficient. The test-retest reliability was evaluated through Lin's coefficient.

Results. Mean age was 14.1±1.3 years; 67.2% were female. The correlation of the perceived size assess through the Standard figural stimuli with body mass index, weight and fat body percentage was 0.71, 0.55 and 0.46; with the 13-Card scales was 0.60, 0.50, and 0.40 respectively. The Body-Image Dissatisfaction with Standard figural Stimuli was correlated with the SCOFF questionnaire (0.43) and Rosenberg Self-Esteem Scale (- 0.26) and with the 13-Card scales the correlation was 0.50 and -0.22, respectively. The test-retest reliability of the perceived and ideal size with the Standard Figural Stimuli was 0.85 and 0.78; with the 13-Card scales was 0.93 and 0.9 respectively. Conclusion. Convergent validity is good for both scales. The reliability of the Standard figural stimuli is good; the reliability of the 13-Card scales is excellent.

P-01-098

VALIDATION AND COMPARISON OF SCREENING TOOLS FOR MENTAL DISORDERS IN SUBSTANCE ABUSERS

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Aims: Few screening tools for mental disorders have been properly validated in substance abuse clients. They also differ widely in comprehensiveness and administration time. We sought to validate and compare the performance of three screening tools for mental disorders (PDSQ, K10, and GAIN-SS), in a heterogeneous substance abuse treatment population.

Methods: 164 clients were recruited from three large multimodal treatment centres in Ontario Canada (67.1% male; 32.9% female). Clients completed the selected screening tools followed by independent same-day structured clinical interview (SCID) to verify research diagnosis. Breathalyzer, urine screen and self-reported use were used to control for possible effects of intoxication and withdrawal. Performance of each measure against the gold standard SCID was compared using ROC curves.

Results: The sample was heterogeneous in terms of lifetime drug dependence, for example, alcohol 56.1%; cocaine, 55.5%, cannabis 32.9% and opioids 17.7%. The prevalence of depressive disorder was 53.7% and for anxiety disorder 43.2%. For anxiety disorder, ROC's were .787, .701, and .682, for the PDSQ, GAIN-SS and the K10, respectively. For depressive disorder, the ROC's were marginally lower at .599, .523, and .622.

Conclusions: All three screening measures fell short of validation data derived from non-treatment populations. The PDSQ performed best for anxiety disorders but no measure was a top performer for depression. Heavy drug use may result in mild symptoms, or sub-threshold groups of symptoms, thus blurring the boundaries across disorders. In other words, as the distinction between cases and non-cases is less clear, the accuracy of any screening tool tends to decrease.

MEDIA EFFECT TO MOTIVATION IN ALCOHOL DEPENDENCE WHO TREAT WITH MOTIVATIONAL ENHANCEMENT THERAPY (MET)

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Objective: This study was to examine the difference of motivation to reduce alcohol consumption in alcohol dependence patient who were treated with MET with and without media.

Methods: This was a randomized controlled trial which 46 alcohol dependent patients were treated with MET at psychiatric out-patient department, Khon Kaen Hospital. They were randomly allocated by computer generated urn randomization to 2 groups; (i) with media group (effect of alcohol to the body by power point presentation initially and 1 week after were presented to them) and (ii) without media as a control group. All subjects were treated by 4 sessions of MET in 12-week period (week 0, 1, 6 and 12). Stages of Change of Readiness and Treatment Eagerness Scale and Drinker Inventory of Consequences were used to measure motivation to reduce drinking and consequence of drinking respectively (Cronbach = 0.82 and

0.88 respectively). Data were analyzed using descriptive statistics, independent t-test and repeated measure ANOVA.

Results: Twenty four participants were completed at the end of the study (13 subjects in media group and 11 subjects in control group). No differences in relation to baseline characteristics between 2 groups were detected. Percent heavy drinking, amount of alcohol and Drinker Inventory of Consequences were significant decreased in both groups. Motivation to reduce alcohol consumption was also similar between these 2 groups.

Conclusion: Media which exhibited the effects of alcohol on human health showed no consequences to the motivation to quit drinking in the alcohol-dependents who treated with MET as the out patients.

P-01-100

SMOKING CESSATION DECREASED THE SERUM LEVEL OF LOW-DENSITY LIPOPROTEIN

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Aims/Objectives: Smoking has been shown to be associated with dyslipidemia that is characterized by an atherogenic lipoprotein phenotype, with increased triglycerid (TG) and low high density lipoprotein cholesterol (HDL) concentrations and a preponderance of low density lipoprotein cholesterol (LDL). We examined changes in lipid profile between before and after smoking cessation in Korean male smokers.

Methods: The urine cotinine levels of all subjects were monitored three times, before cessation, after 1 month, and after 2 months. Blood sampling was withdrawn from the participants twice, at the baseline and after 2 months. At 7:00 a.m. after overnight fast, a sample of blood taken from all subjects to measure levels of HDL, LDL, and TG.

Results: LDL level decreased significantly (p=0.023) after smoking cessation, however change of HDL and TG was not significantly. The

level of albumin and total protein were significantly lower after smoking cessation than before.

Conclusion: We hypothesized the smoking cessation would make a higher level of HDL and lowering LDL and TG, but the result was not same as expected. Smoking is the most important preventable risk factor in various disease, so we should take into account the beneficial effects of cigarette smoking cessation in educating smoker to help stop smoking.

Reference:

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- $2.\ Krauss\ RM.$ The tangled web of coronary risk factors. Am J Med 1991;90:36S-41S.

A NEW PHARMACEUTICAL FORMULATION OF DISULFIRAM: A SUPPORT TO THE BIOPSYCHOSOCIAL TREATMENT OF ALCOHOL DEPENDENCE

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Because alcohol dependence is a multifactorial condition, involving not only physiological factors, a strategy of biopsychosocial approach is frequently used. A pharmacological manner to support the treatment of alcohol dependence is the administration of disulfiram, a drug that inhibits aldehidodehidrogenase, which increases acetaldehyde concentration and produces an aversive reaction to alcohol intake. Disulfiram is currently used by oral route, with the inconvenience of the high abandonment of therapy and patient deception. In this work we evaluated of a new parenteral formulation of disulfiram to support the rehabilitation of alcohol abusers. We proposed that an inclusion complex of disulfi-

ram-cyclodextrin allows obtaining a sustained release of disulfiram to maintain stable therapeutic levels. The patients received 6 months i.m. treatment with the complex (15 mg/kg of disulfiram). The pharmacokinetic-profile was established by measuring disulfiram and its metabolites in blood by means of HPLC/UV. This innovation allowed maintaining stable therapeutic drug levels during one month without pain or injury in the injected area which increased patient adhesion to the treatment. From the clinical viewpoint, this formulation, as support to the biopsychosocial treatment of alcohol dependence, represents a new option of therapy employing a multimodal intervention.

P-01-102

ASSOCIATION OF POLYMORPHISM ON ALDH2, BDNF, 5-HTTLPR AND MTHFR GENES WITH ALCOHOL DEPENDENCE IN OLDER KOREAN MALE

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Background: This study aimed to investigate the association of alcohol dependence with some candidate genes related to alcohol Metabolism and reactions in the central nervous system [aldehyde dehydrogenase 2 (ALDH2), brain derived neurotrophic factor (BDNF), 5-hydroxytriptamine transporter gene linked polymorphic region (5-HTTLPR), Methylenetetrahydrofolate reductase (MTH-FR)] in older Korean men.

Methods: Study subjects consisted of community dwelling 300 men aged 65 or over. They were categorized into 68 subjects with alcohol dependence and 232 controls according to DSM-IV criteria. Genetic polymorphisms were tested using polymerase chain reaction and restriction fragment length polymorphism. Genotypes were classified into three groups that 5-HTTLPR genotype was to to s/s, s/l, l/l;

BDNF to Val/Val, Val/Met, Met/Met; MTHFR to C/C, C/T, T/T; and ALDH2 to 2*1/1, 2*1/2, 2*2/2 respectively. Genotype distribution and allele frequency were compared between the subjects with and without alcohol dependence.

Results: The subjects with alcohol dependence had significantly higher frequencies of ALDH2*1/1 genotype and ALDH2*1 allele, and BDNF Met/Met genotype and Met allele compared to the controls (all P-Value <0.05), However, there were no significant differences in the genotype distribution and allele frequencies of the 5-HTTLPR and MTHFR genes between the two groups (all P-Value >0.3).

Conclusions: Alcohol dependence was associated with ALDH2*1 and BDNF Met alleles in older Korean men. These results might contribute to understand the pathogenesis of alcohol dependence to some extent.

PSYCHOPATHOLOGY AND EATING PATTERN OF FEMALE ADOLESCENTS WITH SUBSTANCE USE

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The objectives of this study are 1) to estimate the rate of cigarette and alcohol use in female adolescents, and 2) to invest the association of substance use, eating pattern, and the related psychopatholoy. We conducted a survey of 864 girls at one junior high school (n=405) and one high school (n=459) with questionnaires of the general information related to smoking and drinking behaviors, the Three Factor Eating Questionnaire(TFEQ) for eating pattern and the Strengths and Difficulties Questionnaire(SDQ) for psychopathology. In addition, the BMI and the discrepancy of perceived and ideal body image were calculated. The prevalence of cigarette and alcohol use were 35.1% and 11.5%, respectively. Hyperactivity and conduct problems were found in smoking and drinking female adolescents.

Smoking girls at high school got a low disinhibition score of TFEQ and high BMI, and showed considerable discrepancy between perceived and ideal body image. Drinking girls at high school got a high score in both disinhibition and hunger patterns and a low score in dietary restraint. For the junior high schoolgirls, the lower disinhibition score is, the higher the risk of smoking and drinking is, but for the high schoolgirls, the lower dietary restraint score is, the higher the risk of drinking is. And, disinhibition/hunger measures and psychopathology are positively correlated. We conclude that substance use in female adolescents is closely associated with externalizing behavioral problems, and eating pattern is mainly related to drinking rather than smoking.

P-01-104

THE PATIENTS WITH ALCOHOL DEPENDENCE REQUIRE LESS BENZODIAZEPINES FOR INSOMNIA AND ANXIETY AFTER HOSPITALIZATION FOR DETOXIFICATION

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BACKGROUND; Ministry of Health, Labor and Welfare of Japan estimated that there are almost 810,000 patients with alcohol dependence in Japan. However, it also reported only 51,000 patients received treatment. On the other hand, it is reported that the number of prescriptions of benzodiazepines in Japan is high. We supposed that many alcohol dependent patients with psychiatric symptom have treatment with benzodiazepines without the diagnosis of alcohol dependence. We suspected that most of their psychiatric symptoms are caused by alcohol and the patients need less benzodiazepines when they are abstinent.

OBJECTIVE; To confirm that the patients with alcohol dependence require less benzodiazepines for insomnia and anxiety after hospitalization for detoxification.

METHODS; At Shin-Abuyama hospital, we offer one month treatment program, including detoxification and rehabilitation, for in-

patients with alcohol dependence. We reviewed the chart of all 67 female patients who received the treatment for alcohol dependence and discharged from Shin-Abuyama hospital between October 2006 and September 2007. We compared the amount of benzodiazepines they took for insomnia and anxiety, before and after hospitalization.

RESULT; 26 patients (39%) were prescribed some benzodiazepines as hypnotics before admission, and 13 (20%) patients took more than one. When they are discharged, 17 patients (25%) needed benzodiazepines for sleep, only 4(6%) of them took more than one type. 18 patients (27%) took anxiolytics before admission. However, 5 (7%) patients in anxiolytics at discharge.

CONCLUSION; Most of the symptoms alcohol-dependents complaining were relieved after detoxification. The patients did not need as much benzodiazepines as they were drinking.

COMPARISON OF SHORT TERM TREATMENT OUTCOME AMONG SMOKERS AND SMOKELESS TOBACCO USERS: A PRELIMINARY REPORT FROM TERTIARY NEURO-PSYCHIATRIC CENTRE IN INDIA

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Aim: To assess and compare the short term treatment outcome among group of smokers and smokeless tobacco (SLT) users.

Method: A prospective, observational study with six months follow-up period using step ladder treatment pattern, Step I- behavioural counseling (BC), StepII- BC with medications, StepIII- BC with Nicotine replacement therapy (NRT), Step IV- BC, NRT and medications. The final step of treatment was decided by use pattern, patient preference and clinical assessment. Total 194 adult smokers and 203 SLT users studied (n= 397).

Results: Of 216 patients on regular follow up (92 smokers and 124 SLT users), Step I had 6 patients (3 in each group), Step II had 5 smokers and 3 SLT users, 18 smokers and 29 SLT users were at step

III, 62 smokers and 90 SLT users required step IV. The change rate (reduced consumption and complete abstinence) was 79.7% in smokers as compared to 45.9% in SLT users, with 36.9% smokers and 37% SLT users showing complete abstinence. The change rate at step III in SLT users was 17.9%, with complete abstinence in 7.2% while in smokers it was noted to be16.35 % and 4.8% respectively. At step IV the change rate for smokers was 59.8%, with abstinence rate of 29.3% and in SLT users it was 55.6% and 27.4% respectively.

Conclusion: No significant difference found in the response pattern to the type of treatment, though the change rate was more in smokers. Both groups required intensive treatment options for better adherence and outcome.

P-01-106

PERIPHERAL-TYPE BENZODIAZEPINE RECEPTOR AS A SPECIFIC MARKER IN ALCOHOLISM

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The peripheral-type benzodiazepine receptor (PBR) is a transmembrane spanning protein, pharmacologically, structurally and functionally distinct from the central-type benzodiazepine receptor. PBR is expressed in almost all the peripheral mammalian tissues, including blood cells, as well as within the brain glial cells. A wide spectrum of putative functions has been attributed to PBR, such as steroid biosynthesis, immune responses et.al. The present study is the observation of modifications in the binding of [3H]PK11195, a specific PBR ligand, on the membranes of platelets from patients with alcoholism. Using specific radioligand, [3H]PK11195, the kinetic binding parameters of PBR were determined on platelet membranes of 36 adult alcoholic patients and of 19 healthy volunteers. The patients were drug-free at the time of evaluation and blood sampling. Each point represents an individual subject. Bmax and Kd values from controls

and analyzed patients were obtained by Scatchard analysis of saturation isotherm. A significant increase in mean platelet PBR density value was observed in the overall sample of alcoholic patients as compared to controls (3358±242 fmol/mg proteins vs 4733±379, P<0.005). In addition, the Kd values, which are in the nanomolar range, were not significantly changed in patients group. Considering the primary mitochondrial localization of PBR, its role in regulating some mitochondrial functions, question of PBR role appears therefore relevant in those neurodegenerative and neuropsychiatric pathologies, where mitochondrial dysfunction has been considered to play a pathogenic role. Our findings may provide new insights into the pathogenesis of alcoholism and form the basis of future studies on function of PBR.

DOSE-RESPONSE EFFECT OF ACUTE METHAMPHETAMINE ON SOCIAL INTERACTION IN ADULT MALE RATS

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Psychostimulants have been shown to induce extreme changes in aggressive and social interactions: intense and sudden acts of aggression as well as total withdrawal from any social intercourse. The aim of the present study was to assess the effect of 3 different low doses of methamphetamine (MA) on social interaction and locomotion in adult male rats. Test of social interaction (SIT) was used as a test of anxiety in three types of stress environments. Habituation in Open field prior to testing and intensity of lighting were the environmental factors. Thirty minutes prior to SIT animals were or were not injected with MA (0.5; 1.0; 1.5 mg/kg). Animals of the same treatment and weight were assigned to one pair. Each pair was assessed as a unit. Frequency and time spent by social interaction (SI), locomotion and exploratory behavior were examined. Our results

showed that acute MA administration decreased time spent by SI in dose-and environment-specific manner, while it did not change the frequency of SI. High doses of MA and stress conditions also increased locomotion in the open field test. Because intensity of SI is often associated with anxiety in rats, our results showing decreased time spent by SI might suggest that MA has anxiogenic effect. On the other hand, no changes in SI frequency dispute this hypothesis. Elevated plus-maze as a test of anxiety will be used in future studies to assess this question.

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P-01-108

CRAVING PREDICTIVE FACTORS AMONG COCAINE USERS

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Introduction: Craving for cocaine seems to play an important role in the continued use of and dependence on the substance. Aims: to describe characteristics of the craving phenomenon in a sample of cocaine users and to identify those that could predict the appearance of the phenomenon. Method: 205 cocaine users attending an outpatient clinic were interviewed to assess patterns of drug consumption and characteristics of craving for the drug.

Findings: Subjects were mostly young (24.8 + 12.8 years) and male (86.2%). One hundred and two subjects (49.8%) were addicted to cocaine and the remainders (50.2%) were non-addicted occasional cocaine users. The majority of subjects (60.5%) reported having had

craving episodes during the previous week. Frequency of cocaine use during the previous month correlated with the number of reported craving fits (r = 0.425; p < 0.001) and with the duration of the craving fits (r = 0.351; p < 0.001). Users of crack reported more craving episodes than did the users of snorted cocaine (p < 0.001) and the frequency of craving fits was inversely proportional to the duration of abstinence from the drug (r = -0.405; p < 0.001). Conclusion: Both the method of drug consumption and the abstinence period elapsed since previous drug intake were identified as predictive parameters of craving.

RISK FACTORS AND EVOLUTIONAL PATTERNS OF DRUG USE AMONG MEDICAL STUDENTS

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Recent use of psychoactive substances among 456 medical students throughout the six grades was surveyed by way of a self-report questionnaire using World Health Organisation criteria. Considering gender differences, among male medical students, the most frequently used substances were alcohol (80.5 %), cannabis (25.3 %), solvents (25.2 %), and tobacco (25.2 %), whereas among female students the most frequently used drugs were alcohol (72.6 %), tobacco (14.6 %), solvents (10.5 %), and tranquillisers (7.5 %). Among medical students, after alcohol and tobacco, cannabis and solvents were the most frequently used psychoactive substances. Factors associated with the recent use of cannabis and solvents were established by

logistic regression. Living with parents or a companion appeared as a protective factor for the use of cannabis. However, being male and regularly participating the Athletic Department activities showed as risk factors for the use of both cannabis and solvents. Examining patterns of substance consumption throughout the medical course showed that switch from illegal to legal drugs were observed only among female students, whereas male students tended to alternate cannabis and solvents throughout college years. Interventions aiming to influence patterns of drug consumption among medical students must consider both gender differences and evolutional patterns of substance use throughout medical course.

P-01-110

PREDICTIVE FACTORS OF COMPUTER ADDICTION IN A GREEK SAMPLE OF ADOLESCENT STUDENTS

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Objective: The objective of the present study was to create a predictive factor model regarding computer addiction in Greek adolescent students.

Method: The sample is constituted of 2200 Greek students. A representative sample selected randomly. All participants were given to complete: Computer addiction test (CAT), a 20-item internet addiction test, where the word internet was replaced by the word computer, a questionnaire regarding demographic characteristics, the Athens Insomnia Scale (AIS), the Symptom Checklist SCL-90-R, and the Yang Diagnostic Questionnaire (YDQ), by Young K.S, a test which is based on the guidelines regarding internet addiction. All tests were translated into Greek.

Results: Data was analyzed using stepwise multiple regression analysis, for finding out which factors have a predictive value for com-

puter addiction, in Greek adolescent students. A six-factor model emerged, which can explain 77% of the variance of the independent variable (CAT score). The internet addiction score, hours per week of computer use, number of years of computer use and the sex of the user, seem to be predictive factors for 59% of the cases with computer addiction.

Conclusions: Computer addiction is strongly associated with internet addiction. Many hours of use, frequent use and increased number of years of computer use seem to be the most important predictive factors of computer addiction. Insomnia symptoms and male sex have also a predictive value. Mental health professionals should bare in mind the above factors when dealing with cases of computer addiction, since this six-factor model can predict six out of ten cases.

BDNF-GENE POLYMORPHISMS AND EATING DISORDERS SYMPTOMS IN BELARUSIAN SAMPLE (PRELIMINARY RESULTS)

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Objective: to determine the interrelation between single nucleotide polymorphisms (-270 C/T and G196A (Val66Met)) of brain-derived neurotrophic factor gene and peculiarities of eating disorders symptoms (anorexia nervosa (AN), bulimia nervosa (BN), DSM-IV) at the initial examination.

Methods: Reference to the frequency determination of two SNPs of BDNF gene in positions -C270T and G196A in Belarusian population, we used case-control study. In control group (age- and sexmatched, n=30) clinically healthy persons with current disordered eating phenomenon (observed or assumed) had been detected and excluded from subsequent investigations. The main group includes 38 in-patient women suffering from eating disorders (AN, n=22; BN, n=16). The following characteristics were under assessment: BMI and its fluctuation within 5 years prior to assessment, current motivation for weight change, the Eating Attitude Test (EAT-26),

The Eating Disorder Examination (EDE), Body image satisfaction scale (BISS), Symptom Check List-90-Revised (SCL-90-R), Personal Orientation Inventory (POI) (adopted Russian version). For both SNP genotyping we used PCR-RFLP analysis.

Results: The presence of BDNF-gene polymorphisms (mainly G196A) revealed statistically significant correlations with clinical features of eating disorders (severity of bulimic symptoms, self-control over eating, body image dissatisfaction, somatisation, obsessive-compulsive and phobic anxiety phenomena, as well as behavior flexibility and self-expression spontaneity).

Conclusions: Reference to the study results obtained, the consequences of BDNF-gene expression due to SNP of -C270T and G196A is hypothetically suggested to correspond to the eating disorder symptoms peculiarities.

P-01-112

WHO'S AT THE RISK OF BECOMING A PATHOLOGICAL GAMBLER? A NEURO-VISUALIZATION APPROACH TO THE PROBLEM

INSTITUTIONS

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- **Objectives.** To study the morpho-cerebral predisposition towards pathological gambling (PG) through neuro-visualization (MRI) of those patients suffering from this disorder.

Methods. Visual and quantitative analysis of the cerebrum tomograms of 75 PG patients. Tomography was carried out by the *Philips Gyroscan Intera* (1.0 T) device. The compare (intact) group representatives had the same age and sex parameters.

Results. MRI finds could be systematized as follows:

- 1. Signs of dysontogenesis. 29.3% of the patients had cysts: of the speculum (6; 8.0%), retrocerebellar (5; 6.7%), of the pineal area (3; 4.0%), of the arachnoid (3; 4.0%); sinus cysts in 5 (6.7%) patients. 19 (25.3%) patients showed other signs of dysontogenesis, predominantly of the brain vascular system.
- 2. The signs of reduced (against the control group) volume of the frontal brain areas were:

- A) high frequency of expanded subarachnoid chinks of the frontal region; this manifested itself much lesser in other brain areas;
- B) the frontal horns index was by 19.8% higher than in the control group. In respect that the width of the frontal horns equaled the control value, one might assume some frontal lobe decrease;
- C) expanded frontal areas of the Sylvian fissure is an indirect indication of peculiarities of the frontotemporal area.
- **Conclusion.** We consider the above neuro-visual peculiarities as manifestations of the perinatal brain injury and/or a dysontogenetic consequence. These are in our opinion an anatomic component of PG predisposition. Organic brain 'inadequacy' allows lesser stress-resistance and greater imprinting-accessibility, which raises the risk of non-chemical dependence progression.

CLINICO-PSYCHOPATOLOGICAL APPROACHES TO SMOKE CESSATION PROBLEM

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A new approach is suggested to examine and cure smokers. It was clinically tested and verified on more then 2000 smokers with smoking period 15-25 years and established that tobacco addiction syndrome has 3 main components: somato-vegetative, neurotic and mental

Three forms of smoking dependence also were clinically described: mental, dissosiative and psychosomatic. Each of them has its own combination and presentative level of addiction syndrome components.

With the usage of special testing scale a psychiatrist can create different therapeutic ways to cure different forms of tobacco dependence. The result of this approach is more then 70% patients with high therapeutic effect compared to 30-40% with other approaches. Tobacco free period is longer, too.

Definite personality and hereditary-constitutional way of visual ore/and verbal recollection of memories and ideas of smoking link with each form of smoking dependency. For example, people with mental form of tobacco dependency are more likely to have schizoid personality features and visual way of recollection memories. The addiction syndrome is mostly mental.

Dissosiative form is preferable for people with neurotic ore depressive features. The way to recollect memories of smoking is most commonly combined: visual/verbal or verbal/visual. Addiction syndrome has somato-vegetative component of high level and other components of lower levels.

People with psychosomatic form of tobacco dependence are definitely to have at least some epileptoid character features and to recollect smoking mostly by using verbal memories. The addiction syndrome is represented by all the 3 components with high level of them.

P-01-114

ANALYZE OF DIFFERENCES BETWEEN ALCOHOLICS, DRUG-ADDICTS, ADULT CHILDREN OF ALCOHOLICS (ACOAS) AND CONTROLS

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Aims: The aim of the paper was to analyze stress burden, to assess the level of anxiety and depression and some health factors among addicts, (ACoA) and controls.

Methods:

There were 129 subjects studied [30 alcoholics (AA), 42 drug addicts (N), 26 AcoAs and 31 non-addicts controls (K)]. 70 subjects were females (54,3%) and 59 males (45,7%). The average subjects age was 29,3 (SD 8,07). The burden of stress war measured by means of Readjustment Scale and ETI. To assess emotional state of subject HADS and STAI as well as CECS were used. SOC, SWLS and LOT-R were used in the study as measures to determine coping abilities.

Results: The differences of the burden of traumatic events in childhood (ETI) between the groups were statistically significant (p<0,005) in range of following subscales: ETI I (general trauma), ETI II (physical abuse) and ETI III (emotional abuse) and was the higher result

was observed in group of ACoAs (454,2 point in total). The level of stressful events with last 12 months was statistically different as well (p<0,02) and the higher among AAs. The level of anxiety (STAI, HADS A) and depression (HADS D) was significantly lower in controls than in other studied groups. LOT-R revealed no differences between groups. Satisfaction with life was higher in ACoAs than in AAs (p<0,05). Health resources (SOC) were significantly higher in controls in comparison to others.

Conclusions: Alcoholics, drug-addicts and ACoAs are characterized by significantly heavier burden of stress, higher emotional distress and lower health resources than controls.

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COMPARISON OF FEMALE ALCOHOLICS AND FEMALE DRUG-ADDICTS WITH ACOAS AND HEALTHY CONTROLS

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Aims: The aim of the paper was to determine psychosocial differences between female alcoholics and female drug-addicts and ACoAs and healthy females.

Methods: There were 70 females in the study included [13 alcoholics (AAs), 9 drug-addicts (N), 17 ACoAs and 31 healthy controls (K)]. The average subjects age was 20,3 (SD 8,5).

The burden of stress was measured by means of Readjustment Scale for current stressors and Early Trauma Inventory for childhood stressors. To assess emotional state of subjects Hospital Anxiety and Depression Scale ,State and Trait Anxiety Inventory as well as Courtauld Emotional Control Scale were used. SOC, SWLS, LOT-R were used in the study as measures of healthy resources.

Results: Female alcoholics and drug-addicts were significantly worse educated (p<0,05), their job career was poorer and more frequent-

ly have a family history of psychiatric disorders. In the childhood drug-addict females and ACoAs were significantly more frequently exposed to abuse measured by ETI. The level of stressful situations within last 12 months was the highest in the group of alcoholics. The level of anxiety and depression was significantly higher in AA and N groups. The rate of negative emotions control, especially regarding control anger, was the highest in the group of alcoholics. Sense of coherence as the measure of health resources was significantly lowest in ACoAs.

Conclusion: Females having problems with addictions require individually tailored therapies considering psychosocial differences.

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P-01-116

ALCOHOL ABUSE AND JEALOUS DELUSIONS DUE TO WILSON'S DISEASE

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Aim and background:

Wilson's disease or hepatolenticular degeneration is a rare autosomal recessive disorder of copper metabolism that results in failure of biliary excretion of copper and its deposition in brain, liver, kidneys and the cornea. Due to the copper deposits in the brain, neurological and psychiatric symptoms may appear. Psychiatric symptoms can occur in approximately 50% in the early phase of the disease and commonly are found in patients presenting neurological signs. The psychiatric manifestations may vary from mood disorders, behavioral and personality disorders to cognitive impairment, while psychotic symptoms are rarely reported. Delusions in Wilson's disease are uncommon and only few reports are found in the literature, mainly in neurologically impaired patients with persecutory delusions. The aim of this report is to present an unusual case of Wilson's disease presenting with alcohol abuse and jealous delusions.

Case summary:

A 34-year-old male patient, without any previous psychiatric or alcohol abuse history, presented with jealous delusions and alcohol abuse when he discontinued his treatment for Wilson's disease. Although the patient had no previous symptoms or neurological signs, he was receiving treatment for Wilson's disease for 3 years, after being diagnosed with the disease during family precautionary examination, since his brother developed symptomatic Wilson's disease. The patient started treatment with Risperidone and Trientine Dihydrochloride and after 3 months follow-up the psychiatric manifestations were controlled sufficiently.

Conclusions:

Although Wilson's disease is rarely associated with alcohol abuse and jealous delusions, this disease should be taken into account in the differential diagnosis of these psychiatric manifestations.

SPONGIFORM ENCEPHALOPATHY RELATED TO HEROIN ABUSE

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Aim and background:

Heroin abuse, particularly vapor inhalation, has been associated with a rare form of leukoencephalopathy, characterized by symmetric hyperintensity on T2-weighted and FLAIR MR sequences, affecting the cerebellum and the posterior limb of the internal capsule, with sparing of the anterior limb. This radiological image is crucial for the diagnosis, especially due to the indefinite history of abusers that can often be complicated by hypoxia, toluene toxicity etc. Acute toxic leukoencephalopathy due to heroin inhalation can be reversible while delayed toxic leukoencephalopathy may have poor prognosis. The aim of this report is to illustrate the clinical picture and the neuroimaging findings of a case of toxic leukoencephalopathy caused by heroin intravenous overdose.

Case summary:

A 31-year-old HIV-seronegative male heroin addict was hospitalized in our department, due to psychotic symptoms and cognitive

impairment. 33 days earlier, after heroin intravenous overdose, the patient was found comatose and was admitted to the intensive care unit. No specific findings were revealed from the routine hematological and biochemical tests, while EEG was normal and MRI was typical of spongiform leukoencephalopathy. Neurological examination did not demonstrate pathological findings, but gait disturbance and instability. Extensive neuropsychological examination revealed global cognitive impairment. Clinical improvement occurred under treatment with aloperidol 10 mg, biperiden 4 mg and naltrexone 50 mg daily.

Conclusion:

Spongiform encephalopathy is a rare form of toxic encephalopathy of white matter, mostly associated with inhalation of pre-heated heroin. Although other modes of heroin intake are not related often to this entity, it is suggested to be considered after intravenous heroin injection.

P-01-118

MDMA (ECSTASY) TOXICITY INDUCED ACUTE MYOCARDIAL INFARCTION-A CASE REPORT

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Objectives: Ecstasy (MDMA), the substance 3,4-methylenedioxymethamphetamine is an amphetamine derivate. The effects of Ecstasy can be described as those of a hallucinogenic amphetamine, combinating amphetamine with that of LSD. It is available as a tablet, capsule, powder and liquid. Recently, MDMA has became the recreational favourite drug for many young people. Ecstasy toxicity is unpredictable and tremendous abuse potential.

Methods: We exposed the 25-male patient who treated in Special Hospital of Addictions, Department of Multiple Drug Users in period of October to November 2007 and diagnosed according the ICD-X like mental and behavioral disorders due to multiple drug use. We used the medical history of illness, data collected by clinical examinations, MDMA urine detection sample(positive), also available medical data about defined acute myocardial infarctions(ECG, biochemical and pathologic characteristics, blood sampling for serum markers, clinical features like chest pain and discomfort, etc.), review actual related articles and studies.

Results: the exposed patient diagnosed by ICD-X like mental and behavioral disorders due to multiple drug use (MDMA, alcohol, edatives) three years ago. Periodically he abuse alcohol and excessively consumption drinking. wo months before the actual treatment he used 4 tablets of MDMA and develop conditions like acute myocardial infarctions and treated at coronary care unit. His conditions verified by ICD-X. It was the first time for appear such clinical features.

Conclusions: There is a poor research studies and report about the cardiac toxicity by MDMA, especially induced acute myocardial infarctions. Besides, we want to show up the link between this condition and abuse MDMA.

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COMPUTER ADDICTION AND COMORBIDITIES IN ROMANIAN TEENAGERS

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Aims: Technology, computers and the Internet, seem to be at best easily overused and at worst, addictive. Studies of general computer users suggest that some children's may experience psychological problems such as social isolation, depression, loneliness, and time mismanagement related to their computer use and failure at school.(1) We investigated the risk factors leading to computer addiction.

Methods: This study examined computer behavior of 450 teenagers, aged between 15 to 18 years old. All the students come from Iasi, Romania. The teenagers answered to a questionnaire comprising 34 questions related to computer activities. The questions addressed self-appreciation behavior, cognition, opinions, and the attitude toward social life of the respondents. These were aimed at highlighting: 1. Frequency of computer use by the teenagers; 2. Teenager's opinion of computer use: 3. Association between computer addiction and another mental illness. 4. The interference computer addiction with social and academic performance.

Results: There is little doubt that children can at times become captivated by the intrinsic opportunities provided by the computer technology and the Internet.(2) The results show that the parents don't recognize computer addiction. We present a descriptive analysis of the aspects of computer addiction by teenagers and the various comorbidities.

Conclusion: Moreover, teenagers with computer addiction had comorbidities like depression, anxiety, drug or alcohol addiction.

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P-01-120

THE NEGATIVE IMPACT OF ALCOHOLISM OVER THE HUMAN BEHAVIOR

INSTITUTIONS

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Integrally spread around the world the alcoholism knows falling periods but also periods of development. In close addiction with the social and economic conditions of each society, alcoholism makes as an important element in the waste of material and human resources, trough damaging goods or high social costs by maintaining millions of individuals with disabilities and problems due to alcohol abuse in hospitals and shelters. These things are just some of the negative aspects of this phenomenon because the absence of a

set of general, medical, social, relational and psychological unitary criteria necessary in the communication of the diagnosis makes the exact determination of the alcoholism impossible. In this paper we try to explain that the alcoholism diagnosis does not say much about the way, cause and degree of this type of behaviour. The particularly conditions of each person with alcoholism diagnosis must be identified and analysed to make a correlation with all the possibilities of intervention.

DRUG USE, DEMOGRAPHIC CHARACTERISTICS, JUSTICE INVOLVEMENT OF A BRAZILIAN DRUG-ADDICTED SAMPLE

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Objective: The purpose of this study was to examine the demographic characteristics, drug use and justice involvement in a patients that seeking treatment for substance use disorders.

Methods: Fifty drug-addicted men participated of this study. All the subjects were psychiatric outpatients. They completed several questionnaires. The measures were a self-report and included a self-report measure of alcohol and others drugs use. The sociode-mographic instrument had questions upon the justice involvement. SPSS 11.5 was used by the statistical analyses. Descriptive statistics include frequency, percents and means.

Results: Overall the patients had 12-month abuse or dependence some drug. Aged 18 to 63 years; low income; 46,9% were married. Sixty per cent had some member on family with alcohol or other substance abused. The most patients (39,4%) are used various psy-

choactive substances; 12,1% are used alcohol only. The drugs more used were: alcohol (69,7%); tobacco (63,8%); cocaine (48,5%); marihuana (45,5%); crack (39,4%). Around 30% of the sample related that was arrested due to drugs use. These related several hospitalizations and large drugs use among their family members.

Conclusions: Alcohol or illicit drugs abuse is associated with domestic violence, poor treatment adherence, neuropsychological impairment, arrests, criminal recidivism, unemployment and high psychiatric co-morbidities prevalence. Thus are serious personal and public health problems. Associations of alcohol dependence with others a substance use disorder is frequently and suggests common causal factors like genetic or psychological. The data can be indicative of a more severe illness in the patients that have to do with justice involvement.

P-01-122

TRAUMATIC EVENTS, POSTTRAUMATIC STRESS SYMPTONS, DEPRESSIVE SYMPTONS AMONG DRUG USERS IN TREATMENT – PRELIMINARY DATA

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Objective: The present study is investigating traumatic events, post-traumatic stress disorder symptoms (PTSD), depressive symptoms among male with substance dependence.

Methods: All the subjects (n=50) were psychiatric outpatients of the Institute of Prevention and Research on Alcohol and others Dependence, Porto Alegre, Brazil. They completed the following instruments: Specific Traumatic Events Scale, Davidson Trauma Scale, Beck Depression Inventory, sociodemographic characteristics. The measures were a self-report. SPSS 11.5 was used by the statistical analyses. For the correlation between PTSD severity symptoms and severity depressive symptoms, it were applied the Chi-Square Test and Fisher Exact test.

Results: 96,4% of drug-addicted in treatment experienced to at least 1 traumatic event during their life. The most common event,

68,7% was the sudden and unexpected death of a close friend or relative. Depressive symptoms were related about 70%. Forty percent punctuated a total score of 40 or more in the Davidson Trauma Scale which suggests PTSD. Positive correlation between PTSD severity symptoms and severity depressive symptoms (p<0, 005) were found

Conclusions: These data show the importance of investigating trauma and depression in drug users, for their high co-occurrence. There is agreeing with the literature although the small sample. Due to the vulnerability of these patients to the exposure traumatic events, The trauma evaluation in the patients' history is essentially important as a preventive factor of the chronic Posttraumatic Stress Disorder and treatment of the comorbid disorders. The depressive symptoms could be result of trauma and PTSD or due to depression disorder, independent of PTSD.

SPECIFICATIONS OF ABSTINENCE SYNDROME OF OPIUM DRUG ADDICTS WITH SCHIZOPHRENIA

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The aim is to study clinical peculiarities of opium narcotic abuse when it develops together with schizophrenia. The patients - 78 persons with schizophrenia (F 20.0; F.20.6; F 21.0) and opium narcotic drug abuse - demonstrated a schizophrenic process starting from the age of 14-25 years. The stage of drug abuse referred to the age of 18-25 years, and was characterized by ataractic motivation and by the drug abuse alone. The stage of trying multitude of narcotics lasted for up to 3 years. The 1st stage of drug addiction was marked by structurally incomplete pathological drug addiction, the growth of tolerance towards opiate of no more than 2-3 times, the length from two to five months. At the second stage there was a hedonistic use of opiates, lack of transformation of the clinical picture of sharp intoxication by the drugs retaining euphoria in the structure, and

incomplete structure of abstinence syndrome. Severity of abstinence syndrome of schizophrenia patients was determined by its clinical structure. When abstinence syndrome was of medium and high severity, its clinical picture was dominated by somatic and neural disorders, and when the syndrome was light then marked by psychopathological disorders. The structure of abstinence syndrome varied depending on the form of combined psychological pathology. The paranoid schizophrenia was characterized by the light form of abstinence syndrome with psychopathological disorders. In simple form of schizophrenia and in patients with schizotypical disorder the abstinence syndrome of medium and heavy severity with somatic and vegetative disorders prevailed over psychopathological ones.

P-01-124

A PRELIMINARY STUDY OF IMPULSIVITY IN WOMEN WITH BULIMIA NERVOSA

INSTITUTIONS

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Objectives:

Impulse control disorders have been frequently reported in patients with bulimia nervosa¹. However there are few reports measuring impulsivity traits in clinical samples². The aim of this pilot study is to determine the impulsivity traits in a sample of bulimic outpatients from an Eating Disorders Unit.

Methods:

Impulsivity was assessed with the Spanish adaptation of the Barratt Impulsivity Scale (BIS-11) in 27 bulimic women and 38 healthy controls. Both groups were matched by age and educational background.

Results:

Bulimic patients show higher mean scores in global (53.59 vs. 39.39; p< 0.01), cognitive (16.85 vs. 12.13; p < 0.01) and motor impulsivity (18.78 vs. 11.32; p < 0.01). There were no significant differences in

non-planned impulsivity.

Conclusions:

Bulimic patients were more impulsive in cognitive and motor areas than healthy controls in our sample. These findings could help us understand the neurobiological basis of bulimia nervosa and improve its pharmacological treatment.

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DO ALCOHOLICS ANONYMOUS GROUPS REALLY WORK? FACTORS OF ADHERENCE IN A BRAZILIAN SAMPLE OF HOSPITALIZED ALCOHOL DEPENDENTS

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Objective: The purpose of this qualitative study is to determine the main factors involved in alcoholics anonymous (AA) adherence after a period of hospitalization according to patients' information.

Method: This cohort involved 300 patients with alcohol dependence committed to 3 hospitals in Porto Alegre, Brazil. They were interviewed again in their homes after 6 months. The SCID-I and a questionnaire focusing on patient relationship with the AA groups were used. The responses obtained through the questionnaire were independently evaluated by two researchers.

Results: All patients fulfill criteria for alcohol dependence according to the SCID-I. AA adherence was below 20%. The main factors reported by patients as reasons for non adherence to AA were: relapse, lack of identification with the method, lack of need, and lack of credibility. The factors reported by patients as reasons for adherence were: identification with the method and a way to avoid relapse.

Conclusion: Although AA is considered an effective intervention for alcoholism (1), its adherence rate was excessively low (2, 3). The identification of these non-adherence factors could help health professionals in referring certain patients with alcohol dependence to therapeutic interventions other than AA.

- 1 Vederhus JK, Kristensen O. High effectiveness of self-help programs after drug addiction therapy. BMC Psychiatry, 2006;23(6):35.
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PREDICTORS OF RELAPSE IN 300 BRAZILIAN ALCOHOLIC PATIENTS: A 6 MONTH FOLLOW-UP STUDY

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Objective: This study was designed to ascertain the main factors associated with abstinence or relapse among alcoholics at a 6-month follow-up after a period of hospitalization.

Method: Three hundred alcoholic patients were interviewed at hospitalization and again 3 and 6 months thereafter, in Porto Alegre, Brazil. Assessment included the SCID-I, a questionnaire focusing on patient relationship with AA groups, and questions about participation in psychotherapy. A logistic regression analysis was performed to determine predictive variables for relapse or abstinence 6 months after discharge.

Results: Previous treatment for alcohol dependence (OR=3.65; CI:1.77-7.05) and being single (OR=2.39; CI:1.06-5.42) proved to be associated with relapse; whereas adherence to AA (OR=0.31; CI:0.15-0.66), presence of a co-morbid depressive disorder (OR=0.46; CI:0.23-0.92), and probably adherence to psychotherapy

(OR=0.52; CI:0.26-1.04) could be associated with abstinence.

Conclusion: These findings reinforce the importance of psychotherapy and AA groups for alcoholics to remain abstinent for longer (1). The greater adherence to treatment observed among depressive alcohol dependents can be explained by the fact that this is a co-morbid condition that acts as a protective factor against relapse (2, 3).

- 1 Staines G, Magura S, Rosenblum A, et al. Predictors of drinking outcomes among alcoholics. Am J Drug Alcohol Abuse, 2003;29(1):203-218.
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- 3 Kelly JF, McKellar JD, Moos R. Major depression in patients with substance use disorders: relationship to 12-step self-help involvement and substance use outcomes. Addiction, 2003;98:499-508.

P-01-127

ANXIOUS DEPRESSIVE DISORDERS IN ALCOHOLISM

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BACKGROUND: The neuro-biological underlayer of the anxious and depressive disorders that is the anatomic amygdale circuit with the recompense paths (ventral segment and nuclei accumbens) are intercorrelated with the alcohol use. The serotoninergic and noradrenergic dysfunctions as well as the dopaminergic deficit (especially in the recompense path) together with the disfunctions in the GABAergic and GLUTAMAT-ergic lines are found in both psychopathologic board[1].

OBJECTIVE AND METHOD: A retrospective 5-year study was carried out (2002-2007) to highlight the incidence of anxious depressive comorbidity in the addiction disorder. - 140 male patients, aged between 19 and 65 years, fulfilling the DSM IV R criteria for the 'addiction disorder' diagnosis.

RESULT: Only 75% of the studied patients showed anxious depressive comorbidity: out of them 15% had it from the first admittance for addiction disorder. For the rest of the patients, the anxious de-

pressive symptomatology was apparent after at least two withdrawal episodes.

CONCLUSIONS: The anxious depressive pathology is developed from the very beginning of the addiction disorders, especially for youngsters. A relapse of alcohol abuse can be induced by an anxious depressive disorder, the patients using alcohol and anxiolitic and antidepressant, Administration of the anxiolitic and antidepressant treatment together with the orthotiming one can improve the prognosis for the addiction disorder through the decrease in relapses, maintaining a prolonged abstinence.

Key words: alcoholism, anxiety, depression, comorbidity

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HEPATITIS C AS A MOTIVE OF ABSTINENCE TO DEPENDENTS OF PAS

INSTITUTIONS

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The ward for drug addiction treatment, in Montenegro, is opened in 2005. as a part of a ward for alcoholism in the Special psychiatric hospital in Dobrota. At the beginning of sickness, motivation for drug addiction treatment almost doesn't exist. It usual appears with first complications appearance. The dependent is usual coming on a treatment because of family member, possibility for losing a job, healthy problems or court measurements pronounce. The presence of positive and adequate motivations for treatment is rare. Positive means conscious desire and decision for treatment, while adequate, behind that, includes conscious knowledge why patient wants a treatment and what will get with it. During 2007, at the ward are treated 32 heroin dependents which all have Hepatitis C. This is a

control group and we are compared it with another group of 32 patients, also dependents of heroin, which don't have Hepatitis C. The goal of research is establishing motivation during a treatment and readiness for longer abstinence. Result of research: patients with Hepatitis C are represented more adequate motivation, which is proved with: better collaboration with team of therapists, respected rules of family habits, active joining in occupational and work therapy, longer hospitalization - without self-will leaving from the ward, smaller amount of hospitalizations, smaller tendency of aggressive breakdowns.

Key words: abstinence, dependent, hepatitis, motivation.

P-01-129

PSYCHOCULTURAL MEANINGS OF DIETARY HABITS FOR PATIENTS WITH METABOLIC SYNDROME IN A UNIVERSITY OUTPATIENT SERVICE IN BRAZIL: A QUALITATIVE STUDY

INSTITUTIONS

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Objective: Knowing the Metabolic Syndrome (MS) carriers manifest often eating behaviour disorders as well as a poor long-term adherence to diets, the authors' aim was to discuss psychocultural meanings of foods and diets usually proposed for the MS patients in clinical treatment. It was hypothesized that the symbolic meanings attributed to the phenomena involved in the dietary habits organize personal ways of seeing life, especially the sense relations of the individuals with food.

Method: Qualitative ¹. Sample was closed when composed by eight subjects, according to data saturation technique². Patients have replied to semidirected interviews with open-ended questions and the set of speeches was submitted to content analysis technique. For the discussion section, it was utilized psychodynamic theoretical framework usually applied to health field teaching.

Results: From collected narratives, it was identified distressing life experiences relative to both food privation and certain eating

compulsion. Meanings on a definitive solution in obesity cases were attributed to a possible the bariatric surgery. Some psychological defense mechanisms have been suspected: isolation, negation and rationalization associates to dietary habits.

Conclusion: Determined psychological suffering and low self-estem have been related to dietary habits, disclosing as impeditive for the self-care - a structuring element for both the quality of life promotion and the reduction of risk factors for the MS patients.

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THE CHANGING PICTURE OF PSYCHOACTIVE SUBSTANCE USE IN MEDICAL STUDENTS

INSTITUTIONS

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Objective: To explore the prevalence of psychoactive substance use in medical students and to compare the current results with our previous research.

Methods: 636 medical students were included in the cross-sectional study. All respondents filled in a questionnaire concerning their use of psychoactive substances. Obtained data were compared with 2 previous waves of our (methodologically identical) research in 1997 (N = 214) and 2002 (N = 230).

Results: In the current study, the most frequent regularly used psychoactive substance was caffeine (49,8 % of all respondents), followed by alcohol (12,7 %) and tobacco (12,6 %). 36,6 % of respondents have at least one experience with any illicit psychoactive

substance and the most common specific illicit drug repeatedly or regularly used was marijuana (11,7 % of respondents). When comparing the 3 research waves, the prevalence of any contacts with drugs is increasing through the years; however the percent of regular users is decreasing in most of the substances, which is discussed later in the paper.

Conclusions: We have found a high prevalence of psychoactive substance use in medical students repeatedly in the three subsequent waves of our research. The spectrum of the most common used drugs remains similar, but the prevalence rates change through years.

P-01-131

CONTINGENCY MANAGEMENT FOR ADOLESCENT SMOKING CESSATION

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Objective: Contingency management (CM) is a behavioral intervention that has good evidence for substance use disorders. Recent evidence suggests that CM may reduce smoking behavior among adolescents. This study seeks to explore the effect of CM intervention and study retention and smoking cessation outcome in adolescents participating in a medication trial.

Methods: In an ongoing study of bupropion SR and a CM intervention (escalating reinforcement schedule) for smoking cessation in adolescents, 30 participants have been randomized to CM-only and 30 have been randomized to placebo-only. Retention and bio-

logically verified (CO, cotinine) point-prevalence abstinence rates were examined.

Results: Point prevalence abstinence was higher in CM group as compared to placebo group (p<0.05). There was no significant difference in retention between groups.

Conclusion: Preliminary results indicate that among adolescent smokers, CM may improve smoking cessation and may potentially improve retention. With additional data available, further results will be presented at the meeting.

A STUDY OF COMBINED DRUG TREATMENT AND PREVENTION OF DELIRIUM TREMENS

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The preventive treatment of emergency situations and complications caused by chronic alcoholism presents psychiatrists and physicians with a great challenge. Delirium tremens is a potentially fatal form of alcohol withdrawal that usually occurs in patients with heavy and chronic alcohol abuse. The most common symptoms include: seizures, delusions, hallucinations (micropsia), reduced consciousness level, tachycardia, incoherent speech, disturbed psychomotor activity, increased activity of the autonomous nervous system, hyperthermia, dehydration and electrolyte imbalances. The mortality rate varies between 5% and 15% in patients under treatment and rises to 35% when untreated.

Our research took place in a private psychiatric clinic between August 2005 and January 2008. We focused on the effectiveness of a certain pharmacological combination administered to a sample of 20 patients in an attempt to control the alcohol withdrawal syndrome. The sample profile is the following: Average age: 43 years,

average years of alcohol abuse with previous hospital admissions for alcohol treatment where they developed major alcohol withdrawal symptoms: 12 years. The pharmacological combination comprised 30mg-60mg Chlordiazepoxide hydrochloride, 300mg-500mg Triapride hydrochloride, 300mg-500mg Hydroxyzine hydrochloride, 576mg Clometiazol, 600mg-1200mg Oxcarbazepine and B1+B2+B12 complex daily. Additionally, our sample received anti-depressants and cardiovascular drugs.

None of our sample patients developed any delirium tremens symptoms. The average duration of the drug combination administration was 11 days followed by a gradually decreasing dose until the maintenance dosage was reached.

When compared to other suggested drug treatments applied to alcohol withdrawal this particular drug combination proved to be highly effective in delirium tremens prevention.

P-01-133

CANNABIS AND MDMA AS GETAWEY DRUGS FOR OPIATE ADDICTION

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OBJECTIVE

The substance cannabis and 3,4-methylendioxiymethamphetamine MDMA (Ecstasy) is a popular recreational stimulant commonly referred to as club drugs. They produce maladaptive behavioral or psychological changes. Last evidence indicates increasing route for MDMA abuse in new generation. The aim of this study is to evaluate the specific groups of patients and to make the distinction between there gender rate and beginning substance abuse.

METHODS

The retrospective study includes patients treated in Special Hospital on Addictions in Belgrade diagnosed by any set of criteria during the period of last 15 years. Investigation included frequency of drug abuse cannabis, MDMA, heroin, witch compare with age and duration of addiction period.

RESULTS

Total of 440 patients were separated to four different groups- main ages 40, 30, 20 and 18 year. At baseline, of the all participants, 82% had used heroin and 64.3% reported that they had injected drugs. Significant positive correlation was found between youngest patients and there first contact (14, 5 year old) with club drugs and frequency of heroin abuse. In a contrarily, in older gender (40 and 30) we found later consummation of cannabis 19,2 and 23,5 year old for MDMA. Also we notice an earlier begging for heroin abuse 16,6 year old for older groups.

CONCLUSION

Our data suggest that distribution of cannabis and ecstasy use in adolescents spread. These results indicate that chronic and frequent drug use may lead to distinct patterns of cognitive impairment in youngest patients and may be getaway drugs for latter heroin abuse.

SURGERY INTERVENTIONS AS A TRIGER FACTOR IN PATIENTS WITH EATING DISORDERS

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THE AIM: The invastigation was at Syrgery Clinics, in the treatment of eating disorders that refers to the increasing number of patients with bulimia-anorectic symptoms and the problem of overeating as well as the repercussions that these diseases give in psychological, corporal and social plan, not only for the individual, but also for the family and wider social environment. Concurrently, the authors notice a connection between eating disorders, actullazation et reactuallization of the symptomatology and surgical intervention lile a triger factor

MATERIALS AND METHODS: The questioned population is consisted of 36 individuals in total, of which an eating disorder was diagnosed and we can divide them in two subgroups: 5 with anorexia, other 10 with bulimia and the 21 have eating disorder in relation to overeating, accompanied by psychological difficulties i.e. obesity. By

the methods used the following: MMPI - 201, PIE, 18 PF- Katel, Scales for Assessment of Obsession, Compulsiveness and Tendency for Schizophrenia. EDI Garner et al. 1983, ECQ Merhabian 1987, FILE, Hamilton, McCubbin, Patterson and Wilson 1983 and Non-standardized Structured Clinical Interview 13 items (triger factors).

CONCLUSIONS In the conclusions the author states multi-causality of etio-pathogenic mechanisms regarding eating disorders: the individual vulnerability of personality, the dysfunctional family and social relations, The author recommends a model of intervention with preventive strategies intended for the population with disfunctionalities in the behavior related to the nutrition, taking into consideration the premise "Health improvement means fight for mental health, opposite the traditional fight against the disease."

P-01-135

EXPERIENCES OF YOUTH ABOUT CAUSES OF SUBSTANCE DEPENDENCY

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Objectives: Substance dependency is a deviation that in many years exposed the human kind mainly youth, to the risk situation. In the recent years, young people are the main victims of this phenomenon (1). Regarding to character of our society that youth are majority of population and because this group is targeted in preventive programs of substances (2), so this research was done to describe the experiences of youth with substance dependency about causes of substance use.

Methods: This is a qualitative- phenomenological study. Participants in this study were 12 youth with substance dependency with range of 18 to 30 years old that was selected with purposive sampling method. Data were collected with in-depth interview and analysis was done via Colaizzi method.

Results: Three main concepts were derived from this study that each of these themes has any subthems. These are including Personal fac-

tors, Family factors and Social factors.

Conclusion: The findings showed that people underlined of different factors such as personal, family and social factors refer to the consumption of opioid and finally depend to this substance. Regarding to findings of present study, in the first level of prevention, three approaches of individual centered, family centered and community centered suggested.

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THE USE OF APPETITE SUPPRESSANTS AMONG HEALTH SCIENCE UNDERGRADUATE STUDENTS IN SOUTHERN BRAZIL

INSTITUTIONS

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OBJECTIVE: Investigate use of appetite suppressants in Southern Brazil.

METHODS: Survey conducted via a 24-question questionnaire previously validated in Brazil, which was used to investigate a sample of 300 participants from different health science courses in the University of Caxias do Sul (UCS), Brazil.

RESULTS: Men and women were respectively 24.7% and 75.3% of the sample. Enrollment in academic courses was as follows: Biology (8%); Physical Education (25%); Nursing (16%), Pharmacy (14,66%), Physiotherapy (14%), Medicine (8,33%) and Nutrition (14%). Lifetime use of anorexigens was reported by 14.3 % of volunteers. Lifetime use of "Anfepramone" or "Fenproporex" occurred in 4,66% of the sample. The use of appetite suppressants was more common in Nursing (4%) and Nutrition (3,66%). The majority of

anorexigen users were women (88,88%). An ANOVA demonstrated that anorexigen use varied significantly according to different academic courses. Furthermore, 28,88% of the volunteers revealed a self-administration modality, whereas 13,32% informed drug use recommended by someone. Finally, 57,77% of the sample used anorexigens due to medical prescription and 24,44% reported a medical consultation during the previous six months. Adverse consequences of drug use were common and from 10% to 20% of volunteers suspended drug intake due to adverse reactions.

CONCLUSION: The use of appetite suppressants is significant in the sample investigated. Women appear to be at higher risk for unsupervised use of appetite supressants. Adverse reactions to these substances are common. Further studies at community level are needed in order to establish the magnitude of this phenomenon.

THERAPY

P-01-137

ELECTROCONVULSIVE THERAPY PROTOCOL FOR AN ACUTE PSYCHIATRIC UNIT

INSTITUTIONS

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Objectives

Development of a protocolized procedure of electroconvulsive therapy (ECT) adapted to our Hospital. Implementation of the ECT protocol in our psychiatry acute unit as another treatment applied. **Method**

Review and update the knowledge of ECT, complemented with the recommendations of the manufacturer of the Thymatron * ECT machine.Conduct training on the ECT device and other necessary systems. Conducting mock application of ECT to improve coordination and sequencing of therapy

Results

We propose the following protocol, whose headings are:

- · Overview and Definitions
- · Indications and Contraindications
- · Side Effects
- · Site and Staff
- · Pre-ECT evaluation
- \cdot Treatment procedure of ECT

- · Post-ECT evaluation
- · Documentation and Record Sheet

We also assessed the satisfaction of the staff in a simple questionnaire and collected a list of problems that had to be dealt with.

Conclusions

- 1. ECT treatment still has a role in the Acute Psychiatric Units
- 2. A protocolized and adapted procedure is imperative before implementing ECT treatment.
- 3. Staff level of satisfaction with our ECT protocol was moderate and more practical training was demanded
- 4. Main problems were of an economic nature by requiring general anaesthesia, which increases the cost very much.

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P-01-138

THE IMPLICATION OF OXIDATIVE STRESS IN A RAT MODEL OF PARKINSON'S DISEASE

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INTRODUCTION

The administration of 6-hydroxydopamine (6-OHDA) into the brain of the rat produces a well-established model of Parkinson's Disease. It seems that 6-OHDA induces oxidative stress which can lead to the induction of apoptosis and cellular loss. The effects of 6-OHDA are age-dependent as there is a greater effect seen in aged animals compared with young animals, particularly with lower doses of 6-OHDA.

OBJECTIVES

The purpose of the present study was to determine the development of oxidative stress that is generated in a substantia nigra (SN) and ventral tegmental area (VTA) 6-OHDA lesion model of PD through assessing the antioxidant enzymes activities in the temporal and frontal lobes homogenates.

MATERIAL and METHODS

Male Wistar aged rats, 22-23 month-old were used for all experiments.

6-OHDA lesions: SN lesion; VTA lesion.

Biochemical estimations: determination of superoxid dismutase (SOD), glutathione peroxidase (GPX) and malondialdehyde (MDA) activities.

RESULTS

Lesioning of substantia nigra and ventral tegmental area with a low dose of 6-OHDA induced significant reduction in SOD, GPX specific activities and increase of MDA concentration in the temporal lobe rather than in the frontal lobe homogenates, comparative with sham-operated control group. Also, the role of the substantia nigra is more prominent than that of the ventral tegmental area.

CONCLUSION

Our results support that oxidative stress plays a role in the damage produced by substantia nigra and ventral tegmental area injection of 6-OHDA, and that indices of oxidative stress could potentially be important markers for evaluating therapeutic strategies and their effects on 6-OHDA-induced dopaminergic neurotoxicity.

"PSYCHOTHERAPEUTIC BENEFITS OF THE EXERCISES" A REVIEW OF LITERATURE

INSTITUTIONS

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Aims: Psychiatric symptoms like depression, anxiety and obsession compulsive disorders are quite common. Several physiotherapy interventions are being used & this review is an attempt to enlighten the efficacy of physiotherapy interventions in treatment of the depressed immune system, psycho morbidity & which are being used clinically.

Methodology: A systematic review was performed by studying various relevant documentations collected from the COCHRA-NE library, PUBMED, and PEDRO databases EMBASE, AMED, MANTIS, CINHAL. Both physiology and psychology are interrelated and interdependent. As asthma and blood pressure can be is easily triggered by anxiety and stress as symptoms can be altered and moderated well with exercise. Regular exercises like jogging slow running, pace walking, weight bearing, low impact aerobics, and muscular strengthening have been found beneficial in many a

studies. Improvements mostly is caused by slow, rhythmic, aerobic exercises, using of large muscle groups with low & moderate intensity. In addition affects on limbic system & life style modification gives feeling of psychological well being.

Result: It relaxes, calm downs and unruffled patients by reducing muscle spasm, stress, anxiety & regularizes blood pressure, alveolar functioning, peripheral circulation, thereby improves psychological and physiological functions.

Conclusion: Various literature, studies, and reviews strongly revels the impact of exercises in treating psychiatric disorders. Since ancient era exercises are being used successfully as a therapeutic adjunct. However this concept needs more detailed and evidence based researches, in future proper protocols and techniques with specific intensity & duration can be made.

P-01-140

PSYCHOANALYSIS AND THE ELDERLY

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Freud did not initially encourage psychoanalysts to analyse the elderly. Aging was often used as a contraindication for psychoanalysis. During the last five decades there have been significant advances in psychoanalytic thinking and research. Psychoanalytic authors have been deepening their knowledge about this period of life.

A bibiographical review added a lot about our understanding. Among some contemporary authors we can mention: Pearl King (1980) that wrote about the phases of the life cycle and the nature of the transference. N.Cohen (1982) considered narcissistic patients. Limentani (1995) developed thoughts about creativity, sexuality and narcisism. Otto Kernberg (1999) love affairs in later years. Claudio Eizirik (2004) sexuality and post-modernity.

From this study we observed the viability of the treatment, that it depends a great deal in overcoming prejudices in relation to aging.

Working through counter transferencial feelings aroused by the patient must be considered.

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THE EFFECT OF PROTEIN KINASE INHIBITORS TAMOXIFEN AND CHELERITRHYNE IN AN ANIMAL MODEL OF MANIAC-LIKE SYMPTOM

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Aime

Protein kinase C (PKC) may be an important cellular target for mood stabilizers (lithium and valproate) [1] and tamoxifen, another PKC inhibitor, showed antimanic effect [2]. However, the antiestrogenic effect of tamoxifen can also contribute to its antimanic effect. Thus, the present study investigated the effect of PKC inhibitors tamoxifen and chelerythrine and the antiestrogenic drug medroxyprogesterone (MPA) in amphetamine-induced hyperlocomotion in mice, an animal model of mania.

Methods

Adult male mice were randomly allocated in the following groups: vehicle +saline; vehicle +amphetamine; lithium/or chelerythrine/or MPA +saline; lithium/or chelerythrine/or MPA + amphetamine. Fifteen min after drug administration (lithium or MPA, s.c/ or chelerythrine, i.c.v.) animals received amphetamine (3.0 mg/kg, i.p.) and, 20 min later, were tested in the automated activity chamber; the number of beam interruptions was measured during 20 min.

Results

Amphetamine increased locomotor activity in vehicle-treated groups. Lithium carbonate (100 and 150 mg/kg, ip), tamoxifen (1.0 mg/kg, ip), and chelerythrine (1 mg/ site, icv) completely blocked the amphetamine-induced hyperlocomotion. The intermediate medroxyprogesterone dose (3.0 mg/kg, ip) partially reduced the amphetamine-induced hyperlocomotion, whereas lower (1.0 mg/g) and higher (6.0 mg/kg) MPA doses had no effect. These effects were seen without any drug-induced change in the basal activity (drug +saline).

Conclusions

Thus, the present results indicated a major role for PKC inhibition in the antimanic-like effect of tamoxifen.

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P-01-142

REHAB: A CROSS-VALIDATION STUDY

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Objective: Hall and Baker's REHAB is a well-known instrument for the assessment of long-stay patients. This study attempts to evaluate the reliability of its use for chronic psychiatric patients of a Psychiatric Hospital, whose long-stay wards underwent a transformation to community-based psychiatric facilities.

Material and methods: 18 rater-pairs assessed 71 patients before and 10 different rater-pairs assessed 53 patients after the patients' relocation to hostels and sheltered apartments. The raters were not formally trained but completed the REHAB scale by the use of a structured interview conducted by one of the investigators. For the Deviant Behaviour part of the REHAB, Cohen's linearly weighted *kappa* was calculated. For the General Behaviour part Spearman's *rho* and a single-measure one-way analysis of variance intraclass correlation coefficient [ICC(1,1)] were calculated.

Results: For the total of the General Behaviour part, Spearman's *rho* was found to be 0.860 before and 0.871 after the hospital's transformation. The *rho* for the 5 subscales ranged from 0.665 to 0.830 (median 0.781) before and from 0.784 to 0.904 (median 0.822) after. ICC (1,1) analysis gave similar results. For the Deviant Behaviour part, Cohen's weighted kappa ranged from 0.633 to 0.811 (median 0.713) before and from 0.656 to 0.936 (median 0.827) after the patients' relocation. All statistics were significant at the 0.01 level.

Conclusions: These results indicate a very high level of inter-rater reliability of the REHAB scale. It seems to be equally reliable for assessing psychiatric patients in long-stay psychiatric wards as well as after their relocation to community-based psychiatric facilities.

EVALUATION OF THERAPEUTIC INTERVENTION WITH SCHIZOPHRENIA AND SCHIZOAFFECTIVE PATIENTS IN A DAY AREA

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AIMS: To evaluate the benefits of a rehabilitation programme in the Day Area of Centro Hospitalar Psiquiátrico de Lisboa with Schizophrenic and Schizoaffective patients in terms of psychopathology and social functioning.

MATERIAL AND METHODS: We studied 27 out-patients diagnosed with Schizophrenia and Schizoaffective Disorder according to the DSM-IV TR classification, divided in two samples. One group (N=14) participated in the rehabilitation programme and the other one did not participate in any other therapeutic programme. All the patients were taking atypical antipsychotics. Both groups were interviewed, at first and at third month of the study, with the Positive and Negative Syndrome Scale (PANNS) to evaluate the psychopatholo-

gy and the Multnomah Community Ability Scale to evaluate social functioning.

RESULTS: From the analysed results we verified that the patients who participated in the therapeutic Day Area programme had relevant benefits in the social functioning, but not in psychopathology.

CONCLUSION: The advantages in terms of social functioning verified in the sample submitted to the rehabilitation programme in the Day Area demonstrated that this type of intervention can be useful in the treatment of Schizophrenia to achieve rehabilitation and socio-occupational integration.

P-01-144

QUALITY OF LIFE AND SOCIAL FUNCTIONING IN PATIENTS WITH SCHIZOPHRENIA TREATED WITH OLANZAPINE

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Introduction: Our objective is to present the impact of olanzapine treatment on quality of life and social functioning in patients with schizophrenic symptoms.

Materials and methods: The study sample consisted of 45 out-patients who met ICD-X criteria for schizophrenia, schizoaffective or schizotypal disorder. The instruments used for rating were the following: Brief Psychiatric Rating Scale (BPRS), Positive and Negative Symptoms Scale (PANSS), Schizophrenia Quality of Life Scale (SQLS) and Social Functioning Scale (SFS). The instruments were administered at baseline, after 3 and 6 months.

Results: The 30-item SQLS showed improvement in the items that refer to motivation and energy; symptoms and side-effects as well as psychosocial items. The SFS showed significant improvement in social relationships and interpersonal communication.

Conclusion: Out-patients with schizophrenic symptoms treated with olanzapine have improvement in their quality of life and social functioning.

Keywords: olanzapine, schizophrenia, SQOL

CHANGES OF MEDICATION USAGE IN INPATIENTS OF MAJOR DEPRESSIVE DISORDER: ONE UNIVERSITY HOSPITAL BETWEEN YEAR 2001 AND 2006

INSTITUTIONS

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Objectives: The goal of this study was to examine and compare the trend of prescription patterns for major depressive disorder at a university hospital between year 2001 and 2006.

Methods: We evaluated the medication usage of inpatients with major depressive disorder in 2001 and 2006, including anti-depressants used as first choice, switching, and combination, and various augmentation agents. And we evaluated the time to switching and combination of antidepressant in 2001 and 2006.

Results:The antidepressants used as first line drug were SSRIs (49.3%), mirtazapine (24.0%), and TCA (4.8%) in 2001, and SSRIs (50.0%), mirtazapine (24.7%) and venlafaxine (19.0%) in 2006, in frequency order. The antidepressants used as switching drug were

TCA (33.3%), mirtazapine (25.0%), and nefazodone (16.7%) in 2001, and SSRIs (33.3%), mirtazapine (33.3%), and venlafaxine (19.0%) in 2006. As combination treatment, SSRIs and TCA combination was used mostly by far in 2001 (87.5%), but in 2006, various combination were used including SSRIs and mirtazapine, SSRIs and TCA, mirtazapine and venlafaxine. The time to combination in 2001 and 2006 year were not different significantly, but the time to switching was significantly shorter in 2006 than in 2001. The use of typical antipsychotics as augmentation agent decreased and the use of atypical antipsychotics increased significantly in 2006.

Conclusion: The results of the present study suggested that there were lots of change in prescription patterns for major depressive disorder between 2001 and 2006.

P-01-146

WEIGHT CHANGE DURING THE ACUTE TREATMENT PERIODS OF MAJOR DEPRESSIVE DISORDER IN PATIENTS ATYPICAL ANTIPSYCHOTICS USED AS AN AUGMENTED METHOD.

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Objectives: In current study, we evaluate the weight change of depressive patients who admitted in a closed-ward at a university hospital and compare the weight change and other clinical variables between patients with or without antipsychotics augmentation.

Methods: Patients were included who admitted to the psychiatric inpatient unit for treatment of major depressive disorder and treated with antidepressant only (non-AAP group) or antidepressant augmented with atypical antipsychotic (AAP group) Body weight was measured on weekly basis and we calculated the maximum weight change during the admission. To evaluate substantial weight gain (SWG) of subjects, we assessed the patients who weighted more than 5 kg during the admission or 7% of their initial body weight.

Results: The mean weight gain of APP group (N=72) was 3.07 ± 1.84 kg and that of non- AAP group (N=103) was 1.66 ± 1.88 kg. When controlling the difference of some variables, there was significant difference between the two groups (F=13.943, P<0.001). As for BMI over 25, there was also no significant difference (F=0.014, P=0.557). But when assessed with the criteria of SWG, 20 subjects of AAP group (27.8%) and 13 subjects of non-AAP group (12.6%) met this criteria, and there was significant difference between the two groups (F=6.362, P=0.018).

Conclusion: The results of the present study suggested that significant weight gain develops in depressive patients who treated with atypical antipsychotics, though it is used as augmented methods with relatively small dose.

EFFECTS OF OLANZAPINE AND A TYPICAL ANTIPSYCHOTIC DRUG ON DIMENSIONS OF SCHIZOPHRENIA

INSTITUTIONS

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Aim: The purpose of the present study was to compare the short term response of symptom dimensions of schizophrenia to treatment with the atypical antipsychotic drug olanzapine and typical antipsychotic drugs. Method: The study sample comprised 86 patients diagnosed with schizophrenia. Olanzapine was prescribed to 53 patients and 33 received typical antipsychotic drugs. Baseline measures of positive and negative symptoms, extrapyramidal symptoms and body weight were compared with assessments made every week for four consecutive weeks and once again at the end of the twelfth week. Results: Findings reveal that all symptom dimensions, positive

and negative symptoms as well as the five factors of thought disturbance, paranoid belligerence, depression, anergia and activation symptoms improved with olanzapine and the improvement noted was superior to that observed with typical antipschotics. Paranoid ideation and positive symptoms were the first to show improvement, while depression and anergia showed the least improvement. Furthermore, slight but significant weight gains and increase in extrapyramidial symptoms were observed at the fourth week of treatment. Conclusions: Overall, although olanzapine appears to have mild side effects, its clinical efficacy is superior to conventional drugs.

P-01-148

PREDICTION OF REMISSION TO BUPROPION TREATMENT IN PATIENTS WITH RESISTANT DEPRESSION: REDUCTION OF PREFRONTAL THETA QEEG CORDANCE: A PILOT STUDY

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Aims: Previous studies demonstrated predictive value of a reduction of prefrontal theta quantitative EEG cordance for fluoxetine and venlafaxine - treated, non-resistant outpatients and for resistant patients, which were treated by various antidepressant interventions. We have now examined whether decrease of prefrontal cordance value after 1 week of bupropion treatment predicts clinical response to bupropion in non-responders to previous antidepressants.

Methods: We analyzed 12 inpatients, who finished 4-week treatment with bupropion. EEG data were monitored at baseline and after 1 week of treatment. QEEG cordance was computed at 3 frontal electrodes in theta frequency band. Depressive symptoms were assessed using Montgomery-Lsberg Depression Rating Scale (MADRS).

Results: All six remitters (achieving both a final MADRS \leq 12 and reduction of MADRS \geq 50%) and only 2 of 6 non-remitters decreased prefrontal QEEG cordance value after the first week of treatment. The decrease of prefrontal cordance after week 1 in remitters was significant (p=0.03) and there was no change in non-responders. Positive and negative predictive value of cordance reduction for remission was 0.75 and 1.0, respectively.

Conclusion: Preliminary results suggest that QEEG cordance may be a promising tool in the early prediction of the response to bupropion.

This study was supported by a grant from Internal Grant Agency of Ministry of Health of Czech Republic No. NR/9330-3 and Ministry of Health of Czech Republic MZ0PCP2005

COST-EFFECTIVENESS OF ESZOPICLONE FOR THE TREATMENT OF ADULTS WITH PRIMARY INSOMNIA IN THE US

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Introduction: The clinical benefits of pharmacotherapy for the treatment of insomnia have been studied extensively. In this analysis, the cost effectiveness (CE) of eszopiclone for the treatment of primary insomnia (PI) was assessed in the US.

Methods: A model using data from a 6-month, clinical trial (n=824), combined with data from a claims database and published literature was used to assess the quality-adjusted life years (QALY) gained and costs associated with eszopiclone versus placebo in adults with PI. Quality-of-life data were collected using the SF-36; preference-based utility scores were derived using a published algorithm. To model medical and absenteeism costs, patients were classified as remitted (Insomnia Severity Index [ISI] ≤7) or not remitted (ISI >7) from insomnia. Presenteeism costs (lost productivity at work) were based on responses to the Work Limitation Questionnaire. Differences in

QALYs and costs from baseline were calculated and CE ratios derived. Uncertainty surrounding the CE ratio was addressed via various univariate and probabilistic sensitivity analyses.

Results: Eszopiclone use resulted in a net gain of 0.0137 QALYs at a net cost of \$67 for the 6-month utilization period. The incremental increase in cost associated with eszopiclone was slightly less than \$5,000 per QALY gained. Excluding absenteeism and presenteeism costs, the CE ratio was ~\$33,000 per QALY gained, which is below the generally accepted CE threshold of \$50,000. Sensitivity analyses indicate that the results are robust.

Conclusion: Eszopiclone is cost effective, especially when lost productivity costs are included, for the treatment of chronic PI in adults.

P-01-150

MENTAL ILLNESS: AN AUTOMATIC, LEARNED AND STYLIZED STIMULUS- RESPONSE

INSTITUTIONS

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OBJECTIVE: Demonstrate that 'Mental Illness' is a phenomenon initiated at home, reinforced in society and stylized internally.

METHOD: Planned introspection, and meticulous evolutionary record of all those internal conflicts unleashed after tireless search of the I, during 30 years.

RESULTS: Paternal impositions, taking implicit social aims, are stimuli that wait, of child, a response; initially they do not work in an automatic way (due to gravitational Natural Inertia of organism tending to be interrelated with the Universe), but as punishment and recompense are imposing on him, time between stimulus-response will be diminishing until reaching the automatization. Reinforced and rewarded such a process, the individual, will be suitable to generate unthinking answers before any stimulus foreign to his essence. Given these conditions any impulse, image or idea arisen in mind unconsciously it turns into stimulus, to which, man, will not be able

to escape, undo or obviate having to exercise necessarily an immediate response, according to needs of social rules, avoiding this way non-adaptation or interior conflict: Conditional Inertia.

CONCLUSIONS: The dynamic mind-body, in 'Mental Illness', is a reply of the interrelationship father-child but stylized, in which, to less time between stimulus-response the worst it will be the forecast.

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GROUP PSYCHOTHERAPY OF SURVIVORS WITH WAR RELATED PSYCHOLOGICAL TRAUMA

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Aim: The goal of this paper is to demonstrate the importance of group psychotherapy in the rehabilitation of war victims with psychological consequences.

Method: 15 patients, who experienced of war related psychological traumas were included in this research, all of them suffering from chronic consequences of trauma. Initial testing was done before beginning of group psychotherapy with following instrument: Multidimensional Instrument for assessment of psychological symptoms Brief Symptom Inventory BSI-53. The group psychotherapy lasted three months. Sessions were organized weekly and lasted for one and half hours. Group was lead by two co - therapists. Working technique was supportive-expressive psychotherapy. After three months of therapy they were retested with BSI-53 Questionnaires.

Results: After three months treatment of the group psychotherapy on BSI -53 Questionnaire there is reduction in all psychopathological symptoms, on the statistical significance p<0, 05.

Conclusions: Group psychotherapy has shown efficiency in treatment of chronic psychological consequences of patients with war related trauma. Group experience helped patients to establish the better social relationships with others.

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P-01-153

CLOZAPINE AND CARDIOTOXICITY: ECHOCARDIOGRAPHY FINDINGS

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Background

Despite clozapines efficacy profile, there is a risk of life threatening adverse effects associated with clozapine treatment. Both myocarditis and dilated cardiomyopathy have been reported in association with clozapine treatment. The current study aims reports echocardiographic changes in clozapine treated individuals followed up prospectively.

Methods

Transthoracic echocardiograms were done prior to commencing clozapine treatment (Time 1) and again after 6 to 12 months (Time 2), as part of routine cardiac monitoring. In addition, psychiatric and medication history were documented. Full white blood count, troponin 1 and creatinine kinase results were performed.

Results

A decrease in left ventricular shortening, a measure of ventricular contractility, was seen between Time 1 (pre clozapine) and Time 2. Further analyses will be presented.

Conclusion

Clozapine causes a progresive reduction in left ventricular contractility that is of potential clinical significance. The risk benefit ratio of clozapine treatment needs to be clarified in the light of these findings. Safety monitoring of clozapine may need to include serial echocardiography to detect at-risk individuals.

USE OF ELECTROENCEPHALOGRAM PARAMETERS FOR THE PREDICTION OF THERAPEUTIC OUTCOME IN ECT

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Objectives: Electroconvulsive therapy (ECT) remains the most effective treatment for severe depression. EEG variables such as ictal amplitude and post ictal suppression have been shown to predict clinical outcome. We wanted to evaluate the predictive value of EEG characteristics, specifically ictal amplitude, post ictal suppression, degree of synchronisation, and seizure duration, on the therapeutic outcome.

Methods: We retrospectively assessed the EEG records of 34 consecutively treated patients who received ECT for an episode of major depressive or schizoaffective (depressive) disorder. Severity of depression was rated with the 24-items version of the Hamilton Depression Rating Scale (HAMD-24). Ratings were conducted before, and in weekly intervals during the course of ECT. Remission was defined as ≤10 points on the HAMD-24. EEG records were rated

manually by two researchers blinded to the clinical outcome, and a third researcher arbitrated on discrepant rating.

Results: The only variable that reached significance was the quality of post-ictal suppression, in line with previous research. However the correlation was weak and had low predictive value. The main factor affecting EEG quality was age (poorer with older age). Duration of seizure had no predictive value.

Conclusions: EEG characteristics have some predictive value for the clinical outcome in ECT delivery and clinicians should aim at achieving EEGs with high amplitude, good synchronisation and, most importantly, a clear post-ictal suppression. However, the predictive value is modest and depends on other factors, such as age, medication and the number of previous ECT sessions. Patients can improve even with poor EEGs.

P-01-155

BIOCHEMICAL - CLINICAL COMPARISON OF DIFFERENT RISPERIDONE TYPES ADMINISTRATION

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After the selection of sixty patients with clinical diagnostic of schizophrenia (DSM IV) they were divided in two groups of thirty patients that received during ninety days equivalent doses of oral risperidone and intramuscular long acting risperidone. During the test determinations of blood levels were made, complete haematology function and differential count; glucose, insulin, estradiol, dehidroepian-

dosterone, prolactin, and complete lipid profile and clinical evaluations PANSS, PBRS, DAI, SIPS, SOPS SCS, and 2-COM CHECKLIST. Such determinations threw highly suggestive data fundamentally in the intramuscular administration branch with more favorable values in the biochemical variables, being without significant differences the clinical evaluations in both groups.

METABOLIC BLOOD PARAMETERS AND BODY WEIGHT IN THE TREATMENT WITH OLANZAPINE OR QUETIAPINE IN RELATION TO PLASMA CONCENTRATIONS

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Objectives: There is a cumulative evidence (1) to suggest that atypical antipsychotics can increase risks of metabolic disturbances. Aims of the study were to investigate metabolic blood parameters and body weight in patients under treatment with olanzapine or quetiapine and to compare these results with plasma concentrations (therapeutic drug monitoring).

Methods: In a retrospective study totally 140 charts of patients treated with olanzapine (n=70) or quetiapine (n=70) were reviewed (Department of Psychiatry, University of Göttingen, Germany). Body weight (BMI) and levels of blood glucose, total cholesterol and triglycerides were evaluated and correlated with dosages and plasma concentrations (HPLC method with UV detection). Diagnoses, age, gender and comedications were investigated.

Results: The olanzapine group (m:39,f:31, mean age:40.5 years, range:20-83y) was matched with the quetiapine group (m:29,f:41, mean age:46.4 y, range:19-87y). Main diagnosis of all patients was paranoid schizophrenia. Both samples were associated with weight gain (mean BMI under olanzapine 25.8, quetiapine 25.9) and hyperlipi-

demia without statistical differences between the drugs. There was an increased risk of hyperglycemia in olanzapine administration. Elevated BMI and triglycerides were observed in men. We found no statistically significant correlation between laboratory parameters and plasma concentrations, but high intra-and interindividual differences.

Conclusions: There was a risk for metabolic abnormalities associated with olanzapine and quetiapine, with olanzapine having a higher risk of metabolic syndrome. A metabolic monitoring of antipsychotic-treated patients and prospective investigations (2) in long-term treatments are recommended.

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P-01-157

PLASMA CONCENTRATION-EFFECT RELATIONSHIPS FOR OLANZAPINE IN MANIA

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Introduction: recently, atypical antipsychotic like olanzapine are effective in the treatment of acute mania. In acutely ill patients with schizophrenia, olanzapine plasma concentration ≥ 23 , 2 ng/ml have been identified as a predictor of clinical response. Aim: to determinate a threshold of efficacy of olanzapine in a sample of in/out patients with acute mania. Patients and Methods: patients with acute mania were included and treated with olanzapine for 6 weeks; plasma concentration of olanzapine was measured by high-performance liquid chromatography. Clinical status was assessed by Young Mania Rating Scale (Y-MRS) and Clinical Global Impression

(CGI). Results: a plasma threshold was determined to be 15,9 ng/ml about receiver operating characteristic curve analysis at 3 weeks of treatment. There was no correlation between the daily dosage of olanzapine and the plasma level (p< 0.05). Olanzapine plasma levels were not significantly different between responders and non responders. Conclusion: Our threshold is lower than those reported in schizophrenia. This may be related to lower dosage used in treatment in mania than in schizophrenia and particularly to the small number of our sample. Then further research on this specific issue is urgently needed.

TRIAL-BASED THOUGHT RECORD (TBTR): PRELIMINARY DATA ON A STRATEGY TO DEAL WITH CORE BELIEFS BY COMBINING SENTENCE REVERSION AND THE USE OF ANALOGY WITH A JUDICIAL PROCESS

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Objective. To propose the Trial-Based Thought Record (TBTR) - a modified, 7-column thought record addressing core beliefs by sentence reversion and analogy with a judicial process, inspired from Kafka's novel "The Trial" -, and to present a demonstration video of a typical session.

Methods. Clients (n= 30) participated in a simulation of a trial and exhibited shifts in their adherence to core beliefs and in the intensity of corresponding emotions after each step (investigation, prosecutor, defense attorney, prosecutor's second plea, defense attorney's second plea, and juror verdict) during a session.

Results. Significant mean reductions existed between percent values after investigation (taken as baseline) and defense attorney's plea (p< 0.001), and after the juror's verdict, either in beliefs (p< 0.001) or in intensity of emotions (p< 0.001). Significant differences also emerged between the defense attorney's first and second pleas (p= 0.009) and between the defense attorney's second plea and juror's verdict concerning core beliefs (p= 0.005) and emotions (p= 0.02).

Conclusion. TBTR may help patients constructively reduce attachment to negative core beliefs and corresponding emotions.

P-01-159

PREVENTION OF INTERFERON INDUCED DEPRESSION IN CHRONIC HEPATITIS C PATIENTS

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Objective: To determine the efficacy and safety of escitalopram for preventing depression induced by pegylated interferon (PegIFN) alpha2a in chronic hepatitis C (CHC) patients.

Methods: CHC patients were randomized to receive escitalopram (15 mg/day) or placebo, double-blind, starting 2 weeks before PegIFN and continuing for 12 weeks. Main variables were incidence of DSM-IV major depressive episodes, and scores of MADRS and HADS questionnaires.

Results: 133 patients were included. Eighty-three (62%) patients were male, mean age 45.5 years. Placebo and escitalopram groups did not differ significantly in any measure at baseline. Only 1 patient (2%) in placebo group and 5 (8%) in escitalopram developed a major depressive episode (Chi square = 2.67, p = 0.11). MADRS increased

between baseline and week-12 in 2.2 points with placebo and 3.1 with escitalopram. Figures for HADS' depression subscale were 0.7 and 1.0 respectively. Differences were not statistically significant. Biochemical response at week 12 (normalization of transaminases) was achieved in 67% of patients in placebo group and 78% in escitalopram. Virological response at week 12 (negativization of RNAHCV) was obtained in 80% and 66% respectively.

Conclusions: In CHC patients, pretreatment with an antidepressant is not effective for reducing depression induced by PegIFN and ribavirin, at least in a population of patients with low psychiatric risk. The use of escitalopram in CHC patients is safe regarding biochemical and virological response at week 12. This study has been supported by a grant from Roche Farma S. A. Escitalopram and placebo pills were provided by H.Lundbeck A/S

ANTIDEPRESSANT PRESCRIBING ALTERS HYPNOTIC USE IN PRIMARY CARE

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Aims

UK prescribing guidelines state that benzodiazepines should be used to treat insomnia only when it is severe and for a maximum period of 4 weeks. 1 However, in depressed patients, antidepressants may induce or exacerbate disturbed sleep. This study investigated the impact of antidepressant prescribing on hypnotic use in primary care in the UK.

Method

Data from 1996-2005 were obtained from the DIN-Link database (over 750,000 patients). Patients (>18 years) who received a new prescription for a hypnotic (no prescriptions for any benzodiazepine in the previous year) were included and followed for 1 year. Data were obtained on gender, age, depression status, antidepressant prescribed and length of hypnotic treatment.

Results

For each year of the study, irrespective of antidepressant prescribed,

the prescription of an antidepressant was associated with an increase in the length of hypnotic treatment. In 2005, the proportion of depressed patients prescribed an antidepressant who received a hypnotic for more than 3 months was nearly 6 times greater, and those who received a hypnotic for more than a year was nearly 10 times greater than those not prescribed an antidepressant.

Conclusions

In depressed patients newly prescribed a hypnotic, the prescription of an antidepressant increases the length of hypnotic treatment. Antidepressants may exacerbate disturbed sleep in depression and prescribing guidelines on the use of hypnotics do not meet the needs of these patients.

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P-01-161

MODERN APPROACH TO THE IRRITABLE BOWEL SYNDROME TREATMENT

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In its core, the irritable bowel syndrome (IBS) is one of the forms of a somatoform vegetal dysfunction (as per ICD-10 F 45.3). Along the IBS symptoms, we usually distinguish the following: 1) objectively detectable vegetal manifestations (heavy heartbeat, sweatiness, facial hyperaemia, tremor); 2) non-specific vital dysfunctions in the gastrointestinal track (GIT) like: aches, feeling of discomfort, bursting sensation, diarrhea, constipation, increased mucus secretion. A crucial point here is an exact diagnostics, and a differentiation between an affective pathology (a depressive episode, recurrent depressive dysfunction), schizotypic dysfunction, panic dysfunction and a generalized anxious dysfunctions. The IBS treatment is a complex process, and, alongside with the influence on the GIT (by imple-

menting antispasmodics, laxatives, ant-diarrhea drugs), it comprises a course of psychotherapy combined with psychotropic drugs: anti-depressants, antipsychotics, and nootropes.

These measures can be provided by a multi-profile medical assistance from a psychiatrist, psychotherapist and gastroenterologist. Our experience of treatment of the patients suffering from IBS (318 patients of which 41% of men and 59% of women of 34+4.7 years of age) allows us to make a proposed scheme of a complex therapy. This could be as follows: a diet + psychotropic medicines (antidepressants combined with atypical antipsychotics) + drugs to help normalize the intestine motoric dysfunctions and microflora + a course of psychotherapy.

AN OPEN-LABEL TRIAL OF RISPERIDONE LONG-ACTING INJECTABLE IN THE TREATMENT OF SUBJECTS WITH RECENT ONSET PSYCHOSIS

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Objective - Assess use of risperidone long acting injectable (RLAI) in recent onset psychosis.

Methods- This was a 24-month open-label non-randomized, single arm, single center study of 50 adults with newly diagnosed schizophrenia or schizophreniform disorder. Oro-dispersible risperidone (1 to 3 mg/d) was given through day 21. At day 7 the first injection of 25 mg of RLAI was given and every two weeks thereafter.

Results- 72% of patients (n=36) completed the full 24 month trial. Final dose for 54% of patients was 25 mg, for 30% 37.5 mg and for 16% 50 mg. There was significant improvement from baseline to endpoint on mean PANSS total (-39.7 SD 21.1, p<.0001), positive subscale (-15.3 SD 6.7, p<.0001), negative subscale (-7.6 SD 7.5, p<.0001) and general psychopathology subscale (-16.7 SD 10.1,

p<.0001). 64% (n=32) of patients remitted (maintained for at least 6 months a "mild" or lower level on 8 key PANSS items), 23 of them by month 10. Adverse events (AE's) observed in at least 10% of patients were: blood prolactin increased, headache, sedation, influenza, parkinsonism, extrapyramidal disorder, aggression, insomnia, depression, blood cholesterol increased, psychotic disorder. Two patients suffered serious AE's (cerebrovascular accident and psychotic disorder) that resulted in discontinuation from study. At endpoint mean BMI gain was 4.8 sd 3.8 from 20.6 sd 4.6 at baseline (p<.001).

Conclusions- This study allows only for some tentative conclusions. Patients showed good symptom improvement, a favorable adverse event profile and compliance. Safety and efficacy in this population warrants further investigation in a controlled manner.

P-01-163

SCHOLAR FACTORS OF SOCIAL INCLUSION FOR INCARCERATED ADOLESCENTS

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Introduction: In the south of Brazil, as a socioeducational attitude, the justice obliges adolescent violators to study. Incarcerated adolescents have an opportunity to attend a special and specific school located inside the prison institution

Method: this pilot cross-sectional study included 29 adolescents which are attending the special school and focused on aspects as the teacher evaluations of the students performance, impact of preview schooling, parents schooling, type of law violation, family history of law violation, abuse or dependence of substances, acquired benefits, and depressive and anxious symptoms severity (measured by Beck inventories).

Results: seventeen adolescents consented to participate. Teachers gave a general school performance of 6,53(SD=1,74) and they had

previously studied a mean of 4,69(SD=2,3) years. Around 30% of the mothers and 12% of the fathers had their schooling known by the adolescents. Twenty nine percent had committed murder and 70% stole. Fifty six percent of the adolescents related that the relatives had committed any kind of law violation. Around 25% used cocaine, 50% cannabis and 70% related alcohol abuse or dependence. The mean score of depression severity was 21,06(SD=12,75) and the anxiety score was 10,31(SD=10,53). Fifty two percent acquired some kind of benefits according to their performance.

Conclusion: the acquisition of some prison institution benefits, the drug use/dependence, preview schooling, the parents schooling and depressive or anxious symtopms severity don't seems to be associated to the general school performance of adolescent violators.

THE EFFECT OF PHARMACOLOGICALLY SELECTIVE ANTIDEPRESSANTS ON MONOAMINE OXIDASE ACTIVITY

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Aims According to the advanced monoamine theory (1), the activity of type-A monoamine oxidase (MAO) and density of serotonin transporters in the brain are crucial in the pathophysiology of depression. Accordingly, we studied the influence of antidepressants with different primary biochemical effects on the MAO activity in synaptosomes.

Methods We have used radiochemical methods to monitor the in vitro effects of 11 antidepressants and mood stabilisers on the activity of MAO-A and MAO-B in synaptosomes isolated from animal brains.

Results We observed the inhibition of MAO activity by pharmacologically selective antidepressants (tricyclic antidepressants, selective serotonin reuptake inhibitors, norepinephrine reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, noradrenergic and specific serotonergic antidepressants). Desipramine, amitriptyline, citalopram, and venlafaxine were the most effective MAO inhibitors

of all the drugs which were tested. Most antidepressants inhibited MAO-A more than MAO-B. The inhibition was usually non-competitive.

Conclusion MAO activity can be used as a parameter which is sensitive to the action of most antidepressants. Our results support the advanced monoamine theory of depression (1) and the hypothesis of mitochondrial dysfunction in bipolar disorder (2). We assume that it is appropriate to continue testing the action of MAO-B in blood platelets of depressive patients as one of the potential markers which can be used for characterising subgroups of depressive disorders or predicting the effects of treatment with antidepressants.

This research was supported by the company Zentiva, a.s. Prague.

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P-01-165

GROUP PSYCHOEDUCATION AS CLINICAL REHABILITATIVE INTERVENTION IN THE TREATMENT OF MAJOR DEPRESSIVE EPISODE IN HOSPITALIZED PATIENTS

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Literature data support the efficacy of psychoeducational therapy associated to pharmacological intervention also during the treatment of major depressive episode.

OBJECTIVE

The aim of the present study is to describe inpatient's form of involvement with a weekly group psychoeducational therapy and the possible role of this strategy on relapse.

METHOD

85 patients hospitalized for a major depressive episode participated to psychoeducational group session conducted weekly by the equipe of the Mood Disorder Unit of San Raffaele Hospital in Milan. Their involvement with group psychoeducational sessions was assessed by professional educators using a rating instrument created on purpose. At discharge, patients filled in a 'satisfaction questionnaire' and WHOQOL, and remained in continuation treatment as outpatients for 9 months.

RESULTS

Data collected from 'satisfaction questionnaire' indicated patient's high satisfaction about group psychotherapy. At the end of follow-up period, 40% of the sample relapsed. All clinical and social variables as well as the scores of the above-mentioned rating instruments were analyzed with of survival analysis to identify the ones that were possibly related to the risk of relapse. Among all the analyzed variables, patient's 'coherence', 'interest', and 'processing of information' during therapy group and WHOQOL scores in 'physical' and 'environmental' areas were significantly related to the risk of relapse and re-hospitalization.

CONCLUSIONS

These results are an encouraging evidence of the cognitive support role of group psychoeducational therapy also during the acute treatment of depression and patient's form of involvement with the group therapy could be considered as a long-term normothymia predictor.

PSYCHOTHERAPY SETTING IN PUBLIC HEALTH CARE IN SERBIA

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Psychotherapy as a part of psychiatric treatment is related to similar problem in different institutions - departments, clinics and institutes. This is the problem of setting, that can be described as lack of possibility to organize stability of psychotherapeutic process in frame, time and place in certain cases, in public health care system. Psychotherapeutic setting refers, as practitioners say, to the physical framework and the routine procedures of practice which form an integral part of the process. Psychotherapy exists and works only when we offer our patients stability and continuity in place, time and

number of sessions. Our experience shows that psychotherapeutic work in private practice is more stable and strictly defined, but our public health care system has to be organized in the better way with acknowledgement of demands for help from various kinds of patients. Work compares our experiences and unifies plans to specify setting in public health care institutions, as an integral part of mental health care reform in Serbia, which includes therapy, research and community orientation of psychiatry and psychotherapy.

P-01-167

SURVEY OF REFERRALS TO ECT IN HUNGARY

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Background: The diagnostic distribution of patients treated with electroconvulsive therapy (ECT) in Hungary is significantly different from that in Western-Europe or the USA. In Hungary most of the patients treated with ECT suffer from schizophrenia.

Aim: To analyze the practice of referring patients to ECT in Hungary.

Methods: A questionnaire containing socio-demographic data and items on the experience with ECT was mailed to all Hungarian psychiatrists working in psychiatric units where ECT is used (n=34) Respondents were asked to rate how often they consider ECT in various symptoms/syndromes. The main factors contributing to referrals to ECT were examined using factor analysis. Answers given by respondents in different positions and with different ECT experiences were also compared.

Results: A total of 78 questionnaires were returned from 14 departments; 94.5% of the respondents have ever administered ECT, 46.4% over the last year. Altogether 89% of the respondents ever referred patients to ECT, 54.8% in the last year. Respondents most frequently recommended ECT for antipsychotic and antidepressant-resistant cases, catatonic symptoms or patients with successful previous ECT.

Conclusion: In view of the high Hungarian suicide rate, surprising that ECT is rarely considered by the respondents in case of high suicide risk. Respondents also rarely consider ECT for NMS, or severe depression where ECT could be the first choice of treatment. The discrepancy between current referral practices and standard recommendations could be decreased with more ECT training courses.

OCULOGYRIC CRISIS WITH QUETIAPINE: A CASE REPORT

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Introduction:

Oculogyric crisis is one of the distressing neurological side effects of dopamine blocking drugs such antipsychotic medications. It is characterized by bilateral dystonic elevation of visual gaze as well as hyperextension of the neck. It is thought to be very rare with atypical antipsychotics and is rarest with quetiapine . Indeed quetiapine is still believed to be the antipsychotic of choice in patient with history of oculogyric crisis.

Case report:

Mr. S.D., a 18 year old male from Nazira, Sivasgar, Assam, India was presented to the psychiatric OPD, Assam Medical College, Dibrugarh on 15.05.07 with a diagnosis of paranoid schizophrenia and was prescribed with 6 mg of Risperidone on which he developed

ocular spasm. His medication was changed and was prescribed with 100 mg of quetiapine and 2mg Trihexiphenidyl. After a month tab Trihexiphenidyl was stopped following which he developed oculogyric crisis.

Discussion

Oculogyric crisis has been reported with typical antipsychotics and also with some of the atypical antipsychotics like Olanzepine and Risperidone in various literatures. However, report with quetiapine is quite unexpected as it was believed to be the drug of choice in patients with a history of antipsychotic induced oculogyric crisis. Our case report suggests that oculogyric crisis may be a rare phenomenon but it does occur with other atypical antipsychotics also.

P-01-169

A RESEARCH STUDY ON THE TRANSFORMATIONAL NATURE OF ANGER

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The vast majority of the empirical literature on anger and its treatment has used behavioral, cognitive, or cognitive-behavioral theoretical perspectives This paper will examine anger from alternative theoretical perspectives. This paper will first explore the aspects of anger suggested by feminist, multicultural, existential, and contextual family therapy perspectives. These aspects include anger and its connection to the gendered and cultural nature of the self; to unmet basic human needs and meaninglessness; and to the balance of relational boundaries. A qualitative research study was conducted. The individuals that were interviewed came from a variety of life situations in which they had experienced extreme anger-generating experiences they have successfully overcome. These situations were the result of political or social oppression, experiences with perso-

nal violence or other types of relational injury, or experiences with psychological or physical impoverishment. The findings were developed by examining these individuals who had experienced extreme anger-generating situations of unmet needs, injustice or relational injury and responded to these situations, over time, with positive life changes. These individuals had experienced these situations, yet responded with continued personal growth and adaptive life experiences, rather than responding with self-destruction, bitterness, or violence. Themes were developed to suggest that there are transformational aspects to anger. The findings from this study suggest that in some therapeutic situations anger can be used to facilitate personal growth rather than lead to aggression and conflict.

CASE STUDY: EFFICACY OF COGNITIVE-BEHAVIORAL THERAPY IN A SEVERE SELF-MUTILATION CASE.

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A particular psychotherapy for Self-Mutilation Behavior (SMB) was not mentioned in the literature until the present. Most studies describe the Dialectical Behavior Therapy and Psychodynamic Psychotherapy as part of treatment for SMB in patients with Borderline Personality Disorder (BPD). This case report describes the efficacy of Cognitive-Behavioral Therapy (CBT) in a 24-year-old woman, with severe SMB, without BPD. The patient was admitted to the multiple impulse-control disorder outpatient unit for treatment of SMB. This patient was submitted to the SCID-I/P, SCID-II/P, Y-BOCS, DY-BOCS, and Functional Assessment of Self-Mutilation (FASM) for diagnosis of SMB as well as comorbidities. The most frequently SMB presented was skin cutting which was associated with relief of feelings of "numbness"; self-punishment; and stopping bad feelings. Others comorbidities presented by her were ObsessiveCompulsive Disorder (OCD), Social Phobia, Bulimia, and Depression Disorder(DD). The treatment included CBT, nutritional orientation, and psychopharmacology. The techniques of CBT used were: skills training, homework assignments, symptom rating scales, and problem-solving strategies. After ten months of treatment the patient was stabilized in terms of DD, bulimic behaviors, and anxiety. OCD symptoms were mild, and SMB became rare. At this time there was emphasis in social skills, problem-solving strategies and emotion regulation at CBT. The CBT was maintained and after three more months of treatment she had stopped cutting herself and the OCD symptoms disappeared.

Conclusion: CBT shown to be effective in this case of severe SMB without BPD. In addition, this multidisciplinary approach may serve as a guide to treat severe SMB.

P-01-171

β-ARRESTIN PLAYS A MAJOR ROLE IN THE MECHANISM OF ACTION OF ANTIDEPRESSANT DRUGS

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Aims: β-arrestins play a pivotal role in GPCR desensitization and down-regulation(1). Preliminary data from our laboratory indicates that chronic treatment with antidepressant drugs (ADs) affects βarrestin1 rat brain levels(2). This study concentrates on ADs mechanism of action at the post-receptor level involving 2nd messenger systems, receptor down-regulation, and regulatory elements related to receptor-G protein signalling: β-arrestin1&2, especially their interaction with MAPK cascade components. Methods: C6 glioma cells were treated acute or chronically with various classes of ADs in the presence or absence of MEK1/2 inhibitor. cAMP levels were determined using a RIA-based assay. β-adrenergic receptor downregulation was measured by radioligand binding assay. β-arrestin 1&2 function and levels were measured by confocal microscopy and western blotting (WB). Results and Conclusions: cAMP level alterations in C6 glioma cells were found to be irrelevant to ADs therapeutic mechanism of action. No change was found in [3H]CGP-12177 binding capacity. Chronic exposure to ADs results in a significant increase in activated β-arrestin1 while causing a major decrease in the levels of both β-arrestin2 and functional ERK1/2. We conclude that β-arrestin2 acts as a cytosolic scaffold for activated ERK hence reducing ERK-dependent transcription. Inhibition of MEK1/2 caused a significant decrease in β-arrestin1 in both control and ADtreated cells. Unexpectedly, β -arrestin2 levels were unaltered during MEK1/2 inhibition alone, but were significantly increased in the presence of ADs, possibly through a non ERK-dependent pathway. ERK1/2 retention by β-arrestin2 presumably prevents ERK-dependent β-arrestin1 transcription. By reducing β-arrestin2 levels ADs enable activated ERK1/2 translocation to the nucleus, thus increasing β-arrestin1 levels..

ATYPICAL ANTIPSYCHOTICS AND OBESITY IN PATIENTS WITH SCHIZOPHRENIA

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Objective: Atypical antipsychotics (AAP) have been widely used for the management of patients with schizophrenis and other psychotic disorders, since they were introducted, during the past decade. AAP, as class, have demonstrated a significant advantage over conventional antipsychotics (CAP) in clinical efficacy and lower incidence of exstrapyramidal symptoms and tardive dyskinesia. However, our clinical practice shows that certain AAP may be associated with a greater risk of weight gain and with drug-induced obesity.

Methods: This was a 6 month multicenter, prospective trial, which was active controlled, in patients with DSM-IV schizophrenia, who were drug free before hospitalization. We use WHO criteria: overweight as body mass index (BMI) of 25,o-29,9 kg/m, nd obesity

as BMI more than 30 kg/m². Body weight was performed at basline and at regular intervals during the study.

Results: The results we receive show that a greater proportion of patients treated with AAP exhibited clinically significant weight gain, at any point during the trial, compared with those treated with CAP

Conclusion: AAP had a greater impact on patients weight than CAP.To prevent potential complications of obesity, patients should have nutritional counseling and exercise regimen, during the first year of medication with AAP.

P-01-173

CAREER PERSPECTIVES OF PEOPLE WITH MENTAL ILLNESS IN A HOSPITAL-BASED DAY CARE PROGRAM

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Aim: Partnership in a holistic psychiatric care requires mutually-agreed goals between therapists and clients. Yet, career aspects are less emphasized when therapists work with people with severe mental illness (SMI). This study aimed to investigate the outlook on career development of patients who stayed long in a hospital-based day care program.

Method: Survey research was conducted. There were 106 participants in a day care program enrolled. An anonymous 20-minute questionnaire was conducted structurally by trained interviewers.

Results: Most participants (63%) had optimistic outlook for their future. Regarding illness outcome, 30% of them thought they would recover fully, and 59% believed that they should take medication lifelong. Regarding work, 49% wanted to have a regular job and 17%

to have a part-time job; yet 64% wished to be independent financially. Regarding living, 80% would like to live with their primary family; only 17% to live independently. Regarding family life, 38% would like to marry and 20% to marry and have children; while another 38% to continue single status. The chi-square analysis revealed that satisfaction with current status was not associated with optimistic outlook ($\chi^2(2, N=104)=1.282, p=.527$). However, those who thought they have optimistic future were more likely to have positive outlook on their career development ($\chi^2(2, N=92)=28.815, p=.000$).

Conclusions: Most people with SMI want to have other roles than only as a patient. Instillation of hope and support are essentials to envision career development. Services should include trainings of effective communication and employment-oriented skills for people wishing to advance.

TRANSFORMING FROM HOSPITAL-BASED TO RECOVERY-ORIENTED: A PROGRAM EXPERIENCE

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Objective: Day care unit in hospitals has been the major service of rehabilitation programs in Taiwan. As long run, staff mindset and program structure adopt medical model inevitably. This report shares the experience that a day hospital strives to remodel as recovery-oriented rehabilitation program.

Process: This day hospital used to introduce educational model with emphasis on disease reduction and administrative management. Beginning with two full-time psychiatrists who trained with recovery model and rehabilitation employed, and expansion of services, the program structure and environment, as well as staff training, become the two major aspects of reform. Efforts on building therapeutic milieu include (1) clarifying missions of program as health promotion, skill development, and social participation; (2) providing choices of selecting psychiatrists and classes; (3) erasing the labeling of higher/lower functioning; and (4) introducing role models

of recovery to clients and families. Efforts on staff training include (1) shifting focus from disease and symptoms to client strength and functions in meetings; (2) providing frequent group supervision; and (3) including employment and education as positive outcomes. For clients and staff, fear of losing structure and anxiety of moving forward pervaded in the first year. However, people and program make progress in the failure-free and person-centered atmosphere in the second year.

Conclusion: The benefit from being a "patient" in hospital is a significant barrier; yet to have positive outlook needs information and role models. For staff, skills development for promoting recovery requires inspirations from meeting role models, therapeutic environment where respects self-growth and supports self-efficacy for everyone, and continuation of consultation/supervision.

P-01-175

LONG TERM USE OF RISPERIDONE IN AUTISTIC PATIENTS: TEN YEAR FOLLOW-UP

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22 autistic patients who started medication on Risperidone between ages 6-14 where followed after ten years of continued treatment. All laboratory screening tests where done after 5 and 10 years. Only

a slight increase in lipid readings where found in patients 18 years and older. This suggests that positive metabolic findings start in early adulthood but do not appear in infancy and adolescence.

EFFECTIVENESS OF A SELF-CARE SKILLS TRAINING GROUP WITH A TOKEN ECONOMY SYSTEM FOR PATIENTS WITH CHRONIC SCHIZOPHRENIA

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The purpose of the study is to investigate whether the grooming performance of patients with chronic schizophrenia can be improved after they participate in the self-care skills training group with a token economy system designed to reinforce their grooming performance. One-group pretest-posttest design was used in this study. Six patients with chronic schizophrenia participated in the self-care skills training group. The self-care training group meeting was hold four times a week and lasted for ten weeks. Each group session was 30 minutes. The patients' grooming and hygiene were evaluated every morning from the day a week before the group meeting to the last day of group meeting. The daily rating checklist includes items of hand washing, hair combing, hair washing, teeth brushing, face washing, dressing and bathing. In order to motivate the patients

to learn and perform more skillful behaviors, tokens were given to them according to their attendance at group meeting and their grooming performance. Dependent-sample t tests were used to compare the weekly average grooming performance before and at the end of the self-care skills training sessions. There was statistically significant improvement in the overall performance and performance of teeth brushing, bathing, and hair washing. There was no statistically improvement in performance of dressing. The result indicates that self-care skills training group with a token economy system may be effective for improving the grooming performance of patients with chronic schizophrenia. A large sample size study should be carried out in the future.

P-01-177

CAN EMPIRICAL EVIDENCE BE USED TO PROMPTLY MODIFY PSYCHIATRIC PRACTICE? THE PARADIGM OF ATYPICAL ANTIPSYCHOTICS.

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Background: The use of atypical antipsychotics in schizophrenia was only recently challenged by hard evidence, despite a decade since their introduction. As empirical evidence can be produced faster than hard evidence, it may be used to modify clinical practice more promptly.

Aim: To investigate and discuss the potential role of using empirical evidence as a clinical practice modifier. A naturalistic study of the use of antipsychotics in Schizophrenia is presented as an example.

Methods. We conducted an analysis of the antipsychotic prescriptions of 150 inpatients with schizophrenia. The study took place prior to the publication of recent evidence which plays down the usefulness of the atypicals. The resulting trends, particularly regarding the

use of atypical and conventional antipsychotics, were compared to current evidence-based practice, following the incorporation of the latest evidence to the latter.

Results. Our comparison shows that the study's trends correlate partly with the current clinical evidence base. In particular, atypical antipsychotics were used significantly more often than conventional antipsychotics as first line therapy (p<0.001), but the overall prescription rates did not differ significantly between the two groups.

Conclusion. We suggest that empirical evidence may be useful as a prompt practice modifier. Ethical and practical considerations are discussed.

THE INSTALLATION AND FUNCTION OF A COOPERATIVE APARTMENT FOR CHRONICALLY MENTAL ILL

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Objectives

The General Hospital of Ioannina has established Units of Community residences for chronically mental ill, falling within the scope to dwindle big psychiatric hospitals. We present here the process and the difficulties of the installation of four inhabitants from a long-term supportive living community residence to a cooperative apartment located in a block of flats in the town-center.

Method

Patients were chosen according to their level of function, illness process, age and compliance to the psychopharmaceutic therapy. They were also trained in housekeeping and social rehabilitation skills. During the first period, the therapeutic team was visiting the apartment daily and later these meetings became weekly.

Results

A problem for the staff and the patients was whether the inhabitants

of the other apartments would be receptive to them. We took into great account the way in which we would deal functionally with this prospect without stressing or disappointing the patients. The initial resistance from some of the neighbors was faced by the display of good intention from the staff to inform them, to get to know each other, avoiding aggressive or defensive behavior. We chose to inform neighbors on an individual basis, since the minority of them who were prejudiced against mentally ill patients could influence others.

The successful psychosocial rehabilitation of mentally ill patients and their acceptance from the community in a state of independent living requires work with the patients themselves as well as with the environment in which they will be located.

P-01-179

INTERPERSONAL COMMUNICATION SKILLS OF PATIENT WITH SCHIZOPHRENIA, DEPRESSION, NEUROTIC DISORDER, AND EATING DISORDER

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Aim: Communication skills (CS) are important in various interpersonal settings such as the family, school, workplace, and community. There are few studies that investigated CS in various settings for different psychiatric diseases. Thus, we determined whether there are any differences in CS among patients with different psychiatric diseases in different interpersonal settings using the communication skills questionnaire (CSQ).

Methods: A comparison was made between the CS of 127 patients (33 schizophrenia, 33 depression, 31 neurotic disorder, 31 anorexia nervosa) and the CS of 90 healthy adults (control). CSQ included two interpersonal CS: cooperative communication skills (CCS) and assertive communication skills (ACS), which were assessed in six interpersonal setting (family, best friends, friends, superiors, neighbors, and strangers). Higher scores indicated better CS.

Results: All the patients with schizophrenia and eating disorders had significantly lower scores than the control in all the interpersonal settings. The patients with depression showed no significant difference from the control in only the ACS scores in the interpersonal settings with their superiors and neighbors, however, they had significantly lower ACS scores in all the other interpersonal settings. The patients with neurotic disorder had no significantly different scores from the control in the interpersonal settings with their family and friends, but had significantly lower scores in all the other interpersonal settings.

Conclusions: The different psychiatric diseases demonstrated different impairment patterns of CS. Knowing this, we will exert effort to develop an intervention method that exploits the features of the above psychiatric disorders.

USE OF AUTOANALYTIC PSYCHOTHERAPY (AAP) IN NON-PSYCHOTIC DISORDERS

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The AAT is an eclectic psychotherapeutic approach for treatment of mood, anxiety, somatoform and stress-related disorders. Therapeutic strategies of AAP include analysis of causes of psychiatric problems and elaboration of new coping strategies conducted by patients themselves. The method demonstrated significant improvement of symptoms in a relatively short period of treatment. The

other advantages of AAT are related to validation of a patient's autonomy and flexibility in therapeutic techniques application. AAP assumes that recovery may be achieved by comprehensive alteration of emotional, cognitive and behavioral patterns. AAT differs from other approaches in that the role of a therapist is to assist his patient to get over the symptoms independently as far as possible.

P-01-181

THERAPEUTICS FACTORS IN PARTIALLY HOSPITALISED INPATIENT GROUPS

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Day hospitals frequently have as a major purpose the facilitation of transition to community life. Day hospitals provide rich opportunities for these individuals, who may be half time patients and half time citizens of society at large The atmosphere of partially hospitalisation is similar to the psychological phenomenon of transitional object as described by Winnicott. The staff members of the day hospitals or even physical structure itself become a transitional object for the patient-a mother image without the threatening characteristics of a real mother, an object the patient may love, interject, toss around, spit out, and take in again. Group process and group therapy play a major role in developing and sustaining the treatment in a day hospital. How does group therapy help patients in day hospitals?

Therapeutic change is an enormously complex process and occurs through an intricate interplay of various guided human experiences, which Yaqlom names therapeutic factors. There are eleven factors, and these factors may represent different parts of change, whereas others may be more accurately described as conditions for change. Patients in the same group may be benefited by widely differing clusters of therapeutics factors. Even among therapists who share the same ideology and speak the same language, there may be no consensus about why patients improve. Many more inpatients than outpatients select the therapeutic factors of hope and assumption of responsibility, and catharsis.

PERFECTIONISM AND TACTICS OF OBJECTIVE SETTING AMONG DEPRESSIVE AND ANXIETY PATIENTS

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Objectives: tactics of objective setting research among depressive and anxiety patients and their connection with perfectionism

Methods: Perfectionism questionnaire (developed by Garanian-Cholmogorova), aspiration level of Heckhausen (adapted by Kurek, 1987), BDI, BAI, SCL-90-R. Subjects: 89 depressive patients (ICD-10: F32, F33, F34), 93 anxiety patients (ICD-10: F40, F41, F42), 73 healthy control.

Results: Correlation analysis displays reliable connection between high general perfectionism figure and both aspiration for success and avoiding failure-leading situations. According to generally accepted attitude described in achievement motivation theory this style of acting in the situation of goal choosing is a protection against suffering a failure. According to strategy of goal choosing patients are ignoring the middle zone where difficult but possible to be done tasks lay, where their aspiration for success could be realized with high probability. Patients with high level of perfectionism are led by two contradictory aspirations - to achieve maximum, but not suffering a "failure feelings" at the same time. This forms a basis for their internal conflict.

Conclusions: Tactics of objective setting among patients differ from that among healthy people. In aspiration level experiment the range of difficulties chosen by patients was dramatically wider compare to the one in a normal group. Also alternation of very difficult (when failure of not achieving the goal is suffering not much) and very easy (when success is practically guaranteed) objectives choosing was registered.

P-01-183

ARE ANTIPSYCHOTICS "FIRE EXTINGUISHER" IN THE BRAIN?-THE EFFECT OF ANTIPSYCHOTICS ON MICROGLIAL ACTIVATION INDUCED BY INTERFERON-γ IN VITRO-

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Microglia has recently been regarded to be a mediator of neuroinflammation by releasing proinflammatory cytokines, nitric oxide (NO) and reactive oxygen species in the CNS. Microglia thus plays an important role as "SOURCE of FIRE" in the patholophysiology of neurodegenerative diseases such as Alzheimer's disease and Parkinson's disease. An accumulating body of evidences point to the significance of neuroinflammation and immunogenetics in schizophrenia. Therefore, "The FIRE" might also occur in the brain of patients with schizophrenia. In the present study, we investigated whether or not antipsychotics have anti-inflammatory effects like "FIRE EXTINGUISHER" on interferon (IFN)- γ -activated microglia in vitro. We thus measured the effects of typical and atypical antipsychotics on the generation of nitric oxide and inflammatory cytokine, tumor necrosis factor (TNF)- α from IFN- γ -activated microglia by using Griess assay and ELISA, respectively.

Especially atypical antipsychotics significantly inhibited the generation of nitric oxide (NO) and tumor necrosis factor (TNF)- α from IFN- γ -activated microglia.

Antipsychotics have been regarded to have an effect mainly on neurons or neural networks including the synapse network for a long period of time. However, our findings have demonstrated that antipsychotics have an anti-inflammatory effect via the inhibition of microglial activation like "FIRE EXTINGUISHER" in the brain. Antipsychotics may therefore have a potentially useful therapeutic effect on patients with schizophrenia by reducing microglial inflammatory reactions, which may inhibit the process of neurogenesis and oligodendrogenesis. These results might shed some new light on the therapeutic strategies for the treatment of schizophrenia.

IMPACT OF PSYCHOEDUCATION AND DRUG SIDE EFFECTS ON INPATIENT PSYCHIATRIC SATISFACTION WITH SCHIZOPHRENIC PATIENTS

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Objectives: Primary objective was to evaluate the impact of psychoeducation and drug side effects on inpatient psychiatric satisfaction with schizophrenic patients.

Methods: A 30-item multidimensional questionnaire for good validity and reliability was administered to schizophrenic inpatients (n=116) discharged from psychiatric ward to examine the satisfaction of inpatient service. All subjects were assigned into the psychoeducation group(N=49) and a customary ward meeting group(N=67).

Each subject included in the psychoeducation group received twice weekly patient education until discharge. Those in the control group received supportive group meeting. There were no significant differences in the demographic and clinical variables such as sex, age, lengths of hospital stay, number of previous hospitalization, and duration of illness between psychoeducation and non-psychoeducation group.

Whether the experience of drug side effect during hospitalization was assessed subjectively (Korean-version of Liverpool University Neuroleptic Side Effect Rating Scale) and objectively (chart review).

Recult

- 1. Total score of service satisfaction scale of psychoeducation without experiencing severe drug side effect group was significantly higher than psychoeducation with experiencing severe drug side effect group, non-psychoeducation without experiencing severe drug side effect group, and non-psychoeducation with experiencing severe drug side effect group
- 2. Total score of service satisfaction scale of psychoeducation with experiencing severe drug side effect group and non-psychoeducation without experiencing severe drug side effect group were significantly higher than non-psychoeducation with experiencing severe drug side effect group respectively.

Conclusions: This result suggest psychoeducation during hospitalization seems to compensate the negative effects of adverse drug reaction on the patient satisfaction of schizophrenic inpatient treatment.

P-01-185

DIFFERENTIAL SLEEP EFFECTS OF ESZOPICLONE TREATMENT AND DISCONTINUATION IN PATIENTS WITH PRIMARY INSOMNIA AND INSOMNIA CO-EXISTING WITH MAJOR DEPRESSIVE DISORDER OR GENERALIZED ANXIETY DISORDER

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Introduction: Insomnia comorbid with psychiatric disorders remains poorly understood compared with primary insomnia (PI). In PI, sleep improves rapidly with eszopiclone therapy, is sustained with treatment, and diminishes with treatment discontinuation. We sought to determine whether this pattern also characterizes the treatment response of insomnia occurring with Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD).

Methods: We compared subjective sleep data from 3 randomized double-blind, placebo-controlled studies of eszopiclone: 1) PI patients received eszopiclone 3mg or placebo for 6 months (n=830); 2) MDD patients were treated with fluoxetine along with eszopiclone 3mg or placebo for 8 weeks (n=545); 3) GAD patients were treated with escitalopram oxalate along with either eszopiclone 3mg or placebo for 8 weeks (n=595). All studies included a 14-day single-blind placebo run-out period (MDD subjects continued fluoxetine and

GAD subjects continued escitalopram).

Results: Eszopiclone significantly improved all sleep measures vs. placebo in all 3 studies during double-blind treatment (p<0.0001). Sleep latency (SL) and wake time after sleep onset (WASO) continued to improve to a greater degree after the first week of therapy in comorbid MDD compared with comorbid GAD and PI (p<0.05) patients. Sleep improvements observed vs. placebo during the double-blind period were consistently maintained following eszopiclone discontinuation only in comorbid MDD (p<0.05).

Conclusion: The pattern of the improvement in insomnia occurring with MDD differed from GAD and PI. Improvement in insomnia with eszopiclone was more gradual and better sustained after hypnotic discontinuation in comorbid MDD than in comorbid GAD or PI.

EFFICACY OF ESZOPICLONE IN THE TREATMENT OF INSOMNIA: A SUBSET ANALYSIS BY BASELINE WAKE TIME AFTER SLEEP ONSET (WASO)

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Objective: Insomnia agents are often used for the long-term treatment of chronic insomnia. Eszopiclone, a single isomer non-benzodiazepine, has demonstrated statistically significant improvements in measures of sleep and daytime function vs. placebo for up to 6 months, with no evidence of tolerance. Because WASO was not an entry criterion, subset analyses were conducted to determine the effect of eszopiclone in patients with more severe sleep maintenance insomnia.

Methods: Patients meeting DSM-IV criteria for primary insomnia entered a 6-month, placebo-controlled study evaluating the efficacy of eszopiclone 3mg in the treatment of chronic insomnia (n=548 eszopiclone; n=280 placebo). Patients were grouped by baseline WASO into Low-WASO (\leq 60 min; n=254) and High-WASO (\leq 60 min; n=475) subgroups; endpoints evaluated were sleep latency (SL), WASO, and total sleep time (TST).

Results: Statistically significant differences (p<0.003) in favour of eszopiclone were noted between treatment groups for each subgroup at each month in all parameters. Results were similar over the 6-month treatment period (p<0.001): median WASO in the Low-WASO (eszopiclone: 14min, placebo: 24min) and High-WASO groups (eszopiclone: 25min, placebo: 52min); median TST in the Low-WASO (eszopiclone: 402min, placebo: 352min) and High-WASO groups (eszopiclone: 388 min, placebo: 328min). Patients taking eszopiclone in the High-WASO group had larger differences between treatments than the Low-WASO group for all parameters.

Conclusions: Eszopiclone 3mg was effective at reducing SL, WASO, and increasing TST in patients with high and low baseline WASO. This analysis demonstrates that the efficacy of eszopiclone on sleep maintenance was preserved irrespective of baseline sleep maintenance severity.

P-01-187

POSSIBLE NEUROPROTECTIVE EFFECT OF ATYPICAL ANTIDEPRESSANTS IN AN ANIMAL MODEL OF CHRONIC FATIGUE SYNDROME

INSTITUTIONS

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Objective: Present study was designed with an aim to elucidate the neuroprotective effect of citalopram and trazodone by using mice model of chronic fatigue syndrome.

Materials and Methods: Male albino laca mice (n= 6 in each group) were forced to swim for 6 minutes session each day for 7 days and immobility period was measured on every alternate day. Citalopram (5 mg/kg, 10mg/kg) and Trazodone (5mg/kg, 10mg/kg) were administered each day 30 minutes before the forced swimming test. Different behavior tests such as locomotor (actophotometer), anxiety (mirror chamber) and memory were assessed using plus maze performance test. Immediately after behavior test, biochemical parameters were assessed from animal brains.

Results: Present study showed that seven day forced swimming caused a chronic fatigue syndrome like condition in animals. Chronic swimmed mice also produced sever anxiety, impaired locomotor activity. Biochemical analysis revealed that chronic fatigue-induced stress significantly increased lipid peroxidation and nitrite levels and depleted reduced glutathione and catalase activity in fatigue brain. Pretreatment with citalopram (5 mg/kg, 10mg/kg) and trazodone (5mg/kg, 10mg/kg) for 7 days significantly reversed behavioral and biochemical changes.

Conclusion: Present study suggests that citalopram and trazodone pretreatment produced neuroprotective effect against chronic fatigue like behavioral conditions and oxidative stress in animals.

TWO CASES OF POLYDIPSIA IMPROVED BY SWITCHING TO ARIPIPRAZOLE

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Polydipsia may lead to impaired consciousness and can be life-threatening. We report 2 cases of long-term polydipsia that were improved approximately 1 week after starting aripiprazole.

Case 1 was a 37-year-old female who developed polydipsia at 17 years old. Pharmacotherapy including haloperidol was started due to the presence of hallucination, delusion, and excitement. These symptoms gradually resolved, but severe negative symptoms remained. Polydipsia started to occur at 35 years old. Flunitrazepam 2 mg, zotepine 50 mg, risperidone 6 mg, and biperiden 3 mg were administered, but body weight-gain remained at 5 to 10 kg/day. Water intake decreased 1 week after addition of aripiprazole 6 mg, and two weeks later body weight gain decreased to 0.74 kg/day. Aripiprazole 12 mg from week 4 and discontinuation of risperidone from week 9 impro-

ved polydypsia while maintaining a stable neurologic status. Case 2 was a 48-year-old male who developed polydypsia at 18 years old. Haloperidol and sulpiride were administered to suppress auditory hallucination and delusion. Chlorpromazine, haloperidol, thioridazine, zotepine, and oxypertine were administered, but adverse reactions occurred. Polydipsia occurred at 34 years old when risperidone 2 mg was administered. Olanzapine 20 mg and floropipamide 100 mg were administered at 46 years old. Olanzapine was decreased to 10 mg and aripiprazole 3 mg was also prescribed in order to combat a water intake of 10 to 15 L/day, but without effect. Olanzapine was discontinued and aripiprazole was increased to 6 mg, and one week later the symptom disappeared. Subsequently, polydypsia improved while maintaining a stable neurologic status.

P-01-189

MEASUREMENTS OF ARIPIPRAZOLE AND ITS MAIN METABOLITE IN HUMAN HAIR BY USING GC-MS METHOD

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Aims/Objectives: Therapeutic drug monitoring data is useful for elucidating the time and pattern of drug use. This study is designed to establish a reliable method by using GC-MS to detect aripiprazole in hair.

Methods: In this preliminary study, a new procedure, gas chromatography-mass spectrometry (GC-MS), is developed and validated for detecting aripiprazole and its main metabolite, dehydroaripiprazole, in hair. Total of 12 male psychiatric patients, who have been treated with aripiprazole at fixed dose (10-15 mg/day) for at least one month, were asked to donate 300mg hair after consent form completed. **Results:** The mass spectra results showed that the characteristic ions for aripiprazole and dehydroaripiprazole were *m/z* 306, 292, 218 and 304, 290, 218, respectively. The limits of quantification (LOQs) evaluated in 50 mg of hair were 0.76 ng/mg for aripiprazole and 0.22 ng/mg for dehydroaripiprazole. Other reference parameters including

selectivity, linearity, accuracy, precision and extraction efficiency were acceptable. The mean concentrations in hair of aripiprazole and dehydroaripiprazole walidatiere 61.8 \pm 46.8 ng/mg(Range:17.57-189.71)and 48.58 \pm 38.64 ng/mg(Range:6.37-152.61)respectively. Correlation between concentrations in hair of aripiprazole and dehydroaripiprazole(r = 0.928, P<0.01) is good. The concentration of dehydroaripiprazole in serum correlated significantly with the daily dose(r = 0.827, P=0.01).

Conclusions: This study demonstrated that hair analysis, especially for the psychiatric patients, is a convenient, non-invasive, and validated approach to monitor patients' compliance of aripiprazole prescription.

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COMPARISON OF HYPONATREMIA CASES FOLLOWING TREATMENT WITH SSRI/SNRI AND MIRTAZAPINE

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Abstract Body:

Background/Aims: Hyponatremia (HN) is a recognized and potentially deleterious psychopharmacological side effect, particularly with SSRI and SNRI. Systematic data regarding hyponatremia with mirtazapine (MIR) are lacking.

Methods: Cases of HN (Na+ < 135 mmol/L) in psychiatric inpatients during a 18-month period (July 2005 through December 2006) were identified in a laboratory database. Demographic and treatment data (drugs, doses, combinations) were obtained by a consecutive chart review.

Results: HN occurred in 347 of 7113 patients (4.9%, aged 64.4 ± 16.8 years, 66% female). Of these, 51 (14.7%) received treatment with an SSRI or SNRI and 34 (9.8%) with MIR. There was no significant difference in age (67.2 \pm 14.6 vs. 68.9 \pm 12.6 years for the SSRI/SNRI

and the MIR group, respectively) and gender distribution (74.5% vs. 76.5% female). Also, serum Na+, osmolality, and proportion of cases with clinically significant HN did not differ between the two groups, nor did the number of concomitant medical and psychotropic drugs and the number of comorbid medical diagnoses. Concomitant treatment with other drugs with a risk of HN (such as ACE inhibitors, diuretics, carbamazepine etc.) was compared. Psychiatric inpatients with HN following SSRI/SNRI received significantly more such comedication than those treated with MIR (p = 0.009, Mann-Whitney test).

Conclusions: There was no significant difference between the SSRI/SNRI and the MIR group regarding medical comorbidity, medical and psychotropic comedication, and severity of HN. However, HN following MIR treatment may occur with fewer concomitant risk drugs than following SSRI/SNRI treatment.

P-01-191

ATYPICAL ANTIPSYCHOTICS IN THE TREATMENT OF PSYCHOSIS IN PARKINSON'S DISEASE

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Management of psychosis in Parkinson's disease (PD) is complex and includes elimination of identifiable risk factors, slow reduction of anti-PD medications and/or introduction of an atypical antipsychotic drug. It appears that the prognosis has improved with atypical antipsychotic therapy. The aim of this review is to investigate the latter and results are based on a Medline search for trials involving use of all atypical antipsychotics in psychosis in PD patients.

Clozapine is the best documented atypical antipsychotic shown to be effective against psychosis in PD patients. It improves tremor, does not induce deterioration of motor function, is safe at low doses but has an increased risk of leucopenia/agranulocytosis. Quetiapine seems to be well tolerated and effective although in two placebo controlled trials failed to show efficacy. Many patients are unable to

tolerate risperidone due to deterioration of motor function. Olanzapine -possibly less than risperidone- also causes extrapyramidal side effects without significantly improving psychotic symptoms. Ziprasidone may be effective but has also been reported to induce deterioration of motor function. Preliminary experience with aripiprazole is mixed but not very encouraging. We conclude that based on trial-derived evidence for psychosis in PD, only clozapine with its known limitations- can be fully recommended and quetiapine may be considered. Cholinesterase inhibitors have also, but with no consistent results, been reported to modestly improve psychosis in PD patients without an adverse effect on motor function. Electroconvulsive treatment is reserved for the severely psychotic depressed PD patient who cannot tolerate pharmacotherapy.

DIFFERENCES BETWEEN MEN AND WOMEN IN SIDE EFFECTS OF ATYPICAL ANTIPSYCHOTICS

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Males and females differ with regards to pharmacokinetic and pharmacodynamic factors and women experience adverse effects more frequently for numerous drugs. Sex was the strongest determinant of subjective tolerability of antipsychotics in a recent study (Barbui et al., 2005) and the authors suggested that studies should no longer consider men and women as a homogenous group.

The aim of this review is to investigate whether sex differences exist for susceptibility to adverse effects of second-generation antipsychotics (SGAs). Results are based on a Medline search for controlled trials involving all atypical antipsychotics.

Significantly higher plasma levels in women have been demonstrated for olanzapine and clozapine. There is -although controversial- evidence for more pronounced prolactin levels in females. Clozapine and olanzapine have been linked to greater weight gain with

low pre-treatment body mass index and young age being risk factors for it. Females appear to be at greater risk, finding this effect particularly distressing. Some studies indicate that metabolic syndrome induced by SGAs is more frequent in females. The risk of corrected QT interval prolongation is again higher in females. Lastly, there is conflicting evidence for sex differences in SGAs causing extrapyramidal symptoms.

There is evidence suggesting sex-related variations in side effects of the SGAs. However, data are obtained by posthoc analysis and clinical trials of new therapeutic drugs have been conducted, for the most part, with male participants. Studies with a primary focus on sex differences are required and will help to determine how these differences should influence clinical management.

P-01-193

LONG-ACTING INTRAMUSCULAR RISPERIDONE INJECTION: THREE-YEAR CLINICAL EXPERIENCE

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Long-acting intramuscular risperidone injection (RLAI) is a formulation that combines the benefits of atypical antipsychotics with improvements in compliance associated with depot formulations. We systematically followed-up 33 (24 male and 9 female) -according to DSM-IV- schizophrenic patients (paranoid:20, disorganized:10 and undifferentiated type:3), with average age 39.54 years (26-55) and average duration of illness 14.96 years (5-26), for more than 18 months.

Patients demonstrated a variety of reasons for receiving a long-acting injectable antipsychotic drug, including a history of non-compliance (57%), insufficient control of symptoms with previous atypical antipsychotics (28%), and adverse events with other treatments (15%). 21 (64%) patients were hospitalized when RLAI was initiated. The average dose of RLAI was 50.75mg every two weeks. Antipsychotic, anticholinergic or benzodiazepines coprescription was infrequent.

After more than 18 months of treatment (average duration of follow-up: 25.1 months, SD: 3.9, 18-32) 73% of the patients show significant and sustained clinical improvement in their symptoms over their original condition (CGI and BPRS score). These patients had no relapse or admission during this period despite their history of frequent exacerbations of symptoms and many hospitalizations. Treatment was well tolerated as demonstrated through the adverse event profile.

Long-acting risperidone injection seems to be an important advance in the management of patients requiring continuous antipsychotic therapy for long-term maintenance treatment. It seems to have the potential to extend benefits of assured medication delivery and improved long-term outcomes. Initiating it during inpatient treatment may be an important strategy in improving long-term outcomes among patients with schizophrenia.

IMMUNE REACTIVITY AND AMINOTRANSFERASES SERUM LEVEL DURING ATYPICAL NEUROLEPTICS TREATMENT OF SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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Objective: The investigation of therapeutic efficiency, dynamics of immune parameters and aminotransferases serum level of schizophrenic patients during 6-week therapy atypical neuroleptics.

Methods: We examined 58 schizophrenics (22 patients - quetiapine (Seroquel) treatment, 12 - olanzapine (Zyprexa) treatment, 12 - risperidon (Rispolept) treatment, 12 - amisulprid (Solian) treatment) in two points: first - before the prescription of atypical neuroleptics, second - in 6 weeks of treatment. The psychometric estimation on scales PANSS and CGI was used at clinical examination. We defined the parameters of cellular immunity (phenotyping of surface receptors of immunocompetent cells with using of homogeneous antibodies), humoral immunity (IgG, IgA, IgM, level of circulating immune complexes in blood serum) and serum levels of aspartate (ASAT) and alanine aminotransferases (ALAT) of schizophrenics.

Results: The research has revealed positive changes of psychopathological symptomatology on a scale PANSS: decrease of the total estimation on 25-36 %, a total number of positive symptoms - on 20-41%, negative - on 25-32% and general psychopathological - on 25-36%. In first point of examination of schizophrenics the T-immunodeficiency was determined; authentically high ASAT and ALAT levels were observed in groups of patients treated by olanzapine and quetiapine. Immunomodulatory effect on T-cells immunity after olanzapine and rispolept treatment and immunosuppression effect on T-cells immunity after amisulprid treatment is established. ASAT and ALAT levels reduced up to control indices during of olanzapine and quetiapine treatment.

Conclusion: Atypical neuroleptics render various influence on immune parameters. Dynamics of aminotransferases level which depends on their initial level is marked.

P-01-196

CASE REPORT OF ARIPIPRAZOLE FOR PERSISTENT DEVELOPMENTAL STUTTERING

INSTITUTIONS

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Introduction:

To our knowledge, this is the first published case report regarding the use of aripiprazole for the treatment of stuttering.

Case Report

A 38 y/o Caucasian male presented with the diagnosis of stuttering (DSM-IV 307.0) since the age of 4. He had no prior psychotropic medication treatment for stuttering. The patient's speech was assessed with the Riley Stuttering Severity Instrument-3 (SSI-3) immediately prior to initiation of pharmacotherapy. He was then started on aripiprazole 5mg/day. The patient reported side effects of mild akathisia and early morning awakening, which resolved after the first week on aripiprazole. Two weeks after initiation of aripiprazole, the patient's speech was again assessed with the SSI-3. The patient's total SSI-3 score was reduced from 43 (very severe) to 18 (mild) following treatment, a change of 58%. The percentage of syllables stuttered was reduced by 75%, the duration of the three longest stuttering events

was reduced by 89%, and the physical concomitants score was reduced by 73%. Over the following six months, the patient's aripiprazole dose was gradually increased to 15mg/day. He reported a subjective improvement in speech fluency and a decrease in social anxiety, with good tolerability.

Conclusion:

We postulate that aripiprazole holds promise in the treatment of persistent developmental stuttering. Future double-blind placebo-controlled studies are needed to further evaluate the safety and efficacy of aripiprazole for the treatment of stuttering.

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REHABILITATION OF CHRONIC PSYCHIATRIC PATIENTS AND ITS INFLUENCE IN DEMOSTRATING NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

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The rehabilitation of chronic psychiatric patients has been organized before 4 years in the Special psychiatric hospital.

The goal of research is to establish an evaluation action of applied rehabilitation methods in aim to reduce the intensity, so-called negative symptoms of schizophrenia. We have examined the group of 55 patients during the period of one year, both male and female from the age of 35 to 56, with diagnosis of a residual schizophrenia, which is diagnosed at least 5 years ago.

The following methods of rehabilitation have been applied: stimulation, reeducation, compensation and neurophysical rehabilitation. The effect is examined with scale of CGI and PANSS once a month. It is established the significant stalemate score on negative items of PANSS scale, after already two months of work, with slowly falling by the end of the year. Key words: schizophrenia, stimulation, reeducation, neuropsychological rehabilitation.

P-01-198

INJECTION-RELATED ADVERSE EVENTS OBSERVED WITH OLANZAPINE LONG-ACTING INJECTION

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OBJECTIVE. With any intramuscular product, there is a potential risk of injection site reactions. Another recognized potential risk of intramuscular products is inadvertent intravascular injection, the signs and symptoms of which depend on the formulation and safety profile of the injected medication. During clinical trials of olanzapine long-acting injection (OLAI) in schizophrenia, adverse events were identified that appeared related to intravascular injection of a portion of the dose.

METHODS. Safety data from completed and ongoing trials of OLAI were pooled in order to examine injection site reactions in all patients randomized to OLAI (8 studies, N=1,918) and in a placebo-controlled study (OLAI N=306, placebo N=98). A review of all adverse events possibly related to intravascular injection was also conducted.

RESULTS. Incidence of injection site reactions was 8.4% in all OLAI patients. In the placebo-controlled study, the incidence was 3.6% for OLAI and 0.0% for placebo (p=.073). Incidence of inadvertent intravascular injection was 25 events (in 24 patients) per 34,050 injections (0.07%). The 24 patients presented with symptoms consistent with excessive systemic olanzapine levels (eg, sedation, dizziness, confusion, slurred speech, altered gait, weakness, or unconsciousness). No clinically significant decreases in vital signs were observed. All 24 patients recovered completely with no permanent sequelae after 3-72 hours.

CONCLUSION. Rate of injection site reactions was low, with the majority being of mild severity. Rate of inadvertent intravascular injection was similar to a reported rate of similar events with IM procaine penicillin G. Recommended precautions include proper injection technique and a post-injection observation period.

EFFICACY AND SAFETY OF TRITTICO RETARD (TRAZODONE PROLONGED RELEASE) WHEN ADMINISTERED ACCORDING TO THE PRESCRIBING INFORMATION; POST-MARKETING SURVEILLANCE

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Objectives

To confirm efficacy and tolerability of Trazodone retard form when administered according to the prescribing information.

Methods

Open label multi-center post-marketing surveillance. 242 patients in 19 centers with diagnosis of major depressive disorder with or without anxiety according ICD-10. Subjects were treated with Trazodone retard form as monotherapy over 8-week period. The dosage scheme was:

Day 1 to 3: 50mg Day 4 to 6: 100mg Day 7 to 14: 150mg

After day 14 the dose could be further increased to 300mg if patient did not show signs of improvement according to HAMD score. Average age of od study population was 48,62 years and 68% were women. 61,4% of the patients had their diagnosis already previously established. 95,4% had unipolar disorder while mean illness duration was 4 years and 8 months.

Results

HAMD, HAMA and CGI showed steady improvement over the study period. Average improvement in HAMD score was 63,5% and average improvement in HAMA score 63,9%. Both parameters showed statistically significant improvement already on the first post-baseline assessment on day 14 and remained stable until the end of the study. 54 patients did not show expected response up to the day 14 and were switched to increased dose. Severity of Disease decreased steadily while percentage of responders increased at each study visit.

Safety

52 patients have experienced adverse events, most common being headache, nausea, vertigo and sedation. This was consistent with other clinical studies with Trazodone.

Conclusion

Over the 8-week treatment period Trazodone retard form succeeded to steadily improve the main study parameters while keeping a satisfactory safety profile.

P-01-200

VALPROIC ACID-ASSOCIATED NON-HYPERAMMONEMIC ENCEPHALOPATHY: A CASE REPORT FROM THE PSYCHIATRIC SETTING

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BACKGROUND: Valproic acid is an effective and well tolerated anticonvulsant, also used as a mood stabilizer and augmentation to antipsychotics. However it is associated with several neurological, haematological and other side effects. Among them encephalopathy, with or without hyperammonemia, is a rare but important clinical consideration. There is still no proof of causative effect of VA in patients with encephalopathy, but only an assumed causal relation.

PRESENTATION: We report the case of a 52-year-old, otherwise healthy, male patient who was hospitalised after an attempted suicide in the context of persecutory delusions. One month after admission 1000mg of VA were added as an adjunct to his antipsychotic medication (olanzapine 20mg) on the ground that he remained psy-

chotic and at the same time marginally euphoric. Within less than a week he presented a rapid deterioration of cognitive functioning and impaired conciousness, until he became severely confused, and he remained so for virtually two months, despite the fact that all medication, save for VA, was gradually tapered off. There were no clinical or laboratory findings of hepatic impairment or other somatic disease, serum levels of ammonia were normal, brain lesion was excluded by CT and MRI, and EEG revealed moderate diffuse dysrythmia. The situation resolved dramatically only when VA was discontinued and the patient returned within five days to his prior condition: psychotic, yet with a clear sensorium. One month later our patient was eventually discharged after having remitted under monotherapy with sertindole 16mg.

POSSIBLE ROLES OF BDNF-INDUCED MICROGLIAL INTRACELLULAR CA²+ ELEVATION IN THE PATHOPHYSIOLOGY OF PSYCHIATRIC DISORDERS

INSTITUTIONS

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Microglia are the intrinsic immune cells and release many factors including proinflammatory cytokines, nitric oxide (NO) and neurotrophins after the disturbance in the brain. In addition, elevation of intracellular Ca^{2+} is required for the release of cytokines and NO from activated microglia. There is increasing evidence suggests that pathophysiology of psychiatric disorders, such as schizophrenia, depression or bipolar disorder, is related to the activation of inflammatory responses in the brain. We have recently reported that antipsychotics suppressed the release of NO and cytokines from activated microglia l. Brain-derived neurotrophic factor (BDNF) is a neurotrophin well known for its roles in the pathophysiology of psychiatric disorders. On the other hand, alteration of intracellular Ca^{2+} signaling also underlies the pathophysiology of psychiatric illness. BDNF increases intracellular Ca^{2+} in neurons and astrocytes. However, there have been no prior reports on how BDNF affects

intracellular Ca^{2+} mobilization in microglia. We observed that BDNF induced sustained elevation of intracellular Ca^{2+} , using the fura-2 imaging, in murine microglial cells. BDNF increased intracellular Ca^{2+} through the truncated neurotrophin TrkB receptors, activation of phosholipase C and store-operated calcium entry. We also observed that pretreatment of BDNF suppressed the generation of NO from activated microglia, while BDNF itself did not release NO. Our results suggest that BDNF could regulate the inflammatory responses via the modulation of microglial Ca^{2+} signaling in the brain. Moreover, BDNF-induced microglial Ca^{2+} elevation might have important roles in both pathophysiology and treatment of psychiatric disorders.

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P-01-202

GENERAL PSYCHOMOTOR DEVELOPMENT IN CHILDREN WITH CEREBRAL PALSY IN RELATION TO THE INCIDENCE OFEPILEPSY AND CONSEQUENCES FOR THERAPY

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The Gross Motor Function Measure (GMFM-88) consists of four-points assessment system for every performed activities in lying and rolling up to walking, running and jumping skills, where criteria and conditions are described in details. Points gained are summed, a percentage against desired age level is calculated and it shows the developmental status of the child. This scale may be used to estimate both therapeutic aims and to assess the therapy progress of children with CP.

Aim of the study: to measure GMFM score in relation to incidence of epilepsy.

As research group 90 children were investigated, in whom CP was recognized. The incidence of epilepsy was noted acc. to the medical history of each child. All children were assessed using GMFM. The

estimation used consisted of panel A- lying and rolling, including 17 items, panel B-sitting (20 items), panel C- crawling and kneeling (14 items), panel D- standing (13 items) and panel E- walking, running and jumping (24 items).

Results: Children in whom epilepsy was diagnosed showed slightly higher functional fitness. It seems interesting that epilepsy may decrease intellectual abilities, as well as manual function. It could be suggested that epilepsy is a (exaggerated / non-effective) trial to restore proper communication of neurons in the damaged brain, but this requires further study. It cannot also be excluded that epilepsy was diagnosed when presented to neurologist, but under proper treatment with no attacks its influence on brain is limited. In conclusion children with epilepsy because of motor deficits coexisted to mental problems need complex rehabilitation in all presented areas.

ESZOPICLONE CO-ADMINISTERED WITH ESCITALOPRAM OXALATE FOR INSOMNIA CO-EXISTING WITH GENERALIZED ANXIETY DISORDER (GAD): A SUBGROUP ANALYSIS

INSTITUTIONS

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AUTHORS

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Objective: Results of a study in patients with comorbid insomnia and GAD showed that eszopiclone+escitalopram oxalate (ESZ+EO) co-administration produced greater improvements in sleep and anxiety compared with EO alone. This analysis evaluated whether baseline anxiety and sleep severity impacts the anxiolytic response.

Methods: Patients (18-64 years) met DSM-IV-TR criteria for GAD and insomnia, with screening HAM-A total score \geq 20. All patients received EO 10 mg QHS, and were randomized to ESZ 3 mg (n=294) or placebo (PBO, n=301) QHS for 8 weeks. Changes from baseline to Week 8 in HAM-A total score were analyzed in subgroups based on anxiety (HAM-A ≥median [n=326] or 14 [n=425] and \leq 14 [n=143]) severity.

Results: The median HAM-A total score in both treatment groups

was ~22. In patients with more severe anxiety, ESZ+EO was associated with significantly greater improvements in HAM-A relative to PBO+EO (mean reductions of -14.3 vs -12.5, respectively, p=0.01). Similarly, patients with more severe insomnia administered ESZ+EO had greater improvements in HAM-A versus PBO+EO (-12.5 vs -10.6, respectively; p<0.001). There were no significant differences between treatment arms in patients with less severe anxiety (-9.0 vs -8.5, respectively) or less severe insomnia (-10.6 vs -11.3, respectively). Improvements in SL over the 8 weeks of treatment were observed in all subgroups (p<=0.03).

Conclusions: In this analysis, ESZ+EO co-administration in patients with more severe anxiety and insomnia was associated with significant improvements in anxiety, as measured by HAM-A total score, when compared with EO monotherapy.

P-01-204

ESZOPICLONE CO-ADMINISTERED WITH FLUOXETINE FOR INSOMNIA CO-EXISTING WITH MAJOR DEPRESSIVE DISORDER (MDD): A SUBGROUP ANALYSIS

INSTITUTIONS

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AUTHORS

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Objective: In a study of eszopiclone+fluoxetine in comorbid insomnia and depression, co-therapy produced greater improvements in sleep, including sleep maintenance, and a measure of depression (Hamilton Depression Rating Scale; HAMD17) versus fluoxetine monotherapy. This analysis evaluated whether baseline sleep severity impacts the treatment response.

Methods: Patients met DSM-IV criteria for MDD and insomnia, with screening HAMD17 (excluding sleep items) >14. All patients received fluoxetine QAM, and were randomized to eszopiclone 3mg (n=270) or placebo (n=275) QHS for 8 weeks. Changes in wake time after sleep onset (WASO) and HAMD17 total score were analyzed in subgroups based on total sleep time (TST) >6hours (n=62) or TST \leq 6hours (n=467). Data were analyzed using ANCOVA.

Results: At baseline, WASO was worse in patients with TST≤6hours vs TST>6hours (80min vs 40min, respectively), but HAMD17

total scores were similar (mean 22). Post-treatment, larger improvements with eszopiclone+fluoxetine vs placebo+fluoxetine were generally observed across endpoints. For the TST≤6hour group, there were significant differences between eszopiclone+fluoxetine and placebo+fluoxetine for WASO (average over 8 weeks: medians of 27min vs 43min, p<0.0001) and HAMD17 (mean reductions at Week 8: 13.7 vs 11.5, p=0.004). Similar findings were noted for the TST>6hour group (WASO: 15min for co-therapy vs 35min for monotherapy; HAMD17 reductions: 13.0 vs 11.3, respectively), although the treatment differences were not significant due perhaps to the small sample sizes in this subgroup.

Conclusions: In this analysis, regardless of TST severity, eszopiclone+fluoxetine co-therapy provided significant improvements in sleep maintenance and HAMD17 relative to fluoxetine monotherapy.

IMPACT OF ANTIPSYCHOTICS ON BIOLOGICAL PARAMETERS OF SCHIZOPHRENICS DURING SIX MONTHS OF USE

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Pupose of the study: to see the impact of the different antipsychotics on biological parameters

Methods: 161patients who met DSM-VI-TR criteria of schizophrenia; 59 treated with halopridol. 48 patients with clozapine 45 patients with risperidone and 9 patients on olanzapine for a period of 6 months. the blood glucose, lipid profile, liver enzymes waight gain, waist circomference and EKG were tested at the beginning, 3 and 6 months of treatments. These parameters were compared with 50 healthy control.

Results: Significant increase in fasting blood glucose, blood cholesterol, triglycerides and body weight, other parameters showed non significant increase in schizophrenic than control all these increments were not reaching pathological levels. After 6 months period showed that; blood glucose is gradually increases in those treated

with haloperidol and clozapine but by the end of 6 months this returns back to average level. The blood cholesterol showed significant (p<0.05) rising in all patients while TG increased significantly (p<0.05) only in those treated with clozapine and olanzapine, these changes were persistent till the end of the study (6 months). Comparing each drug , we found that, rise in blood glucose was more in those with haloperidol compared with other drugs (p<0.05) while TG showed the reverse. Blood cholesterol is relatively more in those treated with olanzapine if compared with clozapine or haloperidol. LDH is significantly elevated with clozapine and haloperidol (P<0.05), while HDL is more with risperidone.

Conclusion: From this study we concluded that the changes in studied biological parameters could not be simply attributed to the antipsychotics

P-01-206

EGO FUNCTIONS IN OPIOID DEPENDENT PATIENTS

INSTITUTIONS

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Aims:

- 1. Demonstrate a novel technique of Ego Function Assessment (EFA).
- 2. Compare the Ego Functions of Opioid Dependent (OD) patients to the general patient population.
- 3. Explore the psychotherapeutic role of EFA in the treatment of OD patients.

Methods: Workshop will start with a discussion of ego functions as described by Bellak. Presenter will than illustrate a computer-assisted self-report version of the EFA. Twenty-four OD patients undergoing treatment with buprenorphine in a university outpatient clinic, completed the EFA. The ego functions of OD patients were compared with those of a general outpatient pupation to explore if the OD group exhibited a unique pattern. How their responses were utilized, to explore their specific ego vulnerabilities and how these relate to

their substance use and overall adaptation, will be discussed. Finally the psychotherapeutic utility of EFA will be described.

Conclusion: This computer-assisted self-report assessment of the ego functions was found to be a practical technique of evaluating and addressing specific ego difficulties in OD patients. Initial comparisons with the general outpatient population supports findings previously described in the literature, that OD population has a unique ego function profile. Exploring this profile with patients can be a useful psychotherapeutic device.

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- 2. Juni S, Stack J, Ego Function as a Correlate of Addiction. *The American Journal on Addictions* 2005;14:83-93

TREATMENT OF ORGANIC DELUSIONAL [SCHIZOPHRENIA-LIKE] DISORDER WITH ARIPIPRAZOLE. CASE REPORT

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Aims

Secondary psychotic syndromes were categorized in DSM-II as psychoses associated with organic brain syndromes. The syndromes included in that category were the dementias, deliria, and psychoses associated with other cerebral and systemic conditions.

The term "psychosis" continued to be used for the sake of historic continuity, with the acknowledgment that "many patients for whom these diagnoses are clinically justified are not in fact psychotic. In DSM-IV, psychotic disorder due to a general medical condition (with its available subtypes) has been moved out of the organic group to the phenomenological cluster to which it is related.

Methods

We report a case of a 49 old woman initially presenting with psychotic symptoms, favourably influenced by application of aripriprazole.

Results

The patients problems had begun six months to hospital admission

with symptoms of hallucinations, behavioral disturbances and cognitive symptoms. She was treated initially as a psychiatric outpatient receiving clonazepam, haloperidol, amisulpiride, levomepromazine. During the implemented examination, diagnosis was clarified and the therapy switched to aripriprazole.

Conclusion

The principles of treatment for a secondary psychotic disorder are similar to those for any secondary neuropsychiatric disorder, namely, rapid identification of the etiological agent and treatment of the underlying cause. Antipsychotics medications afford empirical symptomatic treatment for the psychotic symptoms, although secondary psychotic disorders often prove more refractory than idiopathic disorders to such treatment. Patients with primary systemic or cerebral diseases frequently are more vulnerable to the untoward adverse effects of antipsychotic drugs.

P-01-208

ESCITALOPRAM AND QUALITY OF LIFE

INSTITUTIONS

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In the lasst years, the appearance of selective serotonin reuptake inhibitors and specific behavior therapy have offers to the patients, better quality of life (QL) than the treatment with TCA or IMAOs. SSRIs, have became widely used in the treatment of depression and anxiety. This evaluation focuses in the improved tolerability of SSRI and the resulting improved treatment adherence.

"Patients receibing treatment with SSRI are more likely to receive an adecuate dossage that is sufficient to achieve symptom remission and prevent relapse or recurrence than are patients being treated with a TCA". (Baker et all, 2001).

Now we are reporting the result of the evaluation of the Quality of Life of 205 patients with Mood Disorders and Anxiety Disorders who's have receibed treatment with Escitalopram (SSRI), during one year

This study determinates the relation between the use of Escitalopram (SSRI), and the Quality of Life of the patients during the treatment. The Quality of life of patient was evaluated at the beginning, at middle and at the last of the treatment.

Result:

the following scale and form have been applied:

- a) Diagnosis form.
- b) Clinical and Psychiatric examination.
- c) Hamilton Scale (Depression and Anxiety).
- d) G.C.I.
- e) Quality of Life Scale.
- d) SAAS Scale (Social Activity Scale).

Conclusion:

- 1 Escitalopram gave to the patients a Maintain Remission.
- 2 Excellent Recovery of depressive and anxiety symptom.
- 3 Ecelent Compliance. 195 patients concluded the treatment after one year.
- $4\ {\rm Excellent}$ profile of Side Effects.
- 5 The patient fell an excellent Quality of Life.
- $6\ Excellent$ Tolerance. (Light level of Advers Effects: only three patients suffered headache)

STEVENS JOHNSON SYNDROME- TOXIC EPIDERMAL NECROLYSIS INDUCED BY COMBINATION OF LAMOTRIGINE AND VALPROAT

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Introduction: Stevens-Johnson syndrome (SJS) is a rare but life-threatening acute allergic reaction affecting the skin and mucous membranes. Stevens-Johnson syndrome is considered a milder form of Toxic Epidermal Necrolysis (TEN). If affected body surface is 10-30%, this condition is said to be SJS-TEN.

Aims: A case of lamotrigine and valproat induced SJS-TEN is reported

Summary: A 24-year-old woman with psychotic depression arrived at the emergency service with suicidal plans, oral mucosal lesions and generalized rash. Her treatment at admission included lithuril 900mg, valproic acid 1000mg, risperidon 6mg and lamotrigine - which was added two weeks before- 50mg p.o daily. The patient's medications were stopped except antipsychotics and additionally intravenous fluids, antibiotics, antiaggregants, and steroids was gi-

ven. Dermatological symptoms resolved in 10 days. Electroconvulsive therapy was applied. After 25 days, the patient had a sufficient recovery and was discharged.

Conclusion: The present case report supports the clinical evidence that combination of lamotrigine with other psychiatric drugs increases the frequency and severity of skin reactions. Therefore in polypharmacy, lamotrigine should be used more carefully and the treatment should be discontinued if any rash appears.

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P-01-210

THE SYNDROME OF IRREVERSIBLE LITHIUM-EFFECTUATED NEUROTOXICITY

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Lithium has been used widely for the treatment of recurrent manic-depressive illness; however, there are some reports that long-lasting neurological sequelae could be caused by lithium intoxication. The clinical picture of sequelae is cerebellar affection: scanning speech and ataxia.

The following is a case-report of a patient who had been under high dosage lithium treatment for almost 30 years in another hospital - 1500mg lithium maximum - who presented the neurological sequelae.

For the treatment of sequelae, drug treatment is not effective but physiotherapy, speech therapy and general rehabilitation can improve overall performance. This patient had recurrent manic episodes every 3 months and we tried to control this with sodium valprolate and clonazepam, with little success. Since there is no effective drug treatment, and some drugs, especially haloperidol, worsen the symptoms, it is more difficult to control recurrent, severe episodes and their sequelae. The treatment for this case will be discussed.

THREE CASES OF EDEMA DUE TO RISPERIDONE

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Introduction:

The etiology of the edema with risperidone could not be clearly determined in most of the cases in the literature. Some of the previous cases of edema due to risperidone involved risperidone combined with other psychotropic medications. Another mechanisms that could be responsible for edema with risperidone are immunological mechanisms, especially Type I and type IV allergic reactions (1). Edema due to risperidone may occur dose-dependently. As the dose of risperidone used in the treatment increases, the risk of edema was reported to be increased (2).

Cases:

Our report describes facial and periorbital edema with risperidone therapy in three patients that faded away with risperidone discontinuation. The patients were not using any other drug concomitantly with risperidone ruling out the possibility of a drug interaction or additive effect of another drug. In two of three cases C3, C4 and C1

esterase and Ig E levels were within normal limits. Also in our cases, the doses of risperidone were within the recommended therapeutic limits.

Conclusion:

Despite the rare occurrence of edema in patients receiving risperidone treatment, this adverse effect should be taken into account in order to avoid unnecessary complicated laboratory assessments and as it might affect patient compliance with treatment.

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P-01-212

ELECTROCONVULSIVE THERAPY IN INWARD ACUTE PATIENTS

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We have studied electroconvulsive therapy application in a 24 patient psychiatric ward during the period between 2000 and 2007.

In our sample, consistent on 70 electroconvulsive cycles applicated in 53 patients applications, the measured variables were: gender, age, diagnosis, previous processes, previous administration of ECT, duration of the present episode, previous treatment before ECT including drugs used and treatment compliance, average number of ECT applications, response to the administration, treatment at discharge and evidence of the appearance of subsequent psychoorganic deficit.

Average age of patients treated with ECT was 55,81 years, being mostly women (67,14%). Diagnosis in our sample were melancholy, psychotic or non psychotic (41,42%) and maniac depressive

psychosis or schizoaffective psychosis, most frequently in a depressive episode, although also during manic o mixed episodes. Schizophrenic psychosis only takes up a discreet percentage of the sample (11.42%)

Average of applied sessions was 5,52 sessions per patient, obtaining very successful results in most cases (92,86%). Globally, the ECT was well tolerated specially in those cases in which the process that justified ECT were not associated to previous persistent intellectual deficit. From these patients just five of them had post- ECT administration confusional symptoms. We found manic symptoms in five cases.

Electroconvulsive therapy was administrated as prophylactic intervention in several melancholic patients and as maintenance therapy.

MODERN SYSTEM OF REHABILITATION OF PATIENTS WITH NONPSYCHOTIC MENTAL DISORDERS

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Representation about stages of rehabilitation gives division of process into consecutive stages: regenerative treatment, readaptation and rehabilitation literally this word. At the first stage - regenerative treatment - the task will consist in a reduction of semiology, preventive maintenance of the subsequent frustration and complications; at the subsequent stages the task consists in the adaptation of an individual by a life and work, in the rational household and labour device, in creation of a favorable psychological and social microhabitat.

Objective: 112 patients with nonpsychotic mental disorders - 44 men, 68 women.

Methods: a clinical method, psychodiagnostical and psychotherapeutic methods.

Results: During treatment the sequence of 4 stages of influence has been used: 1) dezactualization neurotic semiology; 2) symptomatic psychotherapy; 3) social - psychological correction; 4) fastening

psychoprofilactic skills with the help of psychotherapeutic methods depending on a psychopathological syndrome. In system of complex improvement of patients the psychotherapy is one of the basic means of treatment and preventive maintenance. At a choice of methods of psychotherapy, physiotherapy, medicamentous means features of forms of current of diseases and specificity of work, a somatic condition of the patients, surrounding them micro-and macroenvironment were taken into account.

Conclusions: Realization of the concept of rehabilitation in modern conditions demands formation of a new professional psychiatric paradigm, development and introduction of new organizational forms of rendering of medical aid and adequate change of system of the professional training, participating in rendering assistance by the patient with mental frustration.

P-01-214

THE SYSTEM AT ABILITATION MENTAL DISORDERS

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The role abilitation as new direction in development of public health services is defined first of all that in effect it assumes not restoration of the lost or broken mental or physical functions, and training of the person to methods of the decision of problems arising with health, development of new opportunities and the abilities compensating a pathology, resorting to the help of the expert. The tasks of clinical-psychological abilitation are:

- Prevention of occurrence of disease it's a methods and strategy abilitation which help to warn various types of disorders. Realization of this function promotes preservation of mental, physical and social health.
- 2. Correction of mental disorders on a structure of disease. The purpose of this function therapy of disorders and by that decrease in absolute number of diseases.

3. Readiness for return development. In the widest sense, the purpose of rehabilitation - to help the person to put in full anew into operation, social sphere and a society after frustration or illness has appeared or if there is a physical or intellectual insufficiency. Due to this long-term consequences of any frustration or illness should be or are prevented, or - at chronic, incurable frustration - are softened or shown to a minimum.

If now the system of rehabilitation is widely developed, abilitation it concerns to strategy to a lesser degree, especially it concerns system abilitation mental disorders. This problem demands the further theoretical analysis supported by results of practical scientific researches and technological development medico-psychological and psychophisiological of the plan.

GUIDED IMAGERY IN MUSIC GROUP THERAPY WITH THE PSYCHIATRIC PERSONNEL OF A GENERAL HOSPITAL PSYCHIATRIC WARD

INSTITUTIONS

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- 9. Sarantos Barbagiannis¹
- 10. Theodoros Kostis¹

Aim: State our own experience in group music therapy among colleagues in Piraeus General Hospital, Psychiatric unit, Greece.

Method: Group size was 10 permanent participants' doctors specializing in psychiatry. Therapy duration was 6 months, 75' per session. Frequency: 1 session per week. The technical order of the groups was circular directed by two coordinators. The method used was Guided Imagery in Music by H. Bonny. The first 20 minute of each session include listening to music selected by group members or coordinators.

Results: Music listening functioned as an acceptable element between members in order to express transference or anti- transference feelings. According to a given questionnaire 100% of the mem-

bers stated that Music listening was the basic element of the group, brought musical selection and asked for extension of the time duration of the group. 58% stated that they developed closer relationship with their colleagues and 91% that they improved the level of their self-knowledge. 75% stated that they plan to have psychotherapy in the near future. One female participant decided to get married.

Conclusion: It seems that Guided Imagery in Music (GIM) groups, help in the creation of meaningful relationships between colleagues in working environment. Music functions as a catalyst accelerating the procedures of self-knowledge. GIM groups may constitute as an introductory stage towards Dynamic Psychotherapy of those engaged in Psychiatry. GIM groups can have application on other working environments as well, improving relations among collegues.

P-01-216

GUIDED IMAGERY IN MUSIC. GROUP THERAPY WITH THE PSYCHIATRIC PERSONNEL OF A GENERAL HOSPITAL PSYCHIATRIC WARD

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INFLUENCE OF DIFFERENT FACTORS ON DRUG RESPONSE TO ANTIDEPRESSANTS IN PATIENTS WITH DEPRESSION

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Aims: Standard antidepressant treatment was found to fail in 30-40% of patients with depressions. Multiple complex factors may govern individual drug response and could affect the positive outcome of therapy, resulting in lack of efficacy, often switch to another antidepressant, higher risk of adverse drug reactions (ADRs) and compromised patient compliance. This pilot study follows up the influence of different factors, such as age, gender, comorbidity, concomitant drug treatment and genetic variations on antidepressant efficacy and safety, as well as compliance with therapy.

Methods: Six-month opened prospective study was carried out in a psychiatric office by a team of psychiatrist and clinical pharmacologists. Outpatients with depression were enrolled in order of attendance, according to inclusion criteria. Hamilton Rating Scale for Depression (HRSD) was applied for rating the severity of depression. DNA analysis protocol for genotyping of drug metabolizing enzymes is currently approbated and tested in healthy controls by molecular biologists.

Results: Eighty depressive outpatients (35 male, 45 female) with HRSD ł16 on day first were followed up for antidepressant efficacy, safety and patient compliance. Medication history, potential substance abuse, concomitant drug therapy and ADRs to antidepressants were documented. Analysis of detected drug metabolizing enzymes polymorphisms and their potential role in antidepressant drug response is in process.

Conclusions: Preliminary study results suggest that age, gender, comorbidity, concomitant drug use and genetic variations may have a complex influence on the treatment outcome of depressions and should be considered in optimizing the individual patient drug response.

Keywords: depression, antidepressant treatment, drug response.

P-01-218

ANXIETY AND FUNCTIONING WITH PATIENTS TREATED COGNITIVE- BEHAVIORAL THERAPIES AND BY PSYCHOPHARMACOTHERAPY; COMPARATIVE ANALYSIS

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Aims:We compared 30 of patients with anxiety disorders, treated with cognitive- behavioral psychotherapy(CBT) and psycho pharmacotherapy (Group I) with 30 patients with only psycho pharmacotherapy (group II)

Methods: For 18 months there have been used Beck Anxiety Inventory (BAI), and Global assessment of functioning (GAF) on the beginning, at the end of treatment and 6 months after treatment.

Results:At the beginning of treatment in first group GAF shoved negative correlation in comparison with BAI (-0,62). In second group GAF shoved negative correlation in comparison with BAI (-0,60). After one year of CBT and psycho pharmacotherapy mean value of improvements in first group were BAI 38,2 \pm 12,6, GAF 23,9, and correlation of GAF with BAI was low (-0.28). In second

group mean value of improvements were: BAI 24,1 \pm 13,3 (significantly lower than in first group; p< 0,0001, GAF 13,2 \pm 5,4 (significantly lower than in first group; p< 0,0001, with BAI (-0.56). Six months after therapies all parameters in first group were significantly worsen: BAI 4,5 \pm 2,0, and GAF -6.9 \pm 5.4. At this stage GAF no correlations with BAI (-0,10). Similar worseness of all parameters after 6 months was in second group: BAI 4,2 \pm 2,8, and GAF -5,0 \pm 1,4, but GAF still correlated with BAI (-0,39).

Conclusion: The combined approach of CBT and drugs is better then drugs alone in the treatment anxyeti disorders. GAF is a useful tool for the assessment of the improvement and worsening of anxiety during and after combined theraphy and only with drugs.

INDIVIDUAL AND GROUP CBT, CORRELATION OF LEVEL OF FUNCTIONING WITH LEVEL OF ANXIETY, DEPRESSION AND HOPELESS

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Aims: We analyzed 30 of patients with symptoms of anxiety, depressives and hopelessness, treated with group therapy only (group I), individual therapy only (group II), or combined individual and group cognitive- behavioral therapies (CBT) (group III).

Metods: For 18 months there have been used Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Back Hopelessness Scale (BHS) and Global Assessment of Functioning (GAF) on the beginning, at the end of treatment, and 6 months after treatment.

Results: Average values at the beginning of therapy in group I were: BDI 51,2 \pm 9,8, BAI 46,5 \pm 14,9, BHS 11,5 \pm 7, 4, GAF 49,7 \pm 9,2;

in group II: BDI 40,6 \pm 15,6, BAI 43,3 \pm 14,6, BHS 6,8 \pm 8,0, GAF 48,8 \pm 9,7; in group III: BDI 35,2 \pm 11,7, BAI 35,8 \pm 10,3, BHS 5,3 \pm 5,3, GAF 50,5 \pm 7.9. After 12 months improvements were observed. After 6 months without therapy worseness were observed. In group I through all stages BDI showed significant correlations with GAF: -0,56 before CBT, -52 after CBT, and -0,52 after six months without therapy

Conclusion: Combination group and individual CBT increasing global level functioning in comparison only with group CBT or individual CBT.

P-01-220

THERAPEUTIC DRUG MONITORING OF AMITRIPTYLINE AND CLOMIPRAMINE IN EVERYDAY CLINICAL PRACTICE

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Therapeutic Drug Monitoring (TDM) data regarding recommended therapeutic ranges of serum concentrations of psychotropic medications are often obtained from samples of highly selected individuals, who may not be representative for the average psychiatric patient in everyday clinical practice. Therefore studies under naturalistic conditions are important to clarify the full clinical relevance of TDM. During a 12-month period all TDM-analyses of the tricyclic anti-depressants amitriptyline and clomipramine in an unselected sample of depressive inpatients were retrospectively evaluated to examine the relationship between serum levels and clinical response as well as adverse effects.

In patients with amitriptyline, the mean serum level in responders was significantly higher than in non-responders and was even slightly above the recommended therapeutic range. In patients receiving

clomipramine, responders as well as non-responders had a mean serum level above the recommended range with responders showing a slightly lower level closer to the upper limit of the therapeutic range. Patients with adverse effects had higher serum levels than patients without adverse effects in both medication groups, although only in the clomipramine group this difference reached significance. An association of adverse effects with serum levels exceeding the recommended therapeutic range could not be found.

Our results suggest that therapeutic ranges in naturalistic settings may in some ways differ from those obtained in study settings. In severely ill depressive inpatients a serum level near or even slightly above the upper limit of the recommended therapeutic range may be necessary to reach an adequate clinical response.

THE ROLE OF LONG-ACTING RISPERIDONE ON THERAPEUTICALLY COMPLIANCE OF CHRONIC SCHIZOPHRENIC PATIENTS

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Schizophrenia remains a severe disorder that is associated with a poor outcome in a large subgroup of patients. Major efforts should be made to improve treatment especially in the long-term psychopharmacotherapy. Twelve patients suffering from schizophrenia were on the posthospital treatment with the Long Acting Risperidone (LAR). We followed their clinical improvement by CGI scale. Also we followed therapeutically compliance of the patients, meaning their satisfaction with the therapy and regular coming on the two- week controls. The study lasted for six months. Results: 12 patients, 9 male, 3 female, mean age 32,5 years. We found out the significant improvement at 83,3% of the patients, measured by the

CGI scale. The majority of patients - 58,3%- were given LAR 50 mg on two weeks, than 37,5 mg LAR for 16,6% of the patients, and 25% of patients with 25mg LAR. LAR has been shown a very high percent of therapeutically compliance, meaning subjective satisfaction with the therapy, and regular coming for the two-week controls, when they were receiving the injection of LAR. Such compliance was reported by the 75% of the patients. Only two patients (16,6%) relapsed during the study. These results encourage us to believe that many more patients will benefit from the advantages of the second generation of long acting preparations, which LAR is.

P-01-222

USE OF CLOZAPINE IN ACUTE MANIA

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'Clozapine' a globally well known molecule for schizophrenia (more so, for refractory/ resistant) was used by author Dr. K.S Madhava Rao (formerly H.O.D, Psychiatry, Wenlock medical college hospital) and Dr. Ravish Thunga, now Prof and H.O.D, Kasturba Medical College, Mangalore. Way back in 1995. It was given to 20patients(pilot study) of 'Acute manic excitement' for 7-12 days along with Lithium Carbonate/sodvalproate. Tab Lorazepam at night if need be was used.S.O.S to control excitement and avoided use of any injectable neuroleptics including Haloperidol(WHICH OFTEN CAUSED DISTRESSING EXTRA PYRAMIDAL SIDE EFFECTS)Encouraging results were

presented at ANCIPS Jan 1996(Annual National Conference of Indian Psychiatric Society) at Bangalore, India.

Since then the use of 'clozapine' 50-200mg/day was continued on more than 200 patients so far between age group of 16 to 64 yrs with excellent result as regard to control of excitement/aggression till mood stabilizer like Lithium/ Sodium Valporate take over and totally avoiding inj. haloperidol which causes distressing akathecea, EPS and not cost effective. Detailed results to be depicted on poster.

YALOM'S THERAPEUTIC FACTORS IN THE PSYCHODYNAMIC INPATIENT AND DAY HOSPITAL GROUP PSYCHOTHERAPY

INSTITUTIONS

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Therapeutic factors in group psychotherapy could result with symptomatic, behavioral and personality changes. According to Yalom (1985) therapeutic factors are: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal input, interpersonal output, group cohesiveness, catharsis and existential factors.

In this study we will compare the results of therapeutic factors by Yalom's questionnaire in the psychodinamic inpatient and day hos-

pital group psychotherapy.

The psychotherapeutic programme and the diagnostic categories of patients are similar in both settings - mostly personality disorders, PTSD, affective disorders, and some better functioning psychoses. We expect the results of this study to contribute to better understanding of group process in full and partial hospitalization and to the development of guidelines for the definition of more specific strategies.

P-01-224

OUTCOME IMPROVEMENT AFTER PSYCHOSOCIAL REHABILITATION

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Objectives: Psychosocial rehabilitation addresses issues like low-self esteem, low motivation, social isolation, promoting social inclusion, supporting people in productive and meaningful lives within the community and, ultimately improvement of their general outcome. The authors review data concerning all admissions on the Psychosocial Rehabilitation Service (PRS) in Hospital Magalhäes Lemos (Oporto, Portugal) and considered their impact on two outcome domains (number of admissions and hospital days used). Methods: This retrospective cohort study assessed socio-demographic and clinical characteristics of patients treated in PRS between September 1989 and December 1996. The outcome measures were both the number of inpatient admissions and the length of stay before and after their first admission in the PRS. Statistical analysis was car-

ried out by NCSS 2000. Results: Our sample included 592 subjects (53% male; 47% female), mostly unmarried (69%), with mean age of 39 years old. The most prevalent diagnosis was psychotic disorder (47%), with a 73% male predominance. The second most prevalent diagnosis was depression (22%), followed by neurosis (17%) and personality disorders (8%). The results showed reduction in the number of psychiatric admissions per year (p<0,000) and in the length of stay (p<0,000), after beginning treatment in the PRS. There were also statistical differences when analyzing different diagnosis separately, with the greatest effect in the subgroup of psychotic disorder. Conclusion: We conclude that PRS intervention improves the effectiveness of mental health services, reducing psychiatric admissions and the total number of hospital days.

CHANGES IN COGNITIVE FUNCTION AFTER ZIPRASIDONE TREATMENT

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OBJECTIVE: Cognitive dysfunction constitutes a fundamental feature of schizophrenia. The objective of our study was to evaluate the cognitive enhancing effects of ziprasidone in patients with schizophrenia.

METHODS: This was a prospective, observational, non-comparative, 12-month follow-up study conducted under conditions of usual clinical practice. 30 patients with schizophrenia according to DSM-IV-TR criteria were switched to ziprasidone from their previous antipsychotic medication because of sub-optimal efficacy or intolerability. Efficacy variables included change from baseline in scores on cognitive tests of attention/vigilance, learning/memory, executive function, and verbal fluency. The following cognitive tests were performed at baseline, month 3, month 6 and month 12 (study endpoint): FCSRT -Free and Cued Selective Recall Test-, SDMT -Symbol Digit Modalities Test-, COWAT, STROOP y BPT -Brown-Peterson Task Efficacy was assessed in all patients who had

received at least one dose of study medication, and had at least one post-baseline cognitive assessment (26). The significance of changes versus baseline in scores on the different cognitive tests at the study endpoint was calculated using Student's t test.

RESULTS: Significant improvements were seen at endpoint in all cognitive assessments. After 12 month of treatment with ziprasidone the mean change (SD) in the tests score was: FCSRT Free 0,7(0,8) p=0,0005, Cued 0,5(0,8) p=0,0079; SDMT Total-Mistakes 3,2(4,9) p=0,0025; COWAT P-words 2,1(2,2) p<0,0001 animals 1,9(2,7) p=0,0013; STROOP 3,9(4,9) p=0,0004; BPT 0,5(0,4) p<0,0001.

CONCLUSIONS: These data suggest that ziprasidone has cognitive benefits. Patients requiring a change in antipsychotic therapy may exhibit cognitive improvement following a switch to ziprasidone.

P-01-226

METABOLIC AND CARDIOVASCULAR RISK WITH ANTIPSYCHOTIC TREATMENT IN PEOPLE WITH FIRST EPISODE SCHIZOPHRENIA

INSTITUTIONS

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Background: The prevalence of cardiovascular and metabolic comorbidity in schizophrenia is a significant public health concern, but comparative data with a normal population is rarely available. This adverse effect has been described with several antipsychotics to range between 20%-60%, at least double the prevalence in the general population.

Aims: To investigate the prevalence of metabolic and cardiovascular risk in people with first episode schizophrenia treated with antipsychotics compared to a normal matched population from the community.

Methods: Case-control prospective study of 99 people treated

with antipsychotics in a tertiary care hospital and 51 age-and gender-matched controls. All consecutive patients with first episode schizophrenia at our referral psychiatric hospital were recruited in an extensive prospective randomized, double-blind controlled study which included measures of triglyceride (TGL), high-density lipoproteins (HDL), cholesterol (CHL) and very low density lipoproteins (VLDL) levels and randomized to receive either, haloperidol, olanzapine or risperidone. The prevalence of 10-year cardiovascular risk and metabolic profile changes were calculated and compared with the matched general population.

Results and Conclusion: As this is an ongoing study, the results and conclusion will be the focus of presentation at the conference.

ECT, CLINICAL PRACTICE IN A PORTUGUESE HOSPITAL

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Electroconvulsive Therapy (ECT) is a safe and efficient method used in the treatment of several psychiatric pathologies that has been available for more than 60 years. Despite the advances in psychopharmacology refractory psychiatric illness is still common. As so ECT continues to be one of the available therapeutic alternatives, indicated in the treatment of major depression, schizophrenia and mania, among others. In clinical practice ECT use is variable, not only in different countries, but also between different departments of the same psychiatric institution.

Objectives: Socio-demographic and nosologic study in a population of patients of the Magalhães Lemos Hospital submitted to ECT throughout a period of 24 months. Materials and Methods: Data was

collected by reviewing the clinical records of the patients submitted to ECT between January 2006 and December 2007. The collected data was statistically analyzed with the program Epi-Info, in order to obtain descriptive parameters. Results: In a sample of 57 patients was verified that there isn't a significant predominance of gender, the average age is 48 years, the average number of sessions is 9, and the technique was mainly bilateral. The main indication is Schizophrenia, followed by Major Depression.

Conclusions: The obtained results match the primary indications for ECT usage. The need for long-term follow-up studies of these patients is required.

P-01-228

GROUP OCCUPATIONAL THERAPY INTERVENTION FOR PATIENTS WITH SCHIZOPHRENIA

INSTITUTIONS

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The effects of group occupational therapy on patients with schizophrenia have been empirically observed. However, there have been only a few studies that confirmed its effects with consideration for group characteristics. Therefore, we performed 3 structurally different programs of group occupational therapy and evaluated differences in effects among these programs.

Inpatients with schizophrenia in a psychiatric hospital were allocated into 3 groups: a parallel group performing multiple types of activity, parallel group performing 1 type of activity, and cooperative group performing 1 type of activity. During the 3-month occupational therapy period, each program (2 hours) was performed once a week 12 times. For the measurement of effects, the Assessment of Communication and Interaction Skills (ACIS) and Assessment of Motor and

Process Skills (AMPS) were used. The results of these assessments and general information were comprehensively evaluated. This study was approved by the ethical committee of our institution, and informed consent was obtained from all participants.

Twenty-five patients who fully participated in the program to its end were evaluated as the subjects. The ACIS and AMPS scores changed in the 3 groups, and these changes markedly differed among them. In particular, the cooperative group who performed 1 type of activity showed improvement in many items of the ACIS and AMPS.

Our results showed differences in the effects of group occupational therapy in patients with schizophrenia. To perform effective occupational therapy based on group characteristics, its effects should be further evaluated from other aspects.

IS THERE A MEDICATION ABLE TO IMPROVE COGNITIVE PERFORMANCE IN SCHIZOPHRENIC PATIENTS

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Objective: Schizophrenia is chronic disease characterized by bizarre delusions and hallucinations, but social, occupational functioning and quality of life depend from cognitive symptoms. The aim of our study was to evaluate whether existing antipsychotics can improve cognitive performance.

Methods: A total of 100 female inpatients , mean age 41 years, with schizophrenia, have been followed for twelve months, were randomly assigned to receive either atypical antipsychotics/risperidone, olanzapine, clozapine, quetiapine, amisulpride/or their various combination. The main instruments used were the structured interview according to ICD-10 and DSM IV, PANSS, CGI and battery of neuropsychological test .Evaluation was made at enrollment and 3,6 and 12 months of treatment.

Results: All patients completed sudy, mentioned drugs demonstrated some degree of improvement in various areas of cognitive performance but in most cases mild to moderate. The best effect on

cognitive domains showed combination therapy clozapine/amisulpride in median doses, afterwards clozapine/quetiapine and clozapine/risperidone.

Conclusion: Neurocognitive deficits are a core feature of schizophrenia. New generation antipsychotics may improve and reduce these deficits. In our study better result in improvement cognitive function such as attention, memory, executive function, showed combination therapy especially clozapine/amisulpride, then clozapine/quetiapine and clozapine/risperidone, although their effects were in most cases moderate, but in few significant. Anyway the reality is no mighty medication existing for neurocognitive deficits in schizophrenia.

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P-01-230

MODERATE HYPERVENTILATION PROLONGS ELECTROENCEPHALOGRAM SEIZURE DURATION OF FIRST ELECTROCONVULSIVE THERAPY

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Although it is controversial that seizure duration can influence the efficacy of electroconvulsive therapy (ECT), a missed or brief seizure is considered less effective ECT. Of the background in the practice of ECT, hyperventilation may augment the seizure duration. In order to elucidate these hypotheses, we performed double-blind randomized controlled trial for nineteen patients. They were divided into two groups, according to the end-tidal pressure of carbon dioxide (ETCO₂): the moderate hyperventilation group with ETCO₂ of 30mmHg and the normal ventilation group with ETCO₃ of 40mmHg. ECT was performed under general anesthesia with propofol and suxamethonium. During ECT electroencephalogram (EEG) and electromyogram (EMG) were recorded. The Global Assessment of Functioning (GAF) score were also analyzed prior and

following six sequential ECT. The moderate hyperventilation group showed a significant increase in EEG seizure duration in the first treatment compared with the normal ventilation group (p<0.05). However, EEG seizure duration in the subsequent treatments and EMG seizure duration in all the treatments did not differ between two groups. The moderate hyperventilation did not prevent the increase in seizure threshold or shortening of seizure duration. No complications or sever adverse effects were observed after ECT in any of the six treatments. The GAF score were not significantly changed with moderate hyperventilation. We conclude that moderate hyperventilation is safe and may be useful for seizure augmentation prior to the re-stimulation with higher intensities.

OLANZAPINE INDUCED PANIC ATTACKS IN BIPOLAR DISORDER

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Olanzapine was recently registered as monotherapy in the long-term treatment of bipolar disorder (FDA, 2004). Therefore, in bipolar disorder, information about side-effects other than metabolic problems remains rather limited. To our knowledge, there are no previous reports on olanzapine induced panic attacks in bipolar disorder. We describe here such a case. S. is a 22 year old college female student who presented with elevated mood, grandiosity, insomnia, persecutory delusions and auditory hallucinations. These symptoms had gradually increased in a period of 10 days. As a consequence, she was hospitalised for a manic episode. Olanzapine was started and the dose was increased to 20mg/day. Soon after, she developed tachycardia, an intense fear to die and agoraphobia. Her mood symptoms were well controlled after 3 weeks and she was discharged

with no residual manic symptoms. However, after discharge, she had several emergency admissions for panic attacks. Eventually, she was readmitted with the diagnosis bipolar disorder I with psychotic features in remission, though with an anxiety disorder with panic attacks due to a substance use according to SCID-I assessment. BPRS, HAM-D, YMRS, UPDRS-ME scores were 34, 17, 6 and 4 respectively. In addition, her BMI had increased from 21.33 to 26.66 kg/m² and laboratory measures showed impaired liver parameters.

Conclusion: This is the first case report on olanzapine induced panic attacks in bipolar disorder. Previously, two similar cases were reported in schizophrenia. We would like to draw attention to this potential side-effect of olanzapine in bipolar disorder.

P-01-232

TREATMENT NON COMPLIANCE AMONG OBSESSIVE COMPULSIVE DISORDER PATIENTS IN A NATURALISTIC CLINICAL SETTING

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Obsessive compulsive-disorder (OCD) patients present compliance rates near 80% in clinical trials. However, this rate may not reflect what happens in naturalistic settings due to the strict inclusion criteria used in clinical research and to the methods to avoid drop-outs developed for research purposes that are not replicated in naturalistic settings. The objective of this study was to evaluate rates of non-compliance in a naturalistic clinical setting and the effectiveness of simple measures to avoid drop-outs due to treatment abandonment.

Methods: The rates of non-compliance among patients included in an OCD treatment program with broad inclusion criteria were evaluated. In the first year no measures for drop-out prevention were used. In the second year reduction of consultation intervals and telephone confirmation before consultations were implemented. Chi square test was used to compare frequency of treatment disconti-

nuation between time frames and groups of treatment.

Results: Two hundred fifty four patients were included in the treatment program during the two year period. The total rate of treatment non-compliance in the two year period was 25,3% of the sample that initiated treatment. After the introduction of specific measures to enhance compliance, a significant reduction was observed in the second year when compared to the first in the group that was treated with medication (from 43,7% to 14,6%) and in the group that received group cognitive-behavior psychotherapy (from 28% to 15,9%).

Conclusion: Naturalistic settings may present higher rates of discontinuation than clinical trials but simple measures to prevent discontinuation may improve these rates and make them similar to what is observed in clinical research.

PATTERN OF ANTIPSYCHOTIC USE AMONG MIDDLE AGED PATIENTS WITH PSYCHOTIC DISORDERS

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Aims/Objectives: To determine the pattern of antipsychotic medication use and factors that may affect adherence among middle aged patients attending psychiatry clinics of Ahmadu Bello University Teaching Hospital (ABUTH), Kaduna.

Methods: 160 patients with psychotic symptoms, aged above 45 years were admitted into the study. Socio-demographic questionnaire containing information on Medication was administered. BPRS was used to elicit presence of psychotic symptoms; AIMS and SCAN were used for abnormal involuntary movements and generate ICD-10 diagnosis respectively.

Results: Subjects were between 45-65 years, 70% were married, 61% were female; mean duration of illness was 21±7.5yrs while mean age at onset of illness was 27±10.2yrs. Only 25% of subjects had contact with mental health facility within two weeks of onset of illness, 59% were diagnosed schizophrenia, 96% had combination anti-psychotic medication, Chlorpromazine was most frequently used drug (55%),

and unwanted effect of medication was common, only 1.3% had significant Tardive dyskinesia. Adherence was poor and relapse was high. Main reason for poor adherence was lack of insight.

Conclusion: Neuroleptic medication was the mainstay, Poly pharmacy and use of Benhexol was rampant, Adherence was poor, Extra pyramidal side effects were common but Tardive dyskinesia was uncommon. Poor adherence may be responsible for the low incidence of Tardive dyskinesia and lack of insight was responsible for poor adherence.

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P-01-234

PLASMA HOMOCYSTEINE LEVELS IN PATIENTS WITH SEVERE MAJOR DEPRESSION UNDERGOING ELECTROCONVULSIVE THERAPY - A SHORT-TERM LONGITUDINAL STUDY

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OBJECTIVE: Since major depressive disorders has been linked to elevated plasma homocysteine levels (Bjelland et al. 2003) this study was performed to determine whether homocysteine levels are changed before, during, and after ECT.

METHODS: This short-term longitudinal study was designed as previously described (Agelink et al. 2001) with slight modifications. In brief, a total of 132 serial measurements of plasma homocysteine concentrations were performed on 11 patients suffering from severe major depression meeting DSM-IV criteria during the course of a unilaterally stimulated ECT series. Depressive symptoms were assessed by psychometric testing (Montgomery-Asberg-Depression-scale, MADRS) carried out on the day before the start of the first ECT and 24 hours post first ECT and as well as on the days after the fourth, seventh, and last (tenth) ECT. Pre-ECT and post-ECT

(drawn after 1 and 24 hours) concentrations of plasma homocysteine were compared by multiple testing and paired t-test.

RESULTS: On average, 10.5 (SD 3.4) (range 7-14) ECTs were applied. As expected, MADRS scores reduced significantly (t-test, T=2.7, p=0.031) during ECT (baseline score from 1th to 10th ECT) from 32.0 (SD 9.0) to 19.1 (SD 9.4). At no point during the ECT series there was a significant increase (p=0.38) in the average plasma homocysteine concentrations. The maximal measured pre-ECT (baseline 1th ECT) value of homocysteine was 13.2 μ mol/L (SD 4.4) and 12.4 μ mol/L (SD 3.1) after the 10th ECT.

CONCLUSION: Homocysteine might not play a pathophysiologic role during ECT treatment response in patients with severe major depressive disorders.

LOW DOSE ANTIPSYCHOTIC USE IN SCHIZOPHRENIA-A 2001 and 2004 COMPARATIVE PHARMACO-EPIDEMIOLOGICAL STUDY IN EAST ASIA

INSTITUTIONS

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Aims

Despite data from receptor occupancy studies which support the use of lower antipsychotic doses in schizophrenia, there is scant data documenting such dosing patterns in clinical practice. We aimed to examine the frequency of low dose (defined as mean CPZ mg equivalent doses equal to or below 300) antipsychotic prescriptions in schizophrenia and their clinical correlates in the context of a comparison between studies in 2001 and 2004 within six East Asian countries.

Methods

Low dose antipsychotic prescription for a sample of 2136 patients with schizophrenia from six countries and territories (mainland China, Hong Kong, Korea, Japan, Taiwan, Singapore) were evaluated in 2004 and compared with data obtained for 2399 patients in 2001.

Results

Overall, the comparison between 2001 and 2004 showed a signifi-

cant increase in low dose antipsychotic use from 24.8% to 44.0%. Patients who received low dose antipsychotics were significantly associated with older age, female gender, first admissions, less hallucinations and less disorganized speech. Multivariate regression analyses revealed that prescription of low dose antipsychotics was predicted by older age, first admissions, time period of study, less use of first generation, second generation and depot antipsychotics as well as antipsychotic polytherapy.

Conclusion

Low antipsychotic dosing is not uncommonly prescribed in East Asia. Its association with demographic, clinical and treatment characteristics may denote a group of patients who do not require higher antipsychotic dosing and can benefit from minimal effective antipsychotic dosing in the management of their psychotic illness.

P-01-236

DULOXETINE FOR TREATMENT OF INTERFERON-INDUCED DEPRESSION IN CRONIC HEPATITIS C

INSTITUTIONS

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In addiction to their therapeutic effects, interferon (IFN) commonly cause various side effects. The symptoms of depression induced by IFN therapy are common and can limited the treatment utility, often necessitating discontinuation of IFN therapy of the use of psychofharmacology agents. The literature has reported effectiveness in the use of antidepressants for IFN-induced depression. We reported on a 49-year-old-man who never had suffered from a psychiatric disorder. Diagnoses were made according to DSM-IV criteria, and the severity of depressive symptoms was determined by the Hamilton Depressive Rating Scale score (HDRSS). Duloxetine appeared to be effective in

the treatment of symptoms of major depression induced by IFN.

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RESOCIALIZATION OF PSYCHIATRIC PATIENTS THROUGH DRAMA/THEATRE EXPRESSION

INSTITUTIONS

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This project is meant for psychiatric patients of Special Psychiatric Hospital "Dr Laza Lazarevic" and it scopes various activities with same aim and the same purpose - preparation and realization of adapted theatre plays.

The primary (direct) goal of this project is to repulse and restrict sequences of disease, to reestablish capabilities which have been lost due to illness or to keep those ones which are endangered (tercial prevention), and all that by learning basic life skills that they are lacking.

The secondary (indirect) goal is better integration into more educated society (with more tolerance, less prejudices). Changes that we want to make are provoked thought drama/theatre express, by which we have double gain: individual (fulfilling life experience

and developing creative potentials of individual, which achieves psychological-therapeutic benefit) and social (due to it is a public play, it consider audience which is observing and learning, realizing, reconsidering and changing existing attitude, and therefore decrease prejudice and stigmatization). The positive changes that are noted: better structure of patients free time; control and development of basic life skills (communication skills, constructive conflict solving, stress control, social anxiety reduction); independence and active attitude, in opposite to passive acceptances of illness, with emphasis of healthy parts of personality; development of self esteem and self acceptance with illness - with things that they can and can not do. Indirectly there is also economy gain in sense of shortening hospital treatment, rationalization of sick leave and raising of general life surrounding and working ability.

P-01-238

MAINTENANCE ECT FOR TREATMENT-RESISTANT CATATONIC SCHIZOPHRENIA

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There is controversy regarding the proper place of Electroconvulsivetherapy (ECT) in the management of the schizophrenic patient, especially in the context of the medication-resistant schizophrenia, given the NICE restrictions in 2003. The authors briefly summarize the recovery of a treatment-refractory catatonic schizophrenic patient. After the administration of maintenance ECT (M-ECT), during a 3-year period, combined with neuroleptic medication, the PANNS score reduced 37% (129 to 82). The majority of the proposed criteria

for remission of schizophrenia (Andreasen et~al, 2005) scored ≤ 3 (only two: N4 and N6, social withdrawal and lack of spontaneity, scored 4). The combined treatment is frequently associated with better outcome than either treatment alone and also improves quality of life and functioning in the long term. We conclude that it seems to be needed future systematic research into the practice of ECT for schizophrenia.

LONG-ACTING INJECTABLE RISPERIDONE IN THE DELTOID COMPARED WITH THE GLUTEAL MUSCLE

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Aims/Objectives: To evaluate the bioequivalence, safety and tolerability of long-acting risperidone (LAI) injected into the deltoid muscle (DM) of the upper arm compared with the gluteal muscle (GM) of the buttock.

Methods: Adult patients with stable, chronic schizophrenia were eligible. Study 1 (n=170): randomized, open-label, single-dose, two-way crossover study; risperidone LAI was administered into GM (Panel I: 25 mg; Panel II: 50 mg) and DM (Panel I: 37.5 mg; Panel II: 50 mg) and separated by 85-day washout period. Study 2 (n=53): open-label, multiple-dose study, 4 sequential DM injections of risperidone LAI (37.5 or 50 mg) at 2-week intervals. A 21 gauge (1 inch) needle for DM injection and 20 gauge (2 inch) needle for GM injection were used.

Results: GM and DM administration of risperidone LAI were bioe-

quivalent with respect to peak and total plasma exposure and exhibited dose-proportional pharmacokinetics independent of injection site. Median time-to-peak concentrations and terminal half-lives of active antipsychotic fraction were $\sim\!30$ days with a terminal half-life of 6-8 days. Both administration routes demonstrated a similar tolerability profile including low rates of injection-site pain and reactions. For both trials the majority of these reactions were mild and of limited duration. No patients withdrew due to reasons related to the injection site.

Conclusion: Administration of risperidone LAI into the DM is bioequivalent to GM injection with a similar safety and tolerability profile to that of GM injection. Deltoid administration of risperidone LAI thus provides an additional choice for both physicians and patients.

P-01-240

QUETIAPINE IN THE TREATMENT OF PSYCHOSIS IN JUVENILE PARKINSON'S DISEASE: A CASE REPORT

INSTITUTIONS

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Objective: Parkinson's disease (PD) usually has an onset in later years of life, and has a progressive and chronic course. There are also early-onset and juvenile (JP) types. Motor fluctuations and dyskinesias occur earlier and the incidence of dementia is lower in JP. Psychiatric symptoms such as depression and psychosis are also prevalent. There is a high incidence of positive family history in early-onset PD. This case report aims to emphasize psychiatric comorbidity in PD and address treatment challenges.

Method: A case with JP & psychosis, and the course of the treatment is discussed.

Results: 42 year old female JP patient, in whom PD had developed at age 17. Her two sisters also had early onset PD. The patient was under antiparkinsonian treatment for 25 years and the psychosis developed in the last two years. The neurologic examination revealed bradymimia, hypophonia, dysartria, rigidity, bradykinesia and

postural instability. Besides levodopa 312.5 mg tid, the patient was treated with quetiapine 400 mg bid and PD's motor symptoms and psychosis improved considerably.

Conclusions: Treatment with dopaminergic agents in PD may induce psychotic symptoms. In managing this, decreasing levodopa dosage might not be tolerated and PD symptoms could exacerbate (1). Clozapine and quetiapine seem to be better treatment options in such cases (2).

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EFFECTIVENESS OF LONG-ACTING INJECTABLE RISPERIDONE IN PATIENTS WITH SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER

INSTITUTIONS

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Objective: Relapses in psychotic disorders are mostly due to patients inadherence to daily antipsychotic medication. This adherence is significantly improved when using long- acting medication. This study aims at proving the efficacy of long-acting risperidone.

Methods: Prospective, open-label Patient ages 20-45 years old were administered long-acting risperidone, dosage 25 mg, 37,5 mg and 50 mg every 2 weeks, for 6 months Patients were assessed (BPRS, GAF, CGI, SF-36) before being included into the study group and 6 months after.

Results: 72% of the patients were diagnosed with paranoid schizophrenia, 8% were delirant disorder, 12% were diagnosed as residual schizophrenia, and 8% were schizoaffective disorder. Reasons for study inclusion were: inadherence to treatment (65% of the patients), unresponsiveness to previous antispychotic treatments (20%), other reasons (25%) At baseline 60% of patients were assessed by CGI as severely ill, 38% were moderately and 2% were borderline. CGI- severity of illness improved significantly. GAF score improved

from 10 to 29 in 12% of patients, from 30 to 59 in 76% and from 60 to 90 in 12%. SF-36 significantly improved during the 6 month period. BPRS scores were substantially improved with 20% in 60% of patients.

Conclusions: Efficacy was maintained after switching from orally administered to long acting risperidone. Switching was well tolerated.

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P-01-242

PATIENTS PREFERENCE OF OLANZAPINE ORODISPERSIBLE TABLET COMPARED WITH OLANZAPINE CONVENTIONAL ORAL TABLET IN A MULTINATIONAL, RANDOMIZED, CROSSOVER STUDY

INSTITUTIONS

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OBJECTIVE: Poor adherence to antipsychotics is a major problem in long term treatment of schizophrenia, a relationship between poor adherence and relapse is well documented in the literature. One of the factors that may affect compliance is antipsychotic formulation. The primary objective of the study was to compare patient preference for olanzapine conventional tablet (OCT) with orodispersible tablet (ODT) as measured by a formulation preference question.

METHODS: A 12-week open label, randomized, crossover, multinational study (Turkey, Romania, Israel, Brazil, Mexico) conducted to estimate the proportion of patients preferring OCT over ODT after 6 weeks of treatment with each formulation. Outpatients with stable schizophrenia (CGI-S<4) on OCT monotherapy for at least 1 month before study inclusion were randomized 1:1. Compliance, drug attitude were measured using DAI-10 and MAF scales; tolerability and

safety by AMDP-5 questionnaire and adverse event summary.

RESULTS: From 265 randomized patients, 207 were eligible for the analysis and 175 patients answered the preference question. 106(61%) patients preferred ODT, and 48(27%) preferred OCT (p<0.001 adjusted for treatment sequence); 21(12%) expressed no preference. 90% of patients were rated as almost always compliant on both formulations. The adverse event profiles of ODT and OCT were similar: most common (>1%) adverse events were weight increase, hypertriglyceridaemia, and somnolence.

CONCLUSIONS: Most of the patients who answered the preference question declared to prefer olanzapine orodispersible to conventional formulation. Given the importance of patient's preference as one of the factors for future compliance, olanzapine orodispersible tablet could be a good choice.

EFFICACY OF TRAZODONE IN THE TREATMENT OF DEPRESSION IN ELDERLY PATIENTS

INSTITUTIONS

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OBJECTIVE: The aim was to investigate the efficacy of trazodone treatment of elderly patients suffering from depression.

METHODS: This study included 40 elderly outpatients with depression. Trazodone was administered over 6-week treatment period (150mg/day). The visits were organized at the beginning of treatment, after 2,4 and 6 weeks. Efficacy of trazodone was measured by change in the Montgomery-Asberg Depression Rating Scale (MADRS) total score to each visit. Gathered data were statistically processed.

RESULTS: The mean MADRS total score decreased from 15,3 to 6,2. The percentage of patients in remission (MADRS total score = or <

12) was 78% by Week 6.

CONCLUSION: Trazodone was efficacious in reducing symptoms of depression over 6-week treatment of elderly patients.

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P-01-244

THE EVALUATION OF THE RESULT OF A PSYCHOLOGICAL REHABILITATION PROGRAM IN THE CONTEMPORARY GREEK CONTEX

INSTITUTIONS

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Aims: The aim of the present announcement is to illustrate the evaluation of the process and the result of the implementation of a specific psychosocial rehabilitation program for chronic patients with major mental health problems and serious psychical impediments. This program -named 'Propolis'- is one out of eight main programs which are interconnected with the fourth Acute Mental Health Unit of Psychiatric Hospital of Attica - Dafni, and is located in the centre of Athens. 'Propolis' consists of A: ten community nurses, psychiatrist, psychologist, social worker and other specialists (under part time status, i.e. instructor of psychical education , occupational therapist, e.c.t), B: eighteen clients, ten men and eight women with multiple psychosocial needs (the majority has been given the dia-

gnosis of Schizophrenia and Personality Disorders), and C: specific principles, goals and practices which are based in eight functional axes, such us the psychological axis, psychiatric, social and cognitive skills axis, financial, community oriented axis and so on.

Methods: Data collection emerged from the study of the monthly evaluations which have been made by the specialists and the clients themselves, and include all the functional axes mentioned above.

Results: The illustration of the emerged material refers to six main integrated factors on a six time point continuum after an assimilating process (2001-2006).

ARIPIPRAZOLE TREATMENT OF A PATIENT WITH THE MEIGE'S SYNDROME; A CASE REPORT

INSTITUTIONS

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The Meige's syndrome is characterized by the presence of bilateral, symmetrical, dystonic cramp of face muscles or muscles of middle line of body. Both the etiology and the pathophysiology of Meige's syndrome have been still uncertain.

Previous clinical observations and basic pharmacological studies have suggested that the disorders of basal ganglia function and neurotransmitters' imbalance (dopamine and acetylcholine) can be with reason of pronouncement of symptoms presumably, and the dopaminergic receptors, especially of D1 type, play a crucial role in causing this condition. Based on these assumptions, dopaminergic receptor antagonists have been introduced as medical treatments. Several antipsychotics, however, have been reported as both thera-

peutic drugs and causes of dystonia.

Here, we report a case of a woman with idiopathic Meige's syndrome whose dystonia improved with the use of aripiprazole, which is called a "Dopamine System Stabilizer". Aripiprazole also has been reported as a cause of acute dystonia. In this case, however, it was effective as a treatment drug of Meige's syndrome which should be concerned as another type of chronic (tardive) dystonia. This report suggests that aripiprazole might be useful in the treatment of chronic (tardive) dystonia including Meige's syndrome. We will give a study of the mechanisms of Meige's syndrome, which can be closely related to the dopaminergic systems.

P-01-246

PLASMA LEVELS OF PALIPERIDONE IN A NATURALISTIC SETTING

INSTITUTIONS

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Aims: Paliperidone is a new compound with a special extended release formulation, which was introduced in Germany in 2007. Aim of our examination was to search for a correlation between plasmalevels of the compound and efficacy and tolerability in a naturalistic setting.

Methods: Of all inpatients at the evangelical clinics in Gelsenkirchen with the diagnosis of a paranoid schizophrenia according to ICD-10, who received a pharmacological treatment with paliperidone in 2007, 21 patients (14 female/7 male, mean age 42 +/-14.7years) underwent blood testing for paliperidone-plasma-concentration. Paliperidone / 9-hydroxyrisperidone was detected by a validated method using liquid chromatography/tandem mass spectrometry (LC/ESI-MS/MS) after protein precipitation and dilution. In the linear range of 2 - 200 μg/l (r = 0.9996) the LLOQ was 2 ng/ml and the inter-day-precision at 20 μg/l was 6.6%.

Results: Severity of illness before treatment was overall 4.4 with a range of 1.2 on the CGI. Treatment outcome was 2.3 with a range of 0.9 on the cgi. Side-effects were not observed. The mean paliperidone-dose was 7.7 (+/- 2.7) mg/day, 6 patients received 12 mg daily. Plasma-concentrations of paliperidone were $36.25 + /-20.13 \mu g/l$ for all patients, $54.73 + /-12.84 \mu g/l$ for the 12-mg-group and $28.86 + /-17.76 \mu g/l$ for the 6-mg-group. The correlation between dose and plasma-concentration was 0.59, there were no correlations observed for severity of illness, outcome or side-effects.

Conclusions: In our sample, treatment with paliperidone was safe and effective. We could establish a dose-plasma-level-correlation in a naturalistic setting with a mean plasma concentration for 9-hydroxyrisperidone of $36.25~\mu g/l$.

DELTOID ADMINISTRATION OF LONG-ACTING ANTIPSYCHOTICS: PHYSICIAN AND NURSE ATTITUDES

INSTITUTIONS

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Aims: Adherence to medication in schizophrenia is a challenge, which may be addressed through assured delivery of antipsychotic medication. Research was carried out to assess the attitudes of psychiatry healthcare professionals (HCPs) towards different administration routes and injection sites.

Methods: Pan-European HCP recruitment was conducted by telephone and the survey carried out on-line. Using conjoint analyses (multivariate statistical technique analysing preferences on the basis of combinations of different levels on various attributes), HCP's attitudes to oral versus long-acting injectable antipsychotic medication and long-acting medication in gluteal versus deltoid routes were assessed. Research was carried out by Research International on behalf of Janssen-Cilag.

Results: 891 HCPs were surveyed (78% physicians/specialists; 22%

nurses). 75% of HCPs had over 8 years' experience in psychiatry. From the oral versus long-acting analysis, 50% of respondents would be more likely to prescribe a long-acting agent if the choice of a deltoid in addition to a gluteal injection was available. HCPs believed that one third of patients would more readily accept a long-acting deltoid injection in preference to the oral formulation. From the long-acting versus long-acting prescribing decision analysis, 54% would be more likely to prescribe deltoid injections if the choice of deltoid in addition to gluteal was available. HCPs believed that 60% of patients would accept a deltoid injection in preference to gluteal administration.

Conclusion: For antipsychotic medication, choice of a deltoid administration route, in addition to gluteal, was seen favourably by European psychiatry HCPs and may encourage improved adherence through increased prescription of long-acting medication.

P-01-248

COGNITIVE-BEHAVIOURAL THERAPY AND ANTIDEPRESSANT DRUG TREATMENT IN IRRITABLE BOWEL SYNDROME

INSTITUTIONS

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Objective: To quantify the effects of a combined psychotherapeutic and antidepressant program over the irritable bowel syndrome (IBS) evolution.

Methods: A group of 15 patients, 10 female and 5 male, mean age 42.5, with symptoms like chronic and frequent diarrhea or constipation, accompanied by pain, loss of appetite, abdominal fullness, anxiety and depressive features [1] were diagnosed with IBS. They were evaluated using Hamilton Rating Scale for Anxiety (HAMA), Hamilton Rating Scale for Depression (HAMD), Structured Clinical Interview for Axis I DSM-IV Disorders (SCID-I), every 4 weeks, for 6 months. All patients were included in a combined cognitive-behavioural therapy [2] and selective serotonin reuptake inhibitors (SSRIs) treatment.

Results: The symptoms in patients with IBS decreased under combined treatment from the first 4 weeks (-12.1 points on HAMA, -9.5 on HAMD) and this trend maintained throughout the 3 months

and stabilised at a subclinical level after that. A large proportion of our patients presented associated clinical disorders at the admission (66.6%, n=10) - substance abuse (n=3), depression (n=3), anxiety disorders (n=3), posttraumatic stress disorder (n=1) but only a few (20%, n=3) remained with a psychiatric diagnosis after the 6 months of the study.

Conclusion: Combined CBT and antidepressant drugs therapy improves the prognosis of IBS patients because it decreases both associated psychiatric disorders and alleviates the specific IBS symptoms.

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METABOLIC SYNDROME IN PSYCHOTIC PAIENTS TREATED WITH CLOZAPINE

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Aims/Objectives. The metabolic syndrome is an important risk factor for cardiovascular disease and diabetes mellitus. Treatment with atypical antipsychotics, particularly clozapine and olanzapine, is associated with individual components of the metabolic syndrome, like weight gain, dyslipidemia and hyperglycemia. The aim of the study was to assess the frequency of the metabolic syndrome in patients with psychotic disorders in an inpatient facility who were treated with clozapine for at least one year.

Methods. The presence of the metabolic syndrome was assessed according to the definitions of the World Health Organization 1999, National Cholesterol Education Program 2001 (ATP-III) and International Diabetes Federation 2005 (IDF). A total of 96 inpatients were treated with clozapine for at least one year, of which 73 were included.

Results. Patients (50 male; 23 female) were treated with clozapine for a mean duration of 9,6 years. Metabolic syndrome was found in 25% (WHO), 60% (ATP-III) and 66% (IDF) of the patients and was associated with female gender (p<.05). No association was found between the metabolic syndrome and duration of clozapine treatment. Frequencies of the individual components were 92% for dyslipidemia, 43% for obesity, 36% for hypertension, 18% for impaired fasting glucose and 18% for diabetes mellitus.

Conclusions. Metabolic syndrome is highly prevalent among patients with schizophrenia and other psychotic disorders treated with clozapine over at least one year. Regular monitoring and treatment of the possible health risks associated with the treatment of antipsychotic medication should therefore be part of routine clinical management in psychiatry.

P-01-250

TREATMENT OF DEMENTIA IN PARKINSON'S DISEASE BY NOOTROPIC DRUGS

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Parkinson's disease represents the affection of extrapyramidal system, caused by degeneration of dopaminergic neurons of *Substantia nigra* and lack of dopamine in *Corpus striatum*. Dominant neurological symptoms are tremor, rigor, bradykinesia and postural instability. Most commonly found psychic symptoms refer to depression and dementia.

This study was conducted at neuropsychiatric ward of Military Hospital, Nis, during 2007. It included all patients diagnosed with Parkinson's disease, who also had symptoms of dementia caused by this disease. Cognitive impairment was treated by standardized remedy of Ginco biloba or selegilin. Assessment of cognitive functioning was made by MMSE scale. Patients were divided into groups

according to their age (up to 60. and older than 60 years), basic therapy and degree of cognitive impairment at the base line. Follow - up period was one year.

Results of the study show that older patients, treated with levodopa, before therapy had mild to moderate cognitive impairment, regarding their ability of calculation, memory and orientation. Younger patients did not have cognitive impairment, or it was negligible. One - year follow up period shows that symptoms of cognitive deficit did not progrediate during the period of medication; both drugs showed same effects.

CLINICAL RESPONSE AND TOLERABILITY OF LONG-ACTING INJECTABLE RISPERIDONE IN THE TREATMENT OF SCHIZOPHRENIC PATIENTS RESISTANT TO FIRST-GENERATION DEPOT NEUROLEPTICS

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Aim: Incomplete adherence to oral treatment limits the effectiveness of antipsychotic treatment, requiring as a result the prescription of depot formulations. Long-acting risperidone (RLAI) is effective for short- and long-term treatment of psychotic disorders.

Aim of this study was to evaluate the clinical response and tolerability of RLAI in the treatment of schizophrenic patients resistant or intolerant of conventional depot neuroleptics.

Methods: the study involved 30 outpatients, affected by schizophrenia (mean illness duration: 25 years \pm 13.5 SD) who had been resistant to or intolerant of conventional neuroleptics. The patients were prescribed RLAI for 6 months at variable doses of 25-37.5-50 mg/2 weeks. Patients were switched directly from previous depot neuroleptics. Clinical outcome was assessed using PANSS, CGI, BPRS. All adverse events were recorded.

Results: Patients have been successfully switched from previous conventional depot neuroleptics without an oral supplementation. Early drop-out was observed on 36% of patients and a previous condition of intolerance of conventional depot neuroleptics was significantly correlated with discontinuation of RLAI treatment for adverse events (p<0.01). Most of the patients (64%) were maintained on 37.5 mg/2 weeks of RLAI throughout the treatment period. At study end, 45% of the patients met the criterion for clinical improvement (\geq 20% PANSS score reduction). BPRS and PANSS total scores showed a significant improvement over the length of the study (p<0.001).

Conclusions: RLAI was effective in patients with chronic schizophrenia who had been resistant to or intolerant of depot conventional neuroleptics. Discontinuation rate was higher for patients previously intolerant of conventional neuroleptics.

P-01-252

VICTIMS OF MOBBING-THERAPY AND REHABILITATION

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Beside the conventional victim we can recognize that mobbed is a victim too in some way and working place and environment is damaged. Men have organize tree types of therapy and rehabilitation:

Therapy and rehabilitation of conventional victim. Therapist is psychiatrist and psychotherapist, which use medical therapy, psychotherapy and social rehabilitation. Therapy and rehabilitation of working place Therapist is family systemic psychotherapist and social worker who correct relationships and communications between colleagues. Healthy and warm environment is not good ground for development of mobbing.

Therapy and rehabilitation of mobber. Therapist is psychiatrist, psychotherapist and social worker, which use different psychotherapy methods. Mobber is victim because he or she is victim of his/her impotency or weakness. They have serious psychological problem what requires therapy. Without this problem they wouldn't be aggressive and mobbed. They are usually leaders and have god-working qualifications and they have significant influence in business issue. Beside scourge they must go through process of therapy and rehabilitation. They will return to working place as better person so he or she will be able to work on better and healthy way.

THE MANIFESTATION OF "PARENTIFIED TYPE" OF SEXUAL OFFENDER IN GROUP THERAPY

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The researcher uses the method of group therapy to carry on 24 times therapeutic sessions to different types of sexual offenders .Among the sexual offenders members, the "parentified type" of sexual offenders display strongly changing motivations and participating willingness in the group screening session. During the group therapy sessions, they display actions of flattering the leader and difficulty in refusing other's request. These interpersonal patterns which hope to receive commendations and affirmations from others caused the manifestation of "parentified" sexual offender in group therapy is extremely different to other type of sexual offenders.

Bedsides, the reason for this type of sexual offenders committing the crime is related to the pressure issue. However, high-risk situations

that easily cause them to commit the crime includes: (1) when they are being looked down upon by others; (2) when they have tried but still can not succeed; and (3) when the situation got out of control.

In the leading process, if the group leaders can identify the interpersonal pattern of "parentified type" of sexual offenders, control the origin of the pressure and high-risk situations of committing crimes , also remind these members to avoid setting a high expectation of themselves and taking up too many responsibilities and pressures as these are important process of preventing committing crimes.

P-01-254

ASSOCIATION BETWEEN MEMANTINE AND GALANTAMINE AS A TREATMENT OF ADDITION FOR ALZHEIMER'S DISEASE

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At the conclusion of this session, the participant should be able to demonstrate with use the association memantine - galatamine in neurocognitive

disorder: Alzheimer's disease, improve cognition, behavioural symptoms, and the general state recognized as neurocognitive disorder.

Objective: The efficacy, safety, and tolerability of nootropic cholinergic agent: GALANTAMINE (with a dual mechanism of action on the cholinergic a system) and moderate affinity NMDA- receptor antagonist: MEMANTINE, were assessed taking into account the profile of patients with neurocognitive disorder: Alzheimer's disease, from the clinical aspects and the different classifications.

Methods: The experience included 188 patients who were enrolled in a prospective, observational, multicenter, and open-label study to

receive 16 mg/day of galantamine and 30 mg/day of memantine for 12 months of treatment of addition.

Results: The therapeutic response was measured using the Mini Mental State Examination (MMSE), Clinical Dementia Rating (CDR), Alzheimer's Disease Assessment Scale (ADAS-GOG) the Clinical Global Impression Scale (CGI) and the UKU scale of adverse effects taking into account the efficacy, safety and adverse events of the treatment.

Conclusion: The final results of the study showed that galantamine with addition memantine improves cognition, behavioural symptoms, and the general well-being of patients with cognitive impairment: Alzheimer's disease. The incidence of adverse events was not significant and a very good profile of tolerability and safety was observed.

CHILD AND ADOLESCENT PSYCHIATRY

P-01-255

SURVEY ON EMOTIONAL AND BEHAVIORAL SYMPTOMS OF MIGRATION ALBANIAN CHILDREN

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Aim The detection of children with difficulties in emotions, concentration, behavior, peer relations in a new rural area of Tirana.

Method Data were collected using SDQ that was completed by children of 10 to 14 years old as well as from their teachers. The number of completed interviews was 269. SDQ includes 25 items, generating scores for Conduct Problems, Inattention-Hyperactivity, Emotional Symptoms, Peer Problems, and Prosocial Behavior. The statistical analysis is completed using SPSS 10.0 for windows.

Results The samples' mean age was 11.2 years. Approximately 19% of children had emotional and behavioral difficulties, 28% had peer relations problems. About 70% of these children had an impact on their functioning. Children that resulted with difficulties in emotions, concetration, behavior or peer relations varied by sex, age and

socioeconomic status.

Conclusions It is the first research done on migration albanian children which takes out data from a sensitive instrument used in many countries. These data show severe difficulties in emotional, concentration, behavior and peer relations in a significant number of Bathore's school children. Mental health service it is not available to these children with definite or severe difficulties. The study demonstrates a necessity of intervention in this rural Bathore's area, by developing a mental health service for children and adolescents, supporting them to achieve their potential and become contributing members of albanian society.

References: Goodman, R.,& al. (2000b); Meltzer, H., & al (2000);WHO (World Health Organization 1994).

P-01-256

INTERACTIVE COMMUNICATION IN VERBAL AND NON-VERBAL AUTISTIC CHILDREN

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The interactive use of any form of communication is one of the critic aspects of the adaptation of children with autistic disorders. The subjects of this study were 20 autistic children (ages 2.10 to 10.6 y) divided in two groups, 10 verbal children and 10 non-verbal children, according to the psychiatry's report. All subjects were videorecorded during 30 minutes sessions of play-interaction with their mothers and none of them had speech-language therapy prior to this research. Data were analyzed according to the aspects of number of communicative acts per minute, communicative functions and communicative means expressed.

Results show that in both groups the children occupy close to 40% of the communicative space, with more individual variation in the non-verbal group. The number of communicative acts expressed per

minute show a clear difference between the groups, with the non-verbal children presenting far less communicative acts than verbal children. The analysis of the use of the different communicative means show that in both groups the gestual mean was the most frequent.

Interactive communicative functions were absent in two on the verbal and in four of the non-verbal children. It may be concluded that the determination of the functional communicative profile conducted in this study confirmed this children's difficulties in the assessed areas and that these difficulties sometimes determine their performance. The largest individual variations in the non-verbal group demands other researches comparing different groups of subjects of the autistic spectrum.

THE PREVALENCE OF PSYCHOLOGICAL PROBLEMS & RELATED FACTORS AMONG SCHOOL CHILDREN IN SARI, IRAN

INSTITUTIONS

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An essential component of sound public policy is awareness of the prevalence of behavioral & emotional problems among children.

The aim of study was to determine the prevalence and elated factors of psychiatric disturbances, health problems and habits, among school 926 children of primary school children (in rural and urban schools) were selected by stratified randomized sampling. The Rutter's parent and teacher scales were used. Teachers' & parents, estimation of the prevalence rates were 24.9% & 15.9%. The most prevalent disorder was attention deficiency 13.3% & 11.1% and the lowest was Antisocial behavior 1.6% and 0.4%, on parent and teachers reports, respectively.

Although the results showed 7.5%, 13.1% of the boys and 5.8%,

11.8% of the girls were deviant on parent and teacher reports, no significant differences found.

There were significant relation between behavioral-emotional disturbance on the Rutter's parent reports and somatic compliant (χ^2 =16.40, df=2, p<0.001), sleep problems (χ^2 =12.74, df=4, p<0.001), and with that children were abused by parents F<0.001.

Conclusion: The prevalence of emotional & behavioral problems among the school children was different from other countries according to type of psychiatric problems. As well as close cooperation between school teachers, parents and health care provider is essential to ensure physical and mental healthy development of children.

P-01-258

FACTORS AFFECTING THE COPING STRATEGIES OF TURKISH MOTHERS OF CHILDREN WITH ATTENTION DEFICIT AND HYPERACTIVITY

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Objective: Children with behavioral disorders give rise to psychosocial stressors for the parents (1,2). The purpose of this study was to examine the factors affecting coping strategies of the mothers of children with attention deficit and hyperactivity disorders.

Method: The study was carried out in the Department of Child Psychiatry, Ege University, between December 2006 and February 2007. The sample consisted of 107 mothers, selected by basic random sampling method. The data was collected by Introductory Information Form and The Coping Strategy Indicator (CSI) and analyzed by variance analysis and t test.

Results: The mean scores of CSI are as follows: problem solving 16.85 ± 4.06 , seeking for social support 19.73 ± 4.73 and avoidance 14.41 ± 2.57 . It has been calculated that there is a significant difference between CSI mean scores of mothers and the age of the children, perception of the relationship with the children and the family of the

mothers (p<0.05).

Conclusion: Mothers utilize problem solving, seeking social support and avoidance approaches at low levels. Mothers use problem solving and emotion focused approaches together to cope with stress. Their coping strategies show significant differences with the age and relations with children and the family. This suggests that mothers are well informed to cope effectively with the problems.

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INVESTIGATION OF EDUCATION AND EFFECTIVE FACTORS ON EDUCATION ABOUT CHILD ABUSE AND NEGLECT TOWARD MOTHERS

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Objective: This study was planned to investigation of education and effective factors on education about child abuse and neglect toward mothers.

Method: This semi-experimental study has been conducted with mothers of the children who were treated (n=50) in Turkey Izmir Dr. Behçet Uz Children Hospital between February 2006-April 2006. Data was collected by two forms. The first one was the descriptive form, the second one was the knowledge form which was to aim to respect of mothers' knowledge about child abuse and neglect, developed by researchers in line with the related literature (1,2).

Results: The pre education point mean 19.20±2.32, the post education point mean 20.44±2.04 was found. This point difference was found statistically significant. While sociodemographic characteristics like age, marital status, income, working status, family structure were not found significantly, mothers' having more than three chil-

dren point difference was found statistical significant. Mothers' point difference was not found significant according to history of violence from others, violence from husband and opinions of violence for education was not found significant. Mothers' point difference was found significant according to get child without plan and status of couple relationship.

Conclusion: Education toward mothers about child abuse and neglect was found effective. Using education to different sociodemographic characteristics and the bigger sample with evaluation attitudes were advised.

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P-01-260

STUDY OF THE FACTORS AFFECTING THE QUALITY OF THE LIFE OF TURKISH PARENTS HAVING AUTISTIC CHILDREN

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Objective: To have an autistic child presents many obstacles and responsibilities to the parents. This study was carried out to determine the factors that affect the quality of the life of the parents who have autistic children.

Method: The study was carried out in the 5 Special Education and Rehabilitation Centres located in Izmir, Turkey, between the dates December 2006 and February 2007. The research sample consisted of 126 parents. The data was collected by Introductory Information Form and WHOQOL-BREF Life Quality Scale (1,2). Percentage distribution, ANOVA and t test were used to analyze the data.

Results: There was a significant difference between marital status (t=1.09, p<0.05), children's aggressive behavior tendencies (t=-1.21, p<0.01) and WHOQOL-BREF physical field mean score of parents.

There was a significant difference between children's aggressive behavior tendencies and WHOQOL-BREF social field mean score of parents (t=-1.03, p<0.05).

Conclusion: According to these findings, it has been determined that the quality of the life of parents, who are bachelor and also whose children shows aggressive behavior, is to be lower in physical and social fields.

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THE EVALUATION OF DEPRESSION, SOCIAL ANXIETY, ALEXITHYMIA IN CHILDREN AND ADOLESCENT WITH CHRONIC RENAL FAILURE

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Aims/Objectives: A number of studies have identified the effects of end stage renal failure on growth and psychological state for children on dialysis. Contribute further to the understanding of psychosocial outcome of children and adolescent with end-stage renal disease.

Methods: The sample was consisted of 100 children, ages 11 to 18 years chronic renal failure and adolescent consecutively admitted to the Ege University Hospital Child Nephrology Department. Four instruments were used to explore the presence of probable depression and alexithymia, social anxiety of the patients: Children's Depression Inventory, Social Anxiety Scale for Children-Revised, Toronto Alexithymia, Child Behaviour Checklist /4-18.

Results: In the research group there were 47 (54.7%) girls and 39 (45.3%) boys and their mean age was 15.03 ± 3.4 years. 81.4% child and adolescent were alexithymic (47.7%) or suspicious alexithymic (47.7%). The mean Alexithymia scale score of the study group was

69.7±10.0. The depression scores were increased with alexithymic child and adolescent. There was positive correlations between depression and social anxiety in child and adolescent (p=0.004, r=0.390). The boys and the girls had significantly different scores on the problem behaviours subunits of the Youth Self Report; somatic complaints, anxious-depressed.

Conclusion: This study demonstrated that, the children and adolescent with chronic renal failure demonstrated more anxiety, and alexithymic problems. In addition to psychopharmacologic treatment, psychotherapeutic approaches should have an important place in the treatment of this disorder.

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P-01-262

MENTAL DISORDERS OF CHILDREN AND ADOLESCENTS - THE VICTIMS OF SEXUAL ABUSE

INSTITUTIONS

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The aim of investigation - is the determination of clinical and age features of mental disorders of children and adolescents - the victims of sexual abuse.

Materials and methods: 90 children and adolescents - the victims of sexual abuse were examined: 46 (51,11%) were the children till 14 years old and 44 (48,89%) were adolescents 14-18 years old. The mean age of the patients composed 13,2 years old.

Results. An investigation showed that in 84% of victims with sexual trauma the acute reactions on stress of various severity and duration were developed. In 36% there were shock and subshock reactions with distinctive structural and dynamic features and phase currency. Posttraumatic stress disorder was marked in 14% of adolescents, girls principally. The disorder had prolonged and undulate current with aggravation in consecutive and judicial situation. In 34% ado-

lescent age victims (female only) short depressive reaction with 1 month duration was developed: astheno-depressive, restless-depressive and dysphoria variants. Prolonged depressive reaction with 3-6 months duration accompanied by the aggravation of the state in consecutive situation developed in 24% adolescent age females. 16% of the children of 9-13 years old had phobias and restless disorders. Mixed emotion and behaviour disorder with elevated irritability, irascibility, defiant behaviour with auto and getero aggression had 12% of children (male and female parity). Hereby, the child sexual abuse is referred to the very hard psychological traumas with negative consequences from light transit psycho-emotional changes to posttraumatic stress disorders with auto aggressive trends. Children and adolescent age psychogenic disorders are characterized with neurotic level of depressive stations and obliterate psychopathological manifestation.

ADHD CONTRIBUTES TO THE DYSFUNCTIONAL CONTEXTUAL UNDERSTANDING OF THE EMOTIONAL FACIAL EXPRESSION

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Objectives

Children with ADHD are at a greater risk for social dysfunction and interpersonal impairment than children without the disorder. The children with ADHD show deficits in recognizing the facial expressions, which cause misinterpretation of social cue. The purpose of this study was to examine whether the diagnosis of ADHD contributes to the dysfunctional contextual understanding of the emotional facial expression.

Methods

We assessed seventy nine children with ADHD and forty eight controls in this study. Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version-Korean version (K-SADS-PL-K) were used to diagnose ADHD. They also performed the Emotional Recognition Test - Revised (ERT). ERT consists of 54 computer-administered items that form a total score and subscales.

Stepwise linear regression analysis was performed to test whether the diagnosis of ADHD contributes to the dysfunctional contextual understanding of the emotional facial expression. Age, gender, verbal IQ, performance IQ and total IQ were put as independent variables, and the results of emotion recognition test was put as dependent variable. The analysis was performed using SPSS version 13.0. The level of statistical significance was set at P<0.05.

Results

After controlling for the effects of age, gender distribution and IQ, the diagnosis of ADHD significantly contributes to the score of the emotional recognition test (effect size= 12.7%, P<0.01).

Conclusion

Patients with ADHD were less accurate in contextual understanding of the emotional facial expression than control subjects.

P-01-264

MULTISYSTEMIC TREATMENT FOR DISRUPTIVE DISORDERS IN CHILDREN AND ADOLESCENTS

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Aims/Objectives: To analyse the efficacy and the response predictors of a Multisystemic Treatment for Disruptive Behavior Disorders in childhood and adolescence. Methods: 41 subjects 24 DOP and 17 DC were subjected to Multisystemic Treatment (cognitive-behavioural psychotherapy, academic activities, parent-training and social intervention) for 6 months. CBCL, MOAS, CGI-S and CGI-I were administrated before treatment (T0), and after 6 months (T1). A subjet was considered Responder (R) to treatment if CGI-I score was 1 or 2, plus MOAS total score decreased of 40%. If a subject not satisfied all criteria, the treatment was repeated for 6 months too (T2). Different t-test and X² analysis were used. Results: 3 subjects were drop-out. After 6 months, 11 subjects were R: CBCL score showed significant decreased in Total Externalizing, Attention Problems, Aggressive Behaviors, and a significant improvement in

Social Competence. After 12 months, 21 subjects were R: MOAS significantly decreased in all subscale. To analized the response predictors, we examined the subscale scores retrospectively: the CBCL Total, Total Internalizing and Thought Problems at the T0 were significantly lower in subjects R after 6 months than in notR; the MOAS Clastic and Eterodirected Aggressivity subscale remained higher, after 6 months, in subject that were notR after 12 months. DOP was significantly correlated with a later response (12 months). Conclusion: Multisystemic Treatment results effective in reducing aggressive behaviours, conduct problems and psychological impairment in our sample. The treatment act in different way in DC or in DOP, and also DC present two patterns of responce.

PSYCHIATRIC EMERGENCIES IN DEVELOPMENTAL AGE: A DESCRIPTIVE STUDY

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Aims/Object: To describe the clinical caracteristics of a sample of child and/or adolescent inpatients urgency hospitalised.

Metods: 281 consecutive patients, matched in 3 groups by the clinical presentation of the acute symptoms: Externalizing Problems (auto and eterodirected aggressivity, clastics behaviours), Internalizing Problems (withdrall, catatonia), and Psicotic syntoms. For each group, epidemiological and clinical features are examinated: age, sex, socioeconomic status, Axis I and II diagnosis. Diagnosis is due by clinical observation and by the semi structured interview

K-SADS-PL. Each patients is also valutated by CBCL, C-GAS, use of pharmacological therapy.

Results: 45,3% of sample shows Internalizing Problems. 16.3% of patients has not a psychiatric diagnosis before the hospitalization, so the acute symptomatology represent the clinical presentation of psychiatric pathology. 89,3% of sample don't need a second hospitalization in the 12 months later. Conclusion: This study give us many important information about clinical characteristics and management of a particular kind of psychiatric patient.

P-01-266 PARENTS SEE LATER

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In the Center for the social work in Podgorica, in September of the 2005, was formed multicastigatory operational team for protection the children from the violence and neglect.

The team is composed of the professionals from the Center for the social work-a social operative, a pedagogue, a prosecutor, a judge for the minors, an inspector of the Police Department also for minors, and as circumstances require representatives of the other services. The members of the team operate according their professional power of attorney.

Multicastigatory operational team for the protection of the children

from violence and neglect within the Center for the social work-Podgorica IN 2007 continued the work with 62 children from 25 families, in which had been evidenced the suspicion of the neglect and maltreatment of the children. During the year 2007 is denounced the suspicion of the serious form of maltreatment and neglect 25 children from 17 families.

In the thesis mentioned the authors discuss about attitude from the part of the parent considerate to child who was brow-beat out of the family, and they also mention the reasons for delay of announcement, and dilemmas of the testimony in court.

TEAK OF THE SOFT PALATE- CASE REPORT

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Nikola, 12,6 years old , student of the sixth class of the elementary school in Podgorica. A month ago (October 2997), before his visit to the doctor he noticed that he was hearing one strange sound (noise) like "cipcipcip" which was strengthening during the day, and that sound was noticed by the other members of family when they were around

The sound occurs by night too. Intensity of the occurrence is going to strength during the daily activities. That strange noise handicap him in execution of the daily function.

In the thesis the authors explain diagnosistical and therapeutical methods, as in the purpose of the finding diagnosis of the unusual teak, and also in the purpose of the treatment.

P-01-268

EFFECTIVENESS AND TOLERABILITY OF ATOMOXETINE IN A REAL-WORLD ADHD POPULATION

INSTITUTIONS

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AUTHORS

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Objective: To evaluate the effectiveness of atomoxetine in a real-world Attention Deficit Hyperactivity Disorder (ADHD) population. Recently, the issue has been raised that atomoxetine may not be as effective as stimulants for ADHD.

Methods: A retrospective chart review of two nonrandomized groups in one clinic: Patients treated with atomoxetine (n=85) and patients treated with stimulants (n=81). Consecutively evaluated outpatients, between the ages of 5 and 18, diagnosed with ADHD, with or without other conditions, were included. Diagnoses were made with the Mini International Neuropsychiatric Interview and the Child/Adolescent Symptom Inventory. A Global Assessment of Functioning scale (GAF) was performed at all visits, which occurred every two to three months. After maximum one year of treatment, a Clinical Global Impression - Improvement scale (CGI) was substracted from clinic notes.

Results: There were no significant differences in age, gender, comorbidity, GAF at baseline, GAF at endpoint, or in CGI at endpoint, between the two groups. All patients showed mild improvement, as measured by the CGI, while staying on the same medication for approximately 6 months. Even though more patients on atomoxetine showed side effects, there was a trend for patients to stay on it longer. Average doses and side effect profiles were similar to previous research reports.

Conclusion: Taking into account the limitations of a retrospective chart review in nonrandomized samples, it appears that patients with ADHD benefit as well from atomoxetine as from stimulants.

Cascade E et al.: Strattera: Ups, downs, and emerging uses. Psychiatry2007, 4:23-25.

QUALITY OF LIFE IN PATIENTS TREATED FOR ADHD WITH ATOMOXETINE OR STIMULANTS

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Objective: To evaluate improvement in quality of life in a real-world ADHD population treated with atomoxetine or stimulants. No direct comparisons between atomoxetine and stimulants to improve quality of life in ADHD are available.

Methods: A prospective, nonrandomized comparison between ADHD patients treated with atomoxetine or stimulants in one clinic. Patients were diagnosed with the Mini International Neuropsychiatric Interview and the Child/Adolescent Symptom Inventory. Quality of life was measured with the Health And Life Functioning Scale (HALFS), a 10 item parent rating scale, measuring functioning in health-, academic-, leisure-, family-, and social-related areas. The Global Assessment of Functioning scale (GAF) was used as well. The Sheehan Disability Scale was used to measure parents' level of functioning.

Results: A total of 84 patients (atomoxetine n=39 / stimulants n=45),

with an average age of 11.1+/-3.3, were followed for approximately 8 months. Co-morbidity was common.

There were no significant differences in improvements of quality of life, measured by the GAF or the HALFS, between the two groups. Age, participation in psychotherapy, and parental level of functioning were not correlated with quality of life improvements. Patients with lower baseline scores on the HALFS/GAF improved most.

Conclusions: Both atomoxetine and stimulants led to a modest increase in quality of life in this real-world co-morbid ADHD population. Patients with lower quality of life at baseline improved the most.

Klassen AF, Miller A, Fine S: Health related quality of life in children and adolescents who have a diagnosis of attention deficit hyperactivity disorder. Pediatrics 114(5): e541-e547, 2004

P-01-270

DELAY OF MENTAL DEVELOPMENT AT PRESCHOOL AGE: NEUROPSYCHOLOGICAL ANALYSIS

INSTITUTIONS

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AUTHORS

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Objectives. The purpose of research was to carry out analysis of neuropsychological functions activity at children of preschool age with intellectual insufficiency of a boundary level.

Methods. By means of clinical-psychopathological and neuropsychological methods 62 children of 3-6 years with boundary residual-organic intellectual insufficiency (41 boys and 21 girls) had been surveyed.

Results. The research has shown significant prevalence of motor and nominative speech functions disorders (53,2% and 80,6% accordingly) as dyslalia, dysarthria, infringements of syllabic structure of words, increase the latent period before the answer, reduced nominative function of the speech, reduced active lexicon. Dysfunction of attention has been revealed at 25,8 % of children. The rate of men-

tal reactions has been broken in 30,6 % of cases, and in 38,7% the divergence between impellent reactions and intellectual activity was established. The visual-spatial perception appeared broken at 29,0%, constructive skills - at 20,9 %. Imperfection of generalization and allocation of the main attribute was determined at 32,2% of cases. In the drawings (56,3%) perseveration of lines, strong pressing, expressed structural infringements has been revealed. Emotional disorders were observed at 27,4% of children.

Conclusion. Thus, the most vulnerable neuropsychological functions appeared motor and nominative functions of speech (dysfunction of premotor areas of frontal shares and the top departments of temporal shares accordingly), programming and control of mental activity (convexital surfaces of frontal shares), integrative visual-spatial function (dysfunction of TPO zone).

BEHAVIOUR DISORDERS AT DYSPHORIC AND DISTURBING DEPRESSIONS AT CHILDREN

INSTITUTIONS

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AUTHORS

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Objectives. The purpose of research was to reveal clinical-psychopathological features of depressive disorder of behaviour at children at various clinical variants of depression.

Methods. It was permanently surveyed 82 boys of 10-14 years with various forms of broken behaviour combined with emotional disorder of a depressive spectrum. Clinical-psychopathological, clinical-dynamic, psychological of inspection and clinical-anamnestical methods were used.

Results. The research has shown, that at 73,2 % surveyed depression proceeded on dysphoric type. Behaviour disorders at family were shown by runaways from home - 76,7 %, fits of anger - 46,7 %, broken interrelations - 26,7 %, cruelty at family - 15 %. In children's establishment were observed infringement of a mode at 50%, rough-

ness and cruelty at 48,3%. Among the peers they disposed vagrancy, begging or larceny, cruelty to other people or animals. At 26,8 % surveyed depression was characterized by disturbing. Behaviour in family displayed by falsity and disobedience, larceny and falls of interrelations. In children's establishment were observed infringement of a mode in 50 % cases, roughness and cruelty in 36,4 % cases. Outdoor and at schools they showed vagrancy and larceny at peers.

Conclusions. Thus, at various clinical variants of depression at boys of 10-14 years different forms of disordered behaviour prevailed. At dysphoric variant of depression behaviour carried a delinquency character and covered all spheres of a life. At disturbing depression behaviour were shown more often by disturbing of family relations and school maladjustment.

P-01-272

BURDEN AND COPING STRATEGIES IN FAMILIES WITH A CHILD WITH ADHD

INSTITUTIONS

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AUTHORS

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The study was conducted to see the burden on the family of having a child with ADHD and the coping strategies employed by them. The parents of 50 children with ADHD were interviewed on the Interview Schedule (Family burden) developed by Pai and Kapoor and Family Coping questionnaire. For comparison parents of 30 children interviewed on the same tools were selected. The burden

scores were significantly higher in all the domains in the parents of children with ADHD. The families of the children with ADHD employed positive communication and information as the frequently used coping strategies. The findings are discussed in context of overall management

IMPACT ON PARENTS OF HAVING A CHILD WITH ADHD

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The study was aimed at evaluating the impact of having a child with ADHD. The parents of fifty school gong children with ADHD were studied and compared with the parents of thirty Non ADHD children. The diagnosis of ADHD was made as per DSM-IV criteria. The comparisons were done on common symptoms and stress experienced by them. The tools used were Brief Symptom questionnaire and Disruptive Behaviour Stress Inventory. The parents of the children with ADHD experienced significantly more stress in terms of stress experience and stress degree as compared to the parents of children without ADHD. The parents in the families with ADHD

children find routine care giving and child rearing responsibilities as irritating, frustrating and annoying. Most of the stressors relate to the school home work and academic difficulties and problem with teachers. Further the parents of the children with ADHD reported significantly higher levels of anxiety, depression, physical symptoms, occupational difficulties and social concern as compared to the parents of Non ADHD children. The findings are discussed in relation to the sociodemographic variables and management perspectives.

P-01-274

THE PROFILE OF MENTAL DISORDERS AMONG MENTALLY IMPAIRED PATIENTS BEING PSYCHIATRIC HOSPITALIZED

INSTITUTIONS

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Background: Nowadays, mental retardation is no longer considered as a separate diagnosis. Among mentally impaired persons the same psychiatric disorders may be recognized as in general population.

Aim: The aim of the study is to analyse mental disorders determining psychiatric hospitalizations among mentally impaired patients.

Material and methods: Medical documentation of 100 patients hospitalized in Babinski's Hospital in Lodz in years 2006-2007 with diagnosis of mental retardation (F70-F79 according to ICD-10).

Results: Most of hospitalized patients were young men, mentally impaired in the light degree. The most frequent direct reason of hospitalization was aggression towards environment, behavioral changes and psychosis. The most common psychopathological symptom

according hospital admission was psychomotor agitation, lower mood, anxiety. The most frequent indirect reason of hospitalization was adverse environment factors or deterioration of unknown reasons of previous psychiatric disorders. The most frequent psychiatric disorders were behaviour disorders, impulse control disorders and psychosis. In more than a half of cases no other diagnosis apart from mental impairment was stated.

Conclusions: Among mentally impaired patients stronger inclination to external expression of emotions is observed. It mainly appears in behavioral disorders and external aggression. Most of hospitalizations are determined by adverse environment factors. Unfortunately, symptoms of psychiatric disorders are still treated as the consequences of mental impairment, not as the manifestations of psychiatric disorders itself

PREVALENCE OF AUTISM IN R. MACEDONIA (DURING A FIVE YEARS PERIOD)

INSTITUTIONS

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Aims: To define the prevalence of autistic spectrum disorder in the R. of Macedonia and to establish early diagnostic procedures.

Methods: Since autistic spectrum disorder is often difficult to be marked off out of the variety of developmental disorders that start in early childhood such as delay in speech and psychomotor development, behavioural problems, it is necessary to establish early working diagnosis. We use the ICD10 and DSM IV diagnostic criteria for autistic spectrum/pervasive disorders, observation and certain diagnostic instruments (Munchen's Functional Developmental Diagnostic Scale; Bayley's Scale for Child Development; Childhood Autism Rating Scale)(1). The diagnosis is established by a multidisciplinary team consisting of child psychiatrist, psychologist, speech therapist and special educator.

Results: During this five years period there are 68 children being

diagnosed and followed up. The age range is from 2, 5 to 7 years. The ratio between boys and girls is 5, 8:1. Out of 68 children there was 1 child diagnosed as Asperger's syndrome, 1 as Rett's syndrome, 3 disintegrative psychosis, and 2 with developmental dysphasia. All children were included in the early rehabilitation program, designed individually.

Conclusions: The incidence of the autistic spectrum disorder in children is increasing during the analysed period (2) due to better understanding, diagnosing and treatment of the autistic children, which is very complex and improving during time.

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- 2. Fombonne E., The prevalence of Autism. JAMA 2003; 289:87-9

P-01-276

ARIANNA' JOURNEY A 14 MONTH JOURNEY OF A MULTIMODAL AND MULTI-PROFESSIONAL TREATMENT OF A SEVERELY AUTISTIC YOUNG PERSON

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Background:

Arianna (pseudonym) also has mild learning disabilities. She has also been extremely tactile defensive. She is chair bound and spends her time screaming. Her family is isolated and are chained by A's rituals. She has been rejected by many services, due to non-attendances

Aim:

To create a therapeutic environment
To decrease anxiety levels
To promote eye contact and other pro-social behaviour
To get her out of the house

Method:

Continuing support worker's input, who demonstrates playful activities

Home visits and meetings at outpatient clinic

Extensively reassessing her condition to create a working formulation of problems and strengths

Working through mother and tentatively directly with the young person

Getting dad involved

Exploring parental issues of guilt and resentment

Addressing counter transference and avoidant/obsessive parallel processes

At a later stage referral to a therapeutic orientated day centre, which provided in reach input by tailor made interventions such as interactive 'shouting' and boundary setting, including to parents who did not assent for psychotropic medication

Results:

The shouting which increased at the first session, was gradually replaced by insulting remarks and eye contact. Exploring of guilt resulted in a catharsis of Mum reliving a very traumatic birth, which was followed by the emergence of creative talents and increased co-therapy input. Two hours interactive shouting resulted in tactile behaviour of the young person. Six weeks into the in-reach input, A. had a successful journey to the day centre

"HOT" AND "COOL" EXECUTIVE DYSFUNCTION IN CHILDREN WITH ADHD

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ADHD is regarded as an umbrella construct that subsumes multiple potentially dissociable but overlapping cognitive profiles. The objective of the current study was to reconsider the impairment on executive function (EF) in ADHD on the light of distinction between affective/motivational ("hot") and more purely cognitive aspects ("cool") of EF, examining the performance on a neuropsychological battery (5 tasks).

Twenty-five children with ADHD and 25 healthy controls were administered measures of estimated intellectual ability, sustained attention, set shifting, inhibitory control, delay aversion, and decision-making. Behavioural ratings were obtained. The controls were matched in gender, age and IQ with the ADHD group.

ADHD children performed worse than controls in all tasks. A discriminat analysis was conducted, the combination of the entire mea-

sures discriminated correctly the 88% of both groups. There was an overlapping distribution of impairment based on percentage of individuals in each group "impaired" (>1.5 SD). Twenty percent of children with ADHD showed dysfunction only in "hot" EF, 8% in "cool" EF, and 60% had dysfunction in both. The probability of impairment in "hot" and "cool" EF was independent.

The presence of impairments in incentive, motivational and reward-related processing suggests that both 'hot' and 'cool' EF deficits are present in children with ADHD. The separability of motivational and EF processes support current dual pathway models of ADHD.

A reconceptualization provides a means to transcend the limits of current models of executive dysfunction in ADHD and suggests a plan for future research on cognition.

P-01-278

HUMMORAL-PHYSIOLOGICAL FEATURES OF SEMIOLOGY AT THE MIXED DISTURBING-DEPRESSIVE DISORDERS AT TEENAGERS

INSTITUTIONS

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Objectives. The aim of study was to determine influence of the simulated psycho-emotional stress on teenagers with depressive disorders and various levels of uneasiness with changing the level of cortisol.

Methods. 73 teenagers in the age of 12-17 years with semiology of depressive disorders have been surveyed. All surveyed have been divided into two groups: with the raised level of uneasiness (F41.2, n=41) and with a normal level of uneasiness (F 32.0, F32.01, n=32). With the purpose of the greater validity the cortisol level in a saliva was defined three times with the help immuno-fermentive analysis. In a role of psycho-emotional stress the combination of psychological techniques has been chosen. Estimation of somato-vegetative

displays was carried out the same way.

Results. At the first group the cortisol level in the two first tests appeared authentically above parameters of the second group. There was no decrease in cortisol parameters from the first to the second test at representatives of the first group. Somato-vegetative infringements within the stressful test have been more expressed at the first group. Changes poststressful cortisol have shown, that at the increased uneasiness more expressed answer to stress is observed.

Conclusion. Parameters of cortisol level and somato-vegetative reactions are in direct correlation dependence on a level of uneasiness.

THE IMMUNE STATUS AT CHILDREN WITH RESIDUAL-ORGANIC PSYCHOSYNDROME

INSTITUTIONS

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AUTHORS

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Objectives. The purpose of research was to define a role of the immune status in pathogenesis of residual-organic psychosyndrome at children.

Methods. Investigated clinical-immunological features of 124 children in the age of 8-10 years with non-psychotic forms of residual-organic psychosyndrome (ROPS) were verified by clinical, psychopathological, neurological, neuropsychological and neurophysiological methods.

Results. The following clinical-psychopathological variants of ROPS were allocated: somatopathic (which basis were somatovegetative disorders); psychomotor (with early defect of a level and quality of motor maturity); cognitive (with primary deficiency of cognitive functions activity); affective and conative (with emotional-willed

and/or behavioural disorders). Each variant was characterized by a continuum of disorders that allowed to determine easy, moderate and heavy degrees. It was established, that immunobiological disorders are mostly expressed at moderate and heavy degree, mainly, at somatopathic, cognitive and affective variants, and are leveled in a number of moderate and easy disorders. Character of interrelations of researched systems correspond to development of nonspecific adaptable reactions of organism and depend on clinical-dynamic structure of residual-organic psychosyndrome.

Conclusions. Complex ROPS therapy with the account of clinical-immunological parameters can be added with immunotropic means, both for correction of parameters of the immune status, and for more successful reparation of the basic clinical displays of residual-organic psychosyndrome.

P-01-280

EMOTIONAL AND BEHAVIORAL PROBLEMS AND THEIR RELATIONSHIP WITH ATTRIBUTIONAL STYLE AND SOCIAL FUNCTIONING AMONG ADOLESCENTS BROUGHT UP INSTITUTIONALLY AND IN NATURAL FAMILIES

INSTITUTIONS

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The internalized and externalized symptoms, likewise the subjective attribution of events is connected with pathology of attachment, deprivation of emotionally attractive patterns with exposition to destructive ones and with the feeling of helplessness and of lack of the influence on the surroundings. The influence of the a/m relations on social functioning is also indicated.

The research included adolescents aged 13, brought up in Children's Home (CH) from one region of the country (42 persons) and in natural families (NF) (84 persons were matched). The profiles were assessed according to Achenbach ASEBA System; also the CASQ by Seligman and formal results of education were taken into account.

Results: there was a higher frequency of internalized and externalized disorders in CBCL and YSR within the CH adolescent group

than in NF group; high differences in the school test results; and almost threefold better results in competence scales. The connection of social functioning and internalized and externalized disorders was demonstrated only among the CH group. There were no differences revealed in the style of attribution between the CH and NF group; although only in the case of CH children there was a connection of the pessimistic style of event explanation with attention disorder and conduct (aggressive) disorders.

Conclusions: keeping in mind the genetic and cultural pre-selection of children brought up in CH, it is needed to consider their higher intensity of disorders and problem behaviour, and worse social functioning than their peers, as well as smaller chances of improvement - resulting from consolidated pessimistic attribution.

COURSE OF BIPOLAR DISORDER IN PRESCHOOL AGE CHILDREN

INSTITUTIONS

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Objectives: Bipolar disorder (BD) is a chronic and recurrent condition. However, its clinical course in pediatric population has not been well studied.

Methods: The data was gathered through a comprehensive retrospective review of the psychiatric records of 26 preschool age (3 to 7 year old) children, treated as outpatients at Cincinnati Children's Hospital Medical Center from 2000 - 2004. CGI-S and CGI-I scores were assigned retrospectively to each subject. All treating physicians were board-certified/eligible child and adolescent psychiatrists.

Results: The median time to respond to pharmacotherapy in the clinic was 4 weeks (mean 12.88+26). Time to response (CGI=1 or 2) to pharmacotherapy was 4 weeks for 15 subjects (57.7%); 5 to 8 weeks for 3 subjects (11.5%); and more than 12 weeks for 8 subjects

cts (30.8%). Sixteen (61.5%) out of 26 subjects relapsed during the course of treatment. Ten (38.5%) subjects had at least one relapse, 4 subjects (15.4%) relapsed twice, and 2 subjects (7.7%) had 3 relapses during the course of their treatment. For those patients who relapsed (n=16), the duration of being a responder before a relapse, was 19.69 weeks (SD= 18.402). Only 5 out of 16 patients (31.25%) remained symptom-free for 4-8 weeks; and only in 2 patients (12.5%) a remission lasted for more than a year.

Conclusions: BD with onset in preschool years is associated with high recovery and relapse rates. It is often underdiagnosed. The questions of development of age-appropriate diagnostic criteria, long-term prognosis and treatment strategies used in this population require further intensive investigation.

P-01-282

CDT PREDICTS HEAVY DRINKING DAYS IN ADOLESCENT ALCOHOLICS: PRELIMINARY DATA

INSTITUTIONS

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Objectives: Carbohydrate deficient transferring (CDT) is a biological marker that has been shown to be sensitive and specific in detecting heavy alcohol consumption in adults. To date, there is no published evidence of its utility in adolescent alcoholic populations. The purpose of this study was to explore the usefulness of CDT as a biological marker for drinking among adolescents.

Methods: Blood from 25 treatment seeking adolescent alcohol dependent subjects and 8 adolescent controls was collected and assayed for % baseline CDT levels.

Results: Alcohol dependent adolescents did not differ from controls on mean % baseline CDT levels (2.33 vs. 2.32), although alcohol dependent subjects endorsed significantly more drinks per drinking day, percent heavy drinking days, and peak number of drinks than

controls. The relationship between drinking variables and % baseline CDT was highly correlated with percent heavy drinking days (r=.54; p<.02).

Conclusions: Although data suggests CDT levels at baseline don't differentiate alcohol dependent adolescents from controls, CDT level is highly correlated with percent heavy drinking days among alcohol dependent adolescents. It is possible that adolescents have not been drinking heavy amounts for enough years to affect the liver metabolic pathway that will elevate CDT above normal levels but enough to begin to show changes related to drinking. CDT levels may be useful in clinical practice and research for detecting change in heavy alcohol consumption over time. Further exploration of CDT with a larger sample size in this population is warranted.

CIMETIDINE AND HYPERSEXUALITY IN MENTAL RETARDED ADOLESCENTS

INSTITUTIONS

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Many adolescents with autism and severe mental retardation show hypersexuality: public masturbation, genital exposure in public places and libidinous approach to family members and other children. Such inappropriate behavior are reinted to prejudice and serious family troubles. Cimetidine, a histamine H2 antagonist, has improved hypersexuality and inappropriate sexual behavior in elderly dementes patients. In this paper we present two cases of mental retarded adolescents (13 and 14 years old) who showed clear dysfunction hypersexuality. These patients received cimetidine (100-

400 mg/day) for the last one year showing a considerable improvement in hipersexuality and no side effects for the use of the drug.

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P-01-284

CHILD ASTHMA AND ADHD - STRATEGY FOR MULTIDISCIPLINARY COUNSELING

INSTITUTIONS

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Objective

Some of the children suffering from chronic conditions like bronchial asthma (BA) show typical symptoms for attention deficit / hyperactivity disorder (ADHD). Behavioral symptoms often remain undistinguished on the background of BA. The absence in our heal-thcare system of a complex and effective approach towards this medical, psychological and social problem led to proposing a strategy for multidisciplinary counseling.

Methods

Three basic levels were specified in this strategy. First level defines the clinical and laboratory evaluation of BA. Second level determines the psychological and neurophysiologic assessment of ADHD. Third level aims at excluding other psychiatric or dysmorphic syndromes, associated with ADHD symptoms.

Results

Applying this multidisciplinary approach we have counseled 24

asthmatic children with behavioral deviation. These children were referred to clinical psychologist in periods without bronchial obstruction. Half of them (12 patients) met the DSM-IV criteria for ADHD. Each co-morbid child was neurophysiologically evaluated with a routine EEG. In 2/3 (8 patients) findings were abnormal. Child psychiatrist excluded other psychiatric disorder or syndrome, for which some of the symptoms of ADHD are typical. Genetic counselor excluded developmental delay of these children and genetic disorders with mental retardation. Parents were also counseled and family predisposition for ADHD was found for 5 probands.

Discussion

The proposed strategy is the first native attempt to find common etiologic aspects for both conditions in the sense of psychosomatic dependency, taking into consideration the family predisposition to ADHD.

CLINICAL AND MOLECULAR GENETIC, LONGITUDINAL STUDY OF BOYS WITH ADHD IN THE CZECH REPUBLIC

INSTITUTIONS

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Objectives: In an association study design polymorphisms of selected genes were analyzed in 119 boys diagnosed with ADHD, aged 7 - 13, as well as in a control group. Within a follow-up study clinical and biological markers were studied in 30 adolescents (aged 14 - 18) with persistent form of ADHD.

Method: Clinical pedopsychiatric examination, criteria of chronic ADHD (DSM-IV), Conners Rating Scale focused on ADHD diagnostics up to 18 years and a semi-structured interview were used. Psychological characteristics concerning ADHD "core" symptoms were assessed by clinical tests (d2, MFFT-Czech-version) and computer administrated neuropsychological tests. Isolated DNA served as a template for polymerase chain reaction and the candidate genes polymorphisms were detected (DRD2, COMT, ACE, IL-6, CCR5, TNF- alpha AGT, MAO-B, IL-2, Mu opioid receptor, BDNF, DRD4

and DAT1). Statistical analysis used the CSS Statistical system (Stat-Soft, Tulsa, USA).

Results: A significant difference was found between the ADHD and control groups in TaqI A polymorphism of the DRD2 gene - in the ADHD group the frequency of A1 allele (p<0.003) and the genotype A1A1 (p<0.008) were higher, in DAT1 findings of atypical genotypes were more frequent in the ADHD group (p<0.007). Significant correlations between the results of some neuropsychological tests and genes for neuro-/immunomodulators (IL-6 and TNF-alpha) and the gene for BDNF were found. After 5 years of follow-up the persistent form of ADHD was found in the majority of ADHD subjects. Potential predictors of the course of the disorder are discussed.

Supported by the IGA MZ CR project nr. 9298-3.

P-01-286

CASE PRESENTATION: DIAGNOSTIC UNCERTAINTIES FOR 'PANDAS' SYNDROME

INSTITUTIONS

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At the end of 90's of previous century, certain studies among the etiological researches of neuropsychiatric disorders revealed a distinct relationship between Sydenham's chorea, motor disorder appearing in childhood caused by rheumatic fever, and obsessive-compulsive disorder. Accordingly, there has been an increasing debate on possible autoimmune mechanisms that triggers it and the role of Group A \(\textit{B}\)-hemolytic \(Streptococci\) in etiopathogenesis of OCD. In 1998 Swedo et al. documented poststreptococcal cases of OCD and/or tics in children and adolescents, without the symptoms of Sydenham's chorea, and they named it PANDAS, as an acronym for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections. Neuroimaging findings revealed increased

striatum in these patients. In following research, PANDAS is associated with, besides symptoms of OCD, with emotional liability, separation anxiety, oppositional behaviors, cognitive deficits, motor hyperactivity, and eating disorders.

Our paper shows development of polymorphic psychiatric disorders in twelve years old girl, where restrictive type of anorexic phenomenology and compulsive symptoms prevail in actual clinical manifestation.

Key words: PANDAS, OCD, anorexia

ADOLESCENT'S HOSPITALIZATION IN PSYCHIATRIC WARD: THE COMPLEXITY OF CLINICAL EXPERIENCE

INSTITUTIONS

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Objective:

To highlight benefits and drawbacks of the admission into a psychiatric ward of adolescents with acute psychic problems.

Methods:

Case histories of under 18s, admitted from 2002 to present, were analysed.

Results:

The admitted adolescents are 35 (8 females and 27 males). 5 have had multiple admissions and the total is 51. 29% is discharged within the first day, 53% within three days.

Origins:

51% are from Central and South America and North Africa. 54% are alcohol and drug-using. Reasons of admission: psychomotor agitati-

on / behavioural disorder 50% - acute confusional state 18% - drug and alcohol abuse 12% - prescription drugs abuse 8% - self-harming behaviour 8% - psychosis 2%. Diagnosis at discharged: personality disorder 26% - emotional and behavioural disorder 17% - behavioural disorder 9% - drug intoxication 11% - alcohol intoxication 11% - drug and alcohol intoxication 6% - adjustment disorder 8% - depression 6% - psychosis 3% - anorexia nervosa 3%.

Conclusions:

Admitting an under 18s means taking care quickly of the entire household and the patient's social network. The admission is also the opportunity to plan an individual therapeutic project and to tackle psychological and relational problems. In this setting it is possible to allow the expression and the elaboration of new growing stimulus and regressive feelings.

P-01-288

KEY CHARACTERISTICS OF COGNITIVE DISORDER IN THE PAINTINGS OF CHILDREN WITH ASPERGER SYNDROME

INSTITUTIONS

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Asperger syndrome (AS) is a disorder of early childhood characterised by social deficit, subtle communication impairment and excessive idiosyncratic interests.

Children with AS also showed characteristic cognitive problems of visual-motor integration, visual-spatial perception and visual

memory that many researchers attribute to right hemisphere dysfunction.

In this study a collection of drawings painted by children with Asperger Syndrome are presented in an attempt to investigate the nature of the visual-spatial deviations in these children.

AUTISM: WHAT HAPPENS WHEN THEY GROW UP?

INSTITUTIONS

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AUTHORS

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Autism is a life-long neurodevelopmental disorder characterized by impairment in three areas: social interaction, communication and repetitive patterns of behavior, restricted interests and activities. As they grow older most individuals will continue to need significant family and community support. In these patients, particularly the ones with high-functioning autism, comorbid disorders like ADHD, impulse-control disorders and OCD are common, and increase the potential for misdiagnosis. So, identifying these disorders in adult life is frequently difficult and depends heavily on development his-

Our aim is to study the evolution of children and adolescents with diagnosis of autism spectrum disorder through adulthood.

English-language publications from de MEDSCAPE database (2005-2007) including clinical series were reviewed. A sample of twenty adult patients that had been diagnosed as suffering from autism at the Child and Adolescent Psychiatry Unit of Centro Hospitalar do Porto was retrospectively studied through clinical records reviews. After looking for their actual location, interviews were conducted and present record files were consulted to find out diagnosis, treatment approaches and social setting integration.

Considerable differences in adult diagnosis of the patients were observed as well as treatments approaches and social setting integration.

CONCLUSION: the importance of using life course perspective when considering questions of change and development among people with an autism spectrum disorder point to the need of better liaison between child and adult psychiatry which are too apart in Portugal.

P-01-290

STABILITY/CHANGE OF DSM DIAGNOSES IN CHILDREN AND ADOLESCENTS: A COHORT STUDY

INSTITUTIONS

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Objectives:

- $1.\ \bar{\text{Examine}}$ changes or stability of DSM diagnosis in children and adolescents from childhood to young adulthood
- 2. Examine, which, if any, diagnoses are stable over time
- 3. Discuss the instability in DSM diagnoses in this population from a developmental perspective

Methods:

This study used a "Cross-Sectional Cohort" design to assess the stability of diagnosis over time. The sample was drawn from a source population cross-sectionally and then outcomes assessed retrospectively over a specified time period. A computerized database was used to examine the stability or change of diagnosis amongst those seen at least twice as inpatient or outpatient at an academic Child and Adolescent Psychiatry division between 1994 and 2007. The sample consisted of children and adolescents born in 1983, 1984 and 1985. Data will be analyzed using the SPSS software. Stability

of diagnoses will be estimated through calculation of positive and negative concordance rates and kappa coefficients.

Results:

Data analysis is in progress at the time of this abstract submission and will be presented when it is completed over next 6 weeks. However preliminary examination of data reveals a total of 427 patients in our database; of which 261 patients were seen more than once. Of these, 52% were born in 1985, 28% in 1984 and 20% in 1983. In terms of gender distribution, we have 139(53%) female and 122(47%) male patients.

Conclusion:

The nature of this study did not allow a choice over the sample size; However, this is not inconsistent with previous studies. Once results are analysed, detailed conclusion will be added.

CEREBELLAR FUNCTIONS IN CHILDREN ADHD PATIENTS - A PILOT STUDY

INSTITUTIONS

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Attention-deficit/hyperactivity disorder (ADHD) is a common disorder characterized by inattention, hyperactivity and impulsivity with a tendency to long term course. ADHD affects 5-10% of children and, by itself or combined with comorbidities, brings serious functional deficits to an affected person.

The neurobiology of ADHD is not completely understood although recent imaging studies implicate the role of the cerebellum (1). The cerebellum contributes significantly to cognitive functioning presumably through cerebellar-cortical pathways involving the pons and thalamus (2).

That is why we have conducted a study using International Cooperative Ataxia Rating Scale (ICARS) and an objectification of clinical cerebellar signs by the stabilometry and the posturography as well as psychological tests (WISC III, Conners' Continuous Performance Test II, Tower of London - Drexel University, Auditory - Verbal Learning Test, Test of Verbal Fluency, Rey - Osterreith Complex

Figure Test). The goal of the trial was to examine a possible relationship between cerebellar neurological signs, specific cognitive deficits and ADHD symptomatology severity.

We present our first results in a sample of 15 patients aged 7-11 years with ADHD confirmed diagnosis. Exclusion criteria consisted of mental retardation, pervasive development disorder and organic brain damage. However, results are limited by the small sample size.

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Middleton FA, Strick PL.: Basal ganglia and cerebellar loops: motor and cognitive circuits. Brain Res Brain Res Rev. 2000 Mar;31(2-3):236-50

P-01-292

INCIDENTS OF PSYCHIATRIC DISORDER AMONG ADULTS WITH ADHD

INSTITUTIONS

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AUTHORS

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Objectives: In recent years the number of patients diagnosed with Adult ADHD has increased. The objective of this study is to determine the incidents of other psychiatric disorders among these patients.

Method: The records of all patients seen in my private office during a 6 month period were reviewed. Those with diagnosis of ADHD were identified, and incidents of other psychiatric disorders were recorded. We also investigated the effects of treatment with other medications in addition to stimulant medication in this group.

Results: Data analysis revealed that about 10% of patients with general psychiatric problems also have ADHD.

Conclusion: We found that adult patients with ADHD can present

themselves to the psychiatrist with a variety of complaints. These complaints can be based on the symptoms of different psychiatric disorders. The outcome of our study also showed that successful treatment of other psychiatric disorders enhances the effect of stimulant medications which are used to treat ADHD.

References:

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RELATIONSHIP BETWEEN LIFESTYLE FACTORS AND DEPRESSION IN JAPANESE THIRD-YEAR STUDENTS OF JUNIOR HIGH SCHOOL

INSTITUTIONS

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OBJECTIVES:

The purpose of the study was to investigate mental health condition in third-year students of junior high school who were preparing for entrance examination of high school.

METHODS:

A survey of self-administered questionnaire was conducted to investigate their lifestyle factors at home and school, from October to December, 2005. A total of 783 students (355 boys and 428 girls) who were in the third grade of junior high school responded to the survey. Their depressive symptoms were assessed by the Depression Self-Rating Scale for Children (DSRSC). A high-DSRSC-score was defined when the score exceeded the threshold value of 15. The effects of factors on the frequency of subjects in the high-DSRSC-score group were analyzed using a linear logistic model. The odds ratio (OR) and its 95% confidence interval (CI) were calculated for

each factors in the model.

RESULTS

A high-DSRSC-score was observed in 248 students (32%). The frequency of high-DSRSC-score was significantly higher in those who slept more than 8 hours (OR: 1.65; 95%CI: 1.12, 2.43), those who preferred fish dish (OR: 2.03; 95%CI: 1.39, 2.96), those who did not enjoy life at school (OR: 5.99; 95%CI: 3.79, 9.47), those who dislike studying (OR: 1.66; 95%CI: 1.15, 2.38), and those who rated their health as bad (OR: 3.43; 96%CI: 2.28, 5.15). However, the proportion of high-DSRSC-score was not different between sexes (boys 30% and girls 33%).

CONCLUSION

It was indicated that the lifestyle factors at home and school affected mental health of third-year students of junior high school.

P-01-294

TREATMENT OF TOURRETE'S SYNDROME IN CHILDREN AND ZIPRASIDON

INSTITUTIONS

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AUTHORS

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Tourette's syndrome (TS) is a relatively common childhood-onset disorder defined by persistent motor and vocal tics and frequently associated with obsessions, compulsions, and attentional difficulties. No specific cure yet exists, but symptoms are often treatable with various medications, behavioural therapy and alternative treatments. The decision about whether to treat will depend on the degree to which the tics are interfering with the child's normal development. The goals of treating TS should not be just to completely eliminate all the tics and other symptoms that a patient has, but to

relieve tic-related discomfort and to achieve a control of TS symptoms that allows the patient to function as normally as possible. The contribution describes experiences with ziprasidon used in the treatment of more then 15 children (age 7-18) with moderate and severe symptoms of TS. Treatment with ziprasidon was initiated at 5 mg/day. Dosage was gradually increased, on clinical indications, to a maximum of 0,5 mg/kg/day (one or two doses), when the effect was sufficient. Minimum side effects was observed.

EFFECTS OF METHYLPHENIDATE ON SUSTAINED ATTENTION OF ADHD IN TAIWAN

INSTITUTIONS

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AUTHORS

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Objective: The purpose of this study was to investigate whether differences in performance between ADHD and normal control in Chinese-speaking society and the effects of stimulant medications on attention and impulsivity as measured by continuous performance tests (CPTs).

Methods: 25 6-12 years old un-medicated ADHD with normal intelligence and hearing completed a randomized, double-blind, placebo-controlled, within-subject crossover trial with MPH (0.3mg/kg). A visual sustain attention CPT before and 1.5 hrs after were applied. Total error (TE), omission error (OE), commission error (CE), hit rate (HR) and reaction time (RT) were recorded from ADHD and age matched normal children.

Results: Compare to normal control, prolonged reaction time (p = 0.049) was observed in un-medicated ADHD. Compare performance difference before and after MPH (1 MPH) and performance difference before and after placebo (1 placebo) in ADHD. Total error (t = 3.261, p = 0.003) and omission error were decreased (t = 3.584, p = 0.001), hit rate was increased (t = -3.726, p = 0.001) after single dose of MPH treatment. Compare to normal control, reaction time was shortened and normalized after MPH treatment.

Conclusions: Our research supports single dose MPH increase CPT performance in childhood ADHD. Mainly increase attention, accuracy and speed reaction times.

This result also supports the utility of CPTs in evaluating the effects of medication on attention in childhood ADHD.

P-01-296

FACTORS ASSOCIATED WITH REPEATED ADMISSION TO CHILD AND ADOLESCENT INPATIENT UNIT AT A PUBLIC MENTAL HOSPITAL

INSTITUTIONS

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Objective: The purpose of this study was to identify clinical and demographic variables that correlated with repeated admission to a child and adolescent inpatient unit located in southern Taiwan.

Methods: Data from 119 consecutive admissions over a 24-month period were abstracted from medical records for retrospective analysis. Repeated users of admission were defined as those individuals receiving three or more admissions during the study period. Statistical comparisons were made between repeated and non-repeated users groups. Logistic regression analysis was used to predict the repeated users.

Results: Of 113 consecutive admissions, 45 (39.8 %) were identified as repeated users, 68 (60.2 %) were non- repeated users. There were no significant difference between gender, age and IQ testing between these two group. Compare to non-repeated users, repeated users

were significantly more likely to be earlier onset, had previous hospitalization, remained in the hospital longer, had multiple diagnosis, special educational placement, previous history of suicide ideation or attempt, aggression behavior within six months before admission, more physical abuse history and lived in a non-conformity family. Logistic regression analysis showed that significant predictors for repeated users were: age (OR=1.517), age of onset (OR=0.603), diagnosis classification was behavior disorders(OR=0.026), Aggression behavior within six months before admission(OR=7.986), and nonconformity family background (OR=6.341).

Conclusions: Our finding indicate that factors associated with repeated admission were aggression behavior before admission, non-conformity family background, younger age of onset and diagnosis classification other than behavior disorders.

FACTORS RELATED TO USE OF RESTRAINT ON YOUTH INPATIENTS AT A PUBLIC MENTAL HOSPITAL

INSTITUTIONS

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Objective: The study examined the characteristic factors associated with repeated restraint during inpatient psychiatric treatment in southern Taiwan.

Methods: A retrospective chart review of child and adolescents who were admitted to inpatient units located in southern Taiwan between January 2005 and December 2006. Repeated users were defined as those individuals receiving two or more restraints during the same admission. Demographic and clinical characteristics of two groups of youths were compared. Logistic regression analysis was used to predict the repeated users.

Results: The sample of 113 youths was predominately male, mean age was 15.61 ± 2.49 ages, totally 238 restraint incidents occurred during study period. More than half restraint incidents occurred in

the afternoon and the evening. The major incidents of restraint were due to assault behaviors. The most incidents took place at the common area. 41(36.3 %) were identified as repeated users and 72(63.7 %) were non-repeated users. There were no significant difference between gender, age and IQ testing between these two groups. Repeated users were significantly more earlier onset, remained in the hospital longer, multiple diagnosis, had history of suicide and sexual abuse, had aggressive behavior before admission. Logistic regression analysis revealed remained in the hospital longer (OR= 1.03), multiple diagnosis (OR= 2.97), behavior disorder (OR= 4.42) were associated with repeated users of restraint.

Conclusions: Our finding indicate that factors related to use of restraint on youth inpatients were remained in the hospital longer, multiple diagnosis and diagnosed as behavior disorders.

P-01-298

STUDY OF STRUCTURE & SYMPTOMS OF ANXIETY DISORDERS IN IRANIAN PRESCHOOLERS

INSTITUTIONS

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Abstract Body:

Objectives: Anxiety is one of the responses of organism to stressful conditions of life. Anxiety disorders are one of the most prevalent disorders that have some subtypes. Anxiety disorders spread from childhood to adulthood. As mentioned by DSM-IV-TR, the only anxiety disorder during childhood is separation anxiety disorder (Kaplan & Kaplan, 2007). But some researchers indicated other anxiety disorders during childhood. Spence and et al (2001) indicated the different structure of preschooler's anxiety that consisted of 5 different factors during childhood similar to disorders diagnosed in adulthood disorders.

Methods: In order to study of structure of anxiety disorders in Iranian preschoolers, parents of 400 students of Shiraz preschools were selected by random sampling procedure. They completed the questionnaire that designed to evaluate different types of anxiety

symptoms. The questionnaire has acceptable psychometric structure such as high reliability and validity.

Results: The factor analysis of data with varimax rotation indicated 4 different factors among symptoms. The results showed that Iranian preschoolers, opposite to what proposed in DSM-IV-TR, indicated 4 types of anxiety disorders. These factors are related to what is diagnosed in DSM as social phobia, specific phobia, obsessive - compulsive disorder and generalized anxiety disorder. Results indicated that there is only a significant difference between sex groups in specific phobia in which boys had more phobia than girls (t= 2.82, p< 0.05).

Conclusion: Our results proposed the importance of revision in the classification of anxiety disorders during childhood in DSM-IV-TR.

PERFORMANCE ON CONTINUOUS PERFORMANCE TEST AND RITALIN DOSAGE IN ADHD

INSTITUTIONS

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Aim: The purpose of this study is to determine whether a relationship existed between measures on Continuous Performance Test (CPT) and Ritalin dosage.

Method: 300 consecutive ADHD children who underwent CPT were recruited. Their demographic data, results of CPT, and dosage of Ritalin 3 months after initiation of Ritalin treatment were recorded

Results: Among the 300 ADHD children, 58.3% (N=175) received Ritalin treatment, 41.6% (N=125) children were either lost for follow up, received other pharmacotherapy and/or behavior therapy. Of the 175 children who received Ritalin treatment, 85.7% was male (N= 150) and 14.3% was female (N= 25), their age range between

5 to 14 years (8.28+2.2). Average Ritalin dosage is 18.14+ 8.7 mg (5- 45 mg). In this study, age was found to be positively correlated with Ritalin dosage (Pearson correlation 0.163, p= 0.032); Hit RT ISI Change and Hit SE ISI Change on CPT were negatively correlated with Ritalin dosage (Pearson correlation -0.152, p=0.044, Pearson correlation -0.162, p=0.031).

Conclusion: CPT is applied widely in clinical setting for the assessment of inattention and impulsivity. Previous studies had assessed the correlation of CPT with ADHD symptoms. In this study, we tried to understand if CPT measures could predict treatment dosage, and found two measures in CPT that were negatively correlated with Ritalin dosage.

P-01-300

DEPRESSION IN CAREGIVERS OF AUTISTIC CHILDREN; CROSSECTIONAL DESCRIPTIVE

INSTITUTIONS

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Having autistic children is a stressful event for a family. This can cause caregivers to have depressive disorders. On the other hand, depression of a caregiver can affect the development of autistic child

Objectives: The purpose of this study was to examine depression in caregivers of autistic children. Two main objectives were: (1) to find the prevalence of depression in caregivers of autistic children; and (2) to find factors that correlate with this depression.

Method: 27 caregivers of autistic children were interviewed by general practice physician using mini international psychiatric interview to examine whether they have depressive disorder according to DSM IV or not. They were asked to complete a relevant questionnaire to determine factors influencing their depression. The autistic children were assessed severity with childhood autistic rating scale.

Result; 7 in 27(25.9%) having depressive disorders. 4 in 27(14.8%) meet criteria of major depressive disorders. 3 in 27(11.1%) meet criteria of dysthymic disorders. Caregivers who have depression have low education compared with the normal group. Age, number of children, period of caregiving and severity of autistic children are not different in these two groups.

Conclusion; Depressive disorder is common for caregivers of autistic children. This finding suggests that we should screening depressive disorders in caregivers of autistic children especially in low education group so that we can give early intervention and can promote development of autistic child.

Reference

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PATTERNS OF MENTAL DISORDER IN CHILDREN & ADOLESCENTS IN 2006-07 IN AN INDIAN RURAL CLINIC

INSTITUTIONS

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OBJECTIVES: Reports on "Caring for Children and Adolescents with mental disorders" highlights

1) 20% of children & adolescent suffer from disabliting mental disorders (WHO2000).

2)Suicide is the 3rd leading cause of death in adolescents worldwide (WHO2001). MDD often begins in adolescents, is associated with substancialpsychosocial impairment and risk of suicide.

3)Conduct disorders tends to persists in adolescent & adult life, is associated with juvenile delinquency, adult crime, dissocial behavior, marital problems, unemployment and poor physical health.

Prevelance of child mental disorders were studied in a rural clinic 124 km away from the capital city in 2006-07 keeping all these in view.

METHODS: Study was conducted in "MONO-SUSRUSHA" in Midnapore town 124 km from Calcutta. All patients those attended the clinic of both sexes in the age gr. of 6-16 yrs. were recorded for study. Only 84 boys girls who attended the clinic for >6 visits were retained for evaluation. Their diagnostic formulation were based on ICD-10

criteria. Their mean age was 10.2 years & median age was 11 years.

RESULTS: Mental Retardation with behavior disorders (14<10%), Specific disorders of speech and language, developmental disorders, scholastic skill specially that of arithmetic skills, pervasive development disorders-childhood autism, disorders like hyperkinetic conduct disorders (ADHD) are very few. Conduct Disorders, socialized & unsocialized, mixed disorders of conduct and emotion, nonorgnic enursis, Stuttering, tic disorder in 1 boy, and early onset adult-typedisorders like phobic-anxiety disorders, panic disorders in adolescent, somatoform disorder, and schizophrenia in adolescent, and also Bipolar disorder in adls. are there. O.c.d, anorexia nervosa were detected in girls. Alcohol abuse and substance abuse was not found.

CONCLUSIONS: This prevalence study in clinic have some similarity with prevalene study of mental disorders in children and adolescents based population in Europe United states (Libson et al 2001; Verhulst 2004).

P-01-302

FIVE YEAR FOLLOW-UP OF 24 AUTISTIC MALES AGES 10-15 TREATED WITH RISPERIDONE

INSTITUTIONS

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24 boys improved on all behavioural items when on continuous treatment with Risperidone in low dosis. Evaluations by Occupational Therapists, Language Therapists, Neuropediatricians and parents will be shown. The improvement in mild to moderate autism with or without epilepsy with the use of medication, outdid the prognosis given by parents and health workers when the medications was not allowed for children in the late 90 s.

THE RELATIONSHIPS AMONG CODEPENDENCY, COGNITIVE AND INTERPERSONAL CHARACTERISTICS, ADVERSE LIFE EVENTS AND ADOLESCENT DEPRESSION

INSTITUTIONS

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Although the integrated or dynamic model benefits of conceptualized depression during adolescent has been documented, little is known about what familial and individual characteristics are associated with higher levels of participation.

Using structural equation modeling, this Asia of Taiwan study examined the extent to which family factors (i.e., family cohesion, maternal function), adverse life events, early codependency, and adolescents' cognitions (i.e., automatic thought and interpersonal resolving style) predicted depression during junior high school among adolescent subjects had 250 boys and 246 girls. Five instruments were conducted in this study.

Results showed that the tendency of codependency could enhance the degree of negative automatic thoughts and passive interpersonal problem-solving attitude to lead an increased rate of depression in adolescent, and codependency could through negative automatic thoughts raise the effect of adverse life events exacerbated depression of adolescent.

The multi-determined pathway among of adolescent depression was discussed in the study. Researchers would be wise to consider on multiple way to prevent and decrease adolescent depression.

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P-01-304

PROMOTING JOINT ATTENTION IN TWO LOW-FUNCTIONING CHILDREN WITH AUTISM

INSTITUTIONS

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Objective: Deficits in joint attention (JA) have been well studies in autism and also the focus of treatment effort in the western countries. The purpose of current study was to examine the efficacy of JA intervention for children with autism in Taiwan.

Methods: Two 5 year-old children (Child A and B) were diagnosed with low-functioning autism and referred by teacher of special preschool in southern Taiwan. The strategies of JA intervention originally developed from Kasari, et al. (2006) which integrated ABA model and milieu teaching conducted 30 minutes for 24 sessions in 3 months. Both structured assessment of JA and adult-child interactions were collected pre and post intervention by independent assessors.

Results: Results indicate that two children improved on certain behaviors. (1) During the sessions, Child A, a boy with single word only could develop responding of JA (proximal pointing) to initia-

ting JA (showing); Child B, a girl with no verbal ability could increase her responding of JA (reaching) to initiating JA (distal pointing). (2) After the intervention, both children initiated more distal pointing and responsiveness to JA on the structured JA assessment and more child-initiated JA in adult-child interaction.

Conclusions: JA intervention provides preliminary promising data on the specificity and generalizability of JA development for two low-functioning children with autism. Future studies need to examine long-term effects and recruited more participants for replication

Reference:

Kasari, C. et al. Joint attention and symbolic play in young children with autism: a randomized controlled intervention study. J Child Psychol Psychiatry, 2006:611-20

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) SUBTYPES ON ADHERENCE AND EFFICACY OF OROS METHYLPHENIDATE AMONG POOR ADHERENTS TO IMMEDIATE RELEASE METHYLPHENIDATE IN TAIWAN

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Objective: To ifind the determinants in switching medication to OROS methylphenidate (MPH) among poor adherents to immediate release (IR) MPH and the determinants for adherence to OROS MPH; and to compare the core symptoms of Attention-Deficit/ Hyperactivity Disorder and treatment response in subtypes.

Method: 240 children, aged 6-16 years, were identified as poor adherents to IR MPH and were included in the study. 137 were switched to OROS MPH.The rest remained on IR MPH. The measures included Clinical Global Impression, the SNAP version IV scale, and questions regarding parent-child interaction, classroom behaviors, academic performance and side effects.

Results: The determinants for switching medication to OROS MPH among poor adherents are children who had received higher dose of IR MPH, had multi-dose drug administration, and had more severe inattention symptom. Poor adherents had longer duration of IR

MPH treatment. No predictive factor was found for the adherence to OROS MPH. The ADHD combined and hyperactive-impulsive types have more inattention, hyperactivity, and oppositional-defiant symptoms compared to the inattentive type. The treatment response was more evident in the ADHD combined type.

Conclusions: For children with ADHD who have poor adherence to IR MPH, switching medication to OROS MPH may improve their treatment adherence and obtain better efficacy. For those who are not switched to OROS MPH, it is important to resolve their problems of poor adherence in order to achieve optimal treatment outcome.

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P-01-306

MAJOR DEPRESSIVE DISORDER: CHILD VS ADOLESCENT

INSTITUTIONS

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Background: Since the advent of the modern criteriology, the symptoms of the youthful depressive core are the same ones as those of the adult. The aim of our work is to analyse the effects of age and gender on depressive symptoms.

Methods: Patients included in this study are the new consultants aged from 6 to 15 years (N=34), presenting a first major depressive episode. The evaluation consisted of a clinical examination supplemented by a semi structured diagnostic interview (K-SADS-PL). The severity of depression was assessed by means of the Child Depression Rating Scale-Revised (CDRS-R). DSM IV's symptoms and CDRS-R's Items were compared across age and gender.

Results: Significant age-differences were found for depressive mood and feeling of guilt, which were more frequent in the group of chil-

dren and for suicidal acts which were found exclusively in the group of adolescents. Cognitive and psychomotor disorders were more frequent in the group of children, while irritability, anhedonia, feelings of worthlessness and hopelessness, recurrent thoughts of death, insomnia and loss of appetite were more frequent in the older age group. Feeling of guilt was significantly related to the group of boys, as recurrent thoughts of death, cognitive and psychomotor disorders. Social withdrawal, feelings of worthlessness, of hopelessness, affective disorders, loss of appetite, insomnia and suicidal acts were consistently more frequent in girls.

Conclusion: Results suggest that depressive symptoms in youths may vary across age groups. Sex and age-related patterns of depressive symptoms must direct treatment approaches that are more developmentally sensitive.

ASSAULT BY A MAN WITH ASPERGER SYNDROME -ASPERGER SYNDROME INFLUENCES THE FORM OF CRIME

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Introduction

A 35-year-old man with Asperger syndrome stabbed a 25-year-old woman several times, including in her neck, using a 13-cm knife. I discuss Asperger syndrome and the form of crime.

Case

The subject met the victim at a sex industry. He knew she saw him as a customer and thought that he was matter-of-fact about this. According to him, she asked to borrow some game software from him. However, according to her, he left the software without her request. She lost the software and he asked her to return it. This process annoyed her, but he did not realise that. She contacted his superior at his company and requested his dismissal due to his stalking behaviours. He was upset because she told lies.

Subsequently he discovered from a magazine that she would be visiting a certain location. He thought that he should give her a painful experience and took the knife. He traveled around the city with another woman with the knife in his bag. The next day he decided to ambush the victim. He first went window-shopping, spent time in a café and dozed off. Finding her, he ran towards her and stabbed her

Influence of Asperger syndrome

The attention of the subject became focused on giving the victim a painful experience and he was unable to recognize that she might die if he stabbed her neck. He behaved as usual, as if he had not been thinking about stabbing her. This form of crime is associated with Asperger syndrome.

P-01-308

RISKY BEHAVIORS AMONG PSYCHIATRIC INPATIENT ADOLESCENTS

INSTITUTIONS

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Objective: The period of adolescence is marked by exploration, further separation from parental authority and attempts to individuate. Our objective in this study was to explore the prevalence of risky behaviors (violence, substance abuse, and sexual related behaviors) among adolescents in an inpatient psychiatric sample.

Methods: Subjects were 105 inpatient adolescents (60 males and 45 females) age 12-17 admitted to the Institute of Psychiatry at the Medical University of South Carolina. Subjects completed a modified version of the Youth Risk Behavior Survey (Center for Disease Control). Statistical Analyses were conducted exploring prevalence of risky behaviors and gender differences.

Results: About one-fourth of the sample endorsed ever carrying

a gun and 22% reported carrying a weapon in the past 30 days. Males were significantly more likely to carry a gun and engage in physical fights in the past year. Thirty-four percent (34%) of the sample reported marijuana use in the past 30 days and 23% engaged in binge drinking. Ten percent (10%) of the sample admitted to engaging in sexual intercourse prior to the age of eleven. Females were significantly more likely to endorse suicidal ideations and attempt suicide in the past year.

Conclusions: Risky behaviors are highly prevalent among psychiatric inpatient adolescents. There are few gender differences in the areas of violence, substance use and risky sexual behaviors. Adolescent research and clinical interventions should have a targeted component which addresses risky behaviors.

REHABILITATION OF CHILDREN WITH MENTAL RETARDATION, HAVING HEREDITARY DISEASES

INSTITUTIONS

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Objectives. The aim of the study was to estimate efficiency of medical-psychological and psychosocial rehabilitation of children with mental retardation with the rare forms of hereditary diseases.

Methods. Under supervision there were children with mental retardation, having a hereditary pathology: Ehlers-Danlos syndrome (n=2), Marfan illness (n=5), Recklinghausen neurofibramatose (n=8), Sturge-Weber angiomatose (n=2), Hippel-Lindau angiomatose (n=1), laykodystrophia (n=4). Age structure of children was from 2 till 18 years. At research have been used clinical, laboratory - biochemical, citogenetic methods.

Results. Psychosocial rehabilitation included obligatory visiting child establishments of a compensating kind where polyprofessional

inspection of children with allocation of conducting disorder and restrictions of ability to live was carried out, medical-correctional and improving-preventive work with obligatory (2 times in one year) an estimation of results. The primary goal of training and education was children's adaptation to a practical life. The special attention was given to physiological measures and sports occupations. The overall performance with children has been closely connected to features of child-parental relations. Constant psychotherapeutic work with parents were carried out, the belief in an opportunity of improvement of a state of health was supported. Within one year sanatorium treatment was carried out also.

Conclusion. Spent actions allowed to improve quality of a life and promoted socialization children.

P-01-310

CASE REPORT: CREATIVE BODY MOVEMENT THERAPY FOR AN ADULT WITH AUTISM

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Objective: The purpose of this study was to use the strategy of creative body movement therapy (CBMT, Evan, 1980) to help an adult with autism for the reconstruction of the body-sense of self, furthermore, to improve his initiation of emotional expressions so as to facilitate the interpersonal relationship.

Methods: A 21 year-old adult diagnosed with middle-functioning autism was referred to this author by the agent of institutional center in northern Taiwan. CBMT was conducted 60 minutes per week for 10 months consecutively. The structure movement profile scale and unstructured parent-subject interaction were collected pre- and post- intervention by independent assessors.

Results: (1) Using the CBMT improved the patient's repetitive/ stereotyped behaviors and interests. After the intervention, the patient's fixed movement patterns and verbal commands were modified to freely acting by his body space and connection. (2) Via the strategies of CBMT, the patient's condition was improved on overall body

sensation, body-self connection, and self-other relationship. (3) Patient's mother reported that during CBMT, patient's interpersonal communication improved steadily. The patient was able to express more about his emotional state and eventually initiated more social interactions with friends.

Conclusions: The CBMT enhances the possibility and flexibility of body-self association for an adult with autism. Furthermore, it improves the individual's social emotional initiation and his interpersonal relationship. Further studies need to examine long-term effects of this intensive intervention and recruited more participants for shorter sessions.

Reference

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SOCIOECONOMIC STATUS AND PSYCHOLOGICAL HEALTH AMONG GREEK ADOLESCENTS

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OBJECTIVE: Self-reported indicators of health status provide interesting information about the psychological component of health and the experience of social roles. The aim of the present study is to investigate the relationship between socioeconomic status and self-reported psychological level of health among Greek adolescents.

METHOD: Cross-sectional survey of 2363 adolescents aged 15-18 years old attending 10 secondary schools in Northwestern Greece. Self-reported psychological health and self-reported level of general health were assessed in two separate five-item scales. Socio-economic variables included parent's education and employment status, subjective adolescent's school performance and subjective assessment of the family's financial difficulties by the adolescent.

RESULTS: 30.8% of the adolescents (girls: 40.1%, boys: 19.9%) evaluated their recent psychological health as fair or poor. No statistically significant association was found between poor health and parental occupation or father's education. Adolescents with lower personal social position, as measured by their school grades, reported poorer psychological health. Financial difficulties in the family were also associated with poor psychological health. In girls only, mother's lower educational qualifications were associated with poorer psychological health.

CONCLUSION: Despite certain level of equalisation, significant socio-economic inequalities can be observed among Greek adolescents, especially when subjective measures of psychological health and socio-economic status are used.

P-01-312

EFFICACY AND SAFETY OF *N-3* PHOSPHATIDYLSERINE IN CHILDREN WITH ADHD

INSTITUTIONS

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OBJECTIVE: Attention-deficit/hyperactivity disorder (ADHD) encompasses a broad constellation of behavioral and learning problems. These patients are also characterized by low blood long-chain polyunsaturated fatty acid concentrations; however their supplementation effect on ADHD symptoms is not clear. It was recently (1) shown in children with inattention that consumption of *n-3* phosphatidylserine (PS) for 3-mo favorably affected their visual sustained attention performance. We aimed to evaluate in children with ADHD the effect of *n-3* PS on ADHD symptoms and wellbeing.

METHODS: In this 15-week, randomized, double-blind, place-bo-controlled, parallel study the impact and tolerability of 150 mg b.i.d. n-3 PS were investigated in 200 children (6-13-y) with ADHD. Efficacy was assessed by teachers' Conners Rating Scale (CRS) and strength and difficulties questionnaires (SDQ) - school version and

clinicians who filled Clinical Global Impression of Improvement. Additional measures included parental rating of behavior (CRS and SDQ - home version) and wellbeing (Child Health questionnaire - Parental Form 50), and continuous performance test (Test of Variables of Attention). Safety evaluation included adverse event reports, vital signs, and parents' Barkley' side effects rating scale. RESULTS: The interim results of 40 children that were randomly assigned in a 2:1 ratio to *n*-3 PS or placebo will be presented.

CONCLUSION: *n-3* PS impact on ADHD symptoms at school and home as evaluated by teachers, clinicians, and parents will be discussed.

REFERENCE: 1. Vaisman N, Kaysar N, Zaruk-Adasha Y, Pelled D, Brichon G, Zwingelstein G, Bodennec J. Am J Clin Nutr, 2008; *in press*

ADOLESCENTS SUICIDE ATTEMPT WITH THEIR PARENTS PSYCHOTROPIC MEDICATION: DESCRIPTIVE STUDY

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Objective: To determine the frequency in adolescents between 13 and 21 years old of suicide attempt with their parents psychotropic medication.

Population and sample: Patients under 21 years old hospitalized in the Psychiatric Unit of Hospital Italiano of Buenos Aires between September 2005 and February 2007.

Material and Method: This is a quantitative, prospective, observational and transversal study. The variables considered were age, gender, cause of admission, suicide method. When the attempt was done with pills we considered what kind of pills and whom they belong to; we also asked about familiar psychiatric history and familiar history of suicide attempt and suicide.

Results: We analyzed data from 85 patients. 67% (n=57) were female and 33% (n=28) male. Age range was between 13 and 21 years with a media of 18.05 ± 2 years. The principal cause of admission was suicide attempt (40.5 \pm 3.68%) (n=45). The suicide attempt method most frequently used was the ingestion of pills (77.8 \pm 9.6%) (n=35).

Discussion: 29 adolescents (82.8 $\pm 16.32\%$) attempted suicide with their parents pills; within this medication 93% (n=27) were psychotropics. The availability of suicide methods is related directly to suicide. Without this methods near many autoagressive impulses may be restrained. The importance of the availability of these methods is often underestimated instead of being modified by prevention.

P-01-314

INVESTIGATING THE NEURAL PROCESSING OF STATIC AND DYNAMIC FACIAL EMOTIONS

INSTITUTIONS

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Deficits in the ability to perceive others facial emotions' is a core feature of Autism-Spectrum disorders (ASD). Previous studies investigating the ability to perceive facial emotions have predominately employed the use of static rather than more ecologically valid dynamic facial emotions. This raises concerns particularly when a clinical sample is investigated as their ability to process facial emotions may be underestimated. Previous research that has assessed dynamic facial emotions, it is suggested that static and dynamic facial emotions are processed within different neural regions. The current study aimed to investigate with the use of steady state probe topography (SSPT) whether static and dynamic emotions were processed within different neural areas. Twenty-six (14 male: M=21.64, SD=3.99; 12 females: M=24.42, SD=4.36) individuals participated in the current study. Conditions included scrambled faces, passive

viewing of faces, a gender face task and an emotion face task. Results indicated that static facial emotions with respect to gender were predominately processed within the frontal region and dynamic facial emotions were predominately processed with in the temporal region. The current study suggests that static facial emotions are non-canonical stimuli and are processed within the mirror-neuron circuit within the frontal cortex and more ecologically valid dynamic facial emotions were processed within the temporal region consistent with the superior temporal sulcus for biological motion. This has important implications for interpreting studies with an sample of individuals with ASD, as previous results that suggest no response to static images may be underestimating their ability to recognize more ecologically valid dynamic stimuli.

STATISTICAL EVALUATION OF 15 YEARS OF PATIENTS SINCE THE OPENING OF A CHILD AND ADOLESCENT PSYCHIATRIC CLINIC

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Aims: To clarify the clinical features of a Japanese child and adolescent psychiatric clinic, we studied the data from outpatients who have visited the child and adolescent clinic that opened in our psychiatric department since January 1991.

Methods: Subjects were 3- to 18-year-old patients who first visited our child and adolescent psychiatric clinic between January 1991 and December 2005. Statistical analysis was performed based on the medical records of these patients.

Results: Subjects comprised 1340 patients (516 boys, 824 girls), accounting for 14.6% of all new outpatients including adults in our department. The number of new patients showed an annual increa-

se. The percentage of patients over 12 years was 85.1%. According to ICD-10 classifications, the percentage of F4 was the highest (49.4%), followed by F9 (13.5%), F2 (11.4%) and F5 (9.8%). In recent years, numbers of F8 and F9 have gradually increased with increases in the numbers of patients with hyperkinetic disorders and pervasive developmental disorders. Of the 1340 patients, 429 (32.0%) showed school refusal, representing the most commonly observed chief complaint in child and adolescent patients.

Conclusion: These results indicate that treatment of adolescents with neurotic disorders (F4) is important for our clinic. Establishment of a substantial psychiatric treatment system is necessary to properly treat adolescent patients.

P-01-316

MANUAL FUNCTIO AND SPEECH IN CHILDREN AND ADOLESCENTS EPILEPSY

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Manual Ability Classification System (MACS) is a scale for children aged from 4 to 18 years, diagnosed as suffering from cerebral palsy. MACS is based on spontaneous manual activities of a child, with special attention paid to the use of objects within its grasp. MACS focuses on the level of the hand function (in five degree scale) of every child and is based on observation how the child copes at home, at school and in social relations. This scale seems a very useful tool, estimating the manual abilities with no regard on the general level of motor development; it describes function what is extremely important for therapists to properly design further therapeutic programs and their improvement to achieve best results of rehabilitation.

The aim of the study was to measure the manual function in children $\,$

suffering from cerebral palsy, in relation to their mental impairment, speech abilities and incidence of epilepsy.

Material and methods:

Material consists of 90 children, who were diagnosed as suffering from cerebral palsy. The level of intelligence and clinical data were collected by analysis of data from history of disease.

Results show that children with epilepsy showed worse manual function than children non suffering from epilepsy. Children with deep mental impairment showed the worst manual function. Children in whom development of the speech was better showed also better manual function

RELIGIOUS MORAL VALUES AS PREVENTION FACTOR OF BEHAVIORAL DISORDERS DURING ADOLESCENCE

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Aim: The aim of this study is to determine the influence of an attitude related to religious moral values on mental stability and on prevention of behavioral disorders during adolescence.

Methods: The sample consisted of 240 mentally and physically healthy high-school adolescents of both sex, divided into groups equalized by gender, age, school achievement, behavior, family structure and the level of exposure to psycho-social stress. Subjects were assessed with regard to the level of belief in certain basic ethical principles derived from religious moral values. Moral Belief Index of the two groups of subjects were compared. In the sample selection the measuring instruments were used to assess moral, religious and social profile. A standardized test battery (Freiburg's Personality Questionnaire/ Das Freiburger Personlichkeitsinventar - FPI, Profile Index of Emotions - PIE, Life Style Questionnaire - OM) is used for the assessment of personality structure including personality profile,

emotional profile and coping mechanisms of subject. Statistical processing is done in SPSS 10.01, and statistical methods applied in this study were t-test, Pearson's correlation test (r), Hi-square test.

Results: Neuroticism, depressiveness, spontaneous and reactive aggressiveness, as well as irritability, emotional instability, transfer and defensive orientation is negatively associated with the moral belief index, while intellectualisation and reactive formation positively associated with the moral belief index.

Conclusions: It is undoubtedly shown that the level of respect of religious moral values is positively correlated with mental stability during adolescence, which reduces the risk of behavioral disorders specific to adolescence.

Key words: religious moral values, adolescence, mental stability

P-01-318

OUR EXPERIENCE WITH OLANZAPINE IN THE TREATMENT OF SCHIZOPHRENIFORM DISORDERS IN CHILDHOOD

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Aims: To present our experience with olanzapine in treatment of schizophreniform disorders, and to examine its efficacy and safety in this population.

Method: In the study were included 10 patients (6 boys and 4 girls) witch were followed-up for 6 months with BPRS and PANSS and laboratory test and BMI at starting of treatment, after three months and six months.

Results: The mean daily dose of olanzapine was 11,8 (range 7,5-15 mg). All children aged 12-17 years showed significant improvement in 6 weeks, with subsequent reduction of psychopathology at each checkpoint. Glucose levels were at normal level and we do not observed statistically significant elevation on BMI.

Conclusion: Olanzapine was safe and effective in treatment of young population.

OUR EXPERIENCE WITH RISPERIDONE IN THE TREATMENT OF AGGRESSION IN ADOLESCENTS WITH SUBAVERAGE COGNITIVE ABILITIES

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Aim: To examine the efficacy and safety of risperidone in a randomized clinical study of adolescents with aggression and subaverage IQ.

Method: We randomly assigned 20 patients aged 9-17 years who were hospitalized and than followed up for three months. We used clinical scales BPRS, CGI and AIMS.

Results: The mean daily dose was 2,67mg/day (range o, 5-4mg). We

observed significant reduction of aggressiveness after two weeks of treatment, and afterwards mild tiredness we reduced the therapy. Extra pyramidal symptoms were absent or very mild. Other unwanted effects included sialorrhea and slight weight gain.

Conclusion: Our results suggested that risperidone is effective for reduction of aggression and disruptive behavior in adolescents with subaverage IQ and is well tolerated as well.

P-01-320

EFFICIENCY OF GROUP PSYCHOTHERAPY IN PSYCHOCORRECTION AGGRESSIVE BEHAVIOUR AT TEENAGERS

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One of kinds of group psychotherapy is socially psychological training which represents training to skills and skills in spheres of dialogue, activity, personal development and correction (in particular aggressive behaviour, depression, phobias, etc.).

Aggression is formed mainly during early socialization at children's and teenage age and in this age is optimum for preventive maintenance and correction. It is offered to consider in more details specificity of concrete training for teenagers with a high level of the aggression, carried out on base Rehabilitation and Diagnostic Center Ministry of the Health of Ukraine.

Objective: Target group: teenagers with the expressed form of aggressive behaviour. of participants - 6-7 person, heterogeneous on gender structure. Number of employment - 10, duration of everyone - 2 hours.

The overall aim of training is concretized in the following problems(tasks): development of ability to empathy; training technics overcomings of aggressive pulses and technics of relaxation.

Methods: As base methods of training were used: group discussion and role game in its various updatings and combinations, and technical equipment and receptions neurolingvistic programming, transactive the analysis, psychoplay.

Results: Group experience facilitates processes of self-disclosing, self-research and self-knowledge that not always can be achieved at individual psychocorrectional and psychotherapeutic work. Thus, the group psychotherapy is a basis active psychocorrectional works, it raises adaptive resources of the person.

SOCIAL-PSYCHOLOGICAL REHABILITATION OF CHILDREN AND TEENAGERS WITH MENTAL AND PSYCHOSOMATIC DISORDERS

INSTITUTIONS

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The purpose - studying mental and psychosomatic disorders at children and teenagers and development of recommendations on the most effective methods of psychosocial rehabilitation.

Objective: complex psychological inspection of 78 children and the teenagers. 42 pers. (53,9 %) have been established diagnosis of vegeto-vascular dystonia.

Methods: clinical method, psychodiagnostic method (painters techniques «The Nonexistent animal», «Figure of family», «The House, a tree, the person», the Children's questionnaire of neurosises, a technique of diagnostics personal alarm of pupils, questionnaire EP I, a questionnaire of fears), group psychotherapy.

Results: 50 pers. (64,1 %) boundary disorders were observed on a background residual cerebral insufficiency. Neurotic variant 38

pers. (48,7 %) - affective infringements, alarm, emotional intensity, infringement of mental activity, incidental depressive components; characterological variant 28 pers. (35,9 %) - the infringements of behaviour which are not reaching pathocharacterological types of behavioural deviations. High level of uneasiness - at 59 pear. (75,6 %). The complex approach to carrying out of rehabilitation actions of children and teenagers in Rehabilitation and Diagnostic Center includes both medical, and social - psychological components.

Conclusions: Psychological characteristics of children and teenagers with mental and psychosomatic disorders, specify a high level neurotisation and family desadaptation, low frustrationaly tolerance, uneasiness, depression. These features of their person should be taken into account by development of methods of social - psychological rehabilitation, correction of intrafamily attitudes, including inadequate approaches to education.

P-01-322

THE AGGRESSIVE FORM OF BEHAVIOUR OF TEENAGERS - AS RESULT OF DESTABILIZATION OF ECONOMY IN THE MODERN STATE

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Aggressive behaviour of teenagers as consequence of destabilization of economy in the state, is caused by absence of the settled system of values and stereotypes, decrease in standard of life as at teenage age there is a formation of character and other bases of the person. From here there is necessity for early revealing behavioural problems, characterological features of teenagers and formation optimum psychological correctional work with the purpose of prevention desocialized teenagers.

Objective: In total research had been covered 53 persons. The experimental group have made 12 person (23%) which were characterized by presence by aggressive strategy of behaviour and 41 person of teenagers (control group) whom this form of behaviour it was not peculiar (77%).

Methods: Research included use of method of supervision, « prima-

ry interview » and a complex psychodiagnostical techniques, such as: a technique of color choice by Lusher, Thomas's technique and multifactorial personal questionnaire MMPI.

Results: Technique MMPI, has allowed to define prevalence of a scale "Impulsiveness" at 67 % (35 person from the general group), surveyed, that is spoken about presence hyperthim variant reacting and difficulty in self-checking, with the leading protective mechanism with replacement.

Conclusions: In view of the personal features of teenagers revealed by us inclined to aggressive behaviour, we came to the conclusion about necessity of creation integrative psychocorection models of work with such children: primary interview, socially psychological training, individual psychological correction to use of techniques cognitical and analytical psychotherapy.

DEPRESSIVE SYMPTOMS AS MEASURED BY THE CDI IN A POPULATION OF KOREAN CHILDREN

INSTITUTIONS

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Background: The Children's Depression Inventory (CDI) is one of the most widely used self-report instruments to assess childhood depression, and it has been especially valid for epidemiological purposes.

Aims: The aim of our study is to assess self-reported depressive symptoms in a school sample of Korean children by gender, using the Korean version of the CDI. In addition, a factorial analysis was performed on the 27 items of CDI in the subjects in order to identify possible composite dimensions.

Methods: All the participants were $5^{\rm th}$ -grade 4,370 students in elementary schools (2,165 males , 2,186 females and 19 unknown)in 2005-2006. The initial factors were extracted by means of maximum likelihood factor analysis and then rotated according to promax cri-

teria in order to achieve a simple structure. Only those items with a loading of .30 or greater were included in the identified factors.

Results: The CDI mean score was 13.16 ± 6.88 . Eight hundred ninety-five (20.48%) children showed clinically significant scores above 19 points. There was no significant difference of mean scores between boys and girls. Factorial analysis yielded four factors, such as dysphoria, social problems, externalizing/self-deprecation and school problems. The factor which accounted for the highest variability was externalizing/self-depreciation in boys, but dysphoria in girls.

Conclusion: The frequency of participants who scored 19 or above was significantly higher than those of in other westernized countries. Despite of insignificant difference in the CDI score, the gender difference should be considered to assess childhood depression.

P-01-324

CONSUMER SATISFACTION WITH CHILD AND ADOLESCENT MENTAL HEALTH INPATIENT CARE

INSTITUTIONS

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Aims

Measuring consumer satisfaction is recent achievement in health care in Serbia linked to the introduction of human rights related international standards. The aim of the study was to explore the differences between children and parents in satisfaction with child and adolescent inpatient mental health service.

Method

Self report Questionnaires (Child and Parent Version) for evaluating the satisfaction with treatment were administered to 40 children, aged 12-18 years, and to their parents at the end of the child's hospital treatment. The questionnaires are based on the questionnaires developed by H. Remschmidt and colleagues at the Dept. of Child and Adolescent Psychiatry, Philipps-University, Marburg.

Results

High levels of overall satisfaction with received services were reported both by children and parents. Most of children (85%) reported that they were understood and respected by the therapists but quite often (37%) they doubted if their disease is curable. The parents were more optimistic regarding the outcome of child's difficulties but less satisfied with the effects of the treatment on their family functioning. This was more frequent in multi-problem families or in parents living far away from Belgrade and not able to attend regularly the sessions for the parents.

Conclusion

The measuring of consumer satisfaction is a valuable starting point in the process of improving the treatment procedures and raising the standards of care within the existing services. It can help in better understanding and meeting the needs and expectations of children and their parents.

THE OUTCOME OF ATTACHMENT DISORDERS IN SCHOOL PERIOD AND EARLY ADOLESCENCE IN ADOPTED CHILDREN

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Objective: Analysis of the outcome of attachment disorders in adopted children in later behavioral organization in respect to the caregiving style of their parents.

Method: The sample consisted of 21 adopted children age 6-12 years, and their respective adoptive parents. The children's attachment organization was assessed by Child Attachment Interview, and the caregiving parent style was assessed by Adult Attachment Interview (1). Actual behavioral problems of children were assessed by Child Behavior Checklist.

Results: The profiles on the Child Attachment Interview and Adult Attachment Interview were highly complementary(2). 6 children manifested inhibited type of attachment disorder, which highly correlated with internalizing behavioral problems and 15 children manifesting disinhibited type which correlated with externalizing behavioral problems. Behavior disorders were ranked as interna-

lizing (such as: anxiety, phobic, psychosomatic, depressive symptoms) and externalizing (such as hyperactivity, conduct disorders, aggressive and antisocial behavior)

Conclusion: Attachment disorders are severe risk factors in adopted children which contribute to multiple behavior disorders and emotional problems in later latent and early adolescent period.

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P-01-326

SUBSTANCE MISUSE IN LEARNING DIFFICULTIES - AN EMERGENT FIELD?

INSTITUTIONS

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Aim: The poster aims to present some background information on substance misuse in persons with learning difficulties and present this as an emergent field in psychiatry.

Method: An academic day of talks by professionals working in substance misuse was arranged by the North Bristol Community Learning Difficulties Team for staff working in learning difficulties. The various presentations are described on the poster. Questionnaires were circulated before and after the talks to gauge peoples attitude towards this field, including questions about their previous training and experience. People were also asked about what may be useful for future services.

Results: In total 17 paired questionnaires were completed. All

respondents felt that the topics were relevant to a degree. Most people had encountered cases in the last 6 months where they felt that substance misuse was a significant problem. However, over half of respondents had no experience or training in substance misuse. Of suggested future directions many respondents agreed that further training was essential as well as closer collaboration between learning difficulties and substance misuse services.

Conclusions: Persons with learning difficulties have problems accessing mainstream substance misuse services and these patients are often seen by a learning difficulties service. However, many professionals working in learning difficulties lack specific experience or training. Collaboration between services is needed to find effective ways of working with this emerging population.

THREE LETTERS TO DEATH

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In this study we present the letters that three children aged 8,12 and 12 years respectively, wrote to their parents before attempting to commit suicide. Through these letters, the different characteristics of suicide attempts are examined with respect to different psychopathology profiles that emerge. These three cases were drawn from a larger sample of children and adolescents who were referred to our department after a suicide attempt during a nine-year period. A group of them were detected as being at high-risk for developing

early-onset mood disorder and were followed for a period of 3-vears.

All the clinical data collected within the 3-year follow-up are used for the study of the cases. Through the presentation of these letters and the study of the cases we have the opportunity to discuss the specific characteristics and differences within the spectrum of early-onset mood disorders.

P-01-328

ASSOCIATED FACTORS WITH THE DAILY CIGARETTE INTAKE AMONG STUDENT ADOLESCENTS

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Background: Daily cigarette intake is associated with high morbidity and mortality in adults. This pattern of tobacco use is established during early adolescence. Furthermore, a lot of variables in Colombian adolescents have not been studied yet.

Objective: To establish the prevalence and associated factors daily cigarette smoking among middle and high school-students in Bucaramanga, Colombia.

Methods: A random sample of adolescent students completed an anonymous questionnaire asking about illegal and legal substance use, CAGE questionnaire, Center for Epidemiological Studies-Depression Scale, Francis Scale of Attitude Toward Christianity, Rosenberg Self-Esteem Scale, the module for antisocial personality of the questionnaire of the structured clinical interview for DSM-IV axis II diagnosis, and family APGAR. Logistical regression was used to control confounding variables.

Results: A total of 2,848 students participated in this research. The mean age was 14.4 years; 51.1% was female. The prevalence of occasional and daily cigarette smoking during the last month was 12.4% (95%CI; 11.2-13.7) and 4.6% (95%CI; 3.8-5.4) respectively. Daily cigarette smoking was associated with sibling substance consumption (OR=3.64; 95%CI 2.36-5.64), bad health perception (OR=3.46; 95%CI; 1.42-8.46), low self-esteem score (OR=1.88; 95%CI; 1.03-3.45) and alcohol dependence pattern (OR=3.74; 95%CI; 2.49-5.65).

Conclusions: One in 22 middle- and high-school student adolescents from Bucaramanga is a daily cigarette smoker. Daily cigarette smoking was associated with sibling substances consumers, bad health perception, alcohol dependence pattern, and low self-esteem score

EATING AND WEIGHT DISORDERS IN AN ADOLESCENT RESIDENTIAL PSYCHIATRIC FACILITY

INSTITUTIONS

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Eating and weight disorders most often have their onset in adolescence, are prevalent in this age group and constitute a major public health problem. Adolescents with eating and/or weight disorders not infrequently become psychiatric patients. The occurrence of eating and weight disorders in a residential psychiatric facility for adolescents who are receiving treatment for a variety of disorders including early psychosis, depression, anxiety disorders, attention deficit and autistic spectrum disorders is of major concern.

Aim/Objectives: To ascertain eating disorder diagnoses in day and residential patients of a residential adolescent treatment facility between March and June 2006

Methods: Seventeen patients were surveyed over a three-month

period using EEE-C (Abraham and Lovell 2000), a computerised inventory for eating disorders and exercise. Patients were also weighed and measured.

Results;: Only three out of 17 adolescents did not have an eating and/or a weight disorder. Diagnoses included purging and restricting anorexia nervosa, bulimia nervosa, EDNOS, binge eating and exercise disorder. Almost half the adolescents were overweight or obese

Conclusions: Eating and weight disorders were present in the majority of adolescents surveyed. How these were addressed and measures aimed at prevention will be discussed along with data from a follow-up survey two years later.

P-01-330

EFFECTS OF CHILDHOOD ADVERSE EVENTS ON PSYCHIATRIC DISORDERS

INSTITUTIONS

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Introduction:

Adverse events during childhood and adolescence are believed to be related with adulthood psychopathology. Both axis 1 and 2 psychiatric disorders have been found to be associated with past adverse events. The aim of this study is to find the rate of childhood adverse events in a cohort of psychiatric inpatients and investigate the correlation between the type of adverse event and variety of psychiatric diagnosis.

Methods

Records of 1105 patient, who have been hospitalized in psychiatry inpatient service of Gazi University Hospital between years of 2001 and 2006, were searched retrospectively. 211 patients (19,09 %) who have experienced physical, sexual and emotional abuse before the age of 16 were included in the study.

Result

Numbers of female and male patients of the sample were 136 and 72 respectively. 64.5% of these patients (n=138) have experienced one adverse event whereas 34.6% patients (n=73) have experienced multiple adverse events. There was no statistically significant difference between the type of adverse events and axis 1 and 2 diagnosis of the patients (p=0.64 for axis 1; p=0.76 for axis 2). Patients diagnosed with at least one axis II disorder had significantly higher number of childhood adverse event than patients without axis II disorder.

Discussion

One of the most considerable outcomes of this study is the high frequency of trauma history in psychiatric inpatients. Especially patients with personality disorders have reported significantly higher childhood adverse events.

ATTENTION DEFICIT HYPERACTIVITY DISORDER AND DELINQUENCY IN CHILDREN AND ADOLESCENTS

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According to prospective studies; hyperactivity, behavioral problems and substance use were found to be the predictors of delinquent behaviors in child and adolescence. Comparing to the non-delinquent youngsters, the probability of having psychiatric disorders is three times more for delinquent ones. However; psychiatric disorder ratios are changing according to the socio-demographical features and to the prevalence of the disorder in the general population of the countries where researches have been conducted. For this reason, finding an answer to the question of "Can delinquency be prevented?" is very important. In order to do this, we are conducting

a research with child and adolescence who are staying at "Agaçli Care and Rehabilitation Center" because of their delinquent behaviors. Since, research is in progress results are not obtained yet. However; according to the initial findings ADHD, depression and anxiety disorders are common in this sample. Another important finding is that by the effect of ADHD, education is interrupted. With the lack of social support being away from the school leads these children and adolescents to have trouble with laws. When the results obtained, it will be clearer how delinquent behavior can be prevented.

P-01-332

AN EPIDEMIOLOGICAL STUDY OF BULLYING IN SCHOOL CHILDREN

INSTITUTIONS

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Aims: To investigate the prevalence of bullying in school children and to study the socio-demographic correlates of bullies and victims.

Method: The students of grades 7 and 8 constituted the study sample. The schools-one private and one public were selected randomly. The Korean-Peer Nomination Inventory (KPNI) scale was used to identify the bullies and victims. The data obtained were analyzed using SPSS Version. 10.0.

Result: The prevalence of school bullying was 43.5% Bullying behavior was categorized as follows: victims only 19%, perpetrators only 18.4% and victim-perpetrators 6.2%. Boys outnumbered girls in

bullying in all 3 categories though the difference was statistically insignificant. Most of the perpetrators belonged to high family income group.

Education level of the fathers of the perpetrators (in private school only) was found to be significantly correlated.. Their fathers were more likely to have completed the college level.

Conclusions

The study shows that bullying behavior is highly prevalent in school children. Most of the socio-demographic variables did not correlate with the bullying. The study indicates the need for comprehensive remedial plan at the level of school, parents and law enforcing agencies.

SOCIAL PHOBIA: A STUDY OF ITS PREVALENCE IN TWO SCHOOLS IN PORTO ALEGRE, BRAZIL.

INSTITUTIONS

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Objectives: This study reports the prevalence and impact of social phobia on education in a sample of adolescents of one public and one private school in the city of Porto Alegre, RS, Brazil.

Methods: The Social Phobia Inventory (SPIN) was administered to 525 students of primary and high school, of both genders, but 32 students were excluded from the study due to incomplete answers. A questionnaire to observe sociodemographic characteristics of the sample was also used.

Results: According to the SPIN, 114 of 493 (23.12%) students obtained scores equal to or greater than 19 points. Girls tended to show a greater frequency of social anxiety disorder when compared to boys (p=0.053). Social phobia was not associated with a higher number of repeating students.

Conclusion: Social phobia symptoms are common among teenagers $^{\rm I}$ and, due to its chronic course, may result in severe impairments. Therefore, early identification and treatment of such disorder is extremely important

Keywords: Social phobia. Adolescents. Prevalence. Impairment.

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P-01-334

FREQUENCY OF ADHD IN ADULTS MEXICAN SAMPLE WITH SUBSTANCE ABUSE DISORDERS

INSTITUTIONS

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Objective: To describe frequency of ADHD in adults with substance abuse disorders (SAD) in a Mexican Sample.

Method: Assessment of 85 adults with SAD. ADHD diagnosis was done using OMS rating Scale Adults ADHD, Wender Utah Scale (WURS) and Weiss and Murray items (WM).

Results: Sample with SAD was male 60% and female 40%. The rate of ADHD was of 54.1 %, for retrospective childhood diagnosis we found 68.2% were positive for ADHD, of them 62 % was male and 38 % female. Most frequent psychiatric diagnosis was Depression (89.4%), Anxiety Disorders (40%), Eating Disorders (22.4%), and

Bipolar Disorder (15.3%). Antisocial Personality was 35.31%, and 29.4 report moderate suicidal risk. Most frequent Substance Abuse was Cannabis (92.9%), alcohol (82.3%), tobacco (48.2%), and cocaine (48%) None of patients with ADHD had ever been diagnosed and treated in childhood.

Conclusions: Frequency ADHD was similar to international findings. ADHD sample had a statistical difference in cocaine abuse (p=0.03) and cannabis (p=0.001). Adults ADHD had difference in difficulty managing money, completing housework or being on time (p=0.01) and trouble living with others (p=0.006).

PSYCHO-EDUCATION IN AUTISM SPECTRUM DISORDERS

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Aims

Psycho-education is considered to be a corner stone in the management of individuals with a psychiatric disorder. It is assumed that the awareness and insight into the illness plays a role in the recognition and experiencing of symptoms, the ability to accept help, the ability to adapt to the illness, therapeutic compliance, and prognosis. Doubts have been put forward, whether these tenets apply in a similar fashion to chronic psychiatric conditions. It has been reported amongst psychotic patients, that insight into the illness is correlated with less emotional wellbeing. Research on the impact of psycho-education on patients with an Autism Spectrum Disorder (ASD) is scarce.

Methods

A pilot study was started to ascertain the efficacy of psycho-education in ten young adults with ASD. They participated in a structured psycho-educational program, consisting of eight sessions of two

hours. The Harter Self-Perception Profile for Adolescents and The Rosenberg Self-Esteem Scale were administered at baseline and after the last session. The former scale is a self administered scale measuring the adolescent's perceived competence in various domains as well as there sense of general self-worth.

Results

Scores on the Rosenberg scale increased about 25%. Scores on the Harter Profile differed dependent on the domain measured. Selfworth increased as well as the perceived capacity for friendship. Measures that implied social interaction did not.

Conclusion

The results of this pilot study do not suggest detrimental effects of psycho-education. The sample is too small to prove an increased sense of well being.

P-01-336

ACCESSIBLE MEDICATION INFORMATION FOR PEOPLE WITH INTELLECTUAL DISABILITIES

INSTITUTIONS

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Aims/Objectives

To provide resources to assist clinicians in adhering to a national (UK) clinical guideline on the use of medication for behaviour problems in adults with intellectual disabilities (ID). To provide people with ID accessible information about medications. To work in collaboration with people with ID.

Methods

The guideline recommends that clinicians provide service users with information about their medication to take away. Initially, an expert who has worked on accessible information designed a template for the 35 medication information leaflets. The individual leaflets were then drafted following this template, taking specific information from the British National Formulary. The leaflets used easy words, short sentences, large font size and pictures to help convey the information. The leaflets were then translated into audio versions. Two groups of people with ID advised on the project. A steering group

of pharmacists and psychiatrists also gave advice on the content of the leaflets.

Results

The resources provide accessible audio and visual information relating to medications that are used to manage behaviour problems. They include information on medication names, side effects, when and how the medication should be taken and where further advice can be sought. All the resources were uploaded to the project website and are freely available to download and distribute. CDs containing the information were also produced.

Conclusion

It is important that people with ID are given information in a way that they understand, particularly in relation to medication. It is essential that people with ID are consulted when developing such information.

PEDIATRIC HOSPITALIZATION IN SUICIDAL ATTEMPTS

INSTITUTIONS

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Aims

We describe the biodemographic characteristics of all the children that were admitted for suicidal attempt in the pediatric unit of Concepcion General hospital between October 1995-September 2003, and the characteristics of their attempts.

Objectives

- 1.-To describe the sociodemographics characteristics of the suicidal attempters hospitalized in the pediatrics services.
- 2.-To describe the clinical characteristics of those attempters.
- 3.-To describe the characteristics of their attempts.

Methods

All patients admitted during the period were included in the study. The patients and their families were assessed by child psychiatrist and their medical files were reviewed. The information was registered in a special record and then descriptively analyzed.

Results

128 children were admitted; their mean age was 13.04 years (6-15 years), 85.9% were female, 43.0% lived with both parents, 61.7% had at least a relative with a psychiatric disorder, and 56.3% reported some kind of domestic violence.

The most common psychiatric diagnostics of the attempters were depressive disorders (44.5%), and abnormal personality traits (31.3%). Most of the suicide attempts took place in the children's home (78.1%), they were in October (beginning of Spring) in 14.1% and in December (end of the school year) in 13.3% of the cases. Most of them were without planification (57.8%), and after a precipitant situation (84.4%), medicament overdose was the most commonly used method (83.6%) and intensive care unit was required only in 20.3% of the cases.

Conclusions

The study of the group of children that begins early in their lives with suicidal behavior is of the outmost importance in order to design early intervention and prevention programs.

P-01-338

ANALOGIES BETWEEN PUNISHMENT AND OBSESSION-COMPULSION: EVIDENCES OF A SOCIAL APPRENTICESHIP

INSTITUTIONS

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Objective: Demonstrate that Mental Illness, as aberrant process, is not a genetic disease.

Method: Analysis and record of all those animus states produced in the real I search, during 3 decades.

Results: Unexpected assault of paternal dispositions and coercive ideas or impulses, attacking against the Being, like they both share: Their repeated persistence, initial rejection, ignorance of their origin, to ignore their real premeditation, to interrupt the homeostasis, not to represent an intrinsic need, not to execute it will increase the contradictions; try for ignoring it, suppressing it, neutralizing it without result; alternative does not exist before these, because they are incisive and vertical; any adopted attitude will not avoid such a coaction; to execute immediately against the will; to produce annoyance, alienation and loss of control; environment disconnection, a dual feeling appearance. Consciousness of: impotence, not to

have the necessary weapon to revert it and that, of such a conflict, will leave loser. This mechanical repetition, with evident vexation, originating a dead time (Non-Being), it will make abort the existence, of the Being, in emptiness, toward future avoidance.

Conclusion: This demonstrates that 'Mental Illness' comes from that imperfect relation among parents and children; since both events are essentially identical.

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Investigation Center CIPLI articles in Acta Psychiatrica Scandinavica. Volume 114 Page 64 (June 2006) & Turkish Journal of Psychiatry Summer 2006.

ADHD IN ADULTS: CO-MORBIDITY AND AETIOLOGY

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Aims

Attention Deficit and Hyperactivity /Impulsivity Disorder (ADHD) is a neuropsychiatric condition that affects about 1 % of the adult population. Approximately 70 % of patients with ADHD have additional disorders, making co-morbidity the rule. Apart from that ADHD is co-morbid in a variety of other disorders, including psychoses and mental retardation. This situation severely hampers research into genetic aetiologies. Originally co-morbidity was not conceived to signify that the patient had several disorders, but to document the whole symptomatic syndrome in a patient.

Methods

Two hundred adult patients with ADHD are examined for co-morbid conditions with semi-structured interviews, collateral information and an extensive neuropsychological battery. Furthermore an analysis is performed of research into the genetic aetiology of

ADHD and especially the use of inclusion and exclusion criteria in this research.

Results

The pattern of co-morbidity corresponds to a large extent with similar studies. The research about the genetics of ADHD is severely compromised by co-morbidity, the inclusion of heterogeneous samples and the implicit conception that ADHD is a homogenous disorder instead of a behavioural syndrome with a variety of aetiologies. This state of affairs is comparable to that about the genetic aetiology of schizophrenia and autism.

Conclusion

The current diagnostic fashions itself are the cause of the inconclusive results of the research into the genetic aetiology of ADHD.

P-01-340

MENTAL ILLNESS: REPETITION AND STYLIZATION OF A LEARNED CONDITIONAL PATTERN

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Objective: Demonstrate that 'Mental Illness' has as a central nucleus the mechanical exercising of a pattern learned at home.

Method: Planned introspection and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, during 30 years.

Results: The Human Being, during fetal life, exercising only material laws is being fused to the Cosmos, with universal objectives; after the delivery, executing what please to his progenitors, he keeps adapted to group: I'. Valid this at home and reinforced in the society Man learns that, OVER HIS INTRINSIC REQUIREMENTS AND NATURAL ACCOMPLISHMENT, his progenitor is as principal element, to whom he has to satisfy and to be pending on his requirements to deserve a recompense and avoid a punishment: Social Law.

Conclusion: Search of the liberty unmufflely puts in evidence the learned mechanization, preventing non-adaptation. However, if that automatism is executed with a particular 'element' occupying progenitor position, such aberrant supplantation with later stylization, inescapably will guide to exercise answers tend to effect change in the form and behavior of 'this', the same as he did as with the aggressive progenitor, his impositions and conditioned stimuli to avoid a punishment, only now he is consciousness of his automatism.

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MDR1 POLYMORPHISM ASSOCIATED WITH RESPONSES AND SIDE-EFFECTS OF OROS-METHYLPHENIDATE IN CHILDREN AND ADOLESCENTS WITH ADHD

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Objectives: We investigated the association between five SNPs of multidrug resistant protein 1 (MDR1, ABCB1) and responses/ side effects of OROS-methylphenidate (OROS-MPH) treatment in children and adolescents with attention deficit/ hyperactivity disorder(ADHD).

Methods: 123 children and adolescents with ADHD who were treated with OROS-MPH were analyzed with 5 SNPs of MDR1 gene. The SNPs were compared between subjects and normal controls (N=100). Subjects were grouped into Responders and Non-Responders according to their reduction rate of K-ARS scores at 4th week of OROS-MPH treatment. The scores of side effects of OROS-MPH were compared with genotypes of MDR1.

Results: There were no differences statistically in age, sex ratio, ADHD rating scale scores at baseline and OROS-MPH doses at 1st

and 8th week between responders and non-responders. All the 5 SNPs were in Hardy-Weinberg equilibrium and had no significant difference in the genotype frequencies of subjects as compared with normal Korean controls (N = 100). The LD blocks and its associated values are listed. One promoter SNP, g.-1459G>A, was associated with the responder group at 4th week. The A alleles of this SNP found more in responder group than in nonresponder. In haplotype analyses, the second haplotype composed of 5 SNP was also associated with non-responder group. In addition, c.2677G>T was associated with the increase of side effects of OROS-MPH, especially in the appetite category.

Conclusion: Our results suggest that subjects who have A allele of g.-1459G>A without TT genotype of c.2677G>T are likely to have good response without serious side effects of OROS-methylphenidate

OLD AGE PSYCHIATRY

P-02-001

STUDY OF FACTORS AFFECTING HEALTHY LIFE BEHAVIORS OF TURKISH ELDERS

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Objectives: Being elderly creates various problems due to physical, social, economical and cultural changes (1,2). The purpose of this study was to study the factors affecting healthy life behaviors of elders

Method: The study was carried out in a rural rest home located in Usak, Turkey, between January 2007 and February 2007. The sample consisted of 150 elders, selected by basic random sampling method. The data were collected by Introductory Information Form and The Healthy Life Behavior Scale. ANOVA, t test and Tukey HSD test were used for analysis of data.

Results: The mean age of the elders was 70.69 ± 6.09 . It has been determined that there is a significant difference in The Healthy Life Behavior Scale mean score of elders according to age (F=3.460, p<0.05), marital status (F=11.832, p<0.01), education level (F=5.139,

p<0.01), working condition (t=3.005, p<0.01), the frequency of seeing their children (F=5.573, p<0.01) and also the frequency of meeting their relatives (F=5.982, p<0.01).

Conclusion: As a result, it has been determined that the healthy life behaviors of the elders who are above 75, illiterate, unemployed and who live alone and never see any of their children or relatives are to be in lower level.

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P-02-002

DEPRESSION AND ITS CORRELATES AMONG PATIENTS WITH AND WITHOUT DEPRESSION LIVING IN NORWEGIAN NURSING HOMES

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Aim/Objective: Depression is one of the most prevalent psychiatric symptoms among patients with dementia and is associated with negative outcomes. The aim of the study is to analyze the prevalence of depression and its correlates in a nursing home sample.

Methods: A sample of 1,159 randomly selected nursing home patients was assessed with the Cornell Scale, the Clinical Dementia Rating Scale (CDR) and Lawton's Scale for activities of daily living. Additionally, information was collected from the patients' records. We considered a cut-off ≥ 7 in the Cornell Scale as clinically significant depressive symptoms, and analyzed differences between patients with and without dementia of various degrees. A multiple stepwise logistic regression analysis was performed with depression as the dependent variable.

Results: The prevalence of significant depressive symptoms was

31.2%. In bivariate analyses patients with depression were more functionally (p<0.001) and cognitively impaired (p<0.001), used more drugs (p<0.001), antipsychotics (p<0.001), anxiolytics (p<0.001), hypnotics (p=0.004) and antidepressants (p=0.001), and had worse physical health (p<0.001). In the multivariate logistic regression analysis the following variables were of significance: CDR score (p<0.001), use of anxiolytics (p<0.001), total number of drugs (p=0.004), use of sedatives (p=0.012) and use of antipsychotics (p=0.02).

Conclusion: Prevalence of depression in Norwegian nursing home patients is high. Depression was associated with cognitive impairment, use of anxiolytics, number of drugs, sedatives and antipsychotics, but not with use of antidepressants.

RAPID DECAY OF SENSORY MEMORY TRACES IN ALZHEIMER'S DISEASE - WATCHING HOW MEMORY TRACES VANISH

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Objectives: Patients with Alzheimer's disease present characteristic memory deficits. So far, no direct parameter has been described to image a possible faster decay of cortical sensory short-term memory traces. However, we recently described that modality-specific cortical areas show prolonged activation after short stimuli (N700 event-related potential component) in healthy adults (see references). We wanted to test whether N700 would be a suitable marker to image a faster decay of sensory stimulus-postprocessing in Alzheimer's disease.

Methods: We analyzed ultra-late stimulus post-processing (sensory memory traces) as reflected by the N700 ERP-component after paired auditory clicks in 17 subjects with Alzheimer's disease (AD) and 17 age-matched controls. Subjects passively heard the stimuli while watching a silent video.

Results: While earlier auditory evoked potentials were not reduced, N700 decayed significantly earlier in subjects with AD (400-500ms).

Dipole source analysis (BESA) indicated reduced activity from a generator in the auditory cortex in the temporal lobe.

Conclusions: The N700 ERP-component takes advantage of the high time-resolution of multichannel EEG. It is a promising marker to image a faster decay of automatic traces in the sensory cortex in Alzheimer's disease. Further studies in other modalities should be undertaken to establish whether a faster decay of sensory memory traces is a replicable and general phenomenon in AD.

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P-02-004

DEMENTIA AND STIGMA: PUBLIC BELIEFS ABOUT REJECTION AND RISK OF VIOLENCE

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Aim: To assess the frequency of stigma and the risk of violence within a general population of the city of São Paulo, Brazil, when a vignette depicting an Alzheimer's Disease (AD) case is shown to the selected sample.

Method: Cross sectional population-based random sample of 500 household residents aged 18 years and over were examined in Sao Paulo. Instruments were a case vignette depicting an Alzheimer Disease (DSM-IV) and a structured questionnaire investigating stigma, negative conceptions and the risk of violence.

Results: Stigma and negative conception against Alzheimer disease

was identified by 43% of the interviewees. Results also showed that 35% of the respondents consider that people close to an Alzheimer disease patient will consider keeping a distance of such patient. The risk of a violent behavior was identified by 41% of the sample. However this figure is sharply reduced if the population is informed that patient is receiving appropriate treatment. Logistic regression showed no factors affecting responses on stigma and violence.

Conclusion: Stigma and the risk of violence are clearly present in the general population's perception in relation to a case vignette depicting an AD case. No sociodemographic variable is associated to stigma against AD's patients.

RETHINKING RETROGRADE AMNESIA: THE ROLE OF MEDIAL TEMPORAL, LATERAL TEMPORAL AND FRONTAL PATHOLOGY

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Objectives and Methods

There is considerable controversy concerning the theoretical basis of retrograde amnesia. We compare medial temporal, medial plus lateral temporal, and frontal lesion patients on a new autobiographical memory task and measures of the more semantic aspects of memory (famous faces and news events). We also present a more detailed analysis comparing individual patients with quantified pathology restricted to specific critical brain structures.

Results

The main group study revealed the following: Temporal pathology: Only those patients with damage extending beyond medial temporal cortex into lateral temporal regions showed severe impairment on free recall remote memory tasks, and this held for both the autobiographical and more semantic memory tests. Frontal pathology: We found no clear evidence for remote memory impairment in the

frontal group on any test. However, correlational analyses indicated significant correlations between frontal lobe volumes and recall performance on semantic (but not episodic) tasks. These findings, in the context of further detailed analysis of individual cases, raise the possibility that, although medial and temporal regions may form part of a distributed neural network subserving memory retrieval, damage needs to be quite extensive and exceed a certain critical volume before a significant remote memory impairment can be observed

Conclusions

The findings do not offer unequivocal support for either consolidation or multiple trace theory, but suggest that a widely distributed network of regions underlies the retrieval of past memories, and that the extent of lateral temporal involvement is critical to the emergence of a severe remote memory impairment.

P-02-006

SUBTYPES OF DEPRESSION IN ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

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Objective: To explore the prevalence and subtypes of depression in patients with Alzheimer's disease (AD), vascular dementia (VaD), or undifferentiated dementia (UD).

Methods: Analysis of subtypes of depression was conducted on 6,440 patients 60 years or older with dementia (2,947 AD, 725 VaD and 2768 with UD) from the Integrated Healthcare Information Services (IHCIS), a National Managed Care Benchmark Database database, identified from January 1, 2001 to December 31, 2001. Sub-types of depression, AD, VaD and UD were diagnosed using ICD-9 criteria.

Results: The prevalence rate of depressive disorders was 27.41% in all patients with dementia independent of the dementia subgroup. The prevalence of depressive disorders was much higher in the VaD

group (44.14%) and UD group (32.48%) compared to AD group (18.53%). Compare with AD and UD, VaD patients had significantly higher prevalence in artherosclerotic dementia, depressive disorder NOS, major depressive disorder single and recurrent episodes and neurotic depression (p<0.01). Adjustment disorder, presenil and dementia senile with depression were significantly more common in UD patients, whereas depressive psychosis was similar in all dementias types. AD patients had the lowest prevalence in all subtypes of depression.

Conclusions: This study supports that depression is more prevalent in VaD compared to UD and AD and also provide indicators to the clinician for further evaluation of depression in different dementia subtypes

VASCULAR DEMENTIA OF MORBUS BINSWANGER TYPE

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In the broadest sense the dementia can be characterized as acquired conditions, which are appearing after final developments of intellectual functions. All dementias toward dominant source of etiopatogenesy mechanism can be divided into subcortical, cortical and mixed. Appearance of depressive phenomenology is a significant characteristic of subcortical dementias, so that represents an important differential-diagnostically dilemmas toward unipolar depressive disorders. In the group of subcortical dementias an important place takes certain kinds of vascular dementia, among is also Subcortical Arteriosclerotic Encephalopathy - Morbus Binswanger. This dementia, toward original review by Otto Binswanger, characterizes gradual, slowly progressive mental deterioration and

changes in white mass with secondary ventricular dilatation. Before its introducing, MRI was considered as extremely uncommon, neuropathological entities. Benett and fellows are suggesting clinical and radiological criterions for a diagnose setting. Basic cognitive profile characteristics of this dementia are memory disorders and disexecutive syndrome.

In our research we are representing a development of cognitive and depressive phenomenology to 70-years-old woman patient, hospitalized in our hospital during 2007. because of exacerbation depressive syndrome. Key words: depressive syndrome, vascular dementia, Morbus Binswanger.

P-02-008

THE ROLE OF NARCISSISM IN DEMENTED PATIENTS WHO ATTEMPT SUICIDE

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Objective: To determine differences between narcissistic personality disorder and no personality disorder as regards the following variables: suicide attempt, behavioral and psychological symptoms of dementia, psychotic episode, diagnostic assessment, substance abuse, depression and suicide ideas, in older patients with dementia.

 $Material\ and\ methods: This\ is\ a\ comparative,\ prospective,\ observational,\ transversal,\ single\ blind\ study$

Results: We studied 67 inpatients with dementia. Statistical signifi-

cant associations were found between narcissistic personality disorder and suicide attempt (p=0.022;OR=;IC=) and narcissistic personality disorder and suicide ideas (p=0.023;OR=;IC=)

Discussion: In patients with early dementia with perception of their deterioration narcissism and hate of ageing plays a crucial role. There seems to be an association between narcissistic personality disorder and suicide ideas and attempts in patients with dementia that should be taken into account to prevent suicide in older age not always related to depression.

GLUTAMATE ANTIBODIES - NEUROIMMUNE MARKER OF GLUTAMATE DISORDERS IN ALZHEIMER'S DISEASE

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In recent years functioning of glutamate system in Alzheimer's disease (AD) has been extensively investigated. Glutamate is an existatory neurotransmitter and neurotoxin that has the potential to destroy neurons. It was well documented the key role of glutamate - in mechanisms of neuronal degeneration in AD. The study of antibodies to glutamate is important for understanding the mechanisms of neurodegeneration in AD and the development of therapeutical treatments.

The aim of present study was to determine the level of serum glutamate antibodies in modified solid phase immunoenzyme assay (ELISA) in patients with AD. The study included 41 female patients with AD and 30 mentally healthy women of the same mean age (81,0±7,0). The diagnosis of AD was made in accordance with the

criteria of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) and AD and Related Disorders Association (ADRDA). In some cases brain Computer-Tomography was employed. In blood sera of AD patients we found significant higher levels of glutamate autoantibodies compared to elderly controls. Distinctions in the level of glutamate antibodies were revealed at early and late onset of AD (1,3±0,08, 1,9±0,1; p <0,05). Moderate and severe alterations in cognitive function in AD patients correlated with high levels of glutamate antibodies. We suggest that glutamate antibodies can play the important role in protective mechanisms of neurodegeneration in AD. Glutamate antibodies may be used as neuroimmune marker in selecting the clinical and therapeutical strategies for AD.

P-02-010

PHANTOM BOARDERS IN JAPANESE ELDERLY PERSONS WITH DEMENTIA - PHANTOM INTRUDER OR PHANTOM RELATIVES-

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It is generally accepted that the term, Phantom boarders symptom (PBS) was introduced by Rowan EL, a delusion occurring in the elderly, with or without dementia, in which the patients believe that someone uninvited is living in their homes. An old woman's nightly phone calls of the police department complaining of loud noise and partying upstairs, or hippies in the attic, making loud conversation and music. These phantom boarders activities were not deliberately annoying the patients. These delusions and congruent hallucination occurred without other evidence of thought disorder, affective disturbance, or organicity and therefore may be a subset of late paraphrenia. PBS in this condition, is basically persecutory delusion. PB move into the house from external world, often associated with delusion of theft. Recently Terada S et al used a term, phantom

intruder delusion, which clearly describes this characteristics.

On the other hand, there is another type of PBS. Boarders were old family members and relatives, late father, mother, grand father, grand mother, nephews and niece.

They were not uninvited persons, but very old trustworthy persons never did nuisance. The patient showed no hostility, behavior. They appeared willing to take care of these boarders, preparing meals or making beds for them, especially in cases of children. These may be referred as phantom relatives. These phantom relatives were much more popular in Japan and already described in Japanese literature. The difference and similarity will be discussed in terms of genesis of these PBS.

NURSING CONSULTATION FOR ALZHEIMER DISEASE PATIENTS CAREGIVERS: ONE YEAR EXPERIENCE AT PSYCHOGERIATRICS

INSTITUTIONS

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Alzheimer disease patients caregivers burnout is expected just from the beginning of illness process. That's why give them information about disease and its development as well as to teach them how to deal with all the changes in patients behavior is part of the program of our Service for patients with Alzheimer disease.

Nursing consultation for caregivers is where caregivers can learn more about Alzheimer disease and its consequences on daily living for the patient and family. They can also learn what to do and how to do it in order to protect and stimulate them.

Nursing consultation is also the site where caregivers can ask questions and where they can talk about their fears. Our first objective was to study the profile (caregiver's demographic characteristics and

satisfaction with life) and the care burden in caregivers of patients with Alzheimer disease.

The second objective was to evaluate caregiver's satisfaction with nursing consultation and its impact: if it was useful and helpful for them.

The caregiver's profile was assessed by a non-structured questionnaire and Satisfaction With Life Scale (SWLS) (Diener et al., 1985) and the care burden was evaluated by Zarit Burden Interview (Zarit, 1983). Patients were moreover assessed with Barthel Index (Barthel, 1965) and the Lawton and Brody's Index (Lawton, 1969).

Functional scales were applied to patients or to caregivers during an interview.

P-02-012

THE SLEEP PATTERN CHARACTERISTICS AND AFFECTING FACTORS OF TURKISH ELDERS

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Objectives: Elders have difficulties physically, socially and physiologically (1,2). This study was conducted to investigation of factors affecting sleep pattern characteristics of Turkish elders.

Method: The study was carried out between December 2007 and January 2008. The sample of the study was composed of 132 elders residing in Izmir Gürçesme Rest Home. The data were collected by Introductory Information Form and Sleep Pattern Characteristics Form (Cronbach alpha = 0.67) developed by researchers in line with the related literature (2). The data were analyzed by ANOVA, t test and Scheffe test.

Results: The mean age of the elders was 75.79 ± 7.62 . It has been calculated that there is a significant difference between the sleep pattern characteristics mean score of the elders and gender (t=4.643, p<0.01), physical health perception (F=9.045, p<0.01), sleep quality perception (F=63.540, p<0.01), the situation of residing in rest

home voluntarily (t=-2.468, p<0.05) and the status of using a drug for physical problems (t=2.776, p<0.05).

Conclusion: As a result, it has been determined that the sleep pattern characteristics of the elder women who consider their physical and psychological health and sleep quality as bad and who don't reside in rest home voluntarily and take physical drugs are to be in a bad condition.

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EVENT RELATED CHANGES IN THE THETA COHERENCE OF ALZHEIMER PATIENTS

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Aims/Objectives: As a new evaluation in a series of measurements in Alzheimer patients (1)event related coherence of patients with Alzheimer type of dementia (AD) was analyzed by using a visual oddball paradigm. **Method:** A total of 22 mild probable AD subjects were compared to a group of *healthy controls* consisting from 20 age-, gender-, and education-matched subjects. AD group was divided into the *untreated* (n=11) and those *treated* with cholinesterase inhibitor (n=11). EEG responses were recorded from 13 scalp electrodes. **Results:** Higher coherence values in the theta frequency range at F_3 - P_3 were found between control group and both of the AD groups by using Oneway ANOVA analysis (between groups, p=0.010) (treated vs control p=0.014; untreated vs control p=0.009;

Post-hoc LSD test). Cholinesterase inhibitors did not have significant effect on theta coherence values.

Conclusion: Our findings imply that left fronto-parietal connections are highly affected by AD pathology occurring primarily in parietal regions at early stages. We also have the hope that analysis of brain oscillations and evoked coherences can be useful in diagnosis of AD.

References:(1)Yener et al. Increased Frontal Phase-locking of Event Related Theta Oscillations in Alzheimer Patients Treated with Acetylcholine-Esterase Inhibitors. Int. J. Psychophysiol. 2007 Apr; 64(1):46-52

Keywords: Alzheimer, dementia, coherence, brain oscillations, theta, visual, P300, oddball

P-02-014

THE EFFECTS OF SERUM INTERLEUKIN-1β IN ALZHEIMER'S DISEASE OF AGING RATS

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 $\mbox{\bf Aim:}$ To investigate the effect serum IL-1 β in Alzheimer's disease of aging rats.

Methods: 20 rats were divided into two groups with 10 in each, one was model, while the other group with compare. The model rats were treated with D-galactose and AlCl $_3$ to establish the AD animal model. D-galactose and AlCl $_3$ were given through intraperitoneal route for 90 days. Another 10 rats without any intervention were as normal controls. After the 90th day, the water maze test was on the AD model rats. At the last test day, the animals were killed and the expression of serum IL-1β was measured with enzyme linded immunosorbent assay (ELISA).

Results: Normal controls had shorter latency (P < 0.01) and less error times (P < 0.05) in water maze test compared with those in AD model group. Furthermore, AD model group serum IL-1 β

(38.38 \pm 3.49), normal controls of serum IL-1 β (23.96 \pm 5.39) (P < 0.05).

Conclusion: Serum IL-1 β increased that should be important factors in the neurodegeneration process associated with AD and it should significantly contribute to the pathogenesis of AD.

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Keywords: Learning; Memory; IL-1β; Alzheimer disease

RISK FACTORS OF MORTALITY VARY BY THE TYPE OF DEMENTIA: AN EPIDEMIOLOGICAL STUDY

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Objective: Dementias are major causes of mortality. The mortality rates of different types of dementia may vary due to the variable influences of different risk factors. Consequently, the present study investigates the influence of age, gender, ethnicity, length of stay and co-morbidity on the risk of mortality after first hospital admissions.

Methods: During 2002-2007, 505 patients with Alzheimer's disease, 283 with vascular dementia, 1773 with mixed dementia and 53123 age-matched controls were admitted to University Hospital Birmingham NHS Trust. The influence of risk factors on mortality was exami-

ned using multivariate statistics including Cox regression analysis.

Results: Mortality was increased in all types of dementia compared to controls. The relevance of risk factors on mortality was significantly different between the three types of dementia, e.g. co-morbidity being more relevant in subjects with vascular types of dementia.

Conclusions: The relevance of risk factors of mortality varies for different types of dementia. Prevention of mortality in dementia may be more efficient if interventions were specifically directed towards the individual types of dementia.

P-02-016

ALTERED NEURAL NETWORK SUPPORTING DECLARATIVE LONG-TERM MEMORY IN EARLY ALZHEIMER'S DISEASE

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The purpose of the present study was to compare the neural correlates associated with content (episodic versus semantic) and remoteness (recent versus remote) of memories in patients with early AD and age-matched controls. We performed fMRI in 14 healthy elderly (mean age 60.5 years, SD 5.7) and 14 patients with early AD (mean age 61.5 years, SD 7.4, MMSE mean 25, SD 2.1) and analysed neural activity related to memory content and remoteness (remote events from the age of 5-15 years, recent events from the last five years). The stimuli used during the fMRI study were based on autobiographical episodic memory items that included recollection and re-experiencing context-rich events of the participant's own life (episodic memories) and were contrasted with the retrieval of semantic memory items including public events of the same time period. Comparison of the network supporting declarative

long-term memories irrespective of remoteness revealed significant bilateral activations of the parietal-temporal junction, left temporal pole, anterior cingulate, retrosplenial cortex and cerebellum in the elderly controls. In contrast, AD patients revealed significant activations in left precentral cortex. Autobiographical episodic versus semantic memory retrieval in the controls led to significant bilateral activations of the parietal-temporal junction, left temporal pole, anterior cingulate, retrosplenial cortex and cerebellum. During reexperience of autobiographical event memories AD patients significantly activated middle left temporal cortex, left superior motor cortex and left precuneus cortex. Our data suggests that early AD leads to a loss of specificity in the network supporting long-term memory and to activation of alternative pathways.

COMPARISON OF MEMORY FUNCTION BETWEEN NORMALS AND PATIENTS WITH SCHIZOPHRENIA (PARANOID & NON – PARANOID)

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Objectives: Memory is defined as a retrieval procedure of information during time (Durcou & etal, 1999).. Memory has a multidimensional structure that each dimension has a specific function in cognitive processing. It has been discovered that memory as one of the most superior cognitive functions, has been affected by the mental disorders. Schizophrenia is the most deteriorative and ominous disorder that cause severe memory dysfunctions (Tamlyn & etal,1992; Nickoli,1999).

Methods: In order to compare of memory function in patients with paranoid and non- paranoid schizophrenia with normals, 80 patients with schizophrenia were selected from mental hospitals of Shiraz by a random sampling procedure, and matched with 40 normal individuals on the basis of education and age. All participants have completed Wecksler Memory Scale -revised (WMS-R).

Results: Results indicated that there is a significant difference between groups in general memory function (F= 32.62, P <0.01). Also, There are significant differences between groups in the most subscales of WMS-R ,such as verbal memory (F=20.71, P<0.01), visual memory (F=48.76, P<0.01), attention and concentration (F=11.36, P<0.01) and delayed recall (F=30.72, P<0.01). In all subscales, normal participants have shown better performance than patients with schizophrenia.

Conclusion: Our results indicated that psychosis and specially schizophrenia, has sever effects on memory function of patients, but its sub types such as paranoid or non paranoid, have not significant difference in their memory performance.

P-02-018

ANTIPSYCHOTIC PRESCRIPTION TRENDS IN DEMENTIA CARE HOMES AND THE ROLE OF SPECIALISTS

INSTITUTIONS

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Background: The prescription of antipsychotics in dementia care homes involves complex decisions based on the knowledge of evidence, clinical risk assessment and holistic judgment. Old age psychiatrists may be best suited to provide this high level of care.

Objective: To compare the prescription of antipsychotics in specialist-supervised and specialist-unsupervised dementia care homes.

Methods: This is a cross-sectional study, in which a chart review was undertaken on all residents (N=102) of three care homes in our hospital's catchment area.

Results: We found a trend for over-prescription of antipsychotics in specialist-unsupervised care homes (p<0.1), which correlated with significant under-prescription (p<0.001) of benzodiazepines. Cases of antipsychotic polypharmacy were only detected in specialist-unsupervised placements.

Conclusions: In this study, specialist-supervised services appear to adhere better to evidence-based management, compared to specialist-unsupervised services.

ANIMAL ASSISTED THERAPY FOR ELDERLY JAPANESE DEMENTIA PATIENTS: A LONGITUDINAL STUDY

INSTITUTIONS

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Objectives:

This study was a trial evaluation of the long term psychological and behavioral effects of Animal Assisted Therapy (AAT) on elderly dementia patients in a special care unit. It has been theorized that short term AAT will have a positive effect on people suffering from dementia. In an earlier study, these researchers found that institutionalized elderly showed improved emotional well-being following long term AAT sessions.

Methods:

The subjects were eight residents of a private psychiatric hospital in Japan: six females and two males. Volunteers in an occupational therapy program brought two small dogs that residents fed, held and played with over a ten month period. Data was collected three times: pre-therapy, after the sixth therapy session and after the twelfth the-

rapy session. The GBS scale and the Mental Function Impairment Scale (MENFIS) were used in data analysis.

Results:

The GBS scale for Intellectual, Emotional and Other Mental functions showed initial improvement between the pre-therapy and sixth therapy sessions, but then declined by the twelfth session. Motor function continually declined. An item by item comparison showed a significant decrease in 'Distractibility' by the sixth session. There was no significant difference with MENFIS. The overall results showed the same pattern: an improvement up to mid-session, but a declined by the last session.

Conclusions:

More study is necessary, but this study suggests that each subject's needs and goals should be reexamined after an initial period of therapy to maintain the initial positive effect of AAT on mental functions.

P-02-020

CHANGES IN FOLATE, VITAMIN B12, AND HOMOCYSTEINE ASSOCIATED WITH INCIDENT DEMENTIA

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Objectives: Prospective findings have not been consistent for folate, vitamin B12 and homocysteine concentrations as predictors of dementia. This study aimed to investigate both baseline concentrations of folate, vitamin B12 and homocysteine and changes in these concentrations as predictors / correlates of incident dementia. Methods: Of 625 elders without dementia at baseline, 518 (83%) were followed over a 2.4 year period and were clinically assessed for incident dementia and Alzheimer's disease (AD). Serum concentrations of folate, vitamin B12 and homocysteine were measured at both baseline and follow-up assessments.

Covariates included age, sex, education, disability, depression, alcohol consumption, physical activity, vascular risk factors, serum cre-

atinine concentration, vitamin intake, and weight change. Results: Only baseline lower folate concentrations predicted incident dementia. The onset of dementia was significantly associated with a relative decline in folate and vitamin B12 concentrations and an increase in homocysteine concentrations over the follow-up period. These associations were reduced following adjustment for weight change over the same period. Conclusions: Incident dementia is more strongly associated with changes in folate, vitamin B12 and homocysteine than with previous concentrations. These changes might be linked with other somatic manifestations of early dementia, such as weight loss

COULD SCREENING FOR DEMENTIA BE CONDUCTED MORE QUICKLY?

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Objectives: The aim of our study was to confirm a hypothesis that speed of searching from semantic memory is slower in patients with dementia than in healthy controls. Methodology: We assessed 17 patients with Alzheimer's or mixed dementia (mean age 74.3±6.1 years, MMSE 15.3±3.3) and a control group of 17 healthy controls (mean age 71.1±5.6 with a short form of a semantic verbal fluency test (name 12 animals as fast as one can) and 2 tests of mental speed (recite the 12 months and count from 100 to 111 as fast as one can). Results: All 17 patients were able to recite the 12 months, 15 patients were able to count, but only 8 patients were able to name 12 animals. Patients took significantly longer to name 12 animal than

the controls (Mann-Whitney U test; p<0.001, CI 95% 64.8-122 s vs 12.8-19.3 s). The time to name 12 animals was significantly longer in the dementia group even after controlling for education and mental speed as covariates using MANOVA (F=16.48; p<0.001). Discussion: Non-overlapping confidence intervals between groups suggest that time measurement to name 12 animals could be a quick screening tool for Alzheimer's and mixed dementia.

This study was supported by a grant from IGA Ministry of Health of Czech Republic MZ0PCP2005.

P-02-022

NEUROCOGNITIVE CHARACTERISTICS OF THE DEMENTIA WITH TRAUMATIC BRAIN INJURY

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Objective:

The purpose of this study was to assess the neurocognitive characteristics of the dementia with traumatic brain injury(TBI).

Methods:

Subject groups were composed of the dementia with traumatic brain injury patients, 117(26.0%), alzheimer's disease patients 80(17.8%), psychiatric patients 81(18.0%), brain disease patients without trauma 172(38.2%).

Results and Conclustion:

In MMSE, TBI group showed lowest performance than other group with statistical significance. And TBI groups shoewed lowest performances with statistical significance in the attention, language and related functions, visuospatial functions. In assessment of memory ability, TBI group showed lower ability with statistical significance than other groups, but in Rey Complex Figure Test, TBI group did

not showed difference with statistical significance to other group comparing verbal memory. In frontal/executive function assessment, TBI had showed lowest performance than other groups with statistical significance, but did not show statistically significant difference each other in cognitive inhibition like Stroop test, except for psychiatric patients group (lowest performance with statistically significance). In Depression, Barthel ADL and CDR showed lowest performance than other groups, also. Education level had affect on the neurocognitive ability in TBI group with statistical significance, persistently.

References:

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- 2. Jellinger KA: Head injury and dementia. Current Opinion in Neurology 17: 719-23, 2004.

NEW BIOMARKERS FOR EARLY IDENTIFICATION AND DIFFERENTIATION OF SOME DEMENTIA DISORDERS?

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Background: Recent findings indicate that neurovascular dysfunction contributes to cognitive decline and neurodegeneration in Alzheimer's disease (AD) (1). Fibronectin (FN), multidomain and multifunctional glycoprotein ,is know to exert a strong angiogenic influence on endothelial cells in the CNS(2).

Objective: In the present study, alterations in the expressions of the carboxy-terminal (CT-FN), collagen (CollagenFN), cellular (CellFN) and fibrin (FibrinFN) domains of plasma fibronectin and the expression of the molecular forms of plasma fibronectin in 30 AD patients, compared with vascular dementia (VD) groups (24 patients) and age-matched control were analyzed.

Methods: FN domain concentrations were determined by ELSA using a panel of domain-specific monoclonal antibodies. Western immunoblotting using a monoclonal antibody was performed to analyze the FN molecular forms.

Results: In the AD and VD groups, the mean values of the concentrations of CT-FN and Collagen-FN were significantly higher than in the age matched control group. Immunoblotting revealed the presence of 272-kDa and 311-kDa FN bands besides the 237-KDa and 218-kDa bands corresponding to healthy individuals. Densitometry analysis of FN immunoblotting showed that the relative amounts of the 311-kDa and 272-kDa bands in the AD were significantly higher than in the VD and control groups.

Conclusion: The plasma FN status can reflect the molecular processes associated with AD state and with aging. The findings seem to be a promising test qualifies as a screening tool for disease risk

References:

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P-02-024

HOSPITAL UTILIZATION ASSOCIATED WITH ORGANIC SENILE AND PRESENILE PSYCHOSIS (ICD-9,Cod.290). A DESCRIPTIVE LONGITUDINAL STUDY (Spain, 1980-2004)

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AIMS/OBJECTIVES: To study a series of indicators related with hospital care for organic senile and presenile psychosis (ICD-9,Cod.290) in Spain during a timeframe determined by a process of psychiatric reform and population ageing.

METHODS: Assessment of national hospital utilization databases: CMBD, EMH. A descriptive study, 25-year time(1980-2004), divided into five periods of five years. Age and sex adjusted hospital indicators were obtained

and analysed. Hospital morbidity indicators obtained: admission, readmissions, total stays, averages stays, time intervals during the hospital stay, timely assisted prevalence and cause for discharge. Gender-disaggregated data. Analysis of time cycles and the age distribution of admission and stays.

RESULTS: A decrease of averages stays and increase of admission and total stays for the first two periods of five years(1980-1989).was observed, as well as a decrease in averages stays, admissions and

totals stays during the three subsequent periods of five years(1990-2004). In the last five years the average stay is 66 days-per-admission, the admission rate per 10,000 population is 1.14 and the total stays rate, 75.5. These values represent 10.4% of hospital stays and 4.3% of hospital admissions for all psychiatric disorders (ICD-9,Cod.290-319).42% of admissions take place in acute hospital areas the remaining 58% in monographic hospitals. Re-admission rate for calendar year is estimated at 4.36%. The average age of the patients increased during the first four periods of five years(1980-1999). In the last five years there has been a decline in average age in both men(75.1 years) and women(78.3 years). Intra-hospital mortality rate per admission is 15.23%(2000-2004).

CONCLUSION: Hospital utilization associated with organic senile and presenile psychosis has been high in Spain from 1980-2004, although shows a decreasing tendency in spite of ageing population and an increase in admissions for all psychiatric disorders(ICD-9,Cod.290-319)

EFFECTS OF VINPOCETINE APPLICATION ON RESULTS OF MEDICO-LABOUR EXAMINATION OF POST-STROKE PATIENTS WITH COGNITIVE AND UNEASY DISORDERS

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Research objective was evaluation of cognitive and uneasy disorders of patients with consequences of cerebral stroke in determination of degree of disablement. Survey of 209 patients of work-capable age with stroke consequences, located in neurology departments of National Center for Rehabilitation of Uzbekistan, Tashkent City Hospital No.1 was conducted. Based on our observations, stroke occurs at 114 (54.5%) men, and 95 (45.5%) women. Patients were classified into 3 periods: 1) early recovery period - 62 (29.7%); 2) late recovery period - 73 (35.4%); 3) residual period - 74 (35.4%) patients. The patients were shared into two group: the main group consisted of 111 patients (53,1%) - patients, who received vinpocetine 10mg 3 time a day during 2 or 3 months, 2 courses a year; and the group of comparison consisted of 98 ones (46,9%).

We were conducting medico-labour examination, which was based on general principles of complex evaluation of medical and social factors. Education, occupation, character of work were considered as social factors.

Significant professional displacements were observed in the invalids with mental work, they were losing their occupation. Often overspecialization was required. 18 people of mental work with light cognitive deficit and uneasy disorders were able to work on specialty for a long time, there were 13 (72.2%) people from main group, and only 5 (27.8%) people from comparison group. Rehabilitation potential, in our judgment, also was higher in main group. Therefore, we can draw a conclusion, that vinpocetine influence not only on physical condition, it is also improve social outcome.

P-02-026

THE NEUROPROTECTION OF SOME XENOBIOTIC COMPOUNDS AGAINST THE NEURODEGERATIVE EFFECTS OF BETA-AMYLOID IN ALZHEIMER'S DISEASE

INSTITUTIONS

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It is well known that cerebral beta-amyloid pathology is strongly influenced by genetic factors and seems very plausible that a transformation of the diffuse amyloid in cytotoxic (even apoptotic) condensed amyloid could be due to the intervention of non-genetic factors. Amongst exogenous factors, a special influence in this respect seems to be some components of environmental tobacco

As one in 5 people smoke, the majority of nonsmoking individuals cannot avoid the daily inhalation over years and even decades of chemical xenobiotics from environmental tobacco smoke.

Even contradictory, neurotoxicoepidemiology of Alzheimer's and other neurodegenerative diseases, support the negative association between smoking and these debilitating diseases.

Based on previous experiments and an strong research activity, the team from NeuroResearch Institute presents a viable hypothesis as

a start point for future development of new therapeutic product beginning from MEP.

But what is MEP?

Melanin Exogenous Polymer is a tar quinone-semiquinone radical with natural melanin-like properties (highly reducing scavenger) and anti-apoptotic .Hydroquinone is a competitive apoptotic factor(Ross et al, 1996 Environ.Health Persp.).

Also by reducing the metal cations (Zn and Al) which is known to play an essential role in beta-amyloid aggregation(Smith and Anderton 1994, Neuropathol Applied Neurobiol) ,MEP interfere successfully in inhibition of polymerization of tau protein into PHF(MititeluAG, 1998, Alzheimer's Reports). The new theory expressed here represents the position and personal view of Neuro-Research Institute.

INCIDENCE OF COGNITIVE IMPAIRMENT IN A GROUP OF PATIENTS WITH POSTTRAUMATIC STRESS DISORDER (PTSD), IN COMPARE WITH NEUROTIC PATIENTS

INSTITUTIONS

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Aims Iraq invasion during 1980-1987 produced several post traumatic stress disorder (PTSD) suffers among military and Iranian civil. The present study was designed to investigate memory and learning abilities of PTSD patients.

Method: in the present cross sectional study with available simple sampling 20 PTSD patients were compared with 20 patients with anxiety or mixed anxiety depression disorder. They were investigated using semi structural interview for diagnosis of the disorder, impact of event scale and PTSD symptom scale (for PTSD pts only), tow subtest of WMS-R (Verbal l& Visual P aired Association and delay Recall), Digit Span (Forward & Backward), Word Fluency, and finally Serial Digit Learning.

Result: Multivariate analysis of variance using reading scores as covariate showed that the PTSD patients had significantly lower score in Verbal Memory (recent & delayed) and Digit Span (Back ward). The result also revealed that PTSD patients had generally lower verbal ability in contrast to control.

Conclusion: the data indicates a significant decrement in some cognitive functions after trauma that may relate to structural changes in neurochimical and neurobiological systems in relevant areas of brain. The findings confirm the adverse effect of traumatic event in memory and learning function that may interfere in sleep, familial, social and occupational duties.

P-02-028

REASONS FOR HOSPITAL ADMISSIONS IN DEMENTIA PATIENTS DURING 2002-2007

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BACKGROUND: There is a lack of evidence to explain why patients with dementia are admitted to a general hospital.

METHODS: The main reasons for hospitalisation were investigated in patients admitted to a multi-ethnic inner city hospital during 2002-2007, by analysing type of admission and primary diagnosis. Of these, 505 patients were diagnosed with Alzheimer's disease (AD), 283 with vascular dementia (VD) and 1773 with mixed dementia (MD). Logistic regression analysis was used to compare these groups to non-demented controls.

RESULTS: More dementia patients were admitted as emergency cases compared to controls (AD=95.8%; VD=95.4%; MD=96.7%; Controls=54.4%; P<0.001 for all comparisons). The proportion of patients admitted for dementia as their primary diagnosis was small

(AD=5.9%, VD=6.0%, MD=6.0%). Primary diagnoses that were significantly more frequent in all three types dementia patients compared to controls were syncope and collapse (P<0.001), urinary tract infection (P<0.001) and dehydration (P<0.001). Acute lower respiratory tract infection, pneumonia and fractured neck of femur diagnoses were more frequent in AD and MD compared to controls (P<0.001 for all comparisons).

CONCLUSION: Dementia patients are often admitted as emergency cases but dementia itself is often not the primary diagnosis. Specific diseases are more common in patients with dementia and further work is required to establish whether this is due to inadequate self or hospital-care, and to impose measures that can reduce the occurrence of these conditions in the dementia population.

EFFECTS OF CHRONIC EXPOSURE TO ALUMINUM IN DRINKING WATER ON AN ANIMAL MODEL OF TAUOPATHIES

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We have reported that transgenic (Tg) mice overexpressing human tau protein develop filamentous tau aggregates in the CNS. We overexpressed the smallest human tau isoform (T44) in the mouse CNS to model tauopathies. These tau Tg (PrP T44 Tg) mice acquire age-dependent CNS pathologies including insoluble, hyperphosphorylated tau and argyrophilic intraneuronal inclusions composed of tau-immunoreactive filaments. Therefore, these Tg mice are a model that can be exploited to elucidate mechanisms of tau pathology in various neurodegenerative tauopathies including Alzheimer disease (AD). Aluminum (Al) has been implicated as a potential risk factor for AD in reports from various fields, including epidemiology, cell culture, and animal studies. In the present study, the

effects of chronic exposure to Al on PrP T44 Tg mice, which can be considered vulnerable to tau-related pathology, were investigated in order to confirm whether or not Al has any effect on tau lesions. As previously reported animal studies, chronic Al exposure had certain deleterious effects on histology and behavior even on wild type mice, but they were significantly exacerbated in Tg mice. For example, the number of tau-positive inclusions in the spinal cord of Tg mice was decreased, and vacuolar degeneration was prominent, suggesting that cell viability was attenuated and the cells underwent a degenerative cascade rather than containing tau inclusions "safely". These results suggest that chronic Al exposure has a promotive effect on tau-related neurodegeneration.

P-02-030

IMPACT OF GLUCOSE METABOLISM AND BIRTH SIZE ON COGNITIVE PERFORMANCE IN ELDERLY SUBJECTS

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Aims/hypothesis: We set out to investigate the impact of impaired glucose tolerance and duration of diabetes on cognitive performance and to explore coronary heart disease as a potential mediator of the association. Our secondary aim was to explore the effect of birth weight on cognitive performance.

Methods: We performed a standard oral glucose tolerance test and a computerised test for cognitive performance (CogState*) on 1147 subjects from the Helsinki Birth Cohort study. At the time for cognitive testing the mean age of the subjects was 64 years and 176 of them had type 2 diabetes. 78 of these had been diagnosed with diabetes before coming to our clinic in the years 2001-2004. Subjects with a history of stroke were excluded.

Results: Previously diagnosed diabetic subjects had significant-

ly worse performance in cognitive tasks measuring psychomotor speed, working memory and episodic learning than subjects with normal glucose tolerance. Subjects with newly diagnosed diabetes or milder impairments in glucose tolerance did not differ from the reference group. The association between diabetes and learning was mediated by the presence of coronary heart disease. A low birth weight was associated with slower reaction time in the task measuring attention. Additionally a low birth weight enhanced the association between diabetes and poor performance in the memory and episodic learning tasks.

Conclusions: A longer duration of diabetes is associated with poor cognitive performance. This is only partly mediated by the presence of coronary heart disease. Low birth weight is a vulnerability factor enhancing cognitive decline in diabetics.

B-AMYLOID PEPTIDE-INDUCED BIPHASIC CYTOKINE RELEASE OF HUMAN LYMPHOCYTES

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Neuro-inflammation, triggered by β -amyloid peptide, is implicated as one of the primary contributors to the pathogenesis of Alzheimer's disease, and several cytokines were identified as key instigating factors. To reveal the inflammatory response of lymphocytes to the neuro-toxic β -amyloid peptide, we evaluated the release of several cytokines from human peripheral blood mononuclear cells using immuno-assays (Elisa). From hyper-acute to chronic effects of β -amyloid peptide were assessed at different concentrations $(10^5 M - 10^8 M)$. The pro-inflammatory IL-1 β , TNF- α and Rantes, as

well as the pleiotropic IL-6 showed a bi-phasic release pattern over time in both low and high doses of amyloid-treatment: after an initial increase, their concentration gradually fell below baseline over time. The release of the suppressors IL-4 and IL-6 was the opposite: an acute depression in their levels was followed by their chronic over-secretion. These results delineate a highly organized pro- and anti-inflammatory response of cells to the neuro-toxic peptide. This is the first study to describe how β -amyloid-induced inflammatory processes in Alzheimer's dementia are regulated.

P-02-032

A COMPARISON OF MEDITATION GROUP AND GROUP PSYCHOTHERAPY IN THE TREATMENT OF MIXED ANXIETY-DEPRESSIVE DISORDER IN PATIENTS SUFFERED FROM FLOOD DISASTER AT UTTARADIT PROVINCE

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Objective To compare the treatment outcome between meditation and group psychotherapy in the treatment of mixed anxiety-depressive disorder.

Methods This study was an 8-week randomized controlled trial in 60 mixed anxiety-depressive disorder patients who were suffered from flood disaster at Uttaradit province. Participants were randomly allocated into two groups. Both groups received amitriptyline 25-75 mg per day. Patients in the first group were assigned to the 8-week course of group meditation, one session (1-1.5 hours) per week. Patients in the second group were assigned to the 8-week course of group psychotherapy, one session (1 hour) per week. Participants were assessed by the Hospital Anxiety and Depression Scale (HADS) and the Hamilton Anxiety Rating Scale (HAM-A) at baseline, week 4, and endpoint (wk 8).

Results At week 4 and week 8, mean HADS and HAM-A anxiety scores, mean HADS depression score, and the total HADS score of both groups decreased significantly (p<0.05). At week 4, participants who received group meditation improved significantly more than those who received group psychotherapy in both depression and anxiety scores (p<0.05). At endpoint, there was no significant difference in improvement between the two groups. All patients in the meditation group reported benefit from this treatment approach.

Conclusions Meditation and group psychotherapy were equally effective in the treatments for mixed anxiety-depressive disorder. Given its convenient and familiarity, meditation is a more favorable approach for the treatment of mixed anxiety-depressive disorder in Thailand

DARPP-32 EXPRESSION IN RAT BRAIN AFTER AN INHIBITORY AVOIDANCE TASK

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Step-down inhibitory avoidance (IA) is usually acquired in one single trial, which makes it ideal for studying processes initiated by training, uncontaminated by prior or further trials, rehearsals, or retrievals. Biochemical events in the hippocampus related to long-term memory (LTM) formation have been extensively studied in rats using a one trial step-down IA task.

DARPP-32 (dopamine and cAMP regulated phosphoprotein of Mr 32 kDa) is a cytosolic protein that is selectively enriched in medium spiny neurons in the neostriatum. It has been shown that activation of DARPP-32 and the resultant inhibition of PP-1 activity, is of cri-

tical importance for the expression of two opposing forms of brain synaptic plasticity, striatal LTD and LTP. Both forms of plasticity are also critically linked to the activation of DA receptors.

To our knowledge, no studies have examined the effect of IA task on DARPP-32 expression. In order to demonstrate changes in the protein expression profile we analyzed DARPP-32 levels in the striatum, prefrontal cortex (PFC), hippocampus and entorhinal cortex of Wistar rats after step-down IA learning. Our results showed that IA induced changes on DARPP-32 expression in striatum and hippocampus.

P-02-034

EARLY ONSET AND RAPIDLY PROGRESSIVE DEMENTIA OF UNKNOWN CAUSE: A CASE REPORT

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Introduction:

The foregoing is a case report of a female patient, who had an early onset, severe and rapidly progressive dementia, and whose laboratory tests were negative for all possible and well-known etiologic factors for dementia.

Case report:

A 47 year old female patient was refereed to our inpatient psychiatry clinic with complaints of forgetfulness and apathy. Her psychiatric history has begun 3 years ago, when she woke up one morning, fell on the floor and screamed for about 2 hours. Afterwards, her forgetfulness has begun, and after a rapid progression (6 months), she became amnestic to almost all past events. Her neurological and mental status examination at her administration included impaired orientation, immediate, short-term and long-term memory, con-

fabulation and agnosia. Her MMT score was 7. Neuropsychological tests battery revealed a general and severe impairment at all of her cognitive abilities. Her laboratory blood tests were within normal limits except low folat (1,9 mgr/dl) and zinc (52,17 mgr/dl) levels and slightly increased sedimentation (22) rate. Her blood samples were negative for metal poisoning (lead, copper and mercury), tumor and immunological markers. BOS biochemistry was normal except a slightly increased glucose levels (76 mgr/dl) and microbiology and culture were negative for all bacterial, viral, prion (JC protein) and fungal infections. There were periventricular and supraventricular milimetric ischemic gliotic white matter areas at her MRI. Her PET scan showed bilateral hipoperfusion of temporal, pariatal and frontal lobes. She was given vitamin replacement treatment and was discharged without any symptomatic improvement.

AUTOBIOGRAPHIC MEMORY DEFICITS IN ALZHEIMER'S DISEASE

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Objective. Autobiographic memory (ABM) comprises memories of one's own past that are characterized by a sense of subjective time and autonoetic awareness. ABM deficits are among the major complains of patients with dementia they were not systematically assessed in Alzheimer's disease (AD).

Method. Using a semi-structured interview, both semantic and episodic aspects of ABM were examined in 211 subjects in different stages of AD (n=164) and mild cognitive impairment (MCI, n=28), respectively, and 19 cognitively non-impaired comparison subjects. Memories from three different life periods were considered; all subjects received a thorough medical and gerontopsychiatric examination.

Results. Findings confirmed a progressive loss of ABM with increasing severity of dementia. While semantic memories remained rather stable until moderate stages of AD, the richness of details in episodic ABM was already compromised in subjects with MCI. A temporal gradient indicating a recency effect was observed in the less affected individuals and predominantly involved episodic ABM's.

Conclusions. While semantic ABM remains rather preserved up to moderate AD, episodic memories are already compromised with manifestation of the disease. This dissociation supports the view that these memory functions are subserved by distinct neuronal systems. It is suggested that ABM deficits should be addressed/considered in the clinical work-up of patients with AD.

P-02-036

DISCRIMINATION OF FACIAL EXPRESSIONS OF EMOTION BY FRONTOTEMPORAL DEMENTIA PATIENTS: A COMPARATIVE STUDY WITH PROBABLE AD PATIENTS USING SIGNAL DETECTION THEORY

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Frontotemporal dementia (FTD) is a neurodegenerative disease characterized by behavioral disorders that suggest abnormalities of emotional processing. In the past few years several studies investigated the recognition of facial emotion by FTD dementia patients. Evidence gathered converges to suggest that inability to recognize facial emotions in FTD results from inability to recognize emotions rather than from failure in recognizing facial features. The aim of this study was to examine the discrimination of facial expression of emotions in patients with FTD and to compare it with that of patients with Alzheimer disease (AD). One group of FTD (n = 6), another of probable AD patients (n = 10), and a sample of matched controls (n = 6) were compared on same-different roving tasks involving the discrimination of emotion-conveying faces (of a same

person) and of individual faces (same or different persons). Two different sets of stimuli were accordingly used: (1) pairs of intensities of a same emotion, with Fear, Sadness, and Joy as the selected emotions, in the emotion task; (2) pairs of neutral faces in the non-emotion task. Patients and controls were compared on sensitivity and criteria parameters derived from Signal Detection Theory. Patients were moreover assessed with a battery of neuropsychological tests and with the Frontal Behavioral Inventory (Kertesz, 1997). Both groups of patients exhibited a deficit in the discrimination of facial expressions of emotion regarding the controls, with FTD patients showing a more pronounced difference between the emotion and the non-emotion tasks.

PSYCHODRAMA WITH THE ELDERLY IN PSYCHIATRIC HOSPITAL

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Introduction: Psychodrama can be used with older adults and it may be helpful for improving psychological and behavioural areas (Sobral et al., 2007, Oguzhanoglu et al., 2005, Carman et al., 1984). The author has conducted a psychodrama group with elderly psychiatric patients without cognitive deficits. This study attempts to investigate the impact of this present psychodrama group on the satisfaction with life and the coping strategies with psychological and behavioural problems.

Method: Three male and five female patients recruited in Psychogeriatrics, Hospital Magalhães Lemos who have attended this present group. None of them had deficits, according to neuropsychological evaluation with Mini Mental State Examination (Folstein et al, 1975) and Clock-Drawing Test (Strub et al., 1977). Psychodrama orientated group work sessions were held, during an 18 months period. Each session was 2 hours long and took place once a week. The

psychological and behavioural problems were evaluated with Clinical Assessment of Depression Inventory (Vaz Serra, 1994), with Self Anxiety Scale (Zung, 1975), with Symptom Checklist - SCL-90 (Derogatis, 1973) and with Satisfaction With Life Scale (Diener et al., 1985).

Results: The early warming-up among the members in this group led to dramatization in all sessions. During the study, the psychodrama techniques encouraged spontaneity, creativity, empathy and, consequently, an improvement in communicating with and in helping others and coping with problems. Articulation of emotions and thoughts improved gradually. Total anxiety-depression scores decreased. Satisfaction with life increased.

Conclusion: This psychodrama group has helped older patients because it has improved psychological and behavioural areas.

P-02-038

NEUROANATOMICAL CORRELATES OF CEREBROSPINAL TAU AND PHOSPHO-TAU PROTEIN

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Introduction: Elevated levels of total tau protein (t-tau) and of several hyperphosphorylated isoforms (p-tauX) in the cerebrospinal fluid (CSF) of patients with mild cognitive impairment (MCI) and Alzheimer's disease (AD) are a well established finding. How CSF concentrations of these biomarkers and cerebral morphology relate to each other is only partly understood.

Methods: 23 subjects with MCI, 16 with AD and 15 healthy controls underwent both magnetic resonance imaging and lumbar puncture. Optimized voxel-based morphometry (VBM) was performed to investigate the putative association between CSF levels (t-tau and p-tau181) and gray matter density throughout the entire brain.

Results and discussion: VBM revealed both, elevated t-tau and p-tau181 concentrations to be significantly associated with reduced gray matter density in a variety of cerebral sites comprising temporal, parietal and frontal regions. Within the MCI group, elevated CSF levels of p-tau181 (but not t-tau) were significantly correlated with a pronounced atrophy in the right hippocampus. Elevated CSF levels of t-tau and p-tau181 reflect degenerative processes in AD typical cortical regions. Being related to atrophy in the right medial temporal lobe of MCI patients, our findings support the hypothesis that p-tau181 might be more specifically related to neurodegenerative changes in early AD.

THE NEUROANATOMICAL CORRELATES OF THE CLOCK DRAWING TEST IN MILD COGNITIVE IMPAIRMENT AND ALZHEIMER'S DISEASE

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Background:

The Clock Drawing Test (CDT) is a widely used instrument in the neuropsychological assessment of patients Alzheimer's disease (AD). As CDT performance necessitates several cognitive functions (e.g. visuospatial and constructional abilities, executive functioning), an interaction of multiple brain regions is likely.

Methods:

51 subjects with mild cognitive impairment, 23 with AD and 15 healthy controls were investigated using magnetic resonance imaging. Optimized voxel-based morphometry (VBM) was performed to investigate the putative association between CDT performance and gray matter (GM) density throughout the entire brain.

Results:

In the first step of analysis (p<0.001, uncorrected), VBM revealed

a reduced GM density in numerous cortical (temporal lobe, frontal lobe, cerebellum) and subcortical (thalamus, basal ganglia) brain regions to be associated with poorer CDT performance. When corrected for multiple comparisons over the whole brain (p<0.01), the associations remained significant in the left temporal and - less pronounced - the right temporal lobe.

Conclusion:

VBM demonstrated an impaired CDT performance to be significantly correlated with atrophic processes in multiple brain regions, reflecting the fact that CDT performance requires an interaction of several cognitive domains. The observed structural alterations were pronounced in the temporal lobe, a region which is known to be affected early in the course of AD.

P-02-040

EFFECT OF YOKUKANSAN ON SEROTONERGIC SYSTEM

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Yokukansan (YKS, Yi-gan san in Chinese), which is a traditional Japanese medicine, has been approved by the Ministry of Health, Labor, and Welfare of Japan as a remedy for neurosis, insomnia, and irritability. Recently, YKS has been reported to improve behavior and psychological symptoms of dementia (BPSD). However, the mechanism of these effects remains unclear. Abnormalities of the serotonin system have showed a significant correlation with BPSD, including overactivity and psychosis in Alzheimer's disease patients. In the present study, we investigated the effect of YKS on head-twitch response induced by 2,5-dimethoxy-4-iodoamphetamine (DOI, 5 mg/kg, i.p.), a 5-HT_{2A} receptor agonist, in mice

that represents hallucinations. We found that acute treatment with YKS (100 and 300 mg/kg, p.o.) had no effect on the DOI-induced head-twitch response, whilst 14 days repeated treatment with YKS (300 mg/kg, p.o.) significantly inhibited this response. Moreover, we measured the expression of 5-HT_{2A} receptor protein by Western blotting. Repeated treatment with YKS (300 mg/kg, p.o.) decreased expression of 5-HT_{2A} receptors in the prefrontal cortex but not in the hypothalamus. Thus, YKS inhibited the DOI-induced head-twitch response by down-regulation of the cortical 5-HT_{2A} receptors, which suggests the involvement of the serotonin system in psychopharmacological effects of YKS.

EFFICACY OF RIVASTIGMINE AND MEMANTINE ON PSYCHOLOGICAL AND BEHAVIOR SYMPTOMS OF **DEMENTIA**

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Objectives: The aim of study is to demonstrate efficacy of rivastigmine and memantine in the treatment behavior and psychological symptoms of Alzheimer's dementia, compared to atypical antipsychotic risperidone.AD disease is a progressive neurodegenerative disorder with impairment of cognition, behavior, activities in daily living and quality of life.

Methods: In this 12 weeks comparative study 25 inpatients and outpatients with AD disease aged 60-85 years were randomly assigned to receive either monotherapy with rivastigmine, memantine, risperidone or combination memantie/risperidone and rivastigmine/ risperidone, at medium doses, in order to compare their effect on behavioral and psychological symptoms such as agitation, hallucinations, aggression, depression and wandering, as well as cognitive perfomance. The main instruments used were BPRS, CGI, MMSE and structured interview according to ICD-10. Evaluation was made at baseline and after three months.

Results: All patients completed study, at baseline they had mild to moderate cognitive decline with psychological symptoms. At the end point of trial rivastigmine and memantine significantly reduced agitation, depression and delusions, improved sleep disturbances and moderate cognitive improvement. Risperidon group showed similar result related to psychotic symptoms. The best results on psychological symptoms demonstrated combined therapy.

Conclusion: Rivastigmine and memantine showed in our study similar effects on psychological symptoms of AD as atypical antipsy-

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P-02-042

NEUROPSYCHIATRIC FEATURES IN ALZHEIMER'S DISEASE AND MILD COGNITIVE IMPAIRMENT IN MEMORY CLINIC

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Objective: To investigate the neuropsychiatric features of Alzheimer's disease (AD) and mild cognitive impairment (MCI) in memory cli-

Methods: Fifty-seven AD patients, 28 MCI subjects and 46 normal elderly controls were recruited in the memory clinic at Peking University Institute of Mental Health. Neuropsychiatric features were assessed with Neuropsychiatric Inventory (NPI), and general cognitive status was evaluated with MMSE.

Results: After controlling the effect of age and education, the total score of NPI was significantly higher in AD group (28.60±20.70) than MCI (10.96±13.73) and normal control (2.83±3.52) groups (P<0.05), while there was no significant difference between MCI and normal controls. Specifically, the item scores of hallucination, agitation/aggression, apathy, irritability, and abnormal motor behaviors were significantly higher in AD group than MCI and normal controls groups (P<0.05). The item scores of delusion and anxiety were significantly different only between AD and control group (P<0.05). There was no significant relationship between total scores of NPI and MMSE (P>0.05). In AD group, the total score of caregiving distress was significantly associated with that of NPI (r=0.92, P<0.05).

Conclusion: It is suggested that in memory clinic, the problem associated with hallucination, agitation, apathy, irritability, and abnormal motor behaviors were more pronounced in AD than MCI individuals. Thus, the study indicates that neuropsychiatric symptoms should be attended to more closely in memory clinic services.

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MANAGEMENT OF ACUTE PSYCHOTIC SYMPTOMS IN TEH ELDERLY PATIENT WITH ORGANIC MENTAL DISORDER: RISPERDAL ORAL SOLUTION (SACHET) VS. INTRAMUSCULAR HALOPERIDOL

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Aims: The purpose of this study was to investigate the effect, safety and tolerability of risperdal oral solution (Risperdal Sachet) with lorazepam tablet versus intramuscular haloperidol and lorazepam injection for management of acute psychotic symptom in the elderly with organic mental disorder.

Methods: Total 37 patients who have dementia, medical or physical diseases, associated with acute psychotic symptoms were randomly assigned to oral treatment with 1mg of risperdal sachet (oral solution) plus 1mg of lorazepam tablet (N=17) or to intramuscular treatment with 2.5mg of haloperidol injection plus 2mg of lorazepam injection (N=20). The change of CGI scores was used for evaluation of efficacy.

Results: The mean of CGI scores at 15, 30, 60, and 120 minutes after dosing was chagned significantly and psychotic symptoms were improved significantly at each time point in both groups (p<0.001).

There was no group difference of improvement (p=0.189).

Conclusion: A single oral dose of risperdal sachet (oral solution) plus lorazepam was as effective and tolerable as parenterally administered haloperidol plus lorazepam for the rapid control of acute psychotic symptom in the elderly with organic mental disorder.

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P-02-044

LONG-TERM EFFICACY AND SAFETY OF GALANTAMINE IN OUTPATIENTS WITH MILD COGNITIVE DISORDER

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PURPOSE: galantamine is a reversible, competitive cholinesterasa inhibitor that also allosterically modulates nicotine acetylcholine receptors. Inhibition of acetylcholinesterase, the enzyme responsible for hydrolisis of acetylcholine at the cholinergic cognitive impairment. To evaluate the efficacy, safety and tolerability of galantamine in long-term in Mild Cognitive Disorder.

METHODS: a multicenter, open label , prospective, observational study enrolled 800 patients, more 50 years old with Mild Neurocognitive Disorder (DSM IV criteria), during 24 months of treatment with galantamine 16 mg./day. Assessments included the Mini Mental State Examination (MMSE), Clinical Dementia Rating (CDR), Alzheimer's Disease Assessment Scale (ADAS-GOG), Seven minutes test, Wiscosin card sorting test, Token test, Raven Test, Trail making test, Functional Activities Questionnaire (FAQ), , Global

Deterioration Scale, Global Clinical Impression (GCI) and UKU scale of Adverse Effects.

RESULTS: a total 800 outpatients were treated with 16 mg./day galantamine during 24 months , the therapeutic response evaluated with CDR , MMSE and the tests and scales of function cognitive measuring , GCI and UKU scale of adverse effects, comparing the baseline to final scores .

CONCLUSION: Mild Cognitive Disorder is being examined, so there aren't enought treatment for this. A long-term treatment (24 months) galantamine improves cognition and global function, behavioural symptoms and the general state well being of patients with Mild cognitive Disorder. With incidence of adverse effects not significant and a very good profile of safety, the final results of the study suggest that galantamine may be particularly appropriate in the Mild Cognitive Disorder.

MILD COGNITIVE DISORDER AND DEPRESSION: TREATMENT WITH ASSOCIATION BETWEEN GALANTAMINE AND ESCITALOPRAM

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To evaluate the efficacy of galantamine-escitalopram association in patients with Mild Cognitive Disorder and Depression. So there is a possible relation between the deficit of cerebral oxygenation and depression or relation between the serotonin system and cholinergic system in relation with disease comorbidity cognitive-depression

OBJECTIVE: To evaluate the therapeutic response in patients with comorbility between Mild Cognitive Disorder and Depression in treatment with Galantamine, Escitalopram and the two drugs associated.

METHOD: A group of 300 patients with symptoms of Mild Cognitive Disorder and Depression (DSM IV-R criteria) were separated in 3 groups of 100 patients. Each group received different treatment in an 8 months period:

Group 1: Galantamine 16 mg/day.

Group 2: Escitalopram 20 mg/day.

Group 3: both drugs, same dose.

RESULTS: The therapeutic response evaluated in Hamilton Scale for Depression(HAM-D), Montgomery and Äsberg Depression Rating Scale (M.A.D.R.S.), Mini Mental State Examination (M.M.S.E.) and Global Clinical Impression (G.C.I.) scores during 8 months. In the third group who received the two drugs associated, had much better response than the others and "brain enhancer".

CONCLUSION: The group who received the association of the nootropic agent Galantamine with antidepressant (SSRIs) Escitalopram had a relevant satisfactory therapeutic response (the best result), so there is a possible relation between the deficit in cholinergic systems and depression. Could be cerebral cholinergic systems deficit a generator of Depressive Disorder?

LITERATURE REFERENCES:

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DIAGNOSIS & CLASSIFICATION

P-02-046

TEMPERAMENT AND CHARACTER INVENTORY DIMENSIONS IN PSYCHIATRISTS

INSTITUTIONS

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Aim: For assessing the personality characteristics of a sample of Iranian psychiatrists and their ways of coping against stressful events.

Method: 87 Iranian psychiatrists completed the Temperament and Character Inventory (TCI) and Ways of Coping (WAYs) questionnaires

Result: Psychiatrists personality had no significant difference, in each of the temperament and character domains, by norms of general population. Investigating the correlation between different methods of coping with stressful events, and different kinds of personality, the results showed that higher level of novelty seeking was

associated with more problem focused coping, more wishful thinking and more seeking social supports. On the other hand, higher level of harm avoidance was associated with less detachment, less seeking social support, and more self isolation, while higher level of persistence was accompanied by more problem focused coping, and more wishful thinking.

Conclusion: This study shows that psychiatrists with different personality temperaments and characters had different methods of coping in stressful conditions. Moreover our results failed to show any difference between psychiatrists' personality and normal population.

P-02-047

A REVIEW OF 60 BORDER LINE PERSONALITY DISORDERS RECORDED IN 2007 IN KOLKATA

INSTITUTIONS

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Objectives: Border line personality Disorders (BPD) are frequently found in busy urban clinics. On longitudinal observation they are usually diagonosed after several visits and also their dramatic presentation, blaming to others and liability of their moods, and their peculiar aloofness and a sense of boredom or emptiness. Their presentation as well as patterns differ in different cultures & countries.

Methods: 60 new cases those were finally diagonosed after careful clinical evaluation in Calcutta Pavlov Hospital in the year 2007 were studied here. Diagnosis were based on DSM-4TR diag. criteria.

Results: 34 male & 26 females, age ranging from 24 to 46 yrs with a median average of 31 yrs. were assessed here. Among nine contexts described in DSM-4TR the symptoms most found here are!) Unstable

interpersonal relationship 2) Identity disturbance as if inner "self" is not at ease with the outer "expressed self" 3)Impulsivity 4) Agression to self & others 5) Franatic efforts to avoid imagined abandonment, 5) Marked affective instability. Self mutialating (wrist slashing etc.) were more marked in females. Spending, joblessness and poverty are noted more in males with suicidal attempts & sexual promiscuity. BPD patients were mostly brought by their spouses (64%), and by parents or in-law parents .Friends were conspisuesely absent in the scenario. Marriage is stake in BPD cases. A 25% divorce, 23% desertion living alone were noted.

Conclusions: In BPD cases there are detoriatation in social, occupational, & financial satate & quality of life. Clinitian should borne in mind of this differential diagnosis.

THE RELATION OF SEXUAL ORIENTATION WITH SEXUAL AGGRESSION: A CROSS-SECTIONAL STUDY

INSTITUTIONS

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Background: We aimed to develop a tool to measure sexual aggression and passivity and investigate the relation with sexual orientation.

Methods: A cross-sectional survey was carried out in a sample extracted from the population of University of Athens, Greece. We used a questionnaire of 70 items, regarding the sex, age, university attribute, sexual orientation, frequency of acts of sexual aggression and passivity, sexual competence and desire of the participants.

Results: In total 994 subjects answered the questionnaire. The calculated sexual aggression and passivity scores range from 0 to 101 and from 0 to 97 respectively. The upper cut-off of sexual aggression and passivity for male heterosexuals is 25.5 and 19.33 respectively, for homosexual

males 75 and 59, for heterosexual females 15 and 23.33 and for homosexual women 26 and 36 respectively. The differences of the mean score of aggression between the above sub-groups are statistically significant. The differences of the mean score of passivity between homosexuals and heterosexuals of the same sex are statistically significant. The mean rate of rejection of sexual practices of aggression and passivity is affected by sexual orientation. Sex and sexual orientation were identified as independent variables affecting significantly sexual aggression. Sexual passivity is affected significantly by sexual orientation and age. Sexual competence (erection and sexual desire) was identified as independent variable affecting sexual passivity.

Conclusion: Our study provides evidence that sexual orientation is strongly associated with sexual aggression and passivity.

P-02-049

INCIDENCE OF STROKE IN PSYCHIATRIC PATIENTS AND ITS RELATION WITH CARDIOVASCULAR RISK FACTORS

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Objectives: to evaluate the incidence of stroke among psychiatric patients and cardiovascular risk factors.

Material and Methods: We analyzed all patients diagnosed from stroke admitted to a community hospital between 1-1-2007 and 1-1-008. Variables like age, sex, stroke location, psychiatric diagnosis and cardiovascular risk factors were reported.

Results: A total of 104 strokes were included. In 62 (59.61%), psychiatric comorbidity was found; 43 were women and 19 men. Mean age 72 (59-84) years. The most frequent phychiatric diagnosis was alcohol abuse (35, 56.45%) followed by anxiety (22, 35.48%) and depression (17, 27.41%). In the control group (42 patients), 27 were women and 15 men. Mean age 75 (61-92) years. When comparing risk factors for stroke in both groups, psychiatric patients smoke more frequently (p=0.021), were more sedentary (p=0.016) and

have greater levels of total cholesterol (p=0.011) and lower HDL-cholesterol (p=0.039). No differences were found in the incidence of diabetes mellitus, levels of LDL cholesterol and triglycerides. The most common stroke location was the left middle cerebral artery followed by the right middle cerebral artery in both groups.

Conclusions:

- 1.- A majority of patients suffering from stroke have some degree of psychiatric comorbidity in our study (59.61%) been alcohol abuse the most frequent psychiatric diagnosis.
- 2.-Smoking and sedentary are more frequent in psychiatric patients reflecting a less healthy lifestyle in these patients.
- 3.- Total cholesterol was higher and HDL-cholesterol lower. This feature is consonant with the higher prevalence of the metabolic syndrome in psychiatric patients as compared with the general population.

PSYCHOLOGICAL PROFILE AND BURN OUT AMONG IRANIAN PSYCHIATRISTS

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Aim:This study investigated psychological profile and burnout among a sample of Iranian psychiatrists.

Method: General health questionnaire (GHQ-28) and temperament and character inventory (TCI) for assessing psychological profile and the Maslach Burnout Inventory (MBI) as a measure of burnout were used. In addition, demographic data such as age, sex, marital status were also inquired. subjects selected randomly among psychiatrists who participated in annual national Iranian psychiatric association congress

Results: In this study 87 psychiatrists participated. 12.6% of psychiatrists showed mental disorder which is less than general population

in Iran. Their personality profile didn't show any significant differences, in any of the temperament and character subscales, in compared with general population's norms. Average scores level of burn out was reported in low range on personal accomplishment and emotional exhaustion subscales, and was in average range on depersonalization subscale. There is not any significant correlation between sex, and temperament and character characteristics of personality with the level of burn out. Age and GHQ like rt score showed a significant positive relationship with the level of burn out. (p<0.05)

Conclusion: psychological symptoms can affect burnout among psychiatrists. Problems of general health, as well as mental health and burn out, among psychiatrists are in need of attention.

P-02-051

NEUROSYPHILIS: A CASE REPORT

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Introduction: Neurosyphilis is a potentially fatal infectious disease that has a long history of association with psychiatry. Recent studies reported that 15- 20% of the cases presented psychiatric manifestations after 15-20 years of the primoinfection. The complexity of its clinical picture requires a multidisciplinary approach. Today due to drug treatment, penicillin, usually is a rare complication and the first symptoms may be psychiatric.

Objectives: Description of a case of neurosyphilis that began with psychiatric symptoms.

Methodology: We present a case report, a review of the literature and a discussion

Results: Case report: This is a 54 year old male who presented a clinical case consisting of tremors widespread, disruption of the march, urinary incontinence, loss of strength and spoke inconsistent with laughter unreasonable. He had entered the Psychiatric servi-

ce 3 months earlier by a depression with psychotic symptoms that responded to treatment with imipramine 150 mg / day and risperidone 2 mg / día. Serology was positive for TPHA and VDRL and CSF was positive VDRL . The diagnosis was neurosyphilis and we started a treatment with penicillin and steroids and the patient improved in a few days.

Conclusions: This clinical case shows the complexity of this disease emphazising the importance to maintain a high level of diagnostic and justifying the screening of neurosyphillis in psychotic symptoms.

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STIGMA AND CULTURAL BARRIERS TO ADDICTION TREATMENT BY ARAB AMERICANS

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Stigma and cultural barriers may discourage alcohol and drug treatment-seeking. Arab Americans are reported to stigmatize substance use and may experience cultural barriers to obtaining treatment. To explore pathways to treatment, we administered questionnaires and interviewed ten Arab Americans who were or had been in substance abuse treatment. The diverse sample included five with co-occurring mental disorders, eight men and two women, nine Muslims and one Christian, seven treated for alcoholism and three for drug use, and different countries of origin, generation and language proficiency. The participants reported high Arab community stigmatization of alcohol and marijuana use. Participants in recovery perceived the Arab community as more supportive of treatment seeking than those still using alcohol or drugs. Families and friends, once convinced

of the need for treatment, were supportive but lacked the knowledge to recognize substance abuse. Surprisingly, half the participants had a family history of substance abuse which did motivate the participants to seek and stay in treatment. Religion was ranked as extremely important to almost all the participants. Only six participants reported their religion discouraged alcohol use. Criminal justice involvement and mental health referrals were major pathways to treatment. Cultural barriers to accessing and staying in treatment were common; counselor ethnic-matching did not eliminate this barrier. In conclusion, stigma in the Arab community may discourage substance use but it may also contribute to delays in treatment seeking. Cultural competency of programs and counselors appeared to influence both access to treatment and retention.

P-02-053

PREVALENCE AND CLINICAL CONSEQUENCES OF DUAL DIAGNOSIS

INSTITUTIONS

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Introduction: The co-occurrence of a severe mental illness and a substance abuse or dependence disorder is common. Substance use disorders can occur at any phase of mental illness. Causes of this comorbidity may include self-medication, genetic vulnerability, environment or lifestyle. The consequences of dual diagnosis include poor medication compliance, physical comorbidities, poor health, increased risk of suicide.

Objective: The aim of the present study was to determine the prevalence of dual diagnosis and its clinical consequence in a psychiatric institution in Reus (Spain).

Method: The sample consisted of 120 short-stay inpatients, which were hospitalisated in our admission Unit. We obtain clinical and demographic variables from the clinical history. The software used in analyses was SPSS v.12.00.

Results: Of the 120 patients, 65 (54'2 %) were male, and 55 (45'8 %) were female. The mean age was 45 (SD= 14'9). Thirty-two (26'7 %) patients have dual diagnosis. The psychiatric diagnostic more prevalent was the psychotic disorders (67'5 %) and the substance abuse more prevalent was the alcohol (21'5%). We found differences between patients with dual diagnosis and those without, respect to adherence to treatment, negative PANSS in psychotic patients and age of onset (a < 0.001)

Conclusion: Nearly one third of the inpatients were shown to suffer dual diagnosis. These patients with dual diagnosis have an earlier onset of the psychiatric illness and a worst adherence to treatment. However, the identification of reliable dual diagnosis is important, because its patients may have a poor outcome.

RELATIONSHIP BETWEEN FIBROMYALGIA AND SOMATIC SYMPTOMS OF DEPRESSION: DIAGNOSTIC AND THERAPEUTIC IMPORTANCE

INSTITUTIONS

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Objectives: Physical symptoms are common in depressed patients and are major obstacle in the effective management of depression. In the clinics, a high number of patients present (69%) with somatic symptoms overlapping with fibromyalgia. Hence, present paper will focus on the interrelationship of fibromyalgia and somatic symptoms of depression.

Method: We searched the literature with the keywords "fibro-myalgia", "somatic symptoms of depression". Results were retrieved and reviewed.

Results: Fibromyalgia is a disorder of central sensitization and also that depression is associated with central sensitization to induce headache at least. It may be one reason why depressed subjects complain of generalized pain. Based on the available literature we hypothesize that fibromyalgia, headache and depression may be dif-

ferent presentations of a similar illness and may lie at the different points of a spectrum. As fibromyalgia and headache are not seen in all depressed patients, there could be two possibilities- few of the depressed subjects are predisposed to develop these symptoms during depression; or the central sensitization occurs after the depression reaches a critical level in terms of severity, duration etc. and when it is reached, depressed patients develop headache and/ or fibromyalgia. Strong evidence has accumulated to support the hypothesis that a deficiency in serotonergic neuronal functioning might be related to the pathophysiology of fibromyalgia. Patients with fibromyalgia were found to have decreased concentrations of 5-HT and tryptophan in serum and CSF similar to depression.

Conclusion: We conclude that fibromyalgia and "somatic symptoms of depression" are closely related.

P-02-055

THEORETICAL, CLINICO-PSYCHOPATHOLOGICAL AND CROSSCULTURAL ASPECTS OF CRIMINAL AGGRESSION IN FORENSIC-PSYCHIATRIC PRACTICE

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Aims: The paper presents analysis of impact of social-psychological factors on behavior control in terms of shaping criminal aggression. The theoretical aspects of the impact of social-psychological (including ethnocultural) factors on behavior control in terms of shaping criminal aggression as well as their biological basis are defined. Two major mechanism of regulation of legal behavior are identified and their adaptive nature is established.

Results: 191 subjects with psychic disorders, who had committed aggressive unlawful actions in Bjurjatia Republic, underwent forensic-psychiatric investigation. 97 subjects without psychic disorders had committed analogous unlawful acts. The character of psychopathologic disorders and the correlations with socio-psychological

factors is described. Two main mechanisms of socio-psychological personal regulation through cognitive and affective-willed sphere of psychic action are shown. Their different predominance in two ethnical subpopulations (Slavonic and Bjurjatic) is shown too. Their correlation with peculiarities of psychopathologic disorder which influence social adaptation of persons with psychic disorders is ascertained.

Conclusion: It is assumed that social decompensation occurs primarily as a result of weakening or disruption due to psychic derangement of an intellectual or volitional component of psychological regulation which is least protected by the primary mechanism of regulation.

GNOSEOLOGICAL DIFFERENCES BETWEEN DELIRIUM AND PHENOMENA OF SOCIAL CONSCIOUSNESS

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Trying to find the definitions of some psychiatric phenomena from the viewpoint of philosophic gnoseology, we have studied a number of articles published in Independent Psych. Journ. in the period of 2001-2006. The subject of our article is to discuss the differences between delirium and phenomena of social consciousness (in particular, belief in extra-sensory perception).

A believer accepts some knowledge as 'doxa', i.e. takes it on trust. Such a person says, "I just believe and I do not need the proof of existing God, telepathy, extra-sensory perception". Thus the phenomenon of believing in ESP remains in the sphere that is immanent in consciousness, it does not transcend consciousness.

From the viewpoint of phenomenology, it remains problematic. From a gnoseological standpoint, delirium is "episteme", i.e. the

truth that is accepted as apodeictically determined one. From the viewpoint of philosophy, the phenomenon of delirium that is immanent in a patient's consciousness is transferred into a transcendent sphere and becomes objective. In other words, being immanent in consciousness the phenomenon of delirium is intentionally aimed at transcendently existing events, facts or objects. Therefore it changes the ontological status of existing a patient who begins to live in a different world where problematically existing phenomena are taken by morbid consciousness for apodeictically existing ones. If a delirious judgment, i. e. an experience, is considered "cogitatio" and the content of this judgment is "cogitatum", then the essence of morbid consciousness is expansion of apodeictic existence of a patient's experiences to his or her judgments.

P-02-057

COMBINED THERAPY WITH INTERPERSONAL PSYCHOTHERAPY OF BORDERLINE PERSONALITY DISORDER: A COMPARISON WITH MEDICATION THERAPY

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Objective: Combined treatment with interpersonal psychotherapy and antidepressants has been found more effective than pharmacotherapy alone in depressed patients with concomitant borderline personality disorder (BPD) 1 . The aim of this study is to investigate whether combined treatment with a modified version of interpersonal psychotherapy 2 is still superior to antidepressants when treating patients with a single diagnosis of BPD.

Methods: Forty outpatients with a DSM-IV-TR diagnosis of BPD were enrolled. They were randomly assigned to two treatment arms for 32 weeks: (1) fluoxetine 20-40 mg/day plus clinical management; (2) fluoxetine 20-40 mg/day plus IPT adapted for BPD (IPT-BPD). Seven patients dropped-out for noncompliance. Patients who completed the treatment period were assessed at baseline, and at week 8, 16 and 32 with: CGI-S; HDRS; HARS; SOFAS; BPD Severity Index, and a questionnaire for quality of life (SAT-P). Univariate GLM was performed with two factors: duration and type of treatment.

Results: Remission rates, CGI-S, HDRS, SOFAS, and total BPDSI score changes were not different between treatments. Combined therapy had better effects on the HARS, the items "interpersonal relationships", "affective instability", and "impulsivity" of BPDSI, and the factors "psychological functioning" and "social functioning" of SAT-P

Conclusions: Combined therapy with adapted IPT is more effective than fluoxetine alone in BPD patients, if considering a few core symptoms of the disorder, anxiety and quality of life.

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COMORBID PERSONALITY DISORDERS IN FEMALE INPATIENTS WITH MAJOR DEPRESSIVE DISORDER: PREVALENCE AND IMPACT ON OUTCOME

INSTITUTIONS

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Personality disorders (PD) are common in patients with major depression disorder (MDD) and often responsible of impaired outcome.

Objective

To determinate the impact of PD on MDD outcome, this study aimed to compare two groups of depressive patients with and without PD.

Methods

Its a comparative study held in the psychiatric female inpatient unit of Farhat hached university hospital of Sousse (Tunisia). All first time admissions, between January 1999 and December 2006, for MDD according to DSM-IV criteria, were retrospectively examined (N=277), and split into two groups:

Group 1 (G1): inpatients with MDD and comorbid PD (n=159). Group 2 (G2): inpatients with MDD, without comorbid PD (n=118).

Statistical comparisons were performed between the two groups and based on demographic, clinical and outcome features available in patients medical charts.

Result

Inpatients from G1 had earlier age of onset of their depressive disorder (p<10-3) and reported more previous suicidal attempts (p=0.002) and more axis I comorbid disorders (p<10-3). After remission of index episode, they had more persistent depressive symptoms (p=0.035), more relapses (p=0.025) and suicidal attempts (p=0.001).

Conclusion

More than half of our depressive inpatients had comorbid personality disorder. This comorbidity was correlated to persistent depressive symptoms, relapses and suicidal attempts.

P-02-059

RELATIONS BETWEEN ALEXITHYMIA, PSYCHOLOGICAL VULNERABILITY, AND PSYCHOLOGICAL WELL-BEING

INSTITUTIONS

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Objectives: To investigate the relations between alexithymia, psychological vulnerability, and psychological well-being in a sample of students

Methods: A correlational analysis was performed to assess the kind of association exist among alexithymia and its three components including difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking with psychological wellbeing, psychological distress, axiety, and depression. Three hundred and six students (136 boys, 170 girls) from the University of Tehran were included in this study. All participants were asked to complete Farsi version of the Toronto Alexithymia Scale (FTAS-20), Mental Health Inventory (MHI), Beck Anxiety Inventory (BAI), and Beck Depression Inventory (BDI).

Results: Alexithymia showed a significant negative association with psychological well-being as well as a significant positive association with psychological distress, anxiety, and depression. The results also revealed that total alexithymia and difficulty identifying feelings can predict changes of psychological vulnerability and psychological well-being. Externally oriented thinking could predict only changes of anxiety.

Conclusion: It can be concluded that alexithymia is associated with mental health, anxiety, and depression indices. Results and implications are discussed.

Keywords: alexithymia, psychological vulnerability, psychological well-being

EFFECT OF DEPRESSION ON SLEEP: QUALITATIVE OR QUANTITATIVE?

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Background: Present study was designed to assess whether subjective sleep pattern differ between (i) depressed patients and controls and (ii) between subjects with different severity of depression. Based on available literature it was hypothesized that sleep pattern must be different between above mentioned groups.

Method: This study included sixty subjects with major depressive disorder and forty subjects in the control group. Subjects with sleep disturbance secondary to any other factor e.g., medical illness, environmental factors, other psychiatric illness etc. were not included in the study. Depression severity in subjects with depression was assessed with the help of Beck Depression Inventory II. Subjective sleep complaints were asked in the presence of a reliable informant, preferably bed partner. All the information was recorded in a semi-structured performa.

Results: Depression and control groups were similar with regards to age (p=0.32) and gender (p=0.14) distribution. Subjects in depression group had lesser total sleep time (p=0.001), longer sleep latency (p=0.001), frequency awakenings (p=0.04), greater wake after sleep onset and offset times (both p=0.001), lesser sleep efficiency and tend to wake up early (Mann Whitney U=913.5; p= 0.05).

Subjects with severe depression were different from the mild and moderate group on total sleep time (p=0.002), nighttime sleep (p=0.007) and sleep efficiency (p=0.001) even when three groups were comparable in age.

Conclusion: Depression is associated with sleep disturbances not only qualitatively but also quantitatively. The sleep disturbance arises only after a critical level of depression is reached and depression of varying severity may selectively affect sleep parameters.

P-02-061

DIFFERENCES IN THE COURSE OF DEPRESSIVE SYMPTOMATOLOGY IN PATIENTS WITH OR WITHOUT MIGRAINE-COMORBIDITY DURING ANTIDEPRESSANT TREATMENT WITH FLUVOXAMINE AND VENLAFAXINE

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Introduction Migraine is the headache subtype that has been most extensively investigated for psychiatric comorbidity. In a previous study on euthymic patients in long-term treatment with lithium or SSRIs, we supported the hypothesis of a bidirectional association between these two diseases. There are no evidence-based indications to date about treatment of migraine associated with mood disorders.

Methods We compared the course of depression during four weeks treatment with fluvoxamine or venlafaxine at high dose in a sample of 238 inpatients affected by major depression, subdivided according to the presence of migraine comorbidity. Clinical response was defined as a reduction of HAM-D to 8 and migraine was assessed with HIS questionnaire. Regression analysis and repeated measure ANOVA were used for statistical analyses of collected data.

Results At the end of the observation period, the antidepressant response rate in the whole sample was 66.5%. Regression Analysis identified younger current age, choice of antidepressant drug, total number of depressive episodes and duration of current episode as the clinical variables significantly related to the antidepressant response. In the migraine depressed sample there is a statistical difference in the decrease of HAM-D scores during the treatment with fluvoxamine and venlafaxine.

Discussion Our data indicate that migraine comorbidity does not affect antidepressant response *di per se* in primary mood disorder patients. Nevertheless, in migraine sample the administration of SNRI determined a faster improvement of depressive symptomatology when compared with SSRI. These results confirm that venlafaxine is efficacious in the treatment of migraine depressed patients.

CAN DRAGONS BE TURNED TO DAFFODILS? BORDERLINE POLICIES TO BORDERLINE PATIENTS: IS THERE A (MIDDLE) WAY?

INSTITUTIONS

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Until recently the general view in many countries has been that personality disorders are untreatable. However, the theme of dangerousness and burden to society has increasingly become a hot topic by the media, which has been influential in a shift of thinking towards an inpatient model of management.

Proposals to get them locked up only for containment has been rejected eventually and gradually psychotherapeutic approaches are increasingly suggested. However, there is still too little know-how to deal with this large group of patients in the community and due to lack of public in patients units private hospitals are taking over this responsibility. However, intense supervision to communities- as dis-

cussed at a world conference dynamic therapy, 2007 illustrated that intense supervision in the community, including at homes can have an additional therapeutic effect to psychotherapy and behaviour management. There are ethical dilemmas of ostracising this group of patient by focusing predominantly on inpatient containment.

The debate is whether it can be considered more user friendly by empowering communities to deal effectively with this group of patients whilst enhancing the therapeutic outcome. How to motivate communities and policies to embark on such a journey can be considered a worthwhile discussion point.

P-02-063

COVERT COLLUSIONS IN THE TREATMENT AND CARE OF AUTISTIC SPECTRUM DISORDERS

INSTITUTIONS

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Background:

Like psychotic and personality disordered individuals, people on the autistic spectrum can also evoke extremely strong and infectious reactions. Studies on parental reactions to neonates problematic interactions and controls revealed early recursive reactions. Different presentations at different settings can induce fragmentation of care.

Aims and goals:

Exploring reactions to outpatients on the autistic spectrum

Method:

Naturalistic study of all children and adult patients on the spectrum Observations of carer's and professional's input towards the studied population. Spontaneous remarks of the professional /carer about their reactions, case notes

Diagnostic instruments were the ICD-10 criteria and PDDMRS (Pervasive Developmental Disorder Mental Retardation Scale) backed up by the DISCO (Diagnostic Instrument for Social and Communication Disorders) regarding complex cases

Results:

57 patients so far. M/F47/10. 6/57 had normal intelligence. 22 had a late diagnosis (from late adolescence).

Reactions were:

Extreme fragmentation of care: 33/57 (57.9%,), isolation: (22/57 (38.6%)., extreme sense of aloneness: 23/57 (40.3%)., over protectiveness, obsessiveness: 14/57 (24.6%), Wariness: 26/57 (45.6%). Neutral interaction: 27/57 (46%).

Conclusion:

The findings of this pilot study should be further explored by a more scientifically astute research project. Aloneness and extreme fragmentation of care appears to be directly evoked by the condition. Wariness is highly correlated with degree of aggression of the patient. Abolition of aggression, respite and education diminish evoked reactions. Vigilance is required on covert collusions by professional and non-professionals in the treatment of the autistic individual. Children and adults will be processed separately

CRUELTY TO ANIMALS IN MULTI-EPISODIC SADISM

INSTITUTIONS

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Aims: research of role cruelty to animals in multi-episodic sadism. Methods: clinical and psychopathological. Results: Examined have been 57 men who committed 2 and more violent sexual attacks, 37 serial killers among them. Steady repeated cruel aggression to animals (CA) was found in 19 cases (33.3%). It always first appeared at the age of 5 to 11. CA was mainly aimed against small domestic animal. The choice of the victim was spontaneous, depending on the animal's accessibility, exclusion of disturbing or hindering factors and personal negative account of disgust, aversion, abhorrence ("mangy", "ugly"), annoyance and anger. CA was manifested as repeated episodes of multiple, crude, destructive, physical, torturing, stereotypical impact on the animal, causing injury and death, further mockery of the body, sensation of rule and command. The ways of impact were contacting. No distant (fire), thermal, electric

impacts have been registered.

Signs of dependant behavior were discovered. Typical were erotization and sexual deeds. CA was obsessive-compulsive. Its manifestations and consequences differed during pre-episodic and intra-episodic periods. The brutality of aggression grew with time.

Conclusions: In a number of cases CA is an early stage of cruel sadism appearance and development. The 2 types of obsessive-compulsive CA are: pre-episodic, which determines CA episode beginning, and intra-episodic, which determines multiple, stereotypical character of the deeds and a growing level of cruelty within the episode

Literature: Kudryavtsev I. A., Ratinova N. A. Criminal Aggression. Moscow, 2000.- 347. Dietz P. E. Mass, serial and sensational homicides. Bull NY Acad. Med. 62: 477-91, 1986.

P-02-065

EXPATRIATION AND PSYCHOLOGICAL DISTRESS AMONGST ACADEMICIANS IN QATAR

INSTITUTIONS

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In today's world of rapid globalization, there has been a significant increase in the number of first time expatriates. Expatriation involves multiple changes in career prospects, social, cultural and environmental change and separation from family and friends. All of these are significant life stressors which can cause major distress and high incidence of depression and adjustment disorders in expatriates (1).

The aim of this study is to examine the psychological distress caused by expatriation and related factors in an educated homogenous group of 171 university faculty members who have expatriated to Qatar to teach in one of the five American Universities. We prepared a socio-demographic questionnaire and utilized the 12-item General Health Questionnaire (GHQ-12) which has been widely used for detecting psychological morbidity over past few weeks. Factors such

as age, sex, duration of stay, Educational Institution, marital status, presence of wife/children , Arabic, previous expatriation experience, intention to stay, and extent of socialization with Qatari's were examined.

Subjects age <35, never married, and who reported not being settled in Qatar had GHQ scores above the median score, indicating above average psychological distress. Higher scores were correlated with non-intention to repeat the experience and an intention to stay a shorter duration. There was also statistically significant association with the Institution where the faculty member works.

The Institution environment is important in the psychological well-being of expatriate faculty. Also risk factors of young age, being single, and a subjective feeling of being unsettled are important risk factors for mental distress.

SHOPPING FOR MENTAL HEALTH CARE: LESSONS TO BE LEARNT FROM BANGLADESH

INSTITUTIONS

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AIMS

To explore pathways into psychiatric care, including the use of Western biomedical and traditional practitioners, and satisfaction with mental health care in Sylhet, Bangladesh.

METHODS

25 months of ethnographic fieldwork in urban and rural areas.

RESULTS

In cases of mental illness lasting longer than 4 weeks, patients and their families consulted a wide range of healers including Islamic healers, Hindu counter-sorcery specialists and Western biomedical doctors; a psychiatrist was almost always consulted. Traditional healing did not necessarily represent the cheapest option and was often much more expensive than consulting a psychiatrist. Dissatisfaction was expressed with all types of treatment. However, treatment was not sought outside Bangladesh, as is often the case for physical ill health.

CONCLUSION

Bangladesh, like elsewhere in South Asia, is medically pluralistic. Having a wide choice of mental health services does not necessarily lead to high satisfaction with care.

P-02-067

"MY NIECE IS A HERO"- CLINICAL CASE AND REVIEW ON GLOSSODYNIA

INSTITUTIONS

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AUTHORS

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Purposes:

When complaints such as a localized discomfort as burning in the intra-oral area, with no physical findings appear, a great differential diagnostic workup is needed.

Sometimes misunderstood by clinicians, the burning mouth syndrome or Glossodynia has a confusing terminology, and an absence of clear diagnostic criteria.

Is Glossodinya a somatoform disorder? Has characteristics for consider it as a mental disturb? Are the psychological symptoms comorbility factors?

The authors present a case study with special interest to the clinical study of Glossodinya or Burning Mouth Syndrome, and its differential diagnoses, proposing a clinical review.

Clinical Case:

A 66 years old female, widow, with 2 sons, presenting burning mou-

th sensation for the last 4 years and anxiety for a longer time. This woman played a leading role on his family issues. Investigated by dermatology, she was sent to Liasion Psychiatry consultation. What dialogues can be created between Dermatology and Psychiatry? In what circumstances can we think this as a psychiatric condition? What medical investigation can lead to the treatment? The authors propose to discuss the clinical report.

Conclusions

The etiopathogenesis of Glossodynia or Burning Mouth Syndrome seems to be complex and in a large number of patients involves interactions among local, systemic and/or psychogenic factors. In the idiopatic glossodynia patients present an important somatopsychic factors, and for that psychoactive drugs may be used. Somme author's propose the newer serotonin uptake inhibitor in case of depression or depression equivalents also known as "masked depression" or "smilling depression". The use of psicotherapy is proven efficacious.

ASSESSMENT-TO-TREATMENT TOOLS IN DUAL DIAGNOSIS: INSIGHTS FROM THE FACE©-PROGRAMME

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Background: Mental health care to addictive persons with a dual diagnosis of ADHD/Bipolar Disorder faces specific assessment and treatment challenges, resulting from the cumulative impact of these difficulties on their cognitive, emotional and neurobiological functioning.

Method: As part of the multi-site FACE[®] program (Facilitating Adjustment of Cognitions and Emotions), this paper presents evidence-based tools developed to respond to this challenge. The effects of implementing standardised 'assessment-to-treatment' tools are analyzed regarding diagnostic and treatment phases with a series of dual diagnosis addictive clients.

Results: Regarding assessment, systematic implementation of an in-depth multidimensional, evidence-based anamnestic protocol brings forward previously unidentified diagnostic information (e.g. illnesses, family load, suicide risks and childhood trauma) that is crucial to designing informed medication and care pathways consistent with international best-practice recommendations. Regarding

treatment, this protocol appears to foster the client-practitioner relationship and the initiation of a therapeutic contract. Furthermore, clients' active roles in applying 'assessment-to-treatment' tools such as observational agendas with contingency analyses of their cognitive-emotional regulations of substance craving, facilitates monitoring of addictive and disorder-specific responses. Early integration of psycho-education sessions with self-monitoring strategies, further benefits comprehension and differential control of multiple disorder challenges by clients.

Conclusion: Evidence-based, standardized 'assessment-to-treatment' tools are found to provide valuable insights regarding intertwined disorder dynamics in the context of addictive dual diagnosis clients. Multiple care challenges are thus met by simultaneously providing diagnostic and process-oriented therapeutic data. These also facilitate clients' differential symptom insights and cognitive-emotional regulation. Further research and practice implications are discussed.

P-02-069

A GROUP TREATMENT PROGRAM FOR PATHOLOGICAL GAMBLING

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AIMS/OBJECTIVES

A description of a new therapeutic approach for Pathological Gambling

METHODS

After a psychiatric interview, aimed to evaluate the patient's psychopathology and the eventual need for a pharmacological therapy, patients are enrolled in a group rehabilitation and psychotherapeutical program, which shows some innovations:

- -Day Hospital setting;
- -Short duration (20 sessions);
- -Integration, continuity and contiguity of the 12-step Gamblers Anonymous and a psychodynamic group psychotherapy.

The program is proposed to all of our patients; it is an open group with a predefined termination for each participant. Groups are made of five to ten patients; each session lasts 90'; sessions are held twice weekly, alternating a psychodynamic and a GA-like meeting, lead respectively by a psychotherapist and an ex-gambler councellor. This short-term intervention is designed as a passage from addiction

to a long term treatment, through remission and the acquisition of a new insight.

RESULTS

36 patients joined the program. 20 of them completed treatment, 10 dropped out while 6 are in treatment at the moment. Of the 20 who completed treatment, only two are in a state of complete remission, while 18 were able to reach a state of partial remission.

At the completion of treatment, 18 patients out of 20 went on with some kind of psychological therapy: 9 are involved with Gamblers Anonymous, 5 with a group psychotherapy, 4 with an individual psychotherapy.

CONCLUSIONS

An intensive short term rehabilitation program could be an effective tool in the treatment of pathological gambling, aiming to interrupt the dysfunctional behaviour and to start a more specific therapeutic setting.

RORSCHACH ASSESSMENT AND CORRELATION WITH ALEXITHYMIA IN A SAMPLE OF PATHOLOGICAL GAMBLERS

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AIMS/OBJECTS

In order to provide a better description of the psychodynamic aspects of pathological gamblers, the patients acceding our Psychiatry Day Hospital requiring treatment were assessed through Rorschach test and TAS-20 (Toronto Alexithymia Scale)

METHODS

After a psychiatric interview, twenty patients responding to the DSM-IV-TR criteria for Pathological Gambling were evaluated with the Rorschach test and the TAS-20. Rorschach tests were signed according to Klopfer's method.

RESULTS

Preliminary results regarding twenty patients have shown the following features: a discrepancy between high ambition and real intellectual skills; a psychic life condition dominated by immature resources and impulses; an inappropriate self-control which is performed through emotional distance and experiences of deep anguish. Furthermore these subjects have found Rorschach inquiry difficult. These features can be indicative of a trouble in expressing emotions, according to alexithymia construct. Most of the patients were found to have significantly higher levels of alexithymia at Tas-20. This outcome is in accordance with previous works on the topic.

CONCLUSIONS

Our preliminary observations suggest to focus therapy not only on communication contents, but also on the communication style of the patient. These results also suggest that could be important to help patient to recognize and discriminate emotional conditions to prevent relapses due to out-of-control or repressed emotions

P-02-071

PSYCHOPATHOLOGY OF VERBAL HALLUCINATIONS: MECHANISM, EXPERIENCE AND NARRATIVE

INSTITUTIONS

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Objective: The purpose of this study is to discuss the reach and compatibility of main contemporary approaches - cognitive and phenomenological - that take verbal hallucinations as a self-consciousness disorder, having as criterion of evaluation the place given to the subjective experience.

Methods: On one hand the authors present a conceptual review of the central self-monitoring model and of the action self-ascription model , both methods standing from a third-person perspective concerning the verbal hallucinations. On the other hand they also present a conceptual review of the main contemporary phenomenological approaches, concerning the verbal hallucinations from a first-person perspective. The phenomenological approach is subdivided in two groups: one stresses the experiential dimension and the other the narrative dimension.

Besides this conceptual review, the authors illustrate the lived experiences of verbal hallucinations with excerpts taken from voice

hearers group developed in the Institute of Psychiatry of the Federal University of Rio de Janeiro.

Results: The mechanistic view that issues from the neurocognitive approaches gives us many empirical findings that help to naturalize this kind of symptom. However, it keeps us apart from the subjective dimension of the psychopatological phenomenon, essential to all clinical practices. To close this gap, a phenomenological approach is needed to gain access to the lived experience and to understand its personal meanings.

Conclusions: This study demonstrates the need to integrate third and first-person perspectives in psychopathological research and in clinical practice in the psychiatry field through the example of the psychopathology of verbal hallucinations.

DIAGNOSIS OF PERSONALITY DISORDERS AND SELF-HARM BEHAVIOUR

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The self-harm behavior is a phenomenon related to large spectrum of intrinsic, social and economic factors. Identification of self-harm behaviour like a marker of adaptation is related to specific psychiatric pathology. The distinguishing of that notion as one of the indicators for adaptation ability from truly medical epidemiological indicators is related to the identification of specific psychiatric pathology in most percentage of the cases this is pathology of personality. 457 persons were examined in total, classified in 3 groups.

Soldiers 178. students 94 persons from different universities in Sofia. The age in the examined group varies between 18 and 40. The average age in different groups is: clinical 21; students 23; soldiers 20. From the whole extract 82% are male gender and the rest 18% female.

the final model can be written in the following formula where \mathbf{p} is suicide attempt: its prognostic possibility is 90.8% which must be interpreted as high. As this can be been from the results, the highest risk of suicidal behaviour is for personality dimensions which might be put together under common name impulsiveness. There is a high risk from recidivism of the suicidal act at these dimensions determined as well as the basic characteristics as the fact that personality disorders are conditions comprising together deeply deposited and endurable models of behaviour which are expressed in a rigid manner of reaction towards to a wide diapason of personal and social situations.

P-02-073

ANXIETY, DEPRESSION AND MEDICAL HISTORY IN PATIENTS WITH CUTANEOUS FACTITIOUS DISORDER AND IN THEIR SIBLINGS

INSTITUTIONS

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Cutaneous Factitious Disorder (CFD) is characterized by artefactual skin lesions with denial of self-infliction. The medical past history of CFD patients sometimes reveals a physical illness or disability with long periods of hospitalization and dependency on hospital staff. Besides, a background of emotional disturbances such as anxiety and depression with feelings of isolation and insecurity is often observed.

Objective

The aim of this study was to compare anxiety, depression and medical past history in patients with CFD and in their siblings.

Methods

It's a comparative study held in dermatology and psychiatry departments of the university hospital Farhat Hached (Sousse, Tunisia). Thirty female patients diagnosed as CFD according to DSM-IV criteria were prospectively recruited. The siblings group consisted of their age matched sisters. Assessment was based on medical perso-

nal history, psychiatric antecedents and HAD-S anxiety and depression scores.

Results

CFD patients and their sisters were respectively 30 ± 8.9 years and 30 ± 6.1 years old. They had the same social and family conditions and educational level, but CFD patients were more often celibates (p<10-4) and out of work (p<10-4). They also had more personal hospitalization and dependency on hospital staff (p=0.02), more psychiatric antecedents (p=0.06) and more previous suicide attempts (p=0.01). HAD-S measures showed higher depression (p<10-4) and anxiety (p<10-4) scores in CFD patients.

Conclusion

In spite of similar family and social conditions, patients with CFD had more past medical antecedents and higher anxiety and depression scores than their siblings. These emotional disturbances may explain why they inflicted themselves skin lesions.

THE NON VERBAL PARAMETERS A NEW FIELD IN PSYCHIATRY

INSTITUTIONS

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Aims/Objective: We have the experience of 30 years of objectivization, analog-digital translation, automatic processing, graphical representation, pattern recognizing for the dynamic of the human gait, the patterns of the gesture models, variations of dynamic of the writing and of the physical pattern of the voice, applied in psychiatry.

Methods: The instrument we used are: original traductors, systems of calculation and programming belonging to the artificial intelligence which create new pattern of representation of the gait, gesture, sonorous background of the speech, the dynamic of the writing which can be represented or through a matrix or in a n-dimensional space on specific clusters or to some human typology or to some psychical disorders.

Results: There is the chance for a new semiology which has objective

paraclinic value for psychiatry field of automate analyses, nonverbal behavior parameters named by us "Extraverbale Analysis".

Conclusions: Handwriting's pathography in psychiatry is very consistent especially during the classical psychiatry period, when the lack of paraclinic diagnostic tools imposed to extend the investigations to objective elements of diagnostic. The pathology of non-verbal expression includes several studied elements. But all acquired knowledge has the deficiency of subjective descriptive and metaphoric describing, without a precise determination of objective parameters which could be accessible to automatic processing on computer with a bigger volume of data which can make them efficient in clinical practice and research. We present techniques of objectivisation resulted till now and future possibilities of using them. The workshop wants to be an opening to this new objective domain.

P-02-075

ASSESSMENT OF CASES USING "THE MIGRATORY STRESS AND GRIEF ASSESSMENT SCALE"

INSTITUTIONS

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Cases of immigrants are studied, analysing their symptoms in relation to the migratory stress and grief experienced, using the MSGAS based on psychoanalytical and cognitive approaches (Achotegui 2006). This scale is characterised by

- 1. The grouping of migration stress factors into 7 types of grief.
- The classification of these types of grief into simple, complicated and extreme, depending on their preparation difficulty
- 3. Assessment of subject vulnerability and the intensity of the stress factors

Symptoms would be an element associated to these situations that may be correlated with the scale. The version of the scale presented is a modification of a previous scale model (Achotegui 1997)

GRIEF VULNERABILITY INTENSITY OF STRESS FACTORS

- I. The family Simple Simple Complicated Complicated Exteme Extreme
- II. The language Simple Simple Complicated Complicated Extreme Extreme
- III. The culture Simple Simple Complicated Complicated Extreme Extreme

- IV. The earth Simple Simple Complicated Complicated Extreme Extreme
- V. Social Status Simple Simple Complicated Complicated Extreme Extreme
- VI. Group of belonging Simple Simple Complicated Complicated Extreme Extreme
- VII. Phisical risks Simple Simple Complicated Complicated Extreme Extreme

NOTE. NUMBER OF:

- SIMPLE GRIEFS:
- COMPLICATED GRIEFS:
- EXTREME GRIEFS:

The results show the existence of clear correlations between the experience of complicated and extreme grief and the symptoms.

ULYSSES SYNDROM IN INMIGRANT MINORS

INSTITUTIONS

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This exposition covers the concept of chronic and multiple stress relating to the immigrant infant-youth population. Chronic stress and its pervasive nature with a bearing on the generation of psychosomatic illnesses are analysed, inevitably leading to the need to take preventative aspects and the importance of social capital in the

development of mental illness into account. We shall comment on the factors forming stress and aspects involving chronic levels, multiplicity and the loss of control over stress factors. We shall mention the resilience and health promotion models from a clinical and welfare viewpoint.

P-02-077

BULLYING: A SCHOLAR EXCLUSION FACTOR

INSTITUTIONS

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Introduction: The school violence is a consequence not only of the social context, but also of its own educational process and specific relationship phenomena. One of these phenomena is the so called "Bullying", which leads some students to a kind of social exclusion and its consequences. Objectives: to better understand the risk factors and the consequences of bullying phenomena.

Method: this pilot qualitative case study included 14 to 17 years old students from two private schools in Porto Alegre, Brazil. Eleven students were directly interviewed; five observations during the class and two during the class-interval were conducted.

Results: in the school A, homosexualism and relationship problems were cited as risk factors, while in the school B, homosexualism and

socioeconomic differences were cited. In both schools, the students cited repetitive aggressive verbal jokes as the main bullying factor, leading to different degrees of suffering, and the students to move to other classroom (if possible) or even to other school. The students believe the schools are not able to resolve bullying, and that teachers are not enough compromised to interrupt the process.

Conclusion: bullying is a universal process that occurs even during the class. Repetitive aggressive verbal jokes are the main bullying instruments and its content generally includes sexuality and socioeconomic differences. The schools' and teachers' initiatives absence to stop bullying can be a risk factor of its maintenance.

AUTHORITARIAN PERSONALITY TRAITS IN IRANIAN MEDICAL STUDENTS

INSTITUTIONS

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Background: Adorno and his colleagues made an attempt to describe the behavior of people in the pre-war era in Germany. Their research led to the introduction of F-scale which is used as a measurement for conservative and authoritarian attitudes. Objective: By the use of F-scale, we tried to evaluate authoritarian traits in a group of Iranian medical students in Shiraz University of Medical Sciences. Socio-economic status of the present-day Iran is comparable to prewar era in Germany. Method: 80 medical students (40 men and 40 women) in different years of education were randomly selected and evaluated by the questionnaire. By statistical analysis, authoritarian traits were compared between male and female students and also in different years of education (First year, 3rd year and internship). Results: Female students showed a higher score than the male stu-

dents. Also, we found a trend for male students to become more authoritarian over time. For the female students an opposite trends was found. Conclusion: These results could be representative of different attitudes of male and female students toward authority related issues. Also, it could be in favor of different effects of education on authoritarian traits among the male and female.

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P-02-079

HOW STRONG IS TENDENCY TO FAKE GOOD ON AMORALITY MEASURES?

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Objective: The aim of this study was to detect dishonest subjects who deliberately show themselves in socially acceptable manner while being assessed by some psychological instruments. Method: The sample consisted of 80 subjects (40 non-psychotic patients and 40 graduate high school students) to whom the test Amoral-15 (measuring antisocial tendencies within three general factors of amorality: amorality which rise from impulsivity, frustrations and brutality) was administered in two different situations - with the standard

Instruction (E1) and with the instruction to fake (E2). The (E1-E2) difference is taken as an objective measure of ability to fake good. Results: Results showed that not all of the subjects are able to present themselves in socially acceptable manner even when they are told

to do so. Namely, 25% subjects worsened their result while 50% of them showed the same result which they reached under the standard instruction (E1). Another 25% subjects improved their result but not in the way which can jeopardize the rank of subjects who are at the bottom on the Amoral-15 scale. The subjects most easily hide their impulsivity, low control, hedonism, week socialization and laziness, while they have difficulties in hiding their projections and rationalizations.

Conclusions: The construction of the items which do not judge the transgressions and amoral tendencies is helpful in giving positive responses and thus make the Amoral-15 scale resistant to the possibility of giving social desirable answers.

SEXUAL BEHAVIOR CHANGE IN DOMINICAN UNIVERSITY STUDENTS

INSTITUTIONS

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Objectives: The present study analyzed the effectiveness of an STD/HIV prevention program delivered by the Institute of Human Sexuality (IHS) at the Autonomous University of Santo Domingo (AUSD). This project attempted to assess likely differences in knowledge, attitudes and sexual behavior between students who participated in the program and those who did not.

Method: During the summer session of 2006, a self-administered questionnaire was given to 190 intervened students and 897 control students. The questionnaire measure sociodemographic, sexual experience and behavior, condom use and attitudes about condoms (1, 2).

Results: Statistically significant effects between intervention and control groups (p<0.05) were found regarding four key variables. Median self-reported STD knowledge was higher among interventi-

on group than in the control (3.5 vs 3.1). Median number of sexual partners was lower among intervention group than control group (0.8 vs 1.1). Two thirds (66.7%) of intervened students reported using a condom at last intercourse compared with 46.5% of those in the control group. Median scores on attitudes toward condom use were significantly more favorable in the intervention group than in the control (23.4 vs 20.9). Multiple regression analysis demonstrated that these results were independent of gender or formal studies in the health sciences.

Conclusions: University students in the DR are at elevated risk for STD/HIV infection. The intervention program implemented by IHS is effective in influencing several important factors that have been shown to affect STD/HIV transmission, including positive attitudes toward condoms and use of condom at last intercourse. Recommendations for program improvement and dissemination are made.

P-02-081

GRAPHOLOGY MEETS PSYCHIATRY, A VERY PROMISING COLLABORATION

INSTITUTIONS

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AIMS: To track, analyze and group the graphological disorders of patients with severe psychiatric disease. Relating such disorders with psychiatric symptomatology would enable us evaluate the effectiveness of the treatment administered and correlate a patient's recovery with changes in graphological findings.

METHODS: Two samples of handwriting have been collected from 100 inpatients with major psychiatric disorders who met DSM-IV criteria for schizophrenia, depression and bipolar disorder. The first sample was collected at admittance (acute phase) and the second at discharge (remission phase). The sample collection took place under specific conditions. Sample analysis included: an assessment of 175 graphological signs and 7 graphological genera (speed, pressure, size, direction, form, sequence and page structure), an interpretation of these graphological signs, a composition of a graphological

portrait for each patient and a correlation of all the above with his medical history and psychiatric diagnosis.

RESULTS: The analysis of the graphological data mentioned above, demonstrated a significant influence in formative graphological features such as size, direction, writing-pressure, form and page structure during the acute phase, whereas the remission phase was followed by an improvement in all these parameters, including the general structure of handwriting.

CONCLUSION: Graphology could be utilized and cooperate with Psychiatry. We consider it to be a valid and useful tool -among others- in the assessment of the clinical picture of psychiatric patients and the evaluation of their response to therapy.

CASE REPORT: SEVERE SELF-MUTILATION WITHOUT BORDERLINE PERSONALITY DISORDER

INSTITUTIONS

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Self-mutilation behavior(SMB) is considered to be a common clinical behavior among individuals with Borderline Personality Disorder(BPD) and as part of Impulse-Control Disorders criteria. This case report describes a 24-year-old woman with severe SMB, without BPD. The patient was admitted to the multiple impulse-control disorder outpatient unit for treatment of SMB. This patient was submitted to the SCID-I/P, SCID-II/P, Y-BOCS, DY-BOCS, Functional Assessment of Self-Mutilation(FASM), and USP-SPS, this last questionnaire was designed to assess the kinds of subjective experiences that may precede or accompany some repetitive behaviors, compulsions and tics. The more frequently SMB presented was skin cutting which was associated with relieving feelings of "numbness"; self-punishment; feeling something(even pain); feeling relaxed; and stopping bad feelings. Others comorbidities presented by her were

Obsessive-Compulsive Disorder(OCD) with predominance of compulsive over obsessive behaviors, Social phobia, Bulimia, Depression Disorder(DD) with high levels of anxiety, and avoidant personality disorder. The characteristics on SCID-II/P were not enough for BPD diagnosis. Subjective experiences of tactile sensations, "visual justright perceptions", and "urge only" (an inner sense that she "have to" do it) were related to SMB rituals, as well as preceded the compulsive behaviors, at the USP-SPS.

Conclusion: This case raises some questions: Would this case be an atypical kind of SMB, without BPD, or a nosologic entity with its own characteristics, where OCD comorbidity is frequent? Would SMB be a symptom of OCD that increases its severity? More studies will necessary to answer these questions.

P-02-083

AURICULAR ACUPUNCTURE IN DUAL DIAGNOSIS: RANDOMIZED CONTROLLED PILOT TRIAL

INSTITUTIONS

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BACKGROUND AND AIM:

The auricular acupuncture (AA) detoxification was first introduced in 1974. Over the past thirty years this technique has been extensively studied, expanded and improved. Unfortunately, there is no empirical evidence to recommend the use of AA for dual diagnosis patients (DDP). The absent data on the efficacy and safety of the AA leads to inappropriate use of this therapeutic intervention in DDP. This trial aimed to investigate the effectiveness and safety of AA in DDP for the management of both psychiatric and addiction issues. **METHODS**:

Randomized controlled parallel groups clinical trial: the study population group [10 AA treatments at least 20 minutes 4-5 times a week] comprised 12 subjects (11 males (91.7%), mean age 28.8 years (SD=5.7)), the control population group (without AA) comprised 3 subjects (3 males (100.0%), mean age 29.5 years (SD=7.8)). Antipsy-

chotic efficacy was measured by CGI-Severity & CGI-Improvement scales, craving was measured by Drug-DALI and treatment compliance was measured by DAI-10.

RESULTS:

There were no differences between the groups according to demographic and clinical measures at the beginning of the study. The mean DALI score change in study population was -3.7 (SD=3.9; p<.06), the mean DAI score change was 3.9 (SD=4.6; p<.06) in comparison to -6.0 (SD=4.2; NS) and 5.5 (SD=10.6; NS) in a control population, respectively. Were no differences in CGI-I (NS). There were no adverse events in both populations.

CONCLUSIONS:

There is a trend for effect of AA to craving decrease and a trend for effect to improvement of treatment-compliance in DDP.

AGGRESSIVE BEHAVIOUR IN CANCER PATIENTS

INSTITUTIONS

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Introduction:

Some of the in-patients on oncological wards do not meet the staff's expectations in behaving compliant and show overt aggression.

Objective:

To describe frequency, quality, underlying variables, and the impact of aggressive behaviour on future cutting short from oncological inpatient treatment in cancer patients.

Group and Methods:

Investigation of 388 oncological in-patients in liaison-consultation psychiatry. Methods: Staff-Observation-Aggression-Scale-Revised (SOAS-R),Basic Psycho-Oncological Documentation (PO-BADO), intensity of pre-existing or cancer-induced psychiatric ailments (DSM-IV).

Results:

19 out of 388 (4.9%) patients showed overt aggressive behaviour (14: verbal aggression, 5: beating and/or kicking). Carcinoma induced

psychiatric disorders, pre-existing DSM IV axis 1 psychiatric disorders, current function status, and male sex were correlated to overt aggressive behaviour. 11 out of these 19 patients showed organic psychiatric disorders (7 carcinoma induced and 4 pre-existing organic psychiatric disorders) with cognitive impairments (p = .000). 8 out of these 19 patients cut short from oncological in-patient treatment (p = .000). The predictive quality of overt aggressive behaviour for future cutting short from oncological in-patient treatment can be described with the help of Receiver-Operating-Characteristics (ROC): AUC 81.9 % (p = .000; sensitivity 66.7%, specifity 97.1%).

Discussion:

The results demonstrate that organic psychiatric disorders play an important role in aggressive behaviour of cancer patients treated as in-patients. Furthermore aggressive behaviour can be interpreted as a risk factor of cutting short future oncological in-patient treatment. As a consequence the staff working on oncological wards should be enabled to detect aggressive behaviour and its precursors as soon as possible.

P-02-087

BYPASSING THE BLUES: A TELEPHONE-BASED STEPPED COLLABORATIVE CARE TRIAL FOR TREATING POST-CORONARY ARTERY BYPASS GRAFT (CABG) DEPRESSION

INSTITUTIONS

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Background: Approximately 20-25% of post-CABG patients report elevated depressive symptoms. It is unknown whether effective treatment of post-CABG depression improves cardiovascular, economic, and other outcomes. Stepped collaborative care (SCC) for depression with active follow-up by a care manager following a treatment protocol and under physician supervision has been proven effective in primary care, yet never before applied to depressed cardiac patients.

Methods: We screened post-CABG patients for depression prior to hospital discharge with the two-item Patient Health Questionnaire (PHQ). If positive, we administered the PHQ-9 two-weeks later, and randomized those who scored >9 (depressed) to either their physician's "usual care" or to an 8-month SCC protocol.

To facilitate comparisons, we also randomly selected a cohort of non-depressed post-CABG patients (negative PHQ-2/PHQ-9<5).

Results: From 3/2004-9/2007: 2,486 patients completed the PHQ-2; 1,387 (56%) screened positive; 1,268 (91%) were protocol-eligible; 1,100 (87%) completed the PHQ-9; 337 (31%) scored >9; and 303 (90%) agreed to randomization. Their mean age was 64 (range: 36-91), 41% were female, 9% non-Caucasian, and mean PHQ-9 score was 13.5. Compared to non-depressed controls (N=152), depressed subjects were younger (64 vs. 66 years; p=0.04), reported lower mental health-related quality-of-life (SF-36 MCS 43.1 vs. 61.6; p=0.001), and were more likely to have COPD (20% vs. 9%; p=0.003).

Conclusions: Post-CABG depression is common and associated with certain sociodemographic and clinical features. As our study blind is active until 5/08, we will describe the impact of SCC for post-CABG depression on quality-of-life cardiovascular morbidity, work, and health services utilization at the conference.

A REVIEW OF SUBJECTIVE MEMORY IMPAIRMENT - THE NEED FOR A STANDARD DEFINITION

INSTITUTIONS

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Aims/Objectives:

Subjective Memory Impairment (SMI) may hold value in the elderly as a predictor of dementia. There is yet to exist any standard definition of SMI for use in research or for clinical practice. This study aims to identify previous and current definitions of SMI used in published research and to propose a set of criteria that may help increase SMI's predictive power of future cognitive decline.

Methods:

Literature searches were conducted across a number of electronic databases including Medline.

Results:

515 citations were identified, 336 papers were obtained, of which 37 were selected for containing definitions for SMI. These definitions varied widely in terms of criteria and types of questions used.

Conclusion:

There is no consistency in how SMI is defined. We propose a set of criteria aimed to increase specificity of memory complainers for those at increased risk of dementia. Further research is required to refine and validate the different criteria suggested.

P-02-089

SYMPTOMS PRESENTATION IN PATIENTS WITH SCHIZOPHRENIA: COMPARISON IN 3 MALAYSIAN MAJOR ETHNIC GROUPS

INSTITUTIONS

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Aim: This is a cross-sectional study examining the difference of symptoms presentation among the Malay, Chinese and Indian patients with Schizophrenia.

Method: Patients aged between 18 to 64, diagnosed to have Schizophrenia in acute stage, admitted to psychiatric ward, Hospital Kuala Lumpur. The Structured Clinical Interview for DSM IIIR and DSM IV (SCID) and Positive and Negative Syndrome Scale (PANSS) were used to diagnose patient with schizophrenia, and to compare the difference in symptoms presentation, respectively.

Results: 97 patients, comprise of 48.5% Malay, 27.8% Chinese and 23.7% Indian were included in this study. The PANSS score on emotional withdrawal, tension and active social withdrawal were significantly high among the Indians as compared to the Malays and Chinese.

Conclusion: There was no significant difference on positive symptoms but there were significant differences of some negative symptoms and general psychopathology among the 3 ethnic groups. The data could provide as a preliminary finding for future other transcultural research in Malaysia.

PHENOMENOLOGY OF DELIRIUM: A FACTOR ANALYTIC STUDY

INSTITUTIONS

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Aims/Objectives: The phenomenology of delirium is not well characterized. Factor analysis could help in defining syndrome subtypes and suggest underlying pathophysiological or neuroanatomical bases for symptoms of delirium. The present study thus aimed to investigate the phenomenology of delirium by using a factor analytic technique.

Method: Eighty-six consecutive adult patients with a diagnosis of delirium according to DSM-IV-TR criteria and the Adaptation of Confusion Assessment Method Scale were assessed using the Delirium Rating Scale Revised-1998, the Memorial Delirium Assessment Scale and the Confusion State Evaluation within 7 days of onset.

Results: A two-factor solution provided best fit for the data. The first "global cognitive" factor comprised language disturbances, thought process abnormality, disorientation, inattention, short-term memory impairment, long-term memory impairment, disturbance of

visuospatial ability, impaired consciousness, and perseveration. The second "psychotic-behavioural" factor consisted of sleep-wake cycle disturbances, delusions, perceptual disturbances including hallucinations, motor agitation, inverse of motor retardation, lability of affect, distractibility, irritability, impaired wakefulness and temporal onset of symptoms.

Conclusions: The two factors derived from this study support the validity of distinguishing delirium into two overlapping subtypes. The "acute confusional state" or hypoactive subtype (the "global-cognitive" factor of this study) can be defined by disturbances in consciousness and cognitive functions. On the other hand, the hyperactive subtype or "acute agitated delirium" (the "psychotic-behavioural" factor of this study) is defined by superadded hyperactivity, hallucinations, delusions, insomnia, etc. Such a classification of delirium can also prove useful in refining its nosology as well as understanding its neurobiological origins.

P-02-091

THE REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASE, JAPANESE PERSPECTIVES

INSTITUTIONS

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The Japanese Society for Psychiatry and Neurology organized the ICD committee and has started to clarify the problems of the ICD-10 with regard to preparation for the ICD-11. In addition, the committee organized a comprehensive committee and committees in categories F1 -F9.

The comprehensive committee is researching some potential problems like the number of major categories (like F1- F9), commorbi-

dity issues, threshold of disorder and relationship between disability and disorder.

We are distilling the problems expressed by both the specific category committee and members of the Japanese Society for Psychiatry and Neurology using the web.

In this presentation, we report the present problems and recent suggestions by above mentioned methods.

A NEW STRATEGY FOR TREATMENT OF BORDERLINE PERSONALITY DISORDER

INSTITUTIONS

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AUTHORS

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Objective: To demonstrate that borderline personality disorder can be predictably overcome by transforming their personality through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experiences. The result of this study of 182 cases over the last 20 years supports an alternative approach in treatment of borderline personality disorder.

Method: This approach works with that patient and his/her partner, bringing them far closer than ever before, guided by their own daily self-rating on 41 parameters that allow accurate graphic tracking via Internet of subtle changes in their personalities and dynamic mental status. It frees the therapists from transference (and counter-transference) issues, which is the principal obstacle in treatment of borderline personality disorder. The therapist actively guide the couple to achieve closeness far greater than their previous maximum

level, overcoming waves of symptom spikes until they disappear by exhaustion, as the couples undergo personality transformation.

Results: The patient couples typically go through four distinct stages, with stage IV representing complete transformation. Of the 182 diagnosis confirmed patients, 15% reached stage IV, 12% reached stage-III, and 12% reached stage-II at the time of termination. Of the 60% of patients who failed to reach stage-II, 75% were those who came without partners and remained alone through therapy. Therefore, if we count couples only, treatment results would be about twice better.

Conclusion: Symptoms of borderline personality disorder may be better understood and treated as consequences of one's personality, which can be transformed through 'Breakthrough Intimacy.'

P-02-093

ALCOHOL ABUSE IN SCHIZOPHRENICS AND ITS IMPACT FOR VIOLENT BEHAVIOR

INSTITUTIONS

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BACKGROUND: Each alcohol abuse and schizophrenia have been found to be related to violent behavior in a number of studies. There has been much concern about the rates of violence among persons who exhibit more than one psychiatric disorder. It has been suggested that persons with schizophrenia and substance abuse problems are more at risk for the commission of violent offenses than are persons with either alone.

OBJECTIVE: To investigate the hypothesis that violent behavior is more common in schizophrenics who abuse alcohol.

METHODS: Subjects of research were 84 patients (57 men and 27 women) aged from 18 to 70 years, diagnosed by ICD-10 with Paranoid schizophrenia (F20.0) with similar pattern of course - episodic with progressive deficit - of whom 45 abused alcohol. They were

investigated retrospectively using a semi-structured interview and BPRS scale - extended version. Data is investigated by the program for statistical analysis SPSS 13.0.1. ANOVA, crosstabulation, X^2 - analysis and Mann-Whitney U test have been made.

RESULTS: Significantly higher number of schizophrenics who abuse alcohol and have committed assaults. Significantly more are the acts of violation of property in alcohol abusing schizophrenics and arrests are more frequent in this group. It makes impression that male sex is 3,5 times more presented in the group of alcohol abuse and schizophrenia and twice more of the alcohol abusers have been separated from their parents in childhood.

CONCLUSION: Alcohol abuse in schizophrenia is related to higher rates of violent behavior than schizophrenia alone. Men were more predisposed to alcohol abuse than women.

NEUROSYPHILIS PRESENTING AS PSYCHOTIC MANIA

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Objective: Neurosyphilis (NSy), an infection of the CNS caused by Treponema pallidum may present with neuropsychiatric symptoms (1). The aim of this case report is to emphasize the importance of Nsy being kept in mind in the differential diagnosis of psychiatric patients (2).

Method: A NSy case presenting as acute psychotic manic episode is described.

Results: A 37 year old male patient, psychiatric symptoms developing in the last 20 days. Delusions of grandiosity and elevated mood are the prominent features of the clinical picture. Serological

tests revealed NSy and led to organic mood disorder diagnosis.

Conclusions: Syphilis is still a common STD, especially in developing countries, although frequent use of antibiotics has altered the natural course. This typical case of general paralysis should remind us of NSy as an etiological factor in psychiatric illnesses.

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P-02-095

ARIZONA SEXUAL EXPERIENCE SCALE (ASEX)- PATIENTS WITH DEPRESSION

INSTITUTIONS

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It is often necessary to find out promptly what phase of sexual cycle is the most affected in patients with depression. In the research sample of 67 participants (25 men, 42 women, average age 43.4 years) with diagnosis of F31.3, F31.4, F32.x, F33.x, we were finding out the influence of depression depth on changes in sexual desire, arousal ability, coital readiness, orgasmic ability and satisfaction using ASEX Inventory. By statistical analysis (basic, Pearson) in the group the significant influence of depression depth (Beck Depression Inventory and Hamilton Psychiatric Rating Scale for Depression)

was found out most on decrease of sexual desire (p<0.001), less on arousal ability and coital readiness (p<0.01). Only the influence on extent of sexual desire is significant in men (p<0.001). In women the depression influences the most arousal ability and coital readiness, less significant influences sexual desire (p<0.05). Intersexual differences are statistically significant. The internal consistency of results is high (Cronbachs index alpha is 0.846) ASEX Inventory is useful screening tool for prompt specifying the influence of depression on particular phases of sexual cycle.

SEXUAL RESPONSIVE CYCLE AND ITS AFFECTION IN PATIENTS WITH DEPRESSION

INSTITUTIONS

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It is often necessary to find out promptly what phase of sexual cycle is the most affected in patients with depression. It's also useful in monitoring of antidepressive pharmacotherapy.

In the research sample of 67 participants we were finding out the influence of depression depth on changes in sexual desire, arousal ability, coital readiness, orgasmic ability and satisfaction.

By statistical analysis in the group the significant influence of depression depth was found out most on decrease of sexual desire, less on

arousal ability and coital readiness. Only the influence on extent of sexual desire is significant in men. In women the depression influences the most arousal ability and coital readiness, less significant influences sexual desire. It was also used the GRISS Inventory (The Golombok-Rust Inventory of Sexual Satisfaction).

ASEX Inventory (The Arizona Sexual Experience Scale) is useful screening tool for prompt specifying the influence of depression on particular phases of sexual cycle. There are significant differences in changes in phases of sexual responsive cycle of men and women.

P-02-097

GESTALT PSYCHOTHERAPY IN THE OUTPATIENT TREATMENT OF BORDERLINE PERSONALITY DISORDER PATIENT

INSTITUTIONS

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Objectives: to depict changes in emotional and social functioning in female patient (age 31) suffering from borderline personality disorder following outpatient Gestalt psychotherapy.

Methods: psychiatric interview, psychological testing at the beginning and after 50 sessions, and 75 Gestalt psychotherapy sessions through 3.5 years, focused on building up client-therapist relationship, improvement of awareness and self-esteem, personal responsibilities, building and preserving personal boundaries and integrity. The techniques were: conversation exercises, genogram, collage, drawings, Diary of awareness.

Results: patient said that she had come to the therapy because emptiness and sadness, sense of being on a border between life and death, everything was meaningless, her behaviour was often uncontrolled, she had been unable to establish a relationship for 7 years.

During the therapy the patient graduated from university after 12

years, bought her own apartment and moved away from her parents, kept permanent job and established deep, meaningful relationship and got married. The results of psychological re-testing showed improvement in overall functioning, significant reduction in social maladjustment, easier establishment of close relationships and increased trust. Personality structure remained well outlined, but with better control, more realistic insight and better social adjustment.

Conclusions: the patient was able to recognise better insight and control of her reactions, better social functioning, easier interpersonal contacts, achievement of the most important goals, awareness of personal boundaries and awareness of her own responsibility for her well-being.

The therapist's conclusions were: patient significantly increased her capacity for self-regulation of emotions and her sense of identity became more complete.

PSYCHOSOMATIC CONNECTIONS IN PATIENT WITH GASTROINTESTINAL DISORDERS

INSTITUTIONS

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AIM: The aim of the study was to assess the connections between psychic and somatic disorders in patients with peptic ulcer disease (PUD), irritable bowel syndrome (IBS) and their combination. METHODS: One hundred and fifty consecutive inpatients satisfying

METHODS: One hundred and fifty consecutive inpatients satisfying the criteria for irritable bowel syndrome, peptic ulcer disease were participated. Subjects were classified into three groups according to gastrointestinal pathology: IBS 53 patients, PUD 57 patients, 40 patients with combination of PUD and IBS. The life stress and symptom intensity measures were determined from interview.

RESULTS: IBS, PUD severity appears to be most responsive to major life events. In 60,0% cases connected with the patient's family. In addition, vital exhaustion, which may in part result from sustained stress, may represent the psychophysiological symptom complex most closely associated with exacerbation of psychosomatic

process. Patients show an enhanced responsiveness of this system manifesting in altered modulation of gastrointestinal motility and secretion and in alterations in the perception of visceral events. Lifelong patterns of response to threat was learned in the interaction between an infant and his or her primary caregiver and in 92,7% they was abnormal. Neurotic disorders were determine in 45,3%, affective (depressive) in 25,3%, personality disorders 18,7%, organic in 10,7%. The prevalence of more severe pathology was in the cohort of patients with combination of PUD and IBS. Psychological studies revealed front combination of pathological traits.

CONCLUSION: Complex of long-term psychological stresses, family factors, personality traits, somatic diseases play a significant role in the pathogenesis of psychosomatic disorders.

P-02-099

BIOLOGICAL PREDISPOSITION IN TRANSSEXUAL PATIENTS

INSTITUTIONS

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Objective: To reveal the biological predisposition of transsexualism.

Methods: Mainly clinical-psychopathological and genealogical. Examined was biological predisposition, which included the analysis of inherited deficiency, peculiarities of pregnancy and delivery. Subject: 74 patients - 49 adults, 25 kids and teenagers (6 boys and 19 girls ageing between 5 and 18). The adult patients requested to change their sex. The kids were examined on their parents' initiative due to the inversion of sex-role behavior. The selection criteria were: inversion of personality sex socialization, inversion of psycho-sexual (in both adults and teenagers) orientation, absence of any other mental illnesses and urogenital system deformities. Inherited deficiency was analyzed according to the following factors: a) mental disorders, both non-psychotic and psychotic; dipsomania; b) personality disorders, among them behavioural abnormalities (sex-role behavior abnormality, family disharmony, no marriage after 35,

suicides, convictions); c) somatic pathology (II type diabetes, other endocrine diseases, cancers). Altogether we have registered mental disorders in 90.9% of the 1st degree-of-kindred relatives. As to the mental disorders, dominating was dipsomania, especially among male relative (fathers, siblings) (31%). Personality disorders were found in more than 90% of the 1st degree-of-kindred probands. Somatic pathology was found in 36.4% of the 1st degree-of-kindred probands (high occurrence of II type diabetes in mothers).

Results: The biological predisposition analysis showed possible common specific pathogenetic peculiarities in female and male transsexualism. Meanwhile, the problem demands further multidisciplinary research.

Literature:

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SEXUAL FUNCTION IN WOMEN WITH A HISTORY OF CHILD SEXUAL ABUSE

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Aims/Objectives

The aim of this study was to investigate sexual function in women with a history of intrafamilial child sexual abuse (CSA), and factors influencing the sexuality.

Methods

A sample of 161 women with a history of hands-on intrafamilial CSA filled out questionnaires concerning social and psychic functioning, body image, and current sexual life in addition to a clinical interview $^{\rm l}$, before starting treatment in specialist treatment groups $^{\rm 2}$.

Results

Sixty percent were unsatisfied with their sexual life. The women with unsatisfying body image were more unsatisfied with their sexual life. Nearly three quarter of the women were unsatisfied with their body image and two fifth did not enjoy bodily caress. Three fifth of the sexual active women describe at least one dysfunction. Nearly half of the sexual active women describe orgasmic dysfunction

and nearly half describe dyspareunia. Frequency of dyspareunia and vaginismus were both correlated to not have had a supporting adult in childhood. Problems with sexuality were correlated to general wellbeing and the occurrence of flashbacks.

Conclusions

The present study showed that most of the women with a history of intrafamilial CSA starting treatment in adulthood had a sexual life with a high frequency of dysfunctions and low sexual contentment. The sexual problems may have a substantial influence on the sexuality in a relationship. The results emphasises the significance of addressing sexuality in therapy.

References

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P-02-101

COGNITIVE DEFICITS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS WITH MILD DEPRESSIVE AND ANXIETY SYMPTOMS

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Aim: In Systemic Lupus Erythematosus (SLE) the involvement of the central nervous system may worsen the outcome of the disease. The American College of Rheumatology (ACR) defined in 1999 criteria for 19 neuropsychiatric syndromes in SLE including cognitive dysfunction, which seems to be a relatively stable feature of the disease. The objective of this study was to evaluate cognitive deficits in patients suffering from SLE.

Methods: Eleven female patients aged 19 to 37 with SLE underwent the investigation. The Vienna Test System was applied to measure the cognitive functioning. All subjects were also diagnosed with Stait and Trait Anxiety Inventory (STAI) and Beck Depression Inventory (BDI).

Results: The scores of the BDI were 5 to 25 which excluded a comorbid depression. State and trait anxiety as measured with STAI was only mild or moderate. The analysis of the scores in the Vienna Test System showed presence of different cognitive deficits in 27 to 45 % of the patients.

Conclusion: The results show considerable deficits in attention and working memory mechanisms in examined subjects. As in the beginning of the study the influence of anxiety and depression was excluded as a potential factor affecting the results, we can assume that observed cognitive deficits in SLE are functional and not reactive

REDUCED FETAL BRAIN GROWTH PREDICTS PERSONALITY DISORDERS IN ADULTHOOD

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Previous studies have shown associations between size at birth and both cardiovascular and psychiatric disorders, but the role of prenatal growth specifically on the development of personality disorders remains unclear. We studied the associations between size at birth and personality disorders in adulthood among 6506 Finnish men and 5857 women born between 1934 and 1944. Size at birth was extracted from birth records and diagnosis of personality disorders from the national Finnish Hospital Discharge Register where diagnosis has been entered from 1969 onwards for each hospital stay. 103 men and 80 women (total 1.5% of the sample) had been treated in hospital with the diagnosis of a personality disorder. After adjusting for gestational age, childhood socioeconomic status, sex, and

year of birth, head circumference at birth showed a curvilinear (an inverse J -shaped) association with personality disorders (p=0.006). Subjects with a small head circumference (<-1 standard deviation (SD) score) at birth had a 1.62 fold (95 % CI, 1.10 to 2.39, p=0.01) higher risk for personality disorders in adulthood than those with an average head circumference (-1 SD to 1 SD). This effect was significant among men only (p=0.04). Moreover, in men, a smaller head to length -ratio at birth predicted linearly personality disorders (p=0.02). No significant associations were found for gestational age, weight, length, or ponderal index at birth and personality disorders. The results emphasize the importance of prenatal programming of brain growth in the development of personality disorders.

EFFECTIVENESS OF RISPERIDONE LONG ACTING INJECTION IN THE TREATMENT OF RECENTLY VERSUS LONGER DIAGNOSED PATIENTS WITH SCHIZOPHRENIA

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Objective: To evaluate treatment effectiveness of risperidone longacting injection (RLAI) in recently diagnosed schizophrenia patients versus those diagnosed for a longer period.

Methods: The electronic-Schizophrenia Treatment Adherence Registry (e-STAR) is an international, prospective, observational study of patients with schizophrenia who start RLAI. Data are collected retrospectively (1-year) and prospectively every 3 months (2 years). Effectiveness was measured by the Clinical Global Impression-Severity (CGI-S) and the Global Assessment of Functioning (GAF) scale. Recency of diagnosis was dichotomized into those diagnosed recently (<5 years) versus patients who have been diagnosed longer (≥5 years). This interim report is based on pooled data from Australia, Belgium, Czech Republic, Denmark, Netherlands, Slovakia, Spain, and Sweden.

Results: Among 4,252 patients enrolled in e-STAR, to date, 2,239

patients have been followed for at least 12 months with 44% of them classified as recently diagnosed. Compared to recently diagnosed patients, those diagnosed longer were older (42.5 vs. 31.4 years, p<0.001) and had longer disease duration (16.2 vs. 2.2 years, p<0.001). The proportion of patients still on RLAI at 12 months was similar in both groups (diagnosed <5 years=85.2%, diagnosed ≥5 years=85.6%). Both groups experienced significant improvements in CGI-S and GAF scores. However, the recently diagnosis group experienced greater improvements in CGI-S and GAF (CGI-S, -1.28 vs. -0.99, p<0.0001; GAF, +17.1 vs. +14.1, p=0.0002).

Conclusions: This 12-month interim outcome data show that RLAI treatment significantly improves illness severity and patient functioning in patients with schizophrenia, those who were recently diagnosed experienced greater improvement compared to those diagnosed longer.

AND SUBJECTIVE DEPRESSION, SLEEPINESS AND SLEEP QUALITY AND THEIR CORRELATIONS IN DIFFERENT SLEEP DISORDERS: WHAT DOES BDI IN SLEEP APNEA MEASURE?

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Objectives: Daytime sleepiness and disturbed sleep quality are the core symptoms of sleep disorders. Depressive symptoms are often reported to be associated with sleep disorders. We examined the relationship of daytime sleepiness, sleep quality and depressive symptoms in three different patient groups: Obstructive Sleep Apnea (OSA), Restless Legs Syndrome (RLS) and Psychophysiological Insomnia (INS).

Method: Physically healthy subjects without history of psychiatric diagnosis and psychotropic medication use were included. ESS for daytime sleepiness assessment and PSQI for the subjective sleep quality were administrated. Participants filled in BDI as indicator of subjective depression and underwent a standard psychiatric interview, finally HAMD and HAMA were filled in.

Results: ESS scores were significantly higher in OSA compared

to INS. PSQI and HAMA scores were significantly higher in INS. HAMD scores were significantly higher in the INS compared to OSA. Interestingly, the BDI score did not differ significantly between the groups. HAMD and BDI scores correlated significantly in INS and RLS, but not in OSA patients. There were interesting correlations in the OSA group. BDI correlated with objective sleep parameters (AHI, ODI) as well as with subjective sleep quality (PSQI) but not with objective psychiatric scales. On the other hand, HAMD and HAMA correlated with ESS.

Conclusion: Symptoms of daytime sleepiness, sleep quality and objective symptoms of depression differ significantly among the groups. However, subjective symptoms of depression do not differ significantly. It seems that in OSA group the scores ESS and BDI interfere with some more factors than daytime sleepiness and depression.

P-02-105

DOMESTIC VIOLENCE AND RELATIONSHIP TO ALCOHOL USE AT AN EMERGENCY DEPARTMENT IN EASTERN TAIWAN

INSTITUTIONS

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Objectives: Domestic violence (DV) threatens the health and safety of family members, and alcohol involvement may play a role in the violence. This study investigated the characteristics of DV patients and their association with alcohol drinking.

Materials and Methods: Patients admitted to the emergency department (ED) because of an injury that was the result of violence (being in a fight or being attacked by someone at home) were included in this study. Injuries were defined as alcohol-associated based on the report of "alcohol odor" or "intoxicated" by the nurse. Medical records of DV injuries were reviewed for confirmation of DV, record of the offender and any known mental disorder. Logistic regression was used to assess the significant factors related to alcohol-associated violent injuries.

Results: Of 11,837 trauma visits, 142 patients had DV injuries. Females accounted for 67.6% of injured patients and 59.2% were aged 24-44 years. Of the 142 patients, 37.3% of them had alcohol-associated injuries. The percentage of alcohol-associated DV injuries was 50.0% for males and 31.3% for females. Multiple logistic regression analysis found that being male, being aged 25 to 44 years, visiting after midnight, presenting at the ED between 4 pm and midnight or on a week day meant a significant increase in the likelihood of alcohol involvement.

Conclusions: Alcohol use was found to be present in one-third in the DV injuries from an ED in eastern Taiwan. Ongoing epidemiological investigations of the causal relationship between alcohol use and DV are urgently needed.

"TRAINING ATHLETE" SYNDROME AND DEPRESSION IN TRANSCULTURAL CONTEXT

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"Training athlete" is a frequent problem in daily sport training, which leads to achievement stagnation, and the athlete becomes a "difficult, problem" athlete in the team. There is no direct method to solve this "Training athlete" problem. The coaches claim, "On a white paper is much easier to paint a picture than on a ready painted paper" - it is better to train a new athlete.

This study delineates an empirical qualitative study in which seven Chinese competitive athletes showing achievement problems (selected by key informants: three male, four female) participated in qualitative narrative interviews. An initial evaluation was made through content analysis utilizing the model of Mayring, and subsequent analysis by DSM-IV diagnostic criteria, and parallel TCM diagnostic criteria. The evaluation through qualitative content

revealed nine main categories containing: depressed mood; excessive worry; somatic complaints; irritability; sleep problems; excessive dieting, menstrual irregularity, weight gain; excessive alcohol intake and to accept doping under condition; physical injury; as well as social and communication problems and restricted contact between the genders. two cases were "training athlete", Case two fulfilled Major Depressive Episode (MDE) in DSM-IV; case seven the criteria of Dysthymic Disorder (DD) in DSM-IV. Case two met criteria for Zang Zao - Heart Kidney Deficiency - Depression (HKDD), case seven for Heart Spleen Deficiency - Depression (HSDD) and Amenorrhoea (A) in TCM. An awareness of "training athlete" syndrome and associated depression in athletes is necessary for the sake of the

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TREATMENT AND COMORBIDITY IN AN ACUTE PSYCHOGERIATRIC UNIT

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The psychogeriatric population which usually presents with a combination of psychiatric acute pathology and somatic pluripathology, has a tendency to polypharmacy, severe fragility and clinical complexity.

OBJECTIVE: to describe the comorbidity and the psychopharmacological treatment of the geropsychiatric patient in a specific Unit

METHODS: A descriptive cross-sectional retrospective analysis was carried out based on the outcome data in a period of 7 months in the Geriatrics Psychiatry Unit of the Sagrat Cor Hospital in Martorell

RESULTS: 72.6% of admitted patients were women with a median age of 72.7 + 6.3. In our unit, affective disorders are the most frequently diagnosed psychiatric conditions, followed by dementia, personality disorders and schizophrenia. On the other hand, the most frequently diagnosed medical conditions are cardiovascular risk factors followed by pathology of the bones. The average drug consumption at discharge was 6,9. Of this, 3.3 were attributed to medical treatments with special emphasis on gastric protection, painkillers, antihypertensive medications, protein supplements and laxatives. The other 3,6 was attributed to psychiatric medication.

CONCLUSIONS: Although the most frequent diagnosis were affective disorders the antipsychotic drugs were highly used. The multidisciplinary care in our unit is reflected at discharge where we emphasize a good balance between psychiatric and organic conditions. Diagnosis and treatment of vascular risk factors, geriatric syndromes (pain, malnourishment, constipation) and social problems are essential elements in the treatment and stabilization of psychiatric pathology and/or dementia syndromes.

A PERSONALITY MODEL PREDICTING PATHOLOGICAL GAMBLING: REPLICATION OF RESULTS IN INDEPENDENT **SAMPLES**

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Aims: To create a personality model that could distinguish pathological gambling (PG) subjects from their non-PG siblings; to verify whether this model would be useful in an independent populationbased sample of PG.

Methods: Temperament and Character Inventory (TCI) was used to assess personality features on 140 sib-pairs discordant for the diagnosis of PG in Brazil (treatment seeking PG subjects). A logistic regression model was developed, and was subsequently applied to a population-based sample of 214 PG subjects and 116 controls in Canada. No data regarding psychiatric comorbidity, gender or age were added to the regression in order to obtain a general personality model.

Results: TCI's subscales novelty seeking 3 (extravagance), reward dependence 3 (social detachment), self-directedness 1 (blaming of others), self-directedness 2 (goal-undirected actions), and selfdirectedness 5 (self incongruence) were able to correctly classify 89.3% of the overall Brazilian sample (sensitivity 95.7%, specificity 83%) and 76% of the Canadian sample (sensitivity 73%, specificity 80%). Novelty seeking 3 had the higher effect in both models (OR=2.14 - Brazilian sample, OR=1.5 - Candadian sample).

Conclusions: The model held good overall prediction in two very distinct samples. These results suggest that this model might be useful in identifying PG subjects, and this should be further investigated in future studies.

Also, the results underline the importance of addressing personality characteristics that could influence treatment, such as high impulsivity and decreased ability to achieve goals. Our study is limited by its cross-sectional design.

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PATHOLOGICAL GAMBLING EPIDEMIOLOGY AND ITS COMORBIDIETES IN PARAGUAY'S CASINOS, USING THE **QUESTIONNAIRE MULTICAGE-DAC-4**

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Because of that in my country there is no work on Pathologycal Gambling, it is interesting to introduce pathological gamblers as a psychiatric importantly, in increasing frequency, both in our country and in other countries around the world, in order to draw the attention of the medical community in my country, thus stimulating detection and treatment in our area, which would benefit many people who are not aware that the game could become an addiction and thus be able to make an early detection of potential players pathological, and the possible taking of awareness of disease and who meet the characteristics of pathological gamblers.

Materials and Methods: The author of labour anger in the first place

to casinos in Asuncion, with the permission of the people who are at that time in the casino were handed the questionnaire to be filled. Then they will proceed to visit the casinos of Great Asuncion. Participants of this research will be players from gambling in casinos, visiting the casino at least twice a week. Not necessarily people who participate are diagnosed pathological players.

Results: The interviews will be conducted during the months of March-July 2008. After this period obtendre results.

Conclusion: it will have after the collection of data.

MOOD DISORDERS IN INDIVIDUALS WITH BORDERLINE PERSONALITY DISORDER: A GENDER-RELATED STUDY

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Aims/Objectives: Clinical experience suggests that a high percentage of patients with borderline personality disorder meet criteria for axis I disorders during the course of outpatient treatment or when hospitalized for psychiatric reasons. Many studies demonstrated that mood disorders, particularly unipolar disorders, are common. Methods: A clinical sample of 109 outpatients, 84 females and 25 males, who, according to DSM-IV-TR, suffered from Borderline Personality Disorder and have been treated at the Community Mental Health Centre between 2005 and 2006, were examined.

Results: A significantly higher percentage of borderline patients were women. The proportion between women and men was almost 3:1. Most of the patients have multiple diagnoses. 19(76%) males and 72(85,7%) females comorbid one or more Axis I disorders. 60,6% of our patients suffered from mood disorder: 10(40%) males and 56(66,7%) females, with tendency for depression mostly for females (52,4 vs 36%). Summing up both sexes, 48,6% of our patients suffered from

depression, 5,5% from bipolar disorder, 5,5% from dysthymic disorder and 1,8% from cyclothymic disorder. Conclusions: These results support previous findings of high rates of comorbidity of borderline patients. In addition, suggest that there is a significant association between borderline personality disorder and mood disorders. Female borderlines were significantly more likely than male borderlines to meet DSM IV-TR criteria for mood disorders. These results suggest that gender plays an important role in the expression of Axis I and comorbidity of BPD patients.

P-02-111

A CASE OF CONCOMITANT DISSOCIATIVE DISORDER AND PARKINSON'S DISEASE

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Somatoform and dissociative disorders are characterized by somatic symptoms caused by psychological factors lacking organic base. The crucial diagnostic task is to exclude potential somatic disorder. Previous studies show that 25 to 50% of patients with conversion symptoms were later diagnosed with somatic disorder. The course of differential diagnosis may lead to the possibility of somatic and psychiatric comorbidity. This case report illustrates a patient with overlapping dissociative (pseudo-neurological) disorder and actual neurological disorder. Due to clinical feature of a hemiplegia

without pyramid lesion gradual oligosymptomatic development of Parkinson's disease was overlooked. The appearance of obvious clinical features of Parkinson's disease was precipitated after administration of a low dose antipsychotic (risperidone). Increasing hemi-hypertonia was then followed by typical tremor continuing to exist after discontinuation of antipsychotic medication. The utmost importance of thorough diagnostic procedure and close collaboration between psychiatrist, neurologist and psychologist is emphasi-

COUNSELING SERVICE FOR SEXUAL AND GENDER IDENTITY DISORDERS

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Counseling service for sexual and gender identity disorders is organized as an out-patient functional unit of the department of psychiatry within the clinical and hospital center "Dr Dragisa Misovic". It is the only service of this kind in a state general hospital in Serbia. Unit staff is currently consisted of two psychiatrists specialized in sexology and marital therapy, resident psychiatrist, psychologist and relaxation therapist. The service is engaged in multiple activities:

- -Diagnostic assessment of sexual dysfunctions and gender identity disorders;
- -Treatment of sexual dysfunctions sometimes on an integrative basis (sexual therapy, pharmacotherapy, marital counseling, relaxation and EMDR therapy);
- -Psychiatric and psychotherapeutic management of gender identity disorders, indication and preparation for hormonal and surgical treatment:
- -Consulting service for other departments (urology, gynecology, endocrinology...) and psychiatric units;
- -Interactive educational activities through day hospital patient clubs:
- -Research activities within the department and multidisciplinary research projects on the Institute of cardiology and department of gynecological endocrinology of the University clinical center;
- -On-line communication with general population through our clinical center site and virtual youth counseling service.

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KLEPTOMANIA AND BIPOLAR SPECTRUM DISORDERS

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Kleptomania, is defined by DSM-IV as the inability to resist the impulse to steal objects which are not needed for personal use or for their monetary value.

It may reflect a form of obsessive-compulsive spectrum disorder, has originally conceptualized, but new evidence (clinical characteristics, familial transmission, and treatment response) suggests that kleptomania has important similarities to bipolar spectrum disorders and addictive disorders. Elevated rates of mood disorders also co-occur in kleptomania.

We present a case of a 46 years old woman with history of kleptomania since she was 20 years old, but never recognised or treated. 6 years ago, she had her first mania episode, and began treatment for bipolar disorder with complete remission of kleptomania. Kleptomania tended to emerge again, whenever she had a depressive episode.

It is important to study the relationship between kleptomania and other major psychiatry disorders, in order to provide the correct pharmacological treatment and behavioural intervention.

THE QUALITY OF LIFE AND DEPRESSION AFTER ACUTE INFECTIONS OF THE CENTRAL NERVOUS SYSTEM

INSTITUTIONS

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Objective: The effects of acute infections of the CNS can be complete recovery or partial recovery with consequences.

The aim of this study is to establish differences in the assessment of the components of life quality in relation to the outcome of the illness, separately for each of the three groups of the examines(CR - completely recovered, RC -recovered with consequences and C - control group). We also wanted to point out the differences in the level of depression between these 3 groups.

Methods: The study includes 100 examinees that were treated at the Clinic for Infectious Diseases in Belgrade. "Medical Outcomes Study Short Form 36 questionnaire" and "Hamilton Depression Rating Scale (17 items) were used as a measuring instruments.

Results: In the RC group, 35% had no emotional problems, 74% preserved social functioning skills and 55% felt tranquil and happy. There is a significant degree of differences in the level of depression between the examinees of these three groups.

Conclusion: The analysis of the differences between groups in relation to the assessment of mental components showed that there is a moderate distance between the control group and the group of completely recovered. It also showed that the biggest difference is between the group of completely recovered examinees and those who recovered but with consequences. High level of depression on Hamilton Scale demands a treatment with antidepressants for those examinees belonging to the RC group.

P-02-115

DISORDERED SLEEP AND SLEEP-RELATED DAYTIME FUNCTIONING IN FIBROMYALGIA SYNDROME (FMS)

INSTITUTIONS

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Objective: To assess the incidence of sleep-related problems in disordered sleep and daytime functioning in a US multicenter study of subjects with Fibromyalgia Syndrome (FMS).

Methods: In 304 subjects [95.4% female, mean +/-SD age 47.6+/-11.6 yrs, BMI 30.7+/-7.4, mean duration of illness 11.1+/-9.8 yrs], we evaluated subjective ratings of sleep and daytime function: sleep quality (depth, refreshing/unrefreshing sleep VAS), sleep quantity, sleep impairment (Jenkins Scale [JS 0-20]), daytime sleepiness (morning VAS, Epworth Sleepiness Scale [ESS 0-24]), and disturbances of daytime functioning (Functional Outcome of Sleep Questionnaire [FOSQ 5-20], Vitality domain [SF-36 0-100]). Sleep physiology and anomalies, objectively determined by polysomnography (PSG), were evaluated in a subgroup of 209 subjects.

Observations: Sleep Quality:78.9% light sleep; 90.3% unrefreshing sleep; 85.6% morning sleepiness; JS=15.6+/-4.0; ESS=10.3+/-5.3; FOSQ=12.3+/- 3.4; Vitality=30.3+/-6.8.

Sleep Quantity:59.6% delay in sleep onset; 65.8% 3 or more awakenings; 42.3% >= 1 hr wake time during sleep, 73.7% sleep <= 6 hrs; chronicity >= 5 mo. 97.6%. PSG Analyses: Sleep Onset Latency:28.4+/-28.8 min; Total Sleep Time 362.1+/-79.7 min.; Sleep Efficiency= 76.6%+/-16.4; Arousals/hr. of sleep =18.2+/-12.7. Alpha EEG sleep moderate to severe (> 40% NREM sleep)=66.0%. Elevation of the cyclical alternating pattern rate (n=93) = 60.5%+/-21.6.

Apneas and hypopneas/hr of sleep: mild (5-<15)=27.8%; moderate (15-<30)=10.5%; severe (30+)=4.8%.

Periodic limb movements/hr of sleep: mild (5-<15)=15.3%; moderate(15-<30)=4.3%, severe(30+)=0.5%.

Conclusions: This is the first report in a large cohort of FMS subjects documenting the high incidence of subjective and objective sleep pathology associated with impaired daytime functioning. Improving these symptoms in FMS patients remains an important unmet medical need.

THE PSYCHIATRIST IN AN INFECTIOUS DISEASE UNIT A SIX MONTH EXPERIENCE

INSTITUTIONS

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Infectious Disease inpatient population reveals a high psychiatric comorbidity, mainly patients with HIV/AIDS. In fact, the interrelationship between immunodeficiency virus (HIV) infection and mental illness is a complex one, with HIV infection adding stress to the already compromised coping skills of the mentally ill, while mental illness itself may increase risk behaviors and thus predispose the affected person to HIV infection.

Objective: Characterize the liaison psychiatry consultation in the São João Hospital infectious disease unit and in particular to characterize the HIV/AIDS inpatient profile and psychiatric comorbidity.

Method: The authors designed a specific protocol to obtain data on all patients referred to the Infectious Diseases Psychiatric Liaison Unit between January and June 2008, with the following items: sociodemographic data, hospitalization and referral motive, psychiatric diagnosis, accuracy of the initial referring psychiatric diagno-

ses, previous psychiatric disease and psychopharmacologic medication, way of contagion, antiretroviral medication compliance, risk behaviors and disease stage (for HIV patients).

Preliminary results: The ongoing study reveals that most of the referred cases are male HIV/AIDS patients with history of substance abuse that are hospitalized for complications of the primary disease. The main reasons for referral are evaluating coping problems, depressive symptoms, behavioral disorders due to substance abuse, and assessment of psychotropic medication. The most common psychiatric diagnoses are mood disorders, psychoactive substance use disorders and organic mental disorders. So far, these preliminary results are in agreement with other researches in literature.

Discussion: The results will be discussed upon the most recent research in this area.

P-02-117

OPINIONS ON DUAL DIAGNOSIS IN MENTAL ILLNESS AMONG MULTI-PROFESSIONAL STAFF

INSTITUTIONS

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BACKGROUND: The rate of dual diagnosis patients (suffering from both mental illness and addiction)-DDP is constantly increasing. In order to improve the service the Integrated Dual Diagnosis Treatment Ward was founded in our centre, but some of the DDP are hospitalized in other wards. The science evidence on multi-disciplinar staff members' opinions on the DDP has not been found yet.

OBJECTIVE: To compare the multi-staff members' opinions on mentally ill patients to these on the DDP.

METHODS: The sample population comprised 44 subjects (20 males (45.5%), mean age 42.1 years (SD=8.2), mean education 16.8 years (SD=3.0).

Tools: The questionnaire "Opinions on Mental Illness" with dimensions: Authoritarianism, Social restrictiveness, Interpersonal etiology, Mental hygiene, Dangerousness (Cohen & Struening, 1962). The

questionnaire "Opinions on Dual Diagnosis Illness" with the same dimensions (Alpha {Cronbach}=.8). **RESULTS**: The mean score of the Interpersonal etiology among the nurses toward the mentally ill patients was 0.2 higher than toward the DDP, and 0.5 lower among the other staff members (p<.01). The mean score of the Mental hygiene among the nurses toward the mentally ill patients was 0.4 lower than toward the DDP, and 0.4 higher among the other staff members (p<.01). The mean score of the Dangerousness among the nurses toward the mentally ill patients was 0.2 lower than toward the DDP, and 0.8 higher among the other staff members (p<.007).

CONCLUSIONS: Nurses avoids from contacts with DDP. Advanced training for multi-staff members is required to give a proper response to DDP's unique needs.

EFFECTIVENESS OF ARIPIPRAZOLE (AN NEW ANTIPSYCHOTIC) IN CONTROL OF DIMENSION IMPULSIVENESS-HOSTILITY IN PERSONALITY DISORDERS CLUSTER B

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Personality disorders (PD) are defined by the APA as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the culture of the individual who exhibits it". PD type Cluster B are: Antisocial, Bordeline, Histrionic and Narcissistic personality disorder. The dimension Impulsiveness - Hostility is a frequent motive of consultation in the patients with PD. AIMS: To evaluate the effectiveness of Aripiprazole in the control of the impulsiveness in Personality Disorders Cluster B.

METHODS: Aripiprazole was used as pharmacological treatment in 12 subjects, with diagnosis of Borderline PD (n=8), Antisocial PD (n=2), and Histrionic PD (n=2), with ages between 18 and 59 years, associated with bosses of acting-out. The average dose of the Aripiprazole was of 15 mg/day. In some moment of the treatment 75 % of the patients received benzodiazepines, and 41,6 % received an

SSRI. We not utilized other antipsychotic or other anti-epileptic. The instrument utilized for to evaluate the impulsiveness was Barratt's Scale to the beginning and to 20 weeks of treatment. For this study we valued as improvement for the control of the symptoms the reduction of 20 % of the total punctuation of the subscales, to 20 weeks of treatment, with relation to the basal.

RESULTS: We founded improvement in Barratt's Scale at the week 20 of treatment, in 58.3 % of the subjects (n=7) .The subscale with more improvement was the Motorboat Subscale.

CONCLUSION: Aripiprazole can be useful for control of the actingout in the Personality Disorders, needing open study and doubleblind

P-02-119

FUNCTIONAL GASTROINTESTINAL DISORDERS AND PSYCHOPATHOLOGY: TOWARD A NEW DIMENSIONAL APPROACH

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Introduction: Functional Gastrointestinal Disorders (FGD) are a common reason to consult a physician (GP or specialist). Sometimes, the absence of organic sign ascribes to these patients labels such as: neuroticism, stress, and aspecific psycological factors. Categorical disorders can describe only a part of psychopathology in FGD. Sub-threshold symptomatology can better describe this phenomenon.

Aim of our study was to assess sub-threshold symptomatology in FGD population and to determine how these symptomatology interfere with the well-being.

Material and Method: 130 FGD's patients was studied. Axis I Disorders was evaluate with SCID-IV, sub-threshold symptomatology with: Mood Spectrum (SCI-MOODS-sr), Panic (SCI-PAS-sr), Obsessive Compulsive (SCI-OBS-sr), Social phobic (SCI-SHY-sr) ed Bulimic-Anoressic (SCI-ABS-sr). Gastrointestinal symptomatology and well-being was assessed with specific questionnaires (Rome II Criteria).

Results: Almost half of patients had one Axis I Disorder (Panic 26.8%, Generalized Anxiety 20.2% Moods Disorder 15.0%). A spectrum diagnosis was found in 27.5% of patients without an Axis I diagnosis. Panic disorder and panic spectrum such as mood disorders and mood spectrum showed a similar prevalence. Obsessive compulsive and social phobic spectra are widely more represented than related categorical diagnosis. Obsessive compulsive and social phobic spectrum was significantly correlated to a lower well-being (p<0.01).

Conclusions: A spectrum diagnosis better defines FGD condition. A spectrum diagnosis - obsessive or social phobic - characterizes FGD's wellbeing. A new essential step was represented by the assessment of spectrum diagnosis and global level of well-being independently from Axis I disorders. This new approach may be extended to other medical population.

BULIMIA NERVOSA IN A 57 YEAR OLD MALE NIGERIAN CHIEF MAGISTRATE: CASE REPORT

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Introduction: Bulimia means binge eating; eating more food than most persons, accompanied with a strong sense of losing control. The text revision of the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), defined bulimia as binge eating combined with inappropriate ways of stopping weight gain.

Aims: To present and discuss the peculiarities of this uncommon presentation of Bulimia Nervosa.

Method: Case report The patient is a 57 year old retired male Nigerian chief magistrate. He was referred by the family medicine clinic of the university teaching hospital to internal medicine department for treatment of vomiting after meals of 10 months duration. Extensive assessment and investigations by the consultant physician revealed

no abnormality and a diagnosis of psychogenic vomiting was made. The patient was then referred to the consultant psychiatrist in the teaching hospital. History and thorough assessments by the psychiatrist revealed that the patient had induced vomiting at least twice daily after the habit of overfeeding himself for a duration of over 30 years .He claimed he induced the vomiting because he felt bloated and disgusted after overfeeding himself. He only sought for medical help when the situation was "out of control" as he induced vomiting more than four times daily.

Conclusion: This case is not in keeping with similar cases in its presentation especially as it relates to the gender. The challenges of this case are discussed and the management protocol instituted yielded positive results.

P-02-121

SOMATIC MORBIDITY AND HEALTH CARE CONSUMPTION IS ASSOCIATED WITH PERSONALITY DISORDER

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Aims/Objectives Associations between somatic morbidity, somatic symptoms, health care consumption and neuroticism as a basic personality trait have been demonstrated. Since little is know concerning associations between these factors and personality disorders, the aim of this study was to explore such associations in a population-based sample.

Methods The Oslo Health study invited all the 26,113 citizens of Oslo aged 30, 40, and 45 years to a health survey, and 10,436 (40%) responded and filled in questionnaires. Among them 8,440 (81%) filled in The Iowa Personality Disorder Screen (IOWA). Persons over case level of anxiety/depression (SCL-10) were omitted, and 369 individuals who filled the criteria for personality disorders (PDs-group) were compared to 5 age and gender matched controls (N=1,845) without any signs PDs (non-PDs group).

Results The PDs group showed significantly poorer self-rated health and had more alcohol problems, fibromyalgia and chronic musculo-skeletal pains compared to the non-PDs group. Members of the PDs group used significantly more non-prescribed analgesics, and they more frequently visited GPs and non-psychiatric specialists. They also significantly more often saw psychiatrists/psychologists and used more of any kind of psychotropic medication. In addition, the PDs group was less satisfied with their last GP visit. All these differences were also significant in multivariate analyses.

Conclusion In this population-based, cross-sectional study of young adults we observed that individuals with PDs with low levels of anxiety/depression had poorer somatic health, used more psychotropic and analgesic medication, and visited GPs and psychiatric professionals more frequently than individuals without PDs.

RELATIONSHIP OF SELF ESTEEM AND PSYCHIATRIC SYMPTOMS IN PERITONEAL DIALYSIS PATIENTS

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Objective:

Psychiatric disorders are common in patients with renal disease. The overlap between symptoms of chronic medical illness and those of psychiatric disorders make for a particularly challenging diagnosis in this illness. Mental disorders may effect the prognosis of disease and quality of life of the patients with renal failure (Kimmel 98). But the relationship between self esteem and psychiatric symptoms have not been determined in patients with renal failure. The aim of this study is to examine the relation of psychiatric symptoms and self esteem in peritoneal dialysis patients.

Method:

96 peritoneal dialysis patients are recruited. All of the patients gave informed consent. The symptomatology of illness is evaluated by SCL-90 and self esteem is evaluated by Rosenberg self-esteem scale. **Results:**

The study population consisted of adolescents and adults aged 17-73

years with a mean age of 39.9 (SD: 13.1). Group included 54 male patients (56.3% of population) and 42 female patients (43.8% of population). Mean duration of peritoneal dialysis was 36.19 months (SD: 26.9). Significant correlations were found between all psychiatric symptom groups and self esteem.

Conclusion

Self esteem reported to be related with illness intrusiveness in renal failure (Ozcurumez 2003); more emphasis must be placed on the role of psychiatric comorbidity on this in further studies.

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P-02-123

DOMESTIC VIOLENCE IN COUPLES AND FAMILIES, OR DESTRUCTIVE MANIPULATION - PAGNARD G. *

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This very destructive and insidious form of psychological violence concerns an important portion of the population (25 to 30% of women, according to Canadian and Spanish studies, without taking in the count men and children). Stemming from patients observation, the process develops in five stages, including ceaseless humiliating remarks, reproaches and insults, growing more and more violent with time. The destructive manipulator is a double-faced character, harmless outwardly, despotic and erratic in his behaviour within the family closed-door. In his quest for absolute control, he can use physical violence, rape, incest, and genuine financial abuse.

The victim may develop an anxious-depressive syndrome, suicidal tendencies, alcoholism or psychosomatic disorders (such as cancer in most extreme cases), delirious de-compensation, PTSD with dissociation, etc. The children are always caught in this destructive process, which extends to divorce proceedings and visitation rights.

The manipulator succeeds to abuse the magistrates, by playing the victim while drowning his/her victim under a flood of lies and calumnies. He unleashes a costly procedural fury. On a nosological point of view, the pathology of the destructive manipulator constitutes an entity, by his symptoms at the crossroads of several pathologies, mostly related to psychosis (narcissist perversion, paranoia, psychopathic personality etc) In view of the importance of the population (male as female), victim of this destructive process, and, of the seriousness of the pathology presented by these numerous manipulators, this perverse pattern is becoming one of the priorities of public authorities in developed countries, and of magistrates in family affairs.

* Racamier PC. « Pensée perverse et décervelage", in « Secrets de famille et pensée perverse », Gruppo n°8, Apsygée, Paris, 1992.

THE PRODROMAL PERIOD AND DUP -CLINICAL AND PROGNOSTIC VALUE

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The aim of the study

This study is a continuation of a tradition in Timisoara's research project for endogenous psychosis, and we proposed to find out the clinical and prognostic value of the prodromal phase and DUP in FFP

Matherial and method

The study is part of a larger follow-up research which include a number of 80 patients with a diagnostic of first episode psychosis, hospitalized in the Timisoara Psychiatric Clinic and the Timisoara Mental Health Center Day - Care unit, during the years 2003-2005. The patients were monitored from the moment of their first contact with psychiatric services up to now. For each patient have been assessed, apart from the clinical parameters:

- The duration of prodromal phase
- The duration of untreated psychosis (DUP)

Results

The duration of the prodrome influences the improvement of illness following treatment; The duration of prodrome is directly correlated with the number of relapses; DUP is directly correlated with the CGI severity score at the final assessment.

Conclusion

- Assesing the prodromal period and DUP for FEP patients is relevant for their evolution and prognosis.

Key words: first episode psychosis, prodrom, duration of untreated psychosis, evolution, prognostic value.

P-02-125

NONVALIDITY OF THE VALIDATION SCALES

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Objective: In this research we try to confirm one of the basic hypotheses in psychological assessment which is that with using the validation scales subjects can be seen as giving the social acceptable answers.

Method: The sample consisted of 80 subjects (40 non-psychotic patients and 40 graduate high school students) to whom the Amoral -15 scale measuring antisocial tendencies was administered in two different situations - with the standard instruction (E1) and with the instruction to fake the responses (E2). The difference between E1 and E2 was taken as a measure of the ability to fake well. We correlated differential score (E1-E2) with the validation scales (the mix of Marlow-Crown and Eysenck's L scale from the EPQ).

Results: Results indicated no significant correlation between the ability to fake good and the scores on validation scales. In some items we found negative correlation which means that subjects who better present themselves in social desirable way have lower scores on the validation scales.

Conclusions: Validation scales seem not to be good instruments for detecting tendencies to give social acceptable answers and therefore future research is necessary, because according to these scales subjects are often disqualified as being dishonest and we cannot be certain what validation scales are actually measuring.

PSYCHIATRY MORBIDITY WITH FOREIGN JOB AS STRESSOR

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Objectives: To find out psychiatric morbidity among people working abroad who attended psychiatry service.

Methodology: This is a descriptive, cross-sectional study of 30 subjects receiving psychiatric services at BPKIHS, a tertiary care centre at eastern Nepal. An informed consent was obtained before administering a standard questionnaire which covered all relevant information including diagnosis. The final diagnosis by the consultant psychiatrist based on ICD-10 (WHO, 1990).

Results:Of 30 subjects; (90%) was male below 30 years with mean age of 27.97± SD 6.97, married (66.75%), literate (76.7%), and were from rural areas (63.3%). About 60% had gone to Gulf countries for job and majorities were employed as menial workers (70%). All subjects presented with some vegetative symptoms, 73.3% had anxiety feature, 56.7% had low mood, 13.3% had elevated mood, 50% had psychotic features and 50% had other symptoms in the form

of headache, multiple physical complaints. About (20%) had history of substance abuse while 16.7% presented with intentional self harm. Majority (56.7%) had primary mood disorder and 6.7% had co-morbid mood disorder. About 44.0% subjects were managed in inpatient and outpatient (50%), under psychiatry and rest were in medicine department.

Conclusion: Majority suffered from major mental illnesses- schizophrenia, Bipolar disorder, severe depression and other psychotic disorders, supporting that a change in place of residence with its socio-cultural differences is known to play a role as stressor in precipitating & developing psychiatric illnesses. ¹

Reference:

1. Armando F. Contributions of sociocultural sciences. In: Comprehensive Textbook of Psychiatry, Benjamin JS, Verginia AS, (eds). Philadelphia: Lipincott,2005.

P-02-127

EARLY LANGUAGE DELAY AND PREDICTIVE FACTORS IN CHILDREN AGED 2 YEARS

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Objectives: To investigate the predictive factors for early language delay at age 2 years based on the Prospective Cohort Study of Thai children.

Study design: A prospective cohort study: secondary data retrieving

Subjects: Total of 3,905 children was recruited based on 4 communities and 1 hospital in five areas of Thailand.

Material and Method: Language Development Survey was performed to identify children with early language delay at age 2 years. Logistic regression analysis was used for investigation the association between possible factors (both biological and environment factors) and early language delay.

Main outcome measure: Children with early language delay at age of 2 years.

Results: The incidence of early language delay at age 2 years was 11.68%. Factors strongly linked to early language delay were birth weight ≥2,500 grams (Odds ratio =0.41, 95% Confidence interval =0.29-0.61), gender, female, (Odds ratio =0.54, 95%, CI=0.37-0.60), 1st or 2nd birth order (Odds ratio = 0.53, 95%, Confidence interval = 0.31-0.93), the first word within 1 year (Odds ratio = 0.44, 95%, Confidence interval = 0.35-0.56), first step walking within 1 year (Odds ratio = 0.74, 95%, Confidence interval = 0.58-0.95) and study site, district areas (Odds ratio = 0.42, 95%, Confidence interval = 0.32-0.54). There was no clear evidence for a link between breastfeeding and early language delay.

Conclusions: Significant factors should be strongly concerned for clinical practice in counseling and treatment planning.

SAFE START IN NSW, AUSTRALIA FOR APPROXIMATELY 93,000 INFANTS PER YEAR: ACCELERATING SYSTEMIC CHANGE PROCESS THROUGHOUT HEALTH SERVICES TO IMPLEMENT UNIVERSAL PSYCHOSOCIAL ASSESSMENT AND DEPRESSION SCREENING FOR ALL WOMEN EXPECTING OR CARING FOR AN INFANT

INSTITUTIONS

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Through a whole of government, family focused strategy, the NSW Department of Health has developed and partly implemented a universal psychosocial assessment and depression-screening model for all women expecting or caring for an infant. This model is now known as *SAFE START*. First phase implementation revealed that attention to universal perinatal mental health assessment and screening processes in the absence of matched attention to integrated service development for vulnerable families created multiple systemic problems. What became evident was that various health jurisdictions did not share a perception of the systemic change required for implementation of *SAFE START*.

This poster outlines a series of tools that are being utilised to engage key players in complex health systems to measure how change has previously been managed and predict key leverage points to accelerate further implementation of *SAFE START*. These tools include

assessment of individual readiness for change, sponsor commitment, change agent capability, organisational stress, cultural behaviours and alignment of reinforcement/rewards with performance expectations.

Diagrammatic representation showing acceleration of implementation methodology across maternity, child and family, mental health, drug and alcohol, indigenous and multicultural health services form the core of the poster. Integrated care pathways for vulnerable families identified through universal perinatal psychosocial assessment and depression screening are represented in the context of integrating strategic directions in mental health policy frameworks. Specifically, integration of parenting for mental health and children of parents with a mental illness (COPMI) policy frameworks pertaining to the 0 - 3 age group.

P-02-129

PSYCHIATRIC MORBIDITY IN HIV POSITIVE PATIENTS IN INDIA

INSTITUTIONS

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Aim: To find out psychiatric morbidity in HIV positive patients attending HIV clinic in Lucknow (INDIA)

Method: 107 registered HIV positive patients attending HIV clinic in the department of medicine were assessed for psychiatric morbidity. 60 item GHQ-H, SCID-I, SCID-II, MMSE, and DSM-IV were applied. Methodology, detailed result will be discussed in presentation.

Result: 66.7% subjects had current axis-I diagnosis. Most common

diagnosis was mood disorder. 18% subjects had axis-II personality disorder and most common was antisocial personality disorder. Symptomatic HIV positive patients (AIDS) had statistically more psychiatric morbidity then asymptomatic HIV positive patients.

Conclusion: Result of the study in INDIA is comparable to other studies world wide. We can infer that every HIV positive patient should be assessed for psychiatric morbidity, because psychiatric problems are associated in high percentage in HIV patients.

THE CULTURE DEPENDENCY OF INTERGENERATIONAL SOCIAL DRIFT IN SCHIZOPHRENIA

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Background: Social intergenerational mobility among patients with schizophrenia from Austria, Poland, Lithuania, Georgia, Pakistan, Nigeria and Ghana was compared.

Method: Socio-economic status (SES) of patients (N=1080) and their parents was defined by occupation as in the population census of their home-countries.

Results: Among patients with schizophrenia there was a constant

downward drift, commonly to unemployment. This social decline was much clearly more distinct within the developed post-modern or modern European countries compared to the traditional Asian and African countries.

Conclusion: two reasons for these findings are discussed:

- 1. Better course of illness in developing countries
- 2. Efficient family networks providing employment also for less productive family members

P-02-131

MAKING SENSE OF DIAGNOSTIC VALIDITY IN PSYCHIATRY

INSTITUTIONS

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Background: When applied to classificatory and diagnostic concepts in psychiatry, two higher-order and non-redundant functional subtypes of validity, namely 'nosologic validity' and 'diagnostic validity', should be recognized. Whereas the former refers to how sound and empirically grounded the diagnostic categories are (by being discrete, robust or pathophysiologically understood), the latter refers to their appropriateness to identify what they are meant to. However, while nosologic validity is usually considered a key issue concerning psychiatric diagnostic and classificatory tools in general, the acknowledged lack of gold-standards for evaluating psychiatric nosographic categories often hinders investigations of their diagnostic validity

Objective: Here we aim at showing in which sense diagnostic validity is a pertinent and valuable index of the quality of psychiatric diagnostic categories, as well as the basis on which it should be evaluated.

Method: The logical relation between tests and standards, and the meaning of both these terms are considered. Additionally, nosographic categories are analyzed within a 'formation of concepts' framework, in order to reveal some legitimate references in which regard their diagnostic validity can be appraised.

Results: Nosographic categories should also be considered vis-ŕ-vis their diagnostic validity. Diagnostic categories are provisional scientific concepts and interact dynamically with various sorts of data in an inductive-deductive permanent flux. The interaction between diagnostic categories and the data associated to them provide the standards in which regard categories should and indeed often have their diagnostic validity analyzed in a tacit manner. Appropriate ways to perform such evaluation are discussed.

CAN A DIAGNOSTIC ASSESSMENT HAVE THERAPEUTIC EFFECTS?

INSTITUTIONS

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Taking care of people suffering from mental illnesses generally implies two stages. First, treating the pathological process. Then, taking into account its consequences in their daily lives, especially regarding their jobs and their relationships. This is often considered as a matter for social rather than medical intervention.

Nevertheless, in our opinion, this classic conception must be challenged in as much as psychiatric treatments and reintegrative processes are closely linked. Actually, on the one hand, the psychological state of patients depends on the effects of the pathological process on their earlier libidinal developments and object relations. On the other hand, identifications, narcissistic stability, adaptability, cognitive abilities, and various aspects of their current relationships are key factors in mental health. The assessment of our patients con-

sists in a psychiatric diagnosis, the anamnesis of the main stages of their lives and their illnesses, IQ, personality and school skills tests. Their family circles must be considered as well as their previous vocational training and knowledge of the world of work. The achievement of this assessment by several members of the medical team makes the patients feel more structured and helps them to acquire a more accurate reflection and representation of themselves, which contribute to a better insight as a result. Moreover, they acquire a more precise understanding of their mental problems, become more critical about their vulnerabilities and their illnesses, even though some aggravation occurs. Furthermore, their capacity for resilience increases. To conclude, that is why diagnostic assessments can have essential therapeutic effects.

P-02-133

ACCEPT TO EXECUTE CONDITIONED REFLEXES: ORIGIN OF SOCIAL IDENTITY OR NON-BEING

INSTITUTIONS

1. CENTRO DE INVESTIGACIÓN, DIFUSION Y PROMOCION DE LA LIBERTAD INTERIOR (CIPLI), RESEARCH, Guatemala

AUTHORS

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Objective: Demonstrate that execution of conditioned reflexes (an alternative to avoid the appearance of internal contradictions) has a main purpose to adapt or to reincorporate, the Man, into social group.

Method: Study and record of those consciousness states produced in the real I search, during 3 decades.

Results: The child rebelliousness, for trying To Be Himself, provoking conflicts with his progenitors, the survival instinct (in front of punishment) push him surrender; with which, pleasured they, annulled contradictions and executed recompense, he learns that negating him (while he executes extrinsic needs to his nature), it is a basic condition to become Himself. Time later, all that turned into unconscious conduct pattern, after foreign ideas and impulses to his essence, like is the obsession-compulsion, he will just have

consciousness of the real mechanization of his act. Nevertheless, that natural inertia fixed in his meats, inextinguishably and indomitably pushing him to be Himself, this great daily tension only will be solved to renounce to the Being, executing conditioned reflexes: The religion miracle.

Conclusion: The execution of conditioned reflexes although avoids a social non-adaptation, appearance of internal conflicts and 'Mental Illness' on the other hand propitiates a gradual regression: A connotation of 'normality', for the frequent.

References:

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Vargas J: Scientific Theory "Something, that, my, self: Origin of the Other Life". Being and Nothingness 2004; 51: 510.

HEPATITIS C VIRAL INFECTION AND DEPRESSION INDUCED BY INTERFERON

INSTITUTIONS

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Objectives

The neuropsychiatry effects of the interferon treatment occur in more than 20% of the patients treated for hepatitis, although in some studies this number grows up to 50%, fundamentally referred to depressive clinic. We have done a prospective study to research the incidence of depression during the treatment period and its risk factors .We also analyze if factors such as age, sex, how they acquired hepatitis C, antecedents of the depression, act like risk factors in the greater depression.

Method

Fifty-six patients (33 males and 23 females) with diagnosis of chronic viral hepatitis based on positive markers and on liver biopsy being treated with IFN have been monitored by the department of psychiatry before starting the treatment and once a month until the ending of it, using The Beck Depression Inventory and habitual psychopathologic exploration

Results

We will compare the medical and social-demographic characteristics of the patients with clinical depression (37%) and under anti-depressants treatment, according to the judgment of the DSM-IV-TR and of those without it. No significant differences were noted between patients with and without depression.

Conclusions

Some studies are in favour of the idea that those patients that suffer an increase in depression produced by interferon, in our sample it has not appeared. The adherence to the treatment without necessity of lowering the dosage and the early abandoning of this one, provides a higher virology answer ,that's why the importance in close monitoring for the early detection and the careful attack of the psychiatric symptoms.

P-02-135

DO WE KNOW ALL THE SYMPTOMS OF SCHIZOPHRENIA?

INSTITUTIONS

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Purpose: In 1999, the author had previously reported at WCP the existence of the fourth category of primordial delusion, which is experienced with perception (phenomenon) but cannot be expressed verbally. The author called this "pathological mood on phenomenon (PMP)". When a background mental activity in the unconsciousness combines with PMP, it may become unusual and can gain attention. The purpose of this report is to determine whether such background mental activities (eg. emotion and will) in the unconsciousness can gain attention and enter into consciousness by the action of PMP.

Method: The author examined patients with autochthonous emotion and/or autochthonous will, and observed their symptoms.

Discussion: Up to now, autochthonous emotion and autochthonous will have not been well documented symptoms. However, some patients have shown autochthonous emotion or autochthonous will. The existence of these symptoms shows that emotion and will can arise pathologically, which suggests that PMP can produce some pathological phenomena.

PREVALENCE OF MENTAL HEALTH PATIENT HOSPITALIZED IN MEDICAL WARDS IN BEHESHTI HOSPITAL IN 2007

INSTITUTIONS

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Mental disorders are one of the most problems in the world and influence on medical disease thus this study investigated the prevalence of mental disorders in medical wards of Beheshti hospital.

Method and materials: this study was a descriptive research in 260 patients hospitalized in medical wards of Beheshti hospital. Data was collected in two groups: 1- identification data includes: name, age, gender, maritial status, resident place and previous mental disorder and type of medical ward. 2- G.H.Q. Those who scores were higher than the cut of point in GHQ, were psychiatrically interviewed based on DSM-IV TR criteria.

The results were analyzed by descriptive statistic. Result: 54.2% suffered from mental disorder include: mood disorder (34.2%), anxiety disorder (9.6%), somatoform disorder(1.5%) and psychosis(0.4%). The rate of illness in female was 56.9% versus 42.7% in male. Prevalence of psychotic disorder is more than findings of Higashi and Yashiro (27 to 39%) and Koeng in Duke university (36.5% MDD)

Conclusion: Mental disorders are common in general hospital and consult with psychiatrist and liaison psychiatry is very important.

P-02-137

PSYCHIATRIC AND MEDICAL COMORBIDITY OF BIPOLAR I DISORDER

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According to Angst, the more frequent comorbidities of Bipolar I disorder are panic disorder, social phobia, substance abuse / dependence, somatization disorder, personality disorders, suicide and delinquency, and also the attention deficit hiperactivity disorder (ADHD) The comorbidity of personality disorders and the affective disorders have gained interest in the last decade. Medical comorbidity (Axis III) will also influence the development, course and prognosis of Bipolar I disorder.

Objective: To carry out a complete evaluation of the patient, focusing specially on medical and psychiatric comorbidity besides the evaluation of his/her current mood.

The sample is composed by 120 patients diagnosed of Bipolar I disorder as defined by DSM-IV-TR. The diagnosis was made the psychiatrists participating in the study. We contacted the psychiatrist entrusted of the patients in order to inform them about the

study and ask for their participation. The selected patients who gave their informed consent complete a clinical interview, including sociodemographic and clinical data.

Results: 84% of the sample don't show any Personality Disorder (PD). Among those suffering from a PD, the most frequent was Borderline Personality Disorder (4.4%). Regarding Axis III, 43.4% of the patients suffer from a medical condition, being the most usual endocrin-metabolic diseases (10.8%) and respiratory disorders (9.2%).

Conclusions: It will be necessary in the future to evaluate the relation between Bipolar and other comorbid disorders and their influence both in the course of the disorder and in the treatment response. Therefore, Bipolar disorders comorbidity requires a special attention, mainly regarding its ethiopatogenical, diagnostical, prognostical and therapeutical implications.

BARIATRIC SURGERY IN PATIENT WITH BORDERLINE PERSONALITY DISORDER - CASE REPORT

INSTITUTIONS

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ACM, 27 year, female, with morbid obesity (BMI 46.8), arterial hypertension and orthopedic conditions. The patient was submitted to a routine presurgery psychiatric evaluation and was diagnosed with borderline personality disorder according to the DSM-IV. She presented suicidal behavior, impulsivity and preoperative expectations unrealistically high. Because of that, the surgery was temporarily postponed. She was treated with fluoxetine 20mg and was referred to psychotherapy, attending two sessions a week for about one year. Subsequently, she was submitted to a second psychiatric evaluation and found to be mentally better. In December 2005 she underwent gastric bypass surgery and since then has been followed-up. Two years after the procedure, the patient remains without clinical and psychiatric complications Current BMI is 26.5.

Discussion: Morbid Obesity, defined as BMI>40, has been growing to a major health problem. Because of the relationship of morbid obesity with other severe illnesses, attention has been focused on methods for producing weighting loss. Conventional approaches have proven unsuccessful for the morbidly obese leading to the development of surgical alternatives. The comorbidity between morbid obesity and mental disorders is certainly far from rare. So this case draws attention an important issue: the conditions for indicating bariatric surgery for patients with severe mental disorders. Although patients with acute mental disorders may have a worse prognosis, mental illness should not be considered an exclusion criterion for bariatric surgery. This case suggests that prognosis may be improved if appropriate mental care is provided. The importance of a presurgery psychiatric evaluation is thus reinforced.

P-02-139

PREVALENCE OF INSOMNIA OF NURSING AND MIDWIFERY STUDENTS

INSTITUTIONS

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Objectives: The aim of this study was to assess the prevalence of sleeping problems in the nursing and midwifery students.

Methods: This research is a descriptive study. The participants consist of 321 individual were selected by census sampling. Data were collected by questionnaire.

Results: Nearly one-fourth of suffered nursing and midwifery

students from insomnia. The percentage was significantly higher among women (28.1%) than among Men (18.1%).

Conclusion: Sleep disorders distracted the physical and mental health of student's Emotional stress and anxiety are some factors of sleep disorders, with recognizing these factors, we can operate effective interventions.

COEXISTENT DOWN'S SYNDROME, DANDY WALKER MALFORMATION & HYPOTHYROIDISM IN A HYPERACTIVE CHILD- A CASE REPORT

INSTITUTIONS

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Hyperactivity in children is associated with a number of comorbidities. Such comorbidities influence the clinical presentation, course, outcome, prognosis and the management strategies in these patients. We are reporting the first ever case with coexistent down's syndrome, dandy walker malformation & hypothyroidism in a hyperactive child. The various implications of these comorbidities will be discussed in the presentation

Reference:

1. Constantini S; Pomeranz S; Hoffman B; Martin O; Rappaport ZH Coexistence of Dandy-Walker syndrome and Down's syndrome. Neurochirurgia (Stuttg). 1989; 32(2):56-7 (ISSN: 0028-3819)

P-02-141

DUAL DIAGNOSIS PATIENTS IN A COMMUNITY BASED GENERAL PSYCHIATRY SERVICE: PRACTICAL DIFFICULTIES & GROUND REALITIES

INSTITUTIONS

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Managing patients that come under the umbrella term "dual diagnosis" is a big challenge to Psychiatrists and Psychiatric Services. Although solutions and guidelines for their management are recommended by various psychiatric organisations it is not always possible to implement them on the ground.

A perusal of the cases in a Community based Mental Health Team covering an urban population was done and all the cases that could be diagnosed with substance abuse under the ICD-10 were included. The case notes were screened by two qualified psychiatrists with membership of the Royal College of Psychiatrists, London.

Of the 285 cases that were under the care of the North Wrekin Community Health Team, 17 qualified as dual diagnosis patients. Although this was 6% of the case load, these patients utilised a significantly larger proportion of the available resources.

77% these of patients had poor concordance to their treatment plan, 89% were not involved with an addictions service.

Alcohol abuse was the commonest (70%) followed by cannabis (17%) benzodiazepine (6%) cocaine (6%) and poly drug abuse stood at 11%. There was an overlap because some patients abused two substances concurrently.

The associated psychiatric disorders were Schizophrenia/Psychosis (47%) depression (23%) bipolar disorder (17%) anxiety (17%) personality disorder (6%) and Wernicke/Korsakoffs (6%) Some patients had more than one psychiatric diagnosis.

The poster will highlight further correlations between the substance abused and the associated psychiatric diagnoses, highlight the existing gap between recommendations and available resources and give suggestions to improve treatment outcomes for these patients.

INFLUENCE OF THE HOLY MONTH OF RAMADAN ON ADMISSIONS IN THE MENTAL HEALTH HOSPITAL IN TUNIS

INSTITUTIONS

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Aims/Objectives:

Muslims fast each year during a whole lunar month called Ramadan (Islamic calendar). A decrease in the number of admissions was noticed during the Holy month in many psychiatric wards. The aim of this study was to assess the influence of the month of Ramadan on admissions in psychiatry.

Methods:

The administrative data base of Al Razi mental health hospital in Tunis was checked for the following data over the last five years (2002-2006): The monthly and annual number of admissions as well as the monthly and annual rates of the different legal modalities of admissions (voluntary or coerced). Data were considered for the administrative (solar) months and the month of Ramadan.

Results:

There were significantly fewer admissions in Ramadan when compared to the rest of the year (p=0.001) but the number of admissions during Ramadan tends to approach the mean monthly rate in the last years. Considering the legal modalities of admission, we found a progressive annual increase in coercive admissions only, without any particular monthly pattern. These results were constantly found over the five studied years.

Conclusion:

The month of Ramadan appears to play a stabilizing role in, at least, some categories of mental disorders as proven by the decrease in the number of admissions. This effect is very likely due to the better familial care inherent of the general improvement of social binds characterizing the Holy month. This positive effect seems to be fading with time probably due to societal changes in relation with globalization.

P-02-143

WORKING MEMORY DEFINES TWO BORDERLINE PERSONALITY DISORDER SUBPOPULATIONS

INSTITUTIONS

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AIM: Working memory refers to transient representation of task-relevant information, and it is crucial for the development of complex, goal-oriented behavior. It has been found to be impaired in some psychiatric disorders and to be associated with the functional outcome of patients. In Borderline Personality Disorder (BPD), a severe mental disorder, previous studies suggest that memory systems may be affected, but a specific neuropsychological profile has not been established. The purpose of this work was to evaluate the performance of a group of BPD patients in a working memory task and to compare it to that of a group of individuals without psychopathology.

METHODS: We evaluated a sample of 85 individuals, 51 patients with BPD and 34 controls, using the Tower of London (Drexel University Version) task and analyzed the data using latent class clus-

ter analysis. The clinical evaluation included the IPDE interview to diagnose BPD, a semistructured psychiatric interview to exclude Axis I pathology, as well as structured impulsivity and aggression measures.

RESULTS: The model that best fitted the data was a three class model. One class was formed exclusively by controls, while BPD belonged to two different classes. 79% of the patients had a performance on the task that was indistinguishable from that of controls, while 21% of the patients performed significantly worse on the task.

CONCLUSIONS: This study suggests that neuropsychologically BPD is heterogeneous.

ACKNOWLEDGMENTS: This work was supported by Project Fondecyt 1030305

PSYCHOSOCIAL IMPACT OF GENETIC RISK EXPERIENCE IN BRAZILIAN BREAST CANCER PATIENTS

INSTITUTIONS

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Objectives: This study dealt with the psychosocial impact of genetic risk in breast cancer patients participating in research on BRCA 1 and BRCA 2 mutations in a public university hospital.

Methods: Fifty patients were interviewed during medical consultations conducted by breast surgeons, during which time genetic risk factors were explained. They were later interviewed by a psychiatrist and their understanding and risk experience were investigated. All the interviews were recorded in audio, transcribed and organized according to content discourse analysis.

Results: Amongst the fifty patients invited to participate in the research, 100% gave informed consent, 42% without further inquiries. From the remaining 58% (who asked questions), 46% asked about the research and 12% about aspects related to diagnosis and

prognosis. Semi-structured interviews later undertaken by the psychiatrist showed that only 58% of the patients understood the research; 56% had commented on it to family members; only 18% were concerned about genetic risk factors.

Conclusions: Patient participation with informed consent, which considers values such as competence, autonomy and citizenship, was not enough to convey an understanding of genetic risk. This shows the paternalistic doctor-patient relationship values which are prevalent in our public health system. Even though genetic information seen as being empowering, as a promise of conditions for the control of future health conditions, most breast cancer patients didn't experience mutation research as enabling them to act as 'responsible genetic subjects' towards children and other relatives.

P-02-145

AFFECTIVE PATHOLOGY IN CLINIC WOMEN ORGASMIC DISORDERS

INSTITUTIONS

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The purpose of the present research was to study interrelation of various cases of orgasmic disorders and an affective pathology as a way to optimize medical rehabilitation tactics for patients with the given pathology. The work is based on the results of clinical study of 83 patients with orgasmic disorder, who passed inspection and treatment in sexual pathology department starting from 2000 to 2006. The basic methods of inspection were clinic-sexological and clinic-psychopathological, with the use of standard personal techniques of inspection.

Women orgasmic dysfunction was formed on a background of various affective pathologies within the limits of frustration of mood and neurotic frustration. Orgasmic disorders occurred with the patients with easy and moderate depressive episodes on a background of frustrated libido and was shown as advanced secondary coital

hypoorgasmia in some cases resulting in total anorgasmia. Among patients with adaptation infringement orgasmic dysfunction was leading to sexological frustration and declared itself as secondary coital hypo-or anorgasmia. Among patients with « conversional anesthesia and loss of sensual perception » orgasmic disorder was formed in the form of total frustrational secondary anorgasmia. In case of neurasthenia orgasmic dysfunctions developed themselves simultaneously with the infringement of libido as an advanced secondary total hypo-or anorgasmia. The choice of orgasmic disorders therapy was defined by a leading affective pathology and represented a combination of pharmacotherapy, various psychotherapeutic techniques and sexual therapy of an individual and orientation of the couples. Similar tactic of treatment is an effective method of correcting women orgasmic dysfunctions.

THE ATTITUDE OF SCHIZOPHRENIC PATIENTS AND THEIR FAMILIES TO ALTERNATIVE MEDICINE

INSTITUTIONS

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In the countries with western-type health protection, which is based on scientifical medicine, novices and experts alike are becoming interested, in the last decades, in all types of different treatments, which aren't practiced in the official health system.

Alternative (traditional) medicine is mostly defined as all known practice of treatment given to the sick people, and others, which exists, side by side with the practice of official medicine. There are four kinds of traditional healers but they can be divided into four groups: 1. Herbalists are concerned mainly about plant remedies, some of which are known to contain active ingredients while others appear to be placebos. 2. Medicine men and women use verbal or ritual methods of healing, sometimes combined with plant remedies. They are believed to have special powers, often of supernatural

origin. 3. Shamans use methods like those of medicine men by also enter into altered states of consciousness in which they are believed to communicate with spirits or ancestors, and to recover the abducted souls of people made ill by this supposed loss. 4. Diviners discover and name the cause of illness by interpreting oracles, from the content of dreams, or through some form of communication with ancestors or spirits.

In our work we were investigating the attitude of schizophrenic patients and members of their families to alternative and/or traditional medicine: if they, and in which phases of illness, asked help from traditional healers, what kind of treatments were they subjected and what is their attitude now.

P-02-147

RELATIONSHIP BETWEEN PERSONALITY DISORDERS, SEXUAL RISK BEHAVIOUR AND HIV INFECTION IN MEN WHO HAVE SEX WITH MEN

INSTITUTIONS

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HIV/AIDS epidemic imposes a high impact on health care systems. Prevention of HIV infection is still the most important measure of control. Modification of sexual behavior is the only effective strategy today. Sexual behavior could be divided in two: planned and controlled sex (use of condoms and monogamy) or impulsive and irresponsible sex (unsafe). The presence of personality disorders interfere with an HIV infected individual safe sexual behavior, independent of sexual orientation. Diagnosis of these pathologies would allow us to develop more effective strategies for the prevention of HIV/AIDS. The authors aim to establish the relationship between the diagnosis of personality disorders, sexual risk behaviors and HIV infection. We will select a sample of 25 men who have sex with men, between

18 and 45 years of age, with a diagnosis of HIV infection of at least 6 months, asymptomatic, with no DSM-IV axis I psychiatric comorbidity who will attend the Community Services Center of Action For Solidarity Foundation and the Venezuelan Social Security Institute Immunology Center, in Caracas, Venezuela. Participants will be clinically interviewed and complete: the modified Graffar socioeconomic index, the Hamilton and Beck depression scales, the Structured Clinical Interview for DSM-IV (SCID-II), the Millon Clinical Multiaxial Inventory - Third Version (MCMI-III) and the modified CAP Poll on HIV/AIDS. We will apply to the results the appropriate statistics to carry out the final analysis. Our ongoing study is scheduled to be completed in June 2008.

A GENDER MATTER: (RE) CREATE VISIBILITY SPACE TO THE LESBIANS

INSTITUTIONS

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Objective: This study propose to know the process of recognizing lesbian and the experience of this orientation sexual

Method: It is a qualitative study. The participants of this study were women with ages above of 19 years that self-identified as lesbian and lives in south of Brazil. The selection of the participants was made through the technique Snowball Sampling. The first interview started in a contact with an ONG that defends the free sexual expression. For the gatering data we used narrative interviews and they were analyzed according to the principle of discourse analysis.

Results: The data revealed that the recognizing lesbians' sexual orientation is a gradual process of break of personal paradigms and of our society compulsory heterosexuality; being necessary the creation of new social, educational and family spaces that increase this new reality.

Conclusion: A new women's history is necessary to be recounted, therefore our society, still predominantly in compulsory heterosexuality and patriarchal needs to enlarge their spaces for the expression of this diversity, in spite of several efforts for the change of this paradigm.

P-02-149

PERSONALITY DISORDERS AND PERSONALITY PROFILES IN CHRONIC FATIGUE SYNDROME

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Objectives

To study the prevalence of personality disorders and patterns of personality factors in patients with Chronic Fatigue Syndrome (CFS). **Methods**

Patients with CFS (n=62) were interviewed using SCID-II and fulfilled questionnaires of Personality Assessment Inventory (PAI) prior to a treatment intervention program. Patients were examined at 5 years follow-up after treatment, recording fatigue symptoms and improvement after 5 years by self-reported Fatigue Scale.

Results

The prevalence of personality disorder was low (13 %), equal to non-clinical populations. The mean personality score by PAI was 51 (norm T=50), indicating low average personality dysfunctions. The

CFS patients had a clinical profile most similar to that of somatoform disorder (Coefficient of Fit = .667). There were elevated scores of somatisation and health concerns and on subscales of vegetative signs of depression, and low scores of self-esteem and perfectionism. Low improvement by 5 years follow up was associated with low levels of perfectionism and high levels of vegetative signs of depression.

Conclusion

Patients with CFS seem to have personality disorders and personality pathology level equal to the average population. CFS patients had a tendency to higher levels of somatisation and somatic complaints, more vegetative signs of depression, lower self-esteem and low level of perfectionism. This could be secondary to the CFS illness, possible explained by physiological and cognitive sensitisation processes.

A PATHOLOGICAL FEELING OF ISOLATION RELATED TO AWAKENING OF SCHIZOPHRENIA

INSTITUTIONS

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AUTHORS

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Although there is no final agreement about the definition of so-called "awakening" in schizophrenia, its clinical significance as a chance of recovery, as well as a crisis of survival, has been known for a long time. The most critical point is a risk of suicide, which tends to be overlooked in the empirical research on the introduction of, or the switching to, atypical antipsychotics but to be emphasized in the descriptive research mentioning anecdotes and clinical cases .

The following crucial factors in suicidality are suggested: 1) insight into the illness with stigmatization, 2) confrontation with reality, and 3) elevation of volition. The first and second factors lead the patients to contemplation of suicide, and the third facilitates their execution of it. This mechanism itself can be explained with normal

psychology. However, there may be still other pathological aspects. We have indicated that in some cases the patients confronted a reality that was not the living world in common with others but a desolate world of absurdness.

In this presentation, the concept of a pathological feeling of isolation will be abstracted from narrations of patients on awakening by the method of grounded theory. This feeling is related to the pathological aspects of awakening mentioned above and is assumed to be connected with suicidality. In order to search for a psychotherapeutic strategy, the nature of this feeling shall be analysed by referring to the analogous states depicted in epistemological philosophy, object relations theory, and Zen psychology.

P-02-151

RESPONSIBILITY INTEGRAL TO PSYCHIATRY

INSTITUTIONS

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Individual Responsibility is fundamental to civilised society and professional practice, including psychiatry. However, psychiatry underutilises the concept of responsibility in actual clinical practice, perhaps, because of a lack of an established conceptual framework. A theoretical account of responsibility and its utility will be presented. This will include its necessary foundations, with some examination of competing models. A biological - developmental dimension will be given. Relating responsibility to associated terms including choice, motivation, judgement, intention and volition

will be explored. An account of its normal and psychopathological aspects relevant to patients' histories and mental state examination will be discussed. A number of clinical scenarios, across the age spectrum, will be presented to demonstrate the conceptual relevance of assessing for and utilising responsibility. Forensic aspects will be addressed briefly. It is proposed that a conceptual and therapeutic use of responsibility could augment other therapeutic measures undertaken by clinicians.

ILLNESS EXPLANATION MODELS AND THEIR ANALYSIS IN JAPAN AND HUNGARY

INSTITUTIONS

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The purpose of our research is to compare the illness explanation models in two different cultures, one of them with a collectivist society (Japan) and the other one with an individualist society (Hungary). A Questionnaire, Explanation Models of Mental Illness (QEMMI - presented at the IACCP Congress 2003), developed by ourselves, has been used to understand the effects of patients' explanation models on help-seeking pathways and compliance with a definite type of therapy as well as the Dependency-Interdependency Scale to define the scale of the dependency and interdependency in both societies. Our field of research is based on existing healing methods in Hungary and Japan. Main topics of QEMMI: mental illness explanation

model, treatment model, satisfaction with treatment, believes in the treatment plan, compliance, help-seeking pathways, received education on the model.

In each treatment model 50-60 patients completed QEMMI and the Dependency-Interdependency Scale. We studied the differences and similarities of cultural and sociological influences on the explanation models of patients and therapists. It has been shown, that a fit between the models of patients and therapists was more relevant in the case of patients with a high interdependency need and in most cases was very efficient in patient compliance and satisfaction.

P-02-153

DIABETICS TREATED IN PSYCHIATRIC AMBULANCE

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Objective: Diabetes mellitus is a chronic illness and its treatment is associated with many restrictions of patients' life. Mental condition and diabetes are closely related and there is a provable mutual connection. Thus, the aim of the study was to demonstrate the importance and benefit of psychiatrist and psychologist involvement in a medical team that cares for diabetics.

Methods: All patients who have been visiting regularly psychiatric ambulance of the Diabetology centre for the period at least six months were observed prospectively. Therapy using psychopharmacs, psychotherapy and their combination was compared. Mental condition of the patients was assessed objectively and subjectively,

glycated haemoglobin as a parameter of diabetes compensation was measured during the therapy and furthermore changes in therapy were given in account, both psychiatric and diabetological.

Results: The largest benefit has been found in diabetics who received combined treatment, i.e. psychotherapeutic treatment supported by psychopharmacs.

Conclusion: It is important for the systematic care of diabetics to involve both psychotherapeutic and psychopharmacological special treatments.

TWO CASES OF WRITER'S CRAMP ASSOCIATED WITH DEPRESSION

INSTITUTIONS

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We experienced two cases of writer's cramp with depression. Herein, we report the difference in diagnosis according to the DSM-IV-TR criteria. Case 1 was 43-year-old man. He received a promotion 6 years ago and was transferred 5 years ago. Due to his increased workload and responsibilities, he felt tired, experienced headaches, suffered reduced motivation, and lost his appetite and concentration. Consequently, he was treated for depression. After hospitalization for 1 week, his headache and writer's cramp improved, and two weeks later, his depression also improved. Case 2 was a 50-year-old man who received a promotion 2 years ago. His increased workload, workplace relationships, and responsibilities made him feel depressed and tired. He experienced headache, insomnia, loss of appetite, and subsequently developed Writer's cramp. After hospi-

talization for 2 weeks, insomnia, loss of appetite, and writer's cramp improved, and 4 weeks later, his depression improved.

The common factors observed in these 2 cases were promotion, workload, and relationship stress. For both cases, hospitalization improved depression and writer's cramp.

Case 1 had a typical past. Therefore, the writer's cramp seemed to be the result of neurosis, stressful situations, panic disorder, or socialphobia. However, in Case 2, writer's cramp developed during depression. Therefore, it seemed to be related to tremor as an expression of anxiety symptom. Therefore, we thought that the depression and writer's cramp were linked, and writer's cramp was symptoms of anxiety of depression.

P-02-155

DIFFERENCES IN COGNITIVE ABILITIES BETWEEN GENDER IDENTITY DISORDER PATIENTS AND CONTROL GROUP

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Gender identity disorder (GID) is characterized by a discrepancy between objective born sex and subjective gender identification, expressed as a feeling of being born in the wrong sex. We call patients whose objective born sex is female FTM (female to male), and patients whose objective born sex is male MTF (male to female). Sex differences in certain cognitive abilities are well established. For example, men tend to excel in a targeting task, a mental rotation task, and a line orientation task, whereas women tend to excel in a verbal fluency task and a perceptual speed task. Haraldsen et al (2003) reported that the cognitive pattern of GID patients is consistent with that of their biological sex and not that of their gender identity. However, Egawa et al (2003) suggested that the cognitive

performance of GID patients depends on their gender identity. The purpose of this study is to examine and analyze whether there are differences in cognitive abilities between gender identity disorder patients and the control group. FTM subjects were recruited from outpatients of the Fukuoka University Hospital and control subjects were recruited from female nurses working at Fukuoka University Hospital. We performed 6 sex-sensitive cognitive function tests to 20 GID patients and 20 control subjects. Measures of cognitive function included a targeting task, a mental rotation task, the Benton Judgment of Line Orientation, two verbal fluency tasks and the Pegboard task. In this presentation, we will discuss the typicality of sex-sensitive cognitive ability related to GID.

CROSS-SECTIONAL STUDY OF THE CAREGIVING EXPERIENCE OF CHINESE IN-PATIENTS AND OUT-PATIENTS WITH SCHIZOPHRENIA IN HONG KONG

INSTITUTIONS

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Objective:

To compare the experience of Chinese caregivers in caring for patients with Schizophrenia in the outpatient and inpatient setting.

Methods:

201 patients with schizophrenia and their caregivers were recruited from a list from a large general adult psychiatric clinic. Assessment took place in the clinic or on the wards if patients were admitted during recruitment period from February to July 2007. The caregivers completed the Involvement Evaluation Questionnaire (IEQ)

1. Patients were assessed by the PANSS and GAF. Correlation analysis was performed.

Results:

22 (10.7 %) patients were admitted during recruitment period. There was no significant difference between the age and sex of inpatients and outpatients, or the age of caregivers. The majority of carers of

inpatients were female (81.8%), while females accounted for only half of the caregivers in the outpatient setting (53.6%). Admitted patients had higher PANSS scores (inpatient= 47.9, outpatient=39.4 p<0.05) though there was no significant difference in the GAF. Caregivers for inpatients yielded higher scores in all four subscales of the IEQ (tension, supervision, worrying and urging) compared to outpatients, but only the tension subscale scores reached statistical significance (inpatient= 8.0, outpatient= 3.0 p<0.01).

Conclusion

Circumstances leading up to admission usually involved exacerbated psychotic symptoms and disturbing behaviour, which would increase interpersonal tension. Service planning should include assessment of caregivers, especially for female caregivers in households with significant tension, to identify at risk caregivers.

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P-02-157

RELATIONSHIP BETWEEN DURATION OF UNTREATED PSYCHOSIS AND OUTCOME IN FIRST-EPISODE PSYCHOSIS

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There is evidence that the duration of untreated psychosis (DUP) correlates moderately with short-term symptomatic and functional outcomes in first-episode of psychosis.

The authors review the predictors of DUP in a first episode patient population (n=30) and its implications in the clinical and functional outcome. The sample consists in a majority of male Portuguese speaking patients, single, unemployed, with substance abuse and average DUP of 102 weeks. The literature shows that shorter DUP is associated with greater response to antipsychotic treatment, as measured

by severity of global psychopathology, positive symptoms, negative symptoms and functional outcomes.

Understanding the mechanism by which DUP influences prognosis may lead to better understanding of the pathophysiology of psychosis. We conclude that DUP may influence the response to treatment, reflecting a potentially malleable pathological process. In this regard, there is support for effective intervention programs in emerging psychotic illness.

PSYCHOLOGICAL DIFFERENCES BETWEEN PARAMYLOIDOTIC AND OTHER LIVER TRANSPLANTED PATIENTS AFTER TRANSPLANTATION

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Background and Aims

Liver transplantation is, nowadays, considered the treatment of election for many patients with severe liver disease. Paramyloidosis is a very uncommon genetic liver disease almost only present in Portugal and about which very little has been published. We aimed to study the psychological differences between paramyloidotic and other liver transplanted patients one month after transplantation.

Methods:

We studied a liver transplant candidates sample (n=40), comprising consecutive patients attending out-patient clinics of a Public Liver Transplantation Central Unit (30% of patients with paramyloidosis, 70% with other liver diseases) by means of DSM-IV diagnostic criteria, HADS (Zigmond 1983), Brief COPE (Carver, 1997) and a multi-dimension adherence questionnaire (Telles-Correia 2006). A liver transplant candidates sample (n=40), comprising consecutive patients attending out-patient clinics of a Public Liver Transplantation

Central Unit transplant candidates, was evaluated before and one month after liver transplantation.

Results and Conclusions

In the pre-transplantation period only 28% showed no lifetime psychiatric disorders in the past, and as current DSM-IV psychiatric diagnosis 25% showed major depressive disorder, 18% anxiety disorders, 11% adjustment disorder, 6% dependence/abuse of alcohol or other substances. Fourty Percent had moderate-high scores for anxiety and 36% for depression (HADS). There was a predominance of acceptance, active coping, use of emotional support, positive reframing, and planning coping strategies

After transplantation, we found statistically significant differences between paramyloidotic and other patients concerning scores of anxiety/depression, coping mechanisms and multidimensional adherence. This conclusion emphasises the importance of a specific approach for each of these populations after liver transplantation.

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NEUROSYPHILIS AND HASHIMOTO'S THYROIDITIS: A RARE COMORBIDITY

INSTITUTIONS

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Objective: Syphilis is still a common STD. Although use of antibiotics has altered the natural course and late-stage neurosyphilis (NSy) is seen in various clinical manifestations, it has also made a comeback in HIV (+) patients (1).

Psychiatric symptoms may be the initial or major manifestations of thyroid diseases. Hashimoto's thyroiditis' cerebral complications are related to hypo/ hyper-thyroid state in most cases. Approximately 1/5 of cases are clinically hypothyroid at the time of diagnosis (2). This case report describes a rare comorbidity of NSy and Hashimoto's hypothyroidism.

Method: A case diagnosed as schizophrenia for ten years was further evaluated and the laboratory findings revealed two major organicities.

Results: 48 year old female patient, hospitalised 4 times in ten years with a diagnosis of schizophrenia. Serum VDRL was found positive in early stage and was treated with comorbid diagnosis of syphilis.

Although atypical features, cognitive impairment and inadequate treatment response persisted, the patient was not further investigated for neurosyphilis. After a thorough investigation, neurosyphilis and autoimmune hypothyroidism have been detected.

Conclusions: Both neurosyphilis and hypothyroidism may cause confusion and cognitive impairment, the prominent features besides psychosis in this patient.

It is noteworthy that even in a patient treated with schizophrenia for a long time, significant and treatable organic etiologies could be detected

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THE MANIFESTATION CHANGE IN DEPRESSION AND THE INCREASE IN "HIKIKOMORI" IN JAPAN

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The current changes in psychiatric phenomena are rapidly shared among clinicians. These clinical findings reveal the essential value changes of our society. In Japan the following two prominent changes are found. 1) The decrease in typical endogenous manifestations of depression based on melancholic type personality (Tellenbach), and the increase in not full-fledged depression of maladjustment type among younger generations. 2) The increase in cases of hikikomori(social retreat), in which youngsters not only avoid their identity formation in the established society but also shut out any communication sometimes for years.

It was until the period of the high economic growth, that a value which guaranties seniority system was maintained. The seniority system is possible only when people adjust themselves to get their reward, delayed, long after the period of their real achievements. Also it endorses the conservative view of the value which ranks the position of people on the basis of their social credits. The people with melancholic type structure were well-fitted to this system, since these people hesitate to overtly claim their rewards, instead, they devote themselves to seek perfect achievement. The more the breakdown of the seniority system was evident, the more this type of personality became maladjusted already in their younger age. The breakdown of the system is also making clear that the basis of this social value was not substantial but fictitious. It can be considered that youngsters with hikikomori implicitly recognize this fictitious aspect and begin to avoid all social contacts which force them to conform to it.

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FEMININITY AND MOTHERHOOD PERCEPTIONS FOR OUTPATIENTS WITH TURNER SYNDROME AND VARIANTS: A QUALITATIVE STUDY IN A PUBLIC HEALTH SERVICE, SOUTHEAST BRAZIL

INSTITUTIONS

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Objective: This study was carried out in a group of Brazilian patients, who presented Turner Syndrome or its variants forms. In adult subjects, this Syndrome affects basically the secondary sexual characters, leading to a typical picture of infertility.

Method: To evaluate the meaning of this condition in these women, the qualitative clinical method was applied by clinical psychological interviews at a 13 patients, who have had annual accompaniment in the sector of Gynecology. The quarrel was based on the psychodynamic theory.

Results:

- 1) Absence of the menstruation have been presented in all the patients of this group and demonstrated to be important for the psychic functioning of these women, according to perception of femininity, more than the reflections of the infertility.
- 2) The direction and the meaning of the femininity was not associ-

ated with the maternity and reproduction as isolated aspects, but was also coherent with the transformations of the modern World. Than, these women had demonstrated other desires and social representations, such as to study, to work and to get autonomy, independently of the social-economic level of the carriers.

3) The adoption of a child has demonstrated to be a possibility for the majority of them, although this alternative has not been offered to them, at any moment of the follow up.

Conclusion: We suggest the implementation of measures in addition to the prevention of the clinical manifestations, represented by psychological support.

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DIAGNOSTIC DECISION MAKING: COMPARISON OF STRUCTURED VS. UNSTRUCTURED INTERVIEWS

INSTITUTIONS

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Aims/Objectives

The aim of the present study is to compare the diagnostic concordance between structured vs. unstructured interviews. The secondary aim of our study is to identify which psychiatric diagnosis were underdiagnosed with an unstructured interviews.

Methods

113 psychiatric patients who referred to inpatient care were evaluated for this study. All patients were evaluated with unstructured interviews at the out-patient psychiatric clinics of our hospital. After that in the in-patient period they were evaluated with SCID.

Results

Correlation coefficient between non-structured interviews and structured interviews were modest (r=0,537, p<0.000). The highest diagnostic agreement rate was in patients with alcohol dependence (100%, 9 patients), lowest diagnostic agreement rate was in patients with bipolar disorders manic episode (%33.7, 11 patients). In standard clinical interviews simple phobia (3 patients) social anxi-

ety disorder (1 patients) and schizoaffective disorder (2 patients) were underdiagnosed. We also found that 29 (26%) more patients were diagnosed with two or more DSM-IV axis I disorders when diagnoses were based on the SCID than based on standard clinical evaluation.

Conclusion

According to our findings standard clinical interviews is not as reliable as structured interviews in terms of making psychiatric diagnosis.

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P-02-164

THEORETICAL UNDERSTANDING OF CULTURAL VARIABLES IN APPLYING EFFECTIVE PSYCHOTHERAPY IN NON-WESTERN SOCIETIES

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The Western model of psychotherapy, though practiced across the world in different cultures, has come under increasing scrutiny and criticism lately.

This particularly applies to dynamically oriented individual psychotherapy. It is due to advances in psychotherapy in non-western cultures and ever-increasing

experience in trans-cultural psychiatry. Numerous key factors unique to traditional societies have been identified that influence the nature and course of psychotherapy e.g. close and confiding relationship between doctor and patient (Guru-Chela paradigm), more permeable ego boundaries, dependency of patient, psychological

sophistication, involvement of the family etc. To be effective, psychotherapy should be consistent with the social and philosophical background, cultural fabric, and belief systems of the people. Industrialization and adaptation of western concepts does not necessarily translate into the 'traditional mind' becoming a 'western mind'. Cultural variables can be important and relevant even when the therapist and patient are from different ethnic groups. People from non-western cultures may not place the same degree of emphasis on talking as a form of treatment, introspection, exploration etc. but look for more directive instructions expected from therapist.

UTILITY OF PERSONALITY MEASUREMENT IN THE RECOVERY FROM SURGERY

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OBJECTIVES: The aim of this study was to asses the impact of different psychological and/or biological effects in the recovery from surgery.

METHODS: The sample was composed of 42 patients admitted to the Surgical Unit of the Infanta Cristina University Hospital (Badajoz, Spain), waiting for a surgical intervention. Patients with cognitive impairment were removed from the sample. Prior to surgical intervention (48 to 72 hours), patients were administered the Millon Clinical Multiaxial Inventory-II (Millon, 1986) and salivary cortisol were measured 24 hours before surgery. Following surgical intervention, recovery was coded as good or poor accordingly to Moix et als criteria (1995). Dietary intake, resting and sleeping hours, as well as the existence of fever, perceived pain and related surgery complications were daily registered and controlled for.

RESULTS: The cortisol values were increased in patients with high score in Histrionic Scale (t = 2.10, p = 0.043). There was a significant relation between personality, cortisol and recovery. The patients with low score in Dependent Scale (t = 2.33, p = 0.029), Histrionic Scale (t = 2.51, p = 0.020), Alcohol Dependence Scale(t = 2.01, p = 0.049), Drug Dependence Scale (t = 2.08, p = 0.050) and cortisol show better recovery from surgery.

CONCLUSION: The results of this study indicate that psychological factors and levels of cortisol may have a critical rol in post operatory recovery. Taking these data into account, it seems necessary to assess psychopathology on a regular basis in all the patients waiting for surgically interventions.

P-02-166

A BOTTUM-UP APPROACH IN PSYCHIATRIC DIAGNOSIS

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Aims/Objects. Investigation of the etiology is not as a routine applied in the diagnostic procedures in clinical psychiatry. This practice is the consequence of the present diagnostic habits in which a diagnosis is based on consensus about a cluster of symptoms, mostly e causa ignota. This so called top-down approach severely hampers the development of psychiatry into a scientifically underpinned discipline.

Methods. At our outpatient department of neuropsychiatry special attention is given to developmental issues, level of cognitive functioning and dysmorphias.

Results. In about 5 percent of the patients routinely referred for neuropsychiatric evaluation, a genetic diagnosis could be established using cytogenetic analysis and FISH technique. Reasons for referral were: relapsing psychotic disorder: n=7, recurrent depressive disorder: n=4, personality disorder: n=3 and atypical autism:

n=1. In 4 patients a diagnosis of 22q11 deletion syndrome was made. In another 4 patients de novo translocations were found. Two patients appeared to have an XXY

karyogram of whom one in combination with Prader-Willi syndrome. In 2 patients cytogenetic analysis revealed a duplication. Other diagnoses were Rendu Osler syndrome (n=1) and Rubenstein-Taybi syndrome (n=1). In none of the patients the symptomatic profile fitted within a classical DSM diagnosis.

Conclusions. Patients with a known genetic disorder may, after adolescence, present with psychiatric symptoms that are more or less etiologically specific. The latter means that in such disorders an increase risk exits to develop several psychiatric syndromes that includes also developmental issues, neuropsychological dysfunctions and somatic/neurological comorbidities. Therefore a bottom-up diagnostic procedure is warranted.

ALEXITHYMIA: AN ENDOPHENOTYPE FOR NOONAN SYNDROME?

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Objectives

Noonan syndrome (NS) is a genetic disorder, characterized by short stature, facial dysmorphia and heart defects. Despite a prevalence of 1 in 1000 to 2500, virtually no research is found on psychiatric comorbidity and cognitive functioning [1]. A recent study suggests a lowered incidence of psychiatric disorders, but also provides evidence for a characteristic pattern of alexithymia [1]. To this end psychopathological features and cognitive measures are explored in a group of adult NS patients.

Methods

30 Patients (mean age 27 ± 12.8) with a confirmed clinical diagnosis of NS underwent neuropsychiatric examination and (neuro)psychological assessment. Data on medical history, family history and development were collected, as well as measures of intelligence, social cognition, psychopathology, and quality of life, including evaluations of proxies.

Results

Mean IQ was just below average, but overall cognitive functioning appeared to be intact. In more than half of the patients, emotion identification and verbalisation defects were confirmed. A tendency was found toward social desirability, agreeableness, and subassertivity. Patients reported average levels of satisfaction with life in general, in contrast with the evaluation of their social functioning by significant others.

Conclusion

Alexithymia is more common in NS, whereas the incidence of psychiatric disorders per se is lowered. It is argued that psychopathology may still be present, but remains unseen because of problems in social cognition in combination with amenable personality traits.

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IMPROVING THE ASSESSMENT OF EXECUTIVE PROCESSES: BEHAVIOURAL CONSEQUENCES OF DISFUNCTIONING IN CLINICAL AND NON-CLINICAL POPULATIONS

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The term Executive Function (EF) refers to skills such as self-regulation, set-maintenance, selective inhibition, cognitive flexibility and efficient planning. These functions are vital to human autonomy, for these abilities enable a person to engage successfully in independent, purposive and *goal-directed* behaviour. There is a vast amount of multi-factorial EF-assessment tools, displaying low intercorrelations or having a low validity index. Often, the instrument has been developed in a clinical population and its item content does not apply to healthy adults while tapping the extreme (pathological) ends of behaviour.

In the present study, usefulness and psychometric properties of the Executive Function Index (EFI; Spinella, 1995) were examined. The EFI is a 27-item self-report measure sampling a wide array of behavioural consequences in healthy individuals with five subscales: Motivational Drive, Organization, Impulse Control, Empathy, and Strategic Planning.

Results lend support for the use of the EFI as a reliable self-report for EF in both clinical and non-clinical populations.

It is concluded that a person's perception of the effects of executive dysfunctioning on daily life is a major determinant of the perceived quality of life. We therefore need instruments that consider the consequences of maladaptive executive functioning in both healthy and psychiatric populations. Beliefs about maladaptive and dysfunctional behaviour can only exist in the context of beliefs about healthy, effective and efficient behaviour.

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ONIOMANIA OR COMPULSIVE BUYING: AN OVERVIEW

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Aims/Objectives

Compulsive buyers experience a permanent drive to buy, even when confronted with considerable financial shortcomings or other environmental restrictions.

Scientific interest for compulsive buying dates back on 1910, when Kraepelin and Bleuler spoke of "oniomania." Few studies are conducted since then, and in mental health settings, little attention is paid to the intertwining of compulsive buying with several mental disorders.

Methods

By means of a Medline, Pubmed, and PsychInfo literature review (1966 - April 2007) with keywords "oniomania", "buying", "shopping", "consumption", and "compulsive", "pathological", "impulsive", and "uncontrolled", all articles on symptoms and characteristics, treatment, etiology, and epidemiology were selected. In order to maximize probability of finding useful articles, cited references were tracked, and authors on compulsive buying assessment instruments were contacted.

Results

Epidemiological data is being presented, as well as psychopathological and etiological findings.

Conclusion

There is scarce literature on compulsive buying, most of it stemming from consumer research. Nonetheless, it becomes clear that problematic buying behaviour can cause serious dysfunctions and marked distress in patients, without them being able to stop it. It should therefore be considered as an example of inhibitory related psychopathology. Systematic research is needed to design adequate diagnostic and treatment methods. For that reason, a contextual, neurobehavioural research agenda is presented [1,2].

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P-02-170

RORSCHACH TEST, THE TOOL TO ACHIEVE AN INTEGRAL DIAGNOSIS OF PERSONALITY. ITS UTILITY IN WORK PSYCHOLOGY

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In our area of work is presented cases with different and even contradictory psychiatric diagnosis, generally based on the DSM-IV-clinic descriptive- This determines the need to arrive at a unifying diagnosis, which can distinguish levels in the functioning of the personality, variables stable or structural basis of the personality; from situational variables, which also may relate to actual situational stress.

The Rorschach offers that possibility, being a qualitative method that combines the quantitative, complements and supports the diagnosis

The research was based on a significant sample in the context of a broad casuistry. With quantifiable data analyzed how Rorschach allowed to discriminate psychiatric tables with greater accuracy and depth. It analyzes the responses to spontaneous ink stains on standardized sample local and universal, which are correlated with the level and type of intelligence, reasoning, operations and organizational psychology, personality styles, modality in the management of emotions, social skills, psychological defense mechanisms, etc.

Conclusion:

In this way we arrive at knowledge of the structure of the deepest personality, largely inaccessible by other means of assessment which allows among other things, for example, deduce how it will behave at work; simulation can be detected, notable difference concerning questionnaires.

This methodology has been established that it is an efficient tool to validate and integrate psychodiagnosis.

NEURONAL CORRELATES AND SEROTONERGIC MODULATION OF BEHAVIOURAL INHIBITION AND REWARD IN HEALTHY AND ANTISOCIAL INDIVIDUALS

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Background Individuals with antisocial personality disorder (ASPD) are more impulsive and show impairment in reinforcement processing. There is increasing evidence for a neurobiological basis of ASPD.

Aims To investigate brain activations associated with behavioural inhibition and reward in ASPD and the effect serontonergic (5-HT) manipulation has on these activations.

Method 25 participants with ASPD and 32 control subjects were randomly allocated to receive the 5-HT_{2C}-agonist mCPP or placebo. Participants were scanned using functional magnetic resonance imaging (fMRI) during a behavioural inhibition (Go/No-Go) and a reward task.

Results In the Go/No-Go task the ASPD group showed reduced task related activations in the orbitofrontal (OFC) and dorsolateral prefrontal cortex (DLPFC) compared to the healthy control group. During reward processing, group comparisons revealed decreased signal in OFC, rostral anterior cingulate (ACC), striatum and hypothalamus in the ASPD group. mCPP increased prefrontal activations in the ASPD group in the Go/No-Go task and in the reward circuit during reward processing.

Conclusions These findings support the notion of differences between antisocial and healthy individuals in brain processing related to behavioural inhibition and reward and their serotonergic modulation. This supports the proposal that targeting serotonin systems may be therapeutic in ASPD.

P-02-172

TRANSCULTURAL CONCEPTS OF MENTAL HEALTH ISSUES DEVELOPED AT A GERMAN UNIVERSITY CLINIC

INSTITUTIONS

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In a globalized world, multi-culturalism produces cultural difference within a single place in the cities of industrialized nations. The subjects have to be in permanent movement. Our own consulting rooms and clinics are still in the same place, but our tasks of perception, diagnosis and therapy have become much more complex as we are faced with patients from all over the world. This leads to a growing necessity for mental health professionals to broaden their horizon and knowledge. There is a need to experiment with new forms of therapeutic practice and theory, and to develop transcultural competence in the field of mental health.

Five years ago, the Interdisciplinary Center for Intercultural Psychiatry, Psychotherapy and Supervision (ZIPP) was founded at Charité Campus Mitte, University Medicine Berlin in order to be able to deal

with the complexity of intercultural work and transcultural research, and to develop transcultural psychiatric and psychotherapeutic approaches. Interdisciplinary collaborations between psychologists, medical and cultural anthropologists, and psychiatrists reflect the interactions of subject and culture.

The Center's work has resulted in a basic curriculum of transcultural psychiatry and psychotherapy. A textbook by international authors has been published in September 2006 (Transkulturelle Psychiatrie und Psychotherapie. Interdisziplinäre Theorie und Praxis. Eds.: Wohlfart/ Zaumseil, Springer Medizin- Verlag, Heidelberg; language: German).

The poster offers an insight into the Center's structure, its research and its transcultural psychiatric and psychotherapeutic practice.

PSYCHIATRIC DISORDER - SUBSTANCE USE DISORDER COMORBIDITY IN AN URBAN PUBLIC PSYCHIATRIC HOSPITAL

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Aims: To investigate the prevalence of comorbidity, distinguish the characteristics of the dual diagnosis population and discover which factors affect length of stay.

Method: All patients admitted over a 12-month period were given the CAGE questionnaire and that part of the EUROPASI questionnaire dealing with substance use. This was followed by a diagnostic interview to establish the final diagnosis in accordance with the DSM-IV criteria. This study assesses diagnosis, substance used, number of substances, sex, age, years of education, family status, family history, whether committed or not, residence and family history of psychiatric disorder, and distinguishes the characteristics of the dual diagnosis population. Following this, cooperativeness in taking medication, SUD comorbidity, and duration of mental illness in conjunction with average length of stay were evaluated statistically.

Results: A total of 313 patients were assessed. Present substance use disorder was identified in 102 individuals (32.6%). The principal substances involved in addiction or abuse were alcohol, cannabis, benzodiazepines and opiates. Comorbid patients were chiefly young men committed and diagnosed as suffering from Other Psychotic Disorders and Cluster B Personality Disorders. The factors found to affect length of stay in this psychiatric clinic were the length of time they had been mentally ill and cooperation in taking medication.

Conclusions: The chief characteristics of the dual diagnosis population must be taken into account in planning integrated treatment programmes for these patients, so staff will be trained to meet these particular needs. It appears that SUD does not affect length of stay.

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TRADITONAL VALUE OF VIRGINITIY AND PREMARITAL SEXUALITY IN TURKEY: A UNIVERSITY STUDENTS CASE

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Aim: The social meaning ascribed to virginity in connection with traditional gender roles varies according to the sex in Turkey (1,2). Our objective is to research the prevalence of beliefs regarding the virginity, hymen and their effects on sexuality prior to marriage.

Method: The 609 participants who took part in the study were given a socio-demographic data form, a sexuality data form and an information form which comprised of 11 items that concern the hymen and virginity.

Results: Our findings showed that the rates of masturbation and premarital sex were lower (x^2 :336.85, p:<0.001 ve x^2 :112.52, p<0.001) in women (9.80% and 4.71%) when compared to men (85.31% and 43.50%). We find that premarital sex and masturbation associated with religiosity and sexual orientation. While, in relation to the hymen, 48.6 % agreed with the item 'Intense pain is present at initial sexual intercourse', 21.8 % were of the opinion that 'Mas-

turbation damages the hymen. The traditional social structure that incites sexual discrimination still prevails over the sexual attitudes and behaviours of university students in Turkey.

Conclusion: It was further determined that the task assigned to women of protecting their chastity and the concerns relating thereto were quite effective in reducing premarital sexuality among women.

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EFFECTIVENESS OF PSYCHODERAMA ON RUMINATION, AGGRESSION AND BENIGN CONTROL OF CLIENTS

INSTITUTIONS

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The goal of this study was investigation of effectiveness of psychodrama on rumination, aggression and benign control of clients in welfare counseling centers of Tehran city. To do so, 24 volunteer clients were intentionally selected from population of individual who had enrolled for attending group counseling sessions in counseling centers of Tehran welfare agency. They have been randomly divided in two groups (treatment and control group). On a pre and posttest design, the participants assessed by the Emotional control Questionnaire (1. Roger and Najarian, 1989). The data analyzed by the analysis of Covariance and LSD Posthoc test .findings revealed that

the Psychodrama method were effective on the increase of aggression and benign control and decrease of rumination of clients. The findings prove the goals of psychodrama in control emotions of clients (2. Blatner, 2000).

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P-02-176

THE EFFICACY OF BUPROPION AND TRAZODONE IN THE TREATMENT OF HYPOACTIVE SEXUAL DESIRE DISORDER AND ORGASM DYSFUNCTION IN NON-DEPRESSED WOMEN

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Aims/Objectives: Bupropion has been successfully used in the treatment of sexual dysfunction in non-depressed women. With trazodone, an improvement of sexual functioning has been described in the treatment of sexual dysfunction in non-depressed men. The aim of the study was to evaluate the efficacy of the treatment with trazodone or bupropion in non-depressed women with sexual dysfunction (hypoactive sexual desire disorder and/or orgasm dysfunction). Method: 12 female subjects were treated with trazodone and 10 with bupropion. Subscales desire/frequency and orgasm/completion of the Changes in Sexual Functioning Questionnaire (CSFQ) were chosen to evaluate the treatment efficacy. The CSFQ score was assessed before treatment and after 4-8 weeks of treatment. The results before and after treatment were compared using Wilcoxon test within both groups, and using Mann-Whitney test between groups.

Results: The mean age was 37.9 (trazodone) and 37.5 (bupropion)

years. The mean change in CSFQ subscale desire/frequency was of 2.5 in the trazodone group (p=0.003) and 2.2 in the bupropion group (p=0.018). The score of orgasm subscale reached 3.8 in the trazodone group (p=0.003), 2.3 in the bupropion group (p=0.043). No statistically significant difference was found between the anti-depressant in terms of efficacy in the treatment of hypoactive sexual desire or orgasm dysfunction. Conclusion: Both trazodone and bupropion had beneficial effects in non-depressed women with sexual dysfunction, their efficacy was equal.

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A COMPARATIVE STUDY OF TRANSFORMATION OF NEEDS OF OFFENDERS DURING IMPRISONMENT

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This paper presents the results of two research studies which focus on the analyses of specific needs associated with members of a delinquent subculture and the psychological alterations which occur as a result of adaptation to their imprisonment. In the first case, the specificity and differences in the area of needs were determined by content analysis of prison correspondence and further by means of an content analysis of association as reactions to a complex of incomplete sentences. The differences have been ascertained by virtue of factors that are considered significant from the point of view of delinquency and potential recidivism. A great deal of attention is focused on prisonisation as a specific adaptation to imprisonment

and its influence on the dissimilarity in the structure of the needs of those prisoners investigated. The results of both investigations facilitate mutual comparison. They also partially refer to the discriminating capability of the applied methods. The findings and results are applicable in penitentiary practice and are significant for the practical application by psychologists and other specialists in their work with offenders.

Key words: delinquency, imprisonment, needs, prisonisation, content analysis, projective methods

RESEARCH IN PSYCHIATRY, NEUROSCIENCES & BEHAVIORAL SCIENCES

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COGNITIVE DISORDERS IN 6-HYDROXYDOPAMINE-INDUCED RAT MODEL OF PARKINSON'S DISEASE

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Background

The most widely used animal models of Parkinson's disease involve intracranial infusion of the neurotoxin 6-hydroxydopamine (6-OHDA) directly into the ascending dopaminergic forebrain bundle, thereby, inducing severe dopaminergic neuronal degeneration associated with profound deficits in learning functions.

The aim of the present work was to study the effects of right-unilateral 6-OHDA lesions of the ventral tegmental area (VTA) or substantia nigra pars reticulata (SNr) on learning and memory processes evidenced by means of Y-maze task and shuttle-box task, respectively. We also examined the effect of nicotine treatment on the 6-OHDA lesioned rats.

Materials and methods

Male Wistar rats were subjected to right-unilateral 6-hydroxydopamine (6-OHDA) lesion of the ventral tegmental area or substantia nigra pars reticulata, or were sham lesioned, and nicotine treatment

and their ability to acquire the operant task was studied by means of Y-maze task and shuttle-box task, respectively. Learning and memory tests were began 2 weeks after the operation.

Result

Lesions of both the VTA and SNr resulted in an impairment of both conditioned avoidance response and crossing latency tested by means of shuttle-box task, suggesting significant effects of long-term memory. 6-OHDA significantly decreased spontaneous alternation % in Y-maze task, suggesting effects on spatial memory, especially on short-term memory. A low dose of nicotine, a specific nicotinic acetylcholine receptors agonist, administrated 4 consecutively days attenuated the impairment of learning and memory processes in 6-OHDA lessioned rats.

Conclusions

These data suggest that VTA, SNr and nAchRs have a facilitator role in learning and memory processes.

P-02-179

NEUROPSYCHIATRY EVALUATION IN PATIENTS WITH SUBCLINICAL HYPOTHYROIDISM AFTER LEVOTHYROXINE REPLACEMENT

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Objective: Study the effect of the levothyroxine (LT $_4$) treatment on neuropsychiatry functions of sub clinical hypothyroidism (SH) patients.

Methodology: Outpatients from a clinical sample from the same hospital environment were screened for SH and enrolled in a double-blind clinical trial to receive levothyroxine or placebo for one year. Psychopathological symptoms were based on the scales of Hamilton for anxiety and depression (HAM-A and HAM-D), and Beck's Depression Inventory (BDI). The participants also underwent the Buschke's Selective Reminding Procedure, Rey-Osterrieth Complex Figure Test, Warrington's Recognition Memory Test for Words and Faces, and the Wechsler Adult Intelligence Scale neuropsychological assessments.

Results: HAM-D scores reduced in both groups (levothyroxine and placebo) with borderline statistical significance for levothyroxine replacement (p=0.08). A significant improvement occurred in the levothyroxine group for Buschke's tests for storage, retrieval and consistent long-term retrieval (p=0.004, p=0.025 and p=0.016 respectively). In the placebo group there was a significant improvement only for Buschke's Storage Test (p=0.042). Warrington's Test for Words and Faces showed a significantly different average between groups (p=0.041) and was considered an isolated result. Conclusion: Treatment with levothyroxine caused no significant

Conclusion: Treatment with levothyroxine caused no significant neuropsychiatric change in the studied group, despite a trend to reduce depressive symptoms.

SEROLOGICAL MARKERS OF CELIAC DISEASE AUTOANTIBODIES IN PSYCHIATRIC PATIENTS

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Aims/Objective: Gluten sensitive enteropathy, celiac disease (CD), is induced in genetically susceptible individuals by ingestion of dietary wheat gluten. Incidence of this chronic disease is known (1:200) but the data concerning the occurrence of CD in population of psychiatric patients is still missing. We screened coincidence of CD with some psychiatric diseases according to serological markers of CD.

Methods: Hence, we tested serological markers of CD - IgA Ab against gliadin (alcohol soluble part of gluten) and tissue transglutaminase (tTG) in psychiatric patients (N=50) suffering from psychotic disorder (n=33), bipolar affective disorder (n=12), and depressive disorder (n=5) from blood sample 10 ml. IgA anti-gliadin Ab was detected by ELISA using ethanol soluble fraction of wheat gluten

(Sigma, Germany) as an antigen. The testing of IgA anti-tTG Ab was performed by commercial available ELISA (Biosystems, UK) test using human recombinat tTG. Healthy controls - blood donors without positive markers for infection, autoimmune disorders or liver disease were tested for the presence of antigliadin, and antitissue transglutaminase (tTG) Ab.

Results: Tested sera of psychiatric patients were all significantly negative for Ab to gliadin and tTG.

Conclusions: We found negative Ab against gliadin and tTG in our group of psychiatric patients. This finding needs further study.

This project was supported by grants VZ MSM 0021620849 and IGA MZ CR NR/8805-4.

P-02-181

FAMILY ACCEPTANCE OF ITS MENTALLY ILL MEMBER AND NEEDS THAT ARISE

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Introduction: One on four people, who are affected by mental illness, face discrimination, isolation and rejection even from their family, till the point of acceptance of the mental disorder. Once they accept the illness, families play an important role in supporting their mentally ill members. The aim of this study is to demonstrate the issue of the difficulties in accepting the mental illness of a family member as well as the needs of the family that bear the burden of caring him/her.

Method: The study is a qualitative descriptive design. It is based on structured interviews with the relatives of 20 psychiatric patients treated at the Community Mental Health Centre (CMHC) in Katerini and at the acute ward of the Psychiatric Hospital of Petra Olympus (PHPO).

Results: Through the analysis of the interview data was possible to

conclude that both fathers and mothers have difficulty in accepting the mental disorder that their offspring may suffer from. Sons/daughters seem to accept their parent's mental disorder more easily. Also, people seeking treatment from the CMHC appear to be more acceptable, whereas family members having their relative hospitalised in the acute ward of the PHPO show greater disappointment, guilt, shock, fear and rejection. Upon accepting the situation a variety of needs for family support arise.

Conclusion: Many people are misinformed about mental illness and respond negatively when confronted with a relative's mental illness. Families may reduce this burden when they come to understand mental disorders, perceptions of care and knowledge of coping strategies.

IMPACT OF A PSYCHIATRIC HOSPITAL'S TRANSFORMATION ON STAFF'S PERCEIVED HEALTH AND STRESS LEVELS

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Objective: The study of perceived somatic or mental health and stress levels of the staff in a Public Psychiatric Hospital in Greece that has been transformed into a network of community-based psychiatric facilities. Material and methods: The working staff anonymously completed, two years before and two years after the transformation of their hospital, a questionnaire for self-reported stress- and health-levels and number of visits to medical care practitioners.

Results: Stress levels reported were high, especially regarding financial matters as opposed to personal affairs. Women were more stressed in general, and specifically regarding family or work issues, and their perceived level of mental and physical health was much worse than men's. Nevertheless, the deinstitutionalization of their hospital didn't affect significantly any of the previous measures. After

the transformation, 58.6% of the staff admitted having visited a physician one or more times during the previous semester, in comparison to the 41.5% before (x2(1)=9.75, p=0.001, U=13342, p=0.004), while men had a bigger admission rate into inpatient hospital clinics (men/women: 17.2%/3.4% after, in contrast to 5.9%/8.8% before the transformation). Finally, age or years in service did not significantly affect the measured variables.

Conclusions: The deinstitutionalization of a Psychiatric Hospital does not seem to have affected stress- or perceived health-levels of the staff. The increased number of visits to physicians and men's admissions to hospital could be interpreted either as a dissociation between subjective and objective measures of health or as improved use of the available health care.

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VALIDATION OF THE M.I.N.I.-PLUS (MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW) IN GREEK POPULATION: METHODOLOGY AND PRELIMINARY RESULTS

INSTITUTIONS

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Introduction: Structural clinical interviews have been developed and used to improve the validity and the reliability of the psychiatric diagnoses. The purpose of the study is to standardize the M.I.N.I.-Plus (Mini International Neuropsychiatric Interview) in Greek population.

Method: In this study, 180 participants were evaluated in the local General Hospital, the Mental Health Community Center of Katerini, the Health Center of Eginio, as well as in the acute ward and the Rehabilitation units of the Psychiatric Hospital of Petra Olympus. M.I.N.I.-Plus Interviews and Structured Clinical Interview for DSM-III-R (SCID) were both given to the sum of the participants (in a time range of 5 days). Testing the reliability, 80 participants were being retested by different interviewers. They were assessed as to the following diagnoses according to DSM-IV/ICD-10: Major Depressive Disorders, Dysthymia, Suicidality, (Hypo) Mania, Anxi-

ety Disorders, Alcohol Abuse and Dependence, Non-alcohol Psychoactive Substance Use Disorders, Psychotic Disorders, Anorexia, Boulimia, Anti-social Disorder, Somatoform Disorders, Pain Disorders, Adjustment Disorders, Premenstrual Dysphoric Disorder.

Results: The preliminary results (130 interviews) show high correlation between the diagnostic results of the two Structured Clinical Interviews (about 94%) and high correlation between the test-retest results (about 97%). The understanding and acceptance of the interview by the participants were satisfactory and few explanatory comments were given by the interviewers.

Conclusion: The Greek version of the M.I.N.I.-Plus shows a high validity and reliability in the diagnostic categories where it has been used in this present study and is proved to be a useful diagnostic tool.

IRON STATUS OF ALCOHOL DEPENDENT WOMEN ASSESSED BY SOLUBLE TRANSFERRIN RECEPTORS

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Alcohol abuse is propably one of the factor for cellular iron homeostasis The soluble transferrin receptor (sTfR) has been introducent as a sensitive, early and highly quantitative new marker of iron depletion. Measurement of sTfR in serum has recently emerged as a tool for detecting iron deficiency and that caused by chronic disease [1,2,3].

Aim of the present study was to evaluate the plasma sTfR levels in patients with alcohol dependence, Material and methods: sTfR and serum alanine aminotransferase (ALT), aspartate aminiotransferase (ASP) were investigated during this study.dy. 34 women treated in Short Term Therapy and Detoxification Ward were studied.

Results: Women with serum sTfR concentrations significantly higher was a significant older (43,18+/-6,9 vs 37,09+/-8,3 p=0,043) and have significant icreased hemoglobin levels (12,18+/-86 vs 13,92; p=0,013) than women with normal serum sTfR concentra-

tions. There was no differences of GGT, AST, ALT CDT Activity in alcohol dependent women with high and normal level of sTfR

Conclusions: These results suggest that prolonged alcohol abuse as chronic disease can disrupt cellular iron homeostasis and lead to iron deficiency.

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P-02-185

MATRIX METALLOPROTEINASE (MMP9) CONCENTRATION AMONG ALCOHOL DEPENDENT INPATIENT WOMEN

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Alcohol is the most important cause of liver disease and development of liver fibrosis. The pathological features of hepatic cirrhosis induced by ethanol and by other factors are the similar. It enables an assessment of dynamics of this process using some factors derived from extracellular matrix (ECM) or its metabolites in the serum of blood. Matrix metalloproteinase (MMP9) is endopeptidase that degrade extracellular matrix proteins[1,2,3]. High-sensitivity C-reactive protein increasing when inflammation is present.

The aim of this study was an assessment of MMP9 in serum of alcohol dependent women.

Study group consists of 40 alcohol dependent women treated in Inpatients Clinic in Torun. The concentration of MMP9 was assessed using immunoassay technique using Human MMP-9 Immunoassay Quantikine R7D Systems; High-sensitivity C-reactive protein (hsCRP) using immunofluorescence BN2.

Results: Study group with higher hsCRP (>5mg/l) had statistically significant higher MMP9 level compared to women with lower hsCRP (9,66±6,75 vs 6,20±3,08; p=0,049)

Conclusions: There was statistically significant higher concentration of MMP9 in alcohol dependent women with higher levels hsCRP. Our results suggests that prolonged alcohol abuseas as chronic disease can be a factor of inflammation and can disrupt regulation of MMP activity and lead to hepatic disorders.

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DEPRESSION AND VISUAL HALLUCINATIONS IN PATIENTS WITH PARKINSON'S DISEASE

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Introduction: Depression has been shown to be more common in Parkinson's disease (PD) than in other chronic and disabling disorders. The most common manifestation of psychosis in Parkinson's disease is visual hallucinations.

Method: 32 patients with idiopathic PD underwent psychiatric, neurological and brain imaging (CT or MRI) evaluation. Psychiatric diagnosis was performed by semistructured interview according with ICD-X criteria and the severity of symptoms was rated with clinical rating scales (Hamilton Rating Scale for Depression; Baylor PD Hallucination Questionnaire). Also all patients were evaluated using the Unified Parkinson's Disease Rating Scale.

Results: Depressive symptoms were present in more than half of the patients - 59,4% (n=19). 25% of the patients (n=8) had visual and

figurative hallucinations. Depression appears to be associated with increased disability and reduced quality of life. Visual hallucinations were significantly associated with higher depression score and worse disease severity. Hallucinations were not associated with history of psychiatric disease.

Conclusion: Previous studies suggest a neurobiological basis for most psychiatric symptoms, although psychological factors are probably involved in the development of affective disorders. Visual hallucinations most probably result from the combined effect on dopaminergic and serotonergic systems in the CNS.

Keywords: PD, depression, visual hallucinations

P-02-187

MODULATION OF THE INSULIN DOWNSTREAM TARGET AKT IN CAENORHABDITIS ELEGANS BY ATYPICAL ANTIPSYCHOTICS

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The metabolic syndrome (MS) is a cluster of interrelated common clinical disorders, including obesity, glucose intolerance, hypertension, insulin resistance and dyslipidemia. The syndrome is associated with greater risk of atherosclerotic disease and consequences than any of its individual components. The role of insulin signaling pathway disruption in the pathogenesis of MS is unquestioned. The phosphoinositide-dependent serine-threonine protein kinase AKT has been proposed to be a canonical intermediated in the insulin signaling pathway. Atypical antipsychotics are prescribed class of drugs for schizophrenia. Although the use of atypical antipsychotics offers many benefits, like lower risk of extrapyramidal symptoms, than typical antipsychotics, these drugs appear to be associated with varying degrees of MS. Despite a greater understanding of the bin-

ding profile of these drugs recently, the pharmacological mechanism underling their side effects remain unclear. We investigated the relationship between antipsychotic treatment and modulation of insulin pathway downstream target AKT. To characterize that, we adopted the nematode *Caenorhabditis elegans*, a genetic flexible neuroscience model that has orthologs systems for dopamine, serotonin and other neurotransmitters. We examine the potential contribution of different antipsychotics treatment on *C. elegans* AKT phosphorilation through western blot analyses. The results demonstrated treatment reduced on threonin-308 phosphorilation. Our study revealed a tuning of insulin pathway target AKT by atypical antipsychotics in *C. elegans* and shed light on mechanism of MS during atypical antipsychotics treatment.

NEUROLOGICAL SOFT SIGNS AND THEIR RELATIONSHIP TO ONE-YEAR OUTCOME IN FIRST-EPISODE SCHIZOPHRENIA

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Neurological soft signs (NSS) are considered to be one of the biological markers of schizophrenia. There are four categories of soft signs: sensory integration, motor coordination, sequencing of motor acts, and "others", including primitive developmental reflexes. Neurological soft signs are possibly associated with impaired integration between sensory and motor systems.

The aim of this study was to examine the relationship between the severity of neurological soft signs in patients with schizophrenia, and to investigate stability of neurological soft signs within one year from onset of the first episode of schizophrenia.

The study included 92 first-episode male schizophrenic patients. Neurological soft signs were assessed during index hospitalization and at a one-year follow-up. NES (Neurological Evaluation Scale) was used as the assessment tool. Two groups of patients were formed

according to their psychiatric status assessed using PANSS (Positive and Negative syndrome Scale): remitters and non-remitters.

There was significantly lower score in the non-remitters group for the NES item "other" at baselines as well as significantly higher overall severity of NSS at the one-year follow up. At one-year follow up significant reduction of the overall NES score was found in remitters group.

The association between neurological soft signs, treatment response and outcome may characterize a subgroup of patients with poor course of illness and outcome. Neurological soft signs may be therefore regarded as one of the indicator of treatment response in patients with first episode of schizophrenia.

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P-02-189

POSTTRAUMATIC STRESS AND PERSONAL RESOURCES AMONG UPROOTED ISRAELIS

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Purpose: This prospective study aimed to assess personal resources as predictors of posttraumatic stress in uprooted Israeli citizens following Israel's disengagement from the Gaza Strip and northern Samaria in the summer of 2005.

Methods: A telephone interview was conducted with 104 respondents several weeks before the forced uprooting (T1), several weeks afterward (T2), and 9 months later (T3). At T1 the respondents answered a questionnaire which included assessments of their personality characteristics (mastery and optimism), educational levels, and religiosity. At all three time points they assessed their anxiety and hostility as related to the national political/security situation. At T3 they were also questioned about posttraumatic symptoms and living conditions.

Results: At T3, nine months following the uprooting, only 12.5% of the 104 uprooted respondents had found a permanent home and only 54.3% had found a permanent job. Nation-related anxiety and hostility were at lower levels at T3 than at T1. Higher levels of a combined measure of mastery-optimism, higher education levels, being secular, and lower levels of anxiety at T1, predicted lower posttraumatic stress at T3.

Conclusions: The findings underscore the importance of personal resources such as mastery-optimism and education in coping with the traumatic event of forced uprooting.

 $\textbf{Key words:}\ posttraumatic\ stress,\ uprooting,\ personal\ resources$

STUDY OF THE COHERENCY INTER AND INTRAHEMISPHERIC IN THE FRONTOTEMPORAL LOBES AFTER A PERIOD OF HYPERVENTILATION IN PATIENTS WITH MENTAL ILLNESS.

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Introduction: The electroencephalogram is a useful tool in studying patients with mental illness; this method is non invasive, reliable, reproducible and cheap. The qualitative interpretation allows us the diagnostic differentiation with other morbid processes and the quantitative results approach us to the comprehension of the cerebral function. The coherency analysis determines the symmetry of the signal and reflects the degree of neural interconnection.

Objective: This study describes the coherency values before and after the application of a stimulus in patients with mental illness and the utility in the daily clinical practice.

Methods: 67 patients were referred to the laboratory and classified according to the DMS IV TR criteria, an electroencephalogram

recording was performed with the coherency analysis inter and intrahemispheric before and after the application of a maneuver of hyperventilation.

Results: The interhemispheric coherency was observed to be less after the hyperventilation maneuver in all groups of patients, increasing at higher frequencies with the exception of the esquizophrenic patients. It was observed a tendency of a greater coherency right intrahemispheric being significant in the depressive patients.

Conclusions: The coherency analysis is useful in the comprehension of the cerebral function, it represents the degree of neural interconnection and it was seen in psychiatry patients that the signal is more random than lineal posterior to the stimulus

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ANALOGIES BETWEEN CANCER AND SCHIZOPHRENIA

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Objective: Demonstrate that both pathologies possess a same origin.

Method: Analysis and record of those consciousness states produced in the real I search, during 3 decades.

Results: The galloping multiplication of atypical cells becoming unrecognizably to the organ and, these, originating cytologic disorders where they are spread; an uncontrolled proliferation of abnormal ideas, returning unknown to the Being and, this one, causing chaos where it stops. The physiological disconnection among cells producing abnormal tissue, useless for the organism; the logical unconnection among ideas engendering anomalous ideations, useless for individual. Incompetence to stop pathological cells growth; inaptitude to stop the development of a morbid personality. Incapacity to: stop the parasitic progress of a 'foreign body' (atypical cells), correct the energetic corporal disorder and avoid the guest emaciation; impotence to: brake the parasitic advance of the ghostly 'foreign body' represented by the materialization of that sickly ideation, to

amend the internal energetic chaos and stop the depauperization as guest. Regression to cellular undifferentiation and retrocession to primitive forms of behavior are some of the similitud among them. **Conclusion:** Such analogies, are product of those learned conditioned reflexes that reach to invert the direction of the internal metabolic Energy.

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DOES STRESS-MANAGEMENT PSYCHOTHERAPY IMPROVE DISEASE COURSE IN DISTRESSED PATIENTS WITH INFLAMMATORY BOWEL DISEASE?

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Objective: To study the effect of stress-management psychotherapy in inflammatory bowel diseases (Ulcerative colitis (UC) and Crohn's disease (CD)).

Materials and Methods: Fifty-nine patients with Ulcerative Colitis (UC) and 55 patients with Crohn's disease were included, age ranging from 18-60 years, with a relapse/continuous disease activity previous 18 months, a simple (CD) or clinical (UC) disease activity≥4, a Perceived Stress Questionnaire (PSQ) score ≥60 and without serious mental diseases or other serious medical conditions, were randomized to treatment as usual (TAU) or TAU+ stress-management psychotherapy consisting of 3 group sessions (psycho-education, problem-solving, relaxation) and 6-9 individual sessions based on cognitive behavior methods, and one to three individual booster sessions at the 6 and 12 months follow-up assessments. The patients

were assessed by gastroenterologists blinded to intervention-group at baseline, 3, 6, and 12 months, and at the end of study at 18 months

Results: Mixed linear models in separate analyses of UC and CD were performed. There was not any effect of the intervention in either UC or CD. However, there was a time effect and an interaction effect (timexintervention-group) at the 3, 6 and 12 months assessments in UC, giving the intervention-group higher disease activity at these time-points. Baseline disease activity was a predictor of disease course in CD, but not UC patients.

Conclusion: The intervention had no overall effect on the disease course in neither UC nor CD. However, in UC the results indicated that the intervention might worsen the disease course temporarily.

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DYSFUNCTIONAL ATTENTIONAL NETWORKS IN CHILDREN WITH ADHD

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Although there is evidence for attentional dysfunction in children with attention deficit hyperactivity disorder (ADHD), the neural mechanisms of these deficits remains poorly understood. Recent research in attention has involved three networks of anatomical areas that carry out the functions of orienting, alerting and executive control (including conflict monitoring). Studies of ADHD children using tasks somewhat similar to the Attention Network Test (ANT) have shown some evidence of abnormalities in alerting and/or conflict. The objective of the present study was to investigate these three particular aspects of attention in children with ADHD. Twenty-five medication-naive boys with ADHD and 25 healthy controls, aged 8 to 12 years, were studied. A child-friendly version of the ANT was used to measure the efficiency of the three networks. The test is a version of the flanker task with alerting and orienting cues. Three

subtractions where computed to obtain the alerting, orienting and conflict score for each participant.

Across all trials, children with ADHD showed significantly longer reaction times (RTs) and made more errors than healthy controls. Children with ADHD had a significant impairment in their conflict system. Children with ADHD showed a numerically but not significantly larger alerting and orienting effect.

This study suggested that the dysfunction in executive control system is the strongest deficits in children with ADHD. These findings support the notion that ADHD patients have a specific attentional deficit, rather than a global one.

EFFICACY OF SERTRALINE IN THE TREATMENT OF CHRONIC PSYCHOLOGICAL CONSEQUENCES WITH TORTURE SURVIVORS

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Objective: To determine the efficacy of sertraline in the treatment of chronic psychological consequences with torture survivors.

Methods: The sample consisted of 40 patients with symptoms of chronic Post Traumatic Stress Disorder. All subjects received treatment with sertraline in therapeutic dose range in the period of six months. All subjects were assessed prior to treatment and in 3 month-follow-up and 6 months follow-up using of following instruments: Mississippi Questionnaire for PTSD, The Clinical Global Impressions scale (CGI), and the Hamilton Depression rating scale (HAM-D-21).

Results: The difference between three assessments with Mississippi Questionnaire for PTSD was statistically significant. PTSD rate in our sample was reduced from 100% prior to treatment to 40% subsequent to treatment with sertraline. The results indicate statistically significant reduction of depression on the Hamilton Depression rating scale (HAM-D-21), following six months treatment with

Sertraline. The difference between three assessments with The Clinical Global Impressions scale was statistically significant. Sertraline was administered in daily dosis of 50 mg in 80% of the subjects, and in the daily dosis of 100 mg in the remaining 20% of the subjects. Unwanted effects were registered in four of the subjects and they were of mild intensity.

Conclusions: Sertraline proved to be very efficient and well tolerated in the treatment of chronic psychological consequences with torture survivors in this study.

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P-02-195

HOW CAN PEOPLE WITH SCHIZOPHRENIA SELF REPORT THEIR NEEDS? EVIDENCE FROM A LONGITUDINAL STUDY

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Self-report assessment scales are used in psychiatry, however use in psychoses has been limited given concerns regarding impact on assessments of positive symptoms, cognitive impairment and reduced insight. We report on successfully utilising the Avon Mental Health Measure (Avon) ¹ a self-report needs assessment. The Scottish Schizophrenia Outcomes Study (SSOS)² is a longitudinal, naturalistic cohort design of 1015 participants with multi-episode ICD10 schizophrenia (F20-25). Data collection: sample demographics, medication, psychosocial interventions, services utilised, pragmatic outcomes (hospitalisation, detention, self-harm etc), clinical outcomes (HoNOS) and patient self assessments (Avon) collected at baseline, and annually over 3 years. Data analysed using Logistical modelling. Demographic characteristics are described; 77% retention in Phase 3; All three indices of outcome (clinical, pragmatic, self-reported) showed positive trends. Avon scores improved stea-

dily throughout the study, in line with pragmatic outcomes, while improvements in clinician assessed outcomes were more modest. Polypharmacy was common with only 30% on one psychotropic and 14% on >4; throughout the study the use of clozapine, mood stabilisers and antidepressants increased. In a large, representative sample of participants with schizophrenia it was feasible and useful to collect patient self assessment data within a naturalistic design. It is possible to incorporate patient led self assessments of need into routine practice in chronic conditions such as schizophrenia. This not only provides useful data for clinicians but may improve engagement with treatment.

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A COMPARISON OF THE TWO VERSIONS OF THE CIGARETTE DEPENDENCE SCALE IN COLOMBIAN SMOKERS

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Objective: To compare the psychometric properties of the two versions of Cigarette Dependence Scale, 12- and 5-items (CDS-12 and CDS-5) (1) in adult smokers from the general population of Bucaramanga, Colombia.

Method: One-hundred twenty-six current adult smokers completed the CDS-12. They were aged between 18 and 65 years (mean=38.0; DE=13.6); and mean scholarship was 7.7 years (SD=4.0). Cronbach alpha, sensitivity, specificity, predictive values, likelihood values, Cohen kappa, and ROC area were calculated for each version. The Compose International Diagnostic Interview for nicotine dependence applied by a psychiatrist was taken as the gold-standard.

Results: For the CDS-12 (cut-off point = 30), Cronbach alpha was 0.90; sensitivity, 0.77; specificity, 0.71; positive predictive value, 0.90; negative predictive value, 0.47; positive likelihood value, 2.8; negative likelihood value, 0.33; Cohen kappa, 0.40; and ROC area, 0.80.; and for the CDS-5 (cut-off point = 11), Cronbach alpha was

0.75; sensitivity, 0.80; specificity, 0.64; positive predictive value, 0.89; negative predictive value, 0.47; positive likelihood value, 2.2; negative likelihood value, 0.31; Cohen kappa, 0.39; and ROC area, 0.80. **Conclusions:** The two versions of CDS exhibit similar psychometric properties among Colombian adult smokers better than the Fagerström Nicotine Dependence Scale. This finding needs to be corroborated in larger populations.

Acknowledgements: This research was supported by Colciencias and the Universidad Autónoma de Bucaramanga (Code 12410416422, and contract RC 401-2004).

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RELIABILITY OF THE WHO-5 WELL-BEING INDEX AMONG COLOMBIAN ADOLESCENT STUDENTS

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Objective: To calculate the internal consistency and stability over four weeks of the WHO five-item version of the Well-Being Index (WHO-5) (1) among nine-grade adolescent students dwelling in a low-income and high-level of violence neighborhood in Cartagena, Colombia.

Methods: A total of 162 students participated in the first opportunity (Mean age =15.1, SD = 1.1, and 55.6% were boys), and 157 adolescents in the last one (Mean age =15.1, SD = 1.1; and 56.1% were boys). Cronbach alpha coefficient was used to compute internal consistency, and Pearson's correlation (r) and intra-class correlation coefficient were applied to calculate stability over four weeks (test-retest) (2)

Results: The internal consistency of the WHO-5 was 0.66 in the first application; and 0.70, in the second; and test-retest over four weeks showed Pearson r = 0.61 (p<0.0001) and intra-class correlation coefficient, 0.61 (95%CI 0.50-0.70).

Conclusion: The WHO-5 presents an acceptable internal consistency and stability over four-weeks among Colombian students living in a disadvantaged neighborhood. Now, criterion validity studies shall be carried out.

Acknowledgments: This research was supported by the School of Nursing, University of Cartagena, and Human Behavioral Research Institute, Bogotá, Colombia

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ASSOCIATION OF COGNITIVE IMPAIRMENT, ACTIVITY LIMITATION WITH LATENT TRAITS IN THE GHQ-12 IN THE OLDER ELDERLY THE BAMBUI HEALTH AND AGING STUDY (BHAS)

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Background: The 12 item-General Health Questionnaire (GHQ-12) is the shortest version of GHQ. The questionnaire works as well as the longer instruments and is used more frequently in epidemiological surveys. It is an effective instrument for aging studies because of its brevity and absence of somatic symptoms. Previous studies of Principal Component Analysis (PCA) were carried out in adult populations only, demonstrating two-and three-factor solutions.

Methods: This study involved 392 participants over 75 years old in a population-based survey in Bambui, Brazil. Both PCA and Confirmatory Factor Analysis (CFA) were performed. In CFA, several factor structures were compared using different goodness-of-fit indices. (The association between factor scores of the model with the best fit and participant characteristics were analyzed by linear regression)

Results: PCA suggested a three-factor model. Graetz's three-factor

solution (Anxiety Depression, Social Dysfunction and Loss of Confidence) was the best model in CFA according to goodness-of-fit indices. Activity limitation and poor self-reported global health were associated with the anxiety/depression and social dysfunction factors. Cognitive impairment and female gender were associated with social dysfunction. Loss of confidence was not associated with these or other relevant variables.

Conclusion: The three-factor solution proposed by Graetz seems to be the best fit also for people over 75 years old. Further studies are needed to understand the conceptual and practical relevance of these underlying factors, particularly loss of confidence in the elderly population.

Key Words - GHQ-12; Common Mental Disorders; elderly; latent trait; Principal component and Confirmatory Factor Analysis

P-02-199

ASYMMETRY OF LANGUAGE ACTIVATION IN FAMILIES WITH MULTIPLE INCIDENCE OF SCHIZOPHRENIA

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Progress in neuroimaging contributed greatly to the schizophrenia research, including investigation of the etiological factors. We tested the hypothesis that lack of the normal asymmetry of language activation is familial and that it can be found in both schizophrenic and non-schizophrenic family members. In particular, we wanted to know whether relatives who are supposed to be transmitting liability to the illness also demonstrate the loss of asymmetry of language activation. We studied 5 families with at least two members affected with schizophrenia. Functional imaging (fMRI) was used to study cortical activation during a verbal task in Broca's area and

its contralateral homologue in subjects with schizophrenia and their both parents who never manifested any psychotic symptoms but one of them had mother or father with schizophrenia. Schizophrenia patients showed lack of asymmetry of language activation. Parents without schizophrenia among their elderly relatives showed normal asymmetry of language activation. Three of parents who supposedly transmit liability to the illness demonstrated the loss of asymmetry of language activation. Our results suggest that lack of the normal asymmetry of language activation could be one of the inherited etiological factors of schizophrenia.

ASSOCIATION OF SUICIDAL BEHAVIOR WITH DEPRESSION AND SUBSTANCE USE DISORDERS: A POPULATION-BASED STUDY

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Objectives: To investigate, in a community sample, the association of suicidal behavior (SB) with comorbidity of alcohol or substance use disorders (AUD/SUD) and any depression (major depressive episode or dysthymia).

Methods: A representative sample (N=1,464) of two boroughs of the city of São Paulo, Brazil, older than 18 years-old was face-to-face interviewed with CIDI to generate DSM-III-R psychiatric diagnosis. First, descriptive statistics depict sociodemographic and main outcome variables (AUD, SUD, depression, and dysthymia). Four logistic regression models tested the psychiatric determinants of SB (thought of death, desire of death, suicide thought, and suicide attempt). Adopting SB as dependent variables, univariate and multivariate logistic regressions were conducted to estimate the influence of outcomes through stepwise backward method.

Results: Being female and in depression or dysthymia were signi-

ficantly associated with SB. In female with comorbidity dysthymia/ AUD and dysthymia/SUD, most part of association with SB was attributed to dysthymia. Similar effects occurred with depression on comorbidity depression/AUD or depression/SUD. It is observed an association between "desire of death" and comorbidity dysthymia/ AUD/female (OR=12.6), and dysthymia/SUD/female (OR=13.1). AUD was associated with SB in all four models tested (OR=2.2 to 3.2) and it is observed an increasing gradient of association toward most serious behavior. On the transition between suicide thought and attempt, being female were significantly associated with suicide attempts, even there were no differences on suicide thoughts.

Conclusion: Presence of depression/dysthymia influence SB, independently of presence of AUD/SUD. This suggests the clinical importance of depressive symptoms as predictors of suicidality in patients with AUD/SUD.

P-02-201

CHRONIC PAROXETINE AND ALPRAZOLAM USE PAG COLUMNS AS PHARMACOLOGICAL TARGETS

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The aim of the present study was to investigate the effect of the chronic treatment with paroxetine or alprazolam on c-Fos expression in the periaqueductal grey matter (PAG) of golden hamster in imminent risk of death. Male golden hamsters (n=8), weighing 100-120g, were used. As aversive stimuli, freely moving Brazilian coral snakes (*Micrurus frontalis*) (n=4), weighing 100-150g were used. Paroxetine (at 20mg/kg), alprazolam (at 4 mg/kg) or physiological saline was intraperitoneally and randomly administered, during 21 days in independent groups. The fear-induced behaviour of rodents was recorded during 15-min inside a polygonal arena. Two hours after the agonistic confront, the rodents were sacrificed and perfused, and the encephalon was studied using immunohistochemistry to detect Fos-positive neurons in the PAG. The confront with the venomous snakes caused a clear panic-like effect in rodents expressed by

increased defensive attention, risk assessment, freezing, and escape, followed by Fos expression in different PAG columns. The chronic treatment with paroxetine or alprazolam caused a clear antiaversive/antipanic effect, minimizing aversion-induced behaviours, and there was a decrease in Fos expression in the rostral, medium and caudal divisions of the dorsomedial [F(2,46)=19.02; p<0.05, in all cases], dorsolateral [F(2,59)=20.36; p<0.05, in all cases], and lateral [F(2,61)=15.77; p<0.05, in all cases] PAG columns. These data suggest the involvement of the PAG in the organization of panic-like behaviour and suggest that the dorsomedial, dorsolateral and lateral columns of the periaqueductal grey matter are putative sites of antipanic effect of paroxetine and alprazolam. This work was supported by CNPq, FAPESP and FAEPA.

THE STRUCTURE OF THE FAMILIES OF THE PATIENTS WITH SCHIZOPHRENIA AND SCHIZO-AFFECTIVE PSYCHOSIS

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Objectives: The schizophrenic patients' families have special features. We supposed that families of patients with schizo-affective psychosis also have special features. The purpose of our research was to compare families of the schizo-affective psychosis patients and patients with schizophrenia.

Methods: In our groups there were 40 patients with schizophrenia, 34 patients with schizo-affective psychoses, 40 people without mental health problems (the control group) (age - 17-40 years old). Patients were tested by Family Assessment Structure Test (Hehring, 1993) and the inventory "The Style of Emotional Communication in the Families" (Kholmogorova, 1998). Both these methods test the patients' representation of their families.

Results: The many characteristics of the schizo-affective psychosis group were in the middle between the group of the patients with schizophrenia and the control group. The patients of both groups described their families as families with high hierarchy. In two groups parents (mostly mothers) were over included to their children's life. Many patients would like to reduce the hierarchy and the over inclusion. In the families of the patients with the schizophrenia there is more distrust to other people then in the families of the patients with the schizo-affective psychosis.

Conclusions: Psychological researchers can make some input to the discussions about the differentiation the schizophrenia and the schizo-affective psychosis. The effective modern treatment of these two groups of patients should include family therapy and have some special features for each.

P-02-203

MARITAL DISTRESS AND GENDER DIFFERENCES

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Objective: There is considerable literature linking personality, individual psychopathology and marital problems. In this study we analyzed gender-related differences concerning the perception of marital quality and satisfaction during marital distress, as well as the impact of partners' individual psychopathology on marital adjustment.

Methods: The sample of 75 distressed couples was assessed, 39 couples in the process of divorce and 36 couple seeking marital therapy. Personality of the subjects was evaluated using Millon Clinical Multiaxial Inventory (MCMI-III) and the marital adjustment using Dyadic Assessment Scale (DAS). The relationship adjustment of each person was correlated with his/her own self-related personality and partner's self-related personality.

Results: The obtained results concerning marital adjustment were significantly lower in both groups of women, comparing their

partner's groups, in all dimensions: consensus, satisfaction, affective expression and cohesion. The significant negative correlation was found between men's anxiety and dysthymia and all dimensions of spouse's marital adjustment scales, as well as with their own marital affective expression.

Conclusion: Our results provide support to the hypothesis concerning gender-related differences in marital distress. The results are discussed in a context of systemic perspective including the role of intrapersonal and interpersonal processes, "partner's effect" in partner's relationship quality and stability, and the importance of specific gender roles in marital relationship.

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COGNITIVE DYSFUNCTIONS IN PATIENTS WITH CHRONIC HEPATITIS C

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Background. Both presence and replication activity of the hepatitis C virus in brains of patients with chronic hepatitis C (CHC) were revealed. Significant proportion of CHC patients exhibit cognitive abnormalities. The purpose of this exploratory study was an assessment of the frequency and factors associated with cognitive deficits in CHC patients.

Methods. Adult CHC patients with compensated liver function, without current and past psychotic disorder, bipolar disorder, substance abuse or an organic brain damage were enrolled. Demographic and clinical data were collected from CHC patients and from control healthy subjects. Brief neuropsychological battery consisted of TMT A+B and the Stroop Test A+B. Neuropsychological performance was compared within age subgroups (18-29; 30-39; 40-49 and 50-60 years).

Results. 239 CHC patients aged 18-60 years (male/female ratio 119/120) and 170 healthy subjects matched for age and education level were recruited. Patients performed significantly worse on all cognitive measures in every age subgroup. Using cut-off point criterion of >2SD we found that, depending on the measure, between 21% and 34% of CHC patients had substantial cognitive dysfunctions. Neuropsychological performance was negatively correlated with level of education and work status in CHC patients. No correlation was observed between cognitive performance and both staging and grading in liver biopsy in CHC patients.

Conclusions. Significant abnormalities of working memory and executive functions were present in at least 20% CHC patients with compensated liver function within all age clusters. Associations of most of these abnormalities with level of education and work status in CHC patients were found.

P-02-205

EFFECTS OF TMS ON SERUM LEVELS OF BDNF IN PATIENTS WITH DEPRESSION

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Background: Serum brain derived neurotrophic factor (sBDNF) levels were found to be significantly lower in depressed patients than healthy controls and negatively correlated with illness severity. Effective pharmacological treatment has been shown to increase sBDNF concentrations, in depressed patients, to that of healthy controls (1). However, studies of the effect of repetitive Transcranial Magnetic Stimulation (rTMS) on BDNF levels have been limited and conflicting (2).

Objective: To examine the change in sBDNF levels in depressed patients after receiving rTMS and assess its relationship with illness severity.

Method: sBDNF levels were measured pre and post-treatment, 10 rTMS sessions, in patients (n=8) experiencing a major depressive episode. sBDNF levels were determined using a sandwich ELISA. Illness severity was measured using the HDRS and CGI.

Results: sBDNF did not significantly change with treatment (pretreatment mean±se: 29.66±5.3 ng/ml, post-treatment mean±se: 40.55 \pm 15.6ng/ml, p=0.550). A significant decrease in HDRS scores was seen with treatment (pre-treatment mean \pm se: 26.1 \pm 1.3, post-treatment mean \pm se: 14.3 \pm 3.1, p=0.0008). Half (4) of the patients had a least a 50% decrease in HDRS score. A strong positive correlation between change in illness severity, HDRS score, and change in sBDNF levels with treatment (R=0.87) was seen.

Conclusion: Our preliminary results suggest that rTMS, in contrast to antidepressant medication, does not affect sBDNF levels. Although rTMS appeared to be an effective antidepressant treatment.

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AN INFORMATIONAL STRUCTURAL PERSPECTIVE OF THE PSYCHIC'S MODEL

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The complexity levels of information processing into the psychic structure can be approached differently. At this point, taking into consideration this point of view, we may distinguish at this point the following levels: biophysical, biochemical, synaptic - neuronal, neuronal circuits, neuronal networks, non-reflected logical circuits, verbalization filter and figurative representation, reflected thinking, inter-individual level of human communication and the noosphere of the socio-cultural group. We develop the psychic model in many previous papers beginning with 1975. We found arguments in J. Piaget's theories of intelligence development, and recently in conceives of South African anthropologist Tobias regarding to humanization process and in the description of the speech and intelligence development of the children. The filter mechanism is that of operating with the terminal (final) recognition programs of the sensorial

systems on subliminal commands sent to the communication effectors. In other words, it is about the projection of several impulses or bio-potentials on the organism's peripheral side, especially of the motility and sensorial perception systems, with auto -perception on the sensorial ways as interior imaginary sensations. This feedback occurs, generates and grounds itself during the first of human communication, when the children are still thinking loudly and when they hear their own voice, which gradually becomes silent - silent speech. The coupling of the interior (silent) speech with other perception areas, therefore motility, auditory plus image, possible gesture, increases the complexity of the filter and of the auto - control of the reflected thinking. Our model not excludes other models of psychopathology.

P-02-207

SELF-ESTEEM AND AFFECTIVE TEMPERAMENT OF NURSES IN PSYCHIATRIC AND MENTAL HEALTH SERVICES

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The present study was intended to explore the potential relationships between self-esteem and affective temperament (Akiskal et al., 2005) of nurses working for Psychiatric and Mental Health Departments. The ultimate goal is to establish which factor determines their professional stress and adaptation.

METHODS: Self-administered questionnaires were given to 152 nurses employed in three Portuguese public hospitals. The questionnaire items included socio demographic and job-related data and two scales: the Portuguese version of TEMPS-A Scale (Akiskal, 2005^1) and the Personal Self-esteem Scale (Ribeiro, J.L.P 2006^2). For statistical analysis besides descriptive statistics, a correlation model was used.

RESULTS: Hyperthimic Temperament was the more prevalent subtype. Women presented a higher Self-esteem positively correlated with Ciclothymic and Anxious temperaments. The results also show that there is a correlation between marital status and Irritable Temperament, and between the years of professional experience and the Cyclothymic and Hyperthymic Temperaments.

CONCLUSION: An interaction between temperament subtypes, self-esteem and professional experience was observed. Gender differences are also significant. Further study is needed to investigate the potential relationship between temperament, self-esteem and professional satisfaction and resilience to job-related stress factors in Psychiatric Departments.

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A STANDARDIZED SCORING METHOD FOR THE COPY OF PENTAGONS TEST, DEVELOPED TO BE SUITABLE FOR USE IN PSYCHIATRIC POPULATIONS

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Aim: Although the 'copy of pentagons' test, versions of which are included in the Bender-Gestalt test and the Mini-Mental test, exists for years, little has been done to standardize it in detail. The aim of the current study was to develop a novel and detailed standardized method of administration and scoring.

Material and Methods: The study sample included 93 normal control subjects (53 females and 40 males) aged 35.87±12.62 and 127 patients suffering from schizophrenia (54 females and 73 males) aged 34.07±9.83. The psychometric assessment included the PANSS the YMRS, and the MADRS.

Results: A scoring method was developed and was based on the

frequencies of responses of healthy controls. Chronbach's alpha and test-retest and inter-ratter reliability were very good. Two indices and six subscales of the Standardized Copy of Pentagons Test (SCPT) were eventually developed.

Conclusion: The SCPT seems to be a reliable, valid and sensitive to change instrument for the testing of frontal lobe function based on Luria's graphic sequence test. The great advantage of this instrument is the fact that it is paper and pencil, easily administered and little time consuming. Further research is necessary to test its usefulness as a neuropsychological test.

P-02-209

DEVELOPMENT OF A STANDARDIZED SCORING METHOD FOR THE GRAPHIC SEQUENCE TEST, SUITABLE FOR USE IN PSYCHIATRIC POPULATIONS

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Aim: Although the graphic version of the Alternating Sequences Test which was introduced by Luria exists for years little has been done to standardize it. The aim of the current study was to develop a novel and detailed standardized method of administration and scoring.

Material and Methods: The study sample included 93 normal control subjects (53 females and 40 males) aged 35.87±12.62 and 127 patients suffering from schizophrenia (54 females and 73 males) aged 34.07±9.83. The psychometric assessment included the PANSS the YMRS, and the MADRS.

Results: A scoring method was developed and was based on the frequencies of responses of healthy controls. Chronbach's alpha and test-retest and inter-ratter reliability were very good. Two indices and six subscales of the Standardized Graphic Sequence Test (SGST) were eventually developed.

Conclusion: The SGST seems to be a reliable, valid and sensitive to change instrument based on Luria's graphic sequence test. The great advantage of this instrument is the fact that it is paper and pencil, easily administered and little time consuming. Further research is necessary to test its usefulness as a neuropsychological test.

PSYCHOTHERAPIES BETWEEN EFFECTIVENESS AND IDEOLOGY

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Many social psychiatrists reveal a contemptuous attitude for drugs, whereas they believe that psychotherapy or social interventions are superior or anyway preferable.

But what is the effective value of various psychotherapies?

While drug-placebo differences are increased by illness severity, psychotherapies prove to be less effective as illness severity grows. Besides, although in a way industry sponsorship influences drug study outcomes, on the far side much larger effects are associated with an investigator's allegiance to particular model of psychotherapy. At present exist more than 300 different models of psychotherapies all over the world; the role of ideology prevails in assessing their efficacy, but their validity and cost-effectiveness is insufficient or unclear.

Real difficulties exist in providing meaningful evidence about psychotherapies efficacy: exclusion rates of 40-70% of presenting patients limit their generalisation; critics argue that effect-size of psychotherapies is overestimated because of inappropriate controls; few trials have extended follow-up and those that do show a clear tendency for patients to relapse. Moreover, elements related to individual practitioner and patient seem very influential part of the "active ingredients" but are "non-specific factors" as regards to modality of therapy. In short, a lot of influences or biases that randomised trials normally seek to exclude appear to be essential part of active ingredients of psychotherapy.

Psychotherapy may be in contrast with biomedical psychiatry in its conceptualisation of mental illness, but internecine warfare between cultures of medicine and psychotherapy must stop; psychotherapists need to speack coherently and convincingly in language that others can understand.

P-02-211

COMPARATIVE STUDY OF PATIENTS AND RELATIVES' CONCEPTS ON HEALTH, MENTAL ILLNESS AND PSYCHIATRIC CARE

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This study aim to compare the opinions of mentally-ill patients and their family members on health, mental illness and psychiatric care.

Methods: The sample consisted of 750 persons who attended 3 psychiatric services (Emergency Unit, Psychosocial Care Center and Regional Mental Health Clinic). Data were collected by 2 instruments: a) a questionnaire to evaluate social-demographic and clinic profile of the subjects. b) a opinion survey scale with 56 assertions on health, illness and psychiatric care to measure the subjects agreement.

Results: Patients with low educational and professional levels (70%), with a lack of knowledge about their disease (1/3); younger population at the Emergency Unit (40% less than 19 years old), and more women as caretakers. More drug treatment is given at the Clinic (76%), low amount of hospitalizations and increased demand for

open services. The statistical tests demonstrated that opinions about concepts differ between the subjects. Differences between the domains (concept and care) were found for the 3 services. The lowest average scores in concept were found in PSC for patients (2.36) and their partners (2.20).

Conclusions: The tests demonstrated that opinions on the concepts differ between the subjects, with larger agreement between patients and caretakers at the Emergency unit. The differences in opinion reflect a time of changes in concepts, ideologies and psychiatric care

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MAJOR DEPRESSION AND MARITAL ADJUSTMENT

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Introduction: Numerous studies have found a relationship between marital distress and depression. Distressed couples where one of the partner is depressed have generally been found to interact more negatively, they report lower level of intimacy, less ability to resolve conflict and less marital satisfaction. However, it is still unclear if this is a consequence of both partners being depressed or if the poorer quality of relationship led to emotional distress of the carer.

Method: The clinical sample of 25 inpatients diagnosed with major depression and their partners were assessed. All participants were evaluated for depressive simptomatology using Hamilton Psychiatric Rating Scale for Depression (HAMD) and for marital adjustment using Dyadic Assessment Scale (DAS).

Results and conclusion: The obtained results concerning marital

maladjustment in distressed couples with a depressed partner are discussed in a context of significant impact of depressive disorder on partner's relationship through the specific interaction and emotional burden which depression imposes on the carer.

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P-02-213

VALIDITY OF PERCEIVED CRITICISM: AN INDEX OF ACTUAL INTERACTIVE BEHAVIOUR?

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Aims

Expressed Emotion (EE) research has shown that a critical attitude in psychiatric patients' spouse or relative adversely affects the course of various disorders, such as schizophrenia, depression, anxiety, PTSD, and eating disorders. Recent reviews (Hooley & Parker, 2006; Renshaw, 2007) recommend clinicians and researchers to use the selfreport instrument Perceived Criticism (PC) as a (very) short and practical measure of EE. In it's most simple form, PC addresses the patient's view with the single item "How critical is your spouse / relative of you?"; to remedie the unstability associated with single-item measurement, multi-item scales have been developed too. Like EE, PC predicts the course of various psychiatric disorders. However, little is known about PC's validity. In this study, we examined to what extent PC is a reflection of how partners actually interact with each other.

Methods

 $N\!\!=\!\!34$ couples from the general community completed selfreports of PC and participated in a videotaped problemsolving interaction.

The verbal and nonverbal features of the interactions were coded with the Kategoriensystem für partnerschaftliche Interaktionen (KPI); interrater reliability was satisfactory.

Results

Multilevel analyses showed that PC-scores were consistently related to objective ratings of the partners' verbal and nonverbal expressions of criticism. Individuals who perceived (and received) more criticism also tended to express more negative nonverbal behaviour.

Conclusions

Findings fit in well with theoretical formulations regarding EE, and support the usefulness of PC-measures as practical alternatives for the assessment of EE.

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VALIDITY OF PERCEIVED CRITICISM: EXPRESSED EMOTION OR BIASED PERCEPTION?

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Aims

Expressed Emotion (EE) research has shown that criticism in psychiatric patients' spouse or relative adversely affects the course of various disorders, such as schizophrenia, depression, anxiety, PTSD, and eating disorders. Recent reviews (Hooley & Parker, 2006; Renshaw, 2007) recommend clinicians and researchers to use the selfreport Perceived Criticism (PC) as a (very) short and practical measure of EE. In it's most simple form, PC addresses the patient's view with the single item "How critical is your spouse / relative of you?"; multi-item scales have been developed too. Like EE, PC predicts the course of various psychiatric disorders. However, little is known about PC's validity. We examined whether PC is biased by the perceiver's current depressive and marital complaints, and whether PC measures reciprocal criticism, characterizing dyads rather than individuals.

Methods

N=40 couples from the general community completed selfreports of PC, depressed mood, and marital dissatisfaction, and expressed the-

ir feelings about their partner in a brief EE-interview (Five Minute Speech Samples).

Results

Multilevel analyses suggested that PC-scores depended primarily on the partner's expressions of criticism, and to a lesser extent on the perceiver's depressive and marital complaints. Partners strongly agreed in PC, and individuals who perceived more criticism also tended to express more criticism, suggesting that PC is an index of reciprocal criticism within dyads.

Conclusions

Findings fit in well with theoretical formulations regarding EE, and support the usefulness of PC-measures as practical alternatives for the assessment of EE.

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P-02-215

ASSOCIATION OF AGGRESSIVE TRAITS WITH THE 5-HTTLPR S ALLELE

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Introduction: There has been expanding interest in research concerning the genetic background of personality traits and characteristics. One of the most frequent candidates in psychiatric genetics is the 5-HTTLPR polymorphism of the serotonin transporter gene, which has been found to be associated with neuroticism-related personality traits and psychiatric disorders. Although the role of the serotonergic system in the background of aggression is well-known, few studies have so far focused on the relationship between the 5-HTTLPR polymorphism and aggressive personality traits. The aim of our study was to investigate the association of the s allele of the 5-HTTLPR polymorphism with aggressive traits in a psychiatrically healthy population.

Methods: 169 healthy females participated in the study. All participants completed the Buss-Durkee Hostility Inventory (BDHI), and

were genotyped for 5-HTTLPR using PCR. Scores of subjects carrying and not carrying the s allele were compared with ANOVA.

Results: We found that the presence of the s allele was significantly associated with higher scores on the Guilt, Hostility and Global Aggression scales of the BDHI.

Conclusions: Our study confirms a significant role of the serotoner-gic system and the 5-HTTLPR in the emergence of aggressive traits even in a psychiatrically healthy population, however, the polygenic and multifactorial determination of personality traits should also be considered. Furthermore, our study provides yet another significant correlate of the s allele of the 5-HTTLPR related to personality, traits and temperaments, and brings us closer to understanding the role of the 5-HTTLPR in the background of personality and psychiatric disorders

THE S ALLELE OF THE 5-HTTLPR SHOWS CONSTANT ASSOCIATION WITH ANXIETY IN A PSYCHIATRICALLY HEALTHY POPULATION

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Background: It has been earlier described that the 5-HTTLPR polymorphism is associated with anxiety-related traits and anxiety disorders. The relationship between 5HTTLPR genotype and anxiety has also been confirmed in neuroimaging studies. However, consequent experiments investigating different populations and different methodology to assess anxiety and anxiety-related personality traits yielded conflicting results. The aim of our study was to investigate the association of anxiety and 5-HTTLPR in a psychiatrically healthy population using multiple self-report questionnaires to measure anxiety and anxiety-related traits.

Method: 169 psychiatrically healthy women participated in the study. The participants completed the STAI, the SCL-51 anxiety subscale, the CPI anxiety subscale, the Harm Avoidance subscale of the TCI, and the anxious temperament subscale of the TEMPS-A. All participants were genotyped for 5-HTTLPR using PCR.

Results: Subjects carrying the s allele had a significantly higher score on both the state and the trait anxiety subscale of the STAI, on the SCL-51 anxiety subscale and the TEMPS-A anxious temperament subscale. No significant difference between the two groups emerged in case of the CPI anxiety subscale and the Harm Avoidance scale of the TCI.

Discussion: Our results support the association between the 5-HTTLPR and anxiety and anxiety-related traits. Our results also suggest that previous contradictory results concerning the association of this polymorphism with anxiety are in part related to the instrument used to assess anxiety. Therefore it should be analysed what aspects of anxiety each of the questionnaires measure to gain a deeper understanding into the relationship between anxiety and the 5-HTTLPR.

P-02-217

REDUCED SENSITIVITY TO GLUCOCORTICOIDS ASSOCIATED WITH CHILDHOOD EMOTIONAL NEGLECT AND PTSD SYMPTOMS

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Aims: Traumatic events experienced such childhood maltreatment increase the risk for psychiatric morbidity in the adulthood, particularly affective disorders and posttraumatic stress disorder (PTSD) (1). In addition, both depression and PTSD are related to psychoneuroimmunologic alterations (2). The aim of this study was to evaluate both neuroendocrine and immunological variables in depressed females reporting severe childhood neglect and current PTSD symptoms.

Methods: We screened recurrent depression female outpatients (20-40 years) for PTSD symptoms and severe childhood emotional neglect (CEN) and grouped as following: +PTSD/+CEN (n=17), +PTSD/-CEN (n=10), and -PTSD/-CEN (n=14). A healthy control group (n=20) also took part in the study. PBMCs were isolated and stimulated with mitogen (PHA) and various concentrations of dexamethasone (DEX), epinephrine or dehydroepiandrosterone sulphate (DHEAS). Proliferation/viability was assessed by MTT assay. Specific CD4+/CD8+ proliferation was investigated by CFSE staining

and proliferation measured by flow cytometry. Morning salivary DHEAS levels were measured by radioimmunoassays.

Results: Patients had a similar DHEAS levels, cell proliferation and sensitivity toDEX, epinephrine and DHEAS. However, lymphocytes of PTSD patients had reduced sensitivity to DEX (p < .05).

Conclusions: Our results suggest that PTSD and emotional neglect are associated with immunological changes that resemble those found during healthy aging.

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DIFFERENTIATION OF FACIAL EXPRESSIONS BY MEANS OF OSCILLATORY DYNAMICS

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Aims/Objectives: Changes in mood disorders belong to relevant research topics in Psychiatry. According to the vast references observation of face expressions affect emotional states of healthy and pathologic subjects in different ways.

Methods: We applied the approach of Event Related Oscillations (EROs) for investigating the modulation of electrical manifestations related to emotional expression in EEG recordings of 20 healthy subjects. EROs of "Neutral, Angry, and Happy" faces in 13 electrical recordings sites (F₃, F4, Cz, C3, C4, T3, T4, T5, T6, P3, P4, O1, O2) were analyzed. Following the recording session, the subjects were asked to express the degree of their emotional involvement (valence and arousal) using the Self Assessment Manikin ratings. Amplitude frequency characteristics (AFCs) were used to determine the frequencies bands for digital pass-band filtering applied accordingly.

Results: A differentiation between angry and happy facial expressions, were observed especially in the alpha (9-13 Hz) and beta (15-24 Hz) frequencies, however, only when selecting stimuli with high mood involvement. The amplitudes of the alpha responses upon angry face stimulation were significantly higher than upon presentation of the happy faces at posterior locations. At $\rm F_3$, $\rm C_z$ and $\rm C_3$ recordings beta responses upon angry face stimulation were significantly higher in amplitude compared with the happy face stimulation.

Conclusion: Since the observation of facial expressions of healthy subjects show relevant differences in alpha and beta responses of the analysis of oscillatory dynamics will possibly open a new avenue in the electrophysiological analysis of psychiatric patients upon presentation of pictures with different face expressions.

P-02-219

POSTTRAUMATIC STRESS DISORDER AND DEPRESSION REDUCED AFTER PSYCHOSOCIAL ASSISTANCE IN PRIMARY AND SECONDARY SCHOOLS IN POST-WAR BOSNIA HERZEGOVINA

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Aim: To asses if psychosocial assistance of Humanitarian Association of "Friends" decrease prevalence of posttraumatic stress disorder (PTSD) and depression in primary and secondary schools students in postwar Bosnia and Herzegovina.

Methods: The sample of 408 primary and secondary schools' students from Bosnia and Herzegovina aged 13.6±1.9 years, consisted from two groups. The group of 336 students that involved in psychosocial assistance was compared with the group of 72 randomly selected students of same-age from the same schools that were not involved in this assistance. Data were collected two times: in beginning of December 2005 and again at the end of May 2006. According to DSM IV we used the Index of Children Post-traumatic reactions for measuring symptoms of posttraumatic stress disorder (PTSD) and the Children Depression Inventory (CDI) for symptoms of depression.

Results: The prevalence of PTSD, among students involved in psychosocial assistance of Humanitarian Association of "Friends", decreased from 46.1% to 13.4%, (P<0.001, McNemar's test), whereas in the control group this reduction was not significant, from 30.5% to 23.6%, (P=0.332, McNemar's test). Also, prevalence of depression among the students involved in the psychosocial assistance was significantly reduced, from 25.6% to 1.8% (P<0.001, McNemar's test), whereas in the control group this reduction was not significant, from 22.2% to 11.1%, (P=0.077, McNemar's test).

Conclusion: This study suggests that psychosocial assistance to students within the Humanitarian Association of "Friends" resulted with significant reduction of PTSD and depression.

Keywords: PTSD, Depression, Students, Humanitarian Association of "Friends", Psychosocial assistance, Bosnia and Herzegovina

PSYCHOLOGICAL DISTURBANCES OF WAR-TRAUMATIZED ADOLESCENTS FROM RURAL AND URBAN AREAS IN BOSNIA AND HERZEGOVINA

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Aim: To assess the psychological health of war-traumatized adolescents in rural and urban areas of Bosnia and to determine it's correlation hopelessness.

Method: The study was carried out in Teocak and Tuzla, Bosnia and Herzegovina, in March 2007. We assessed 366 elementary and secondary school adolescents (175 girls), aged 15.3±1.4 years, for war trauma, presence of posttraumatic stress disorder (PTSD), depression, and hopelessness. There were 193 adolescents (105 girls) from the rural area and 173 (70 girls) from the urban area. For data collection, we used The War Trauma Questionnaire, The Hopelessness Scale for Children (HSC) and The Children's Depression Inventory (CDI).

Results: PTSD was present in 40.4% of 366 adolescents, with a significantly higher prevalence amongst rural adolescents (53.9%) than urban (25.4%) (Chi-square=30.662, *P*<0.001). Depression

was present in (28.6%) of 366 adolescents, with no statistical difference between the rural and urban groups (P=0.096). All adolescents reported high hopelessness scores with no difference between groups. Prevalence of PTSD was positively correlated with the prevalence of depression (Spearman's \acute{n} =0.293; P<0.001). Academic achievements were negatively associated with age, severity of PTSD, depression, suicidal thoughts, hopelessness and with the mean number of trauma experiences.

Conclusions: The war-related experiences of the adolescents were of different types and were associated with a variety of psychological sequel. A significantly higher prevalence of PTSD, often co-morbid with depression, was found among adolescents from the rural area. **Key words:** war, postwar, Bosnia-Herzegovina, posttraumatic stress disorder, adolescents, hopelessness

P-02-221

PTSD, DEPRESSION, ANXIETY, CIGARETTES AND ALCOHOL MISUSE AMONG WAR VETERANS IN POSTWAR BOSNIA AND HERZEGOVINA

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Aim: To estimate presence of Posttraumatic Stress Disorder (PTSD), Depression, Anxious disorder, Cigarettes and Alcohol misuse amongst war veterans of Army of Republic Bosnia and Herzegovina (ARBH), employed in Military Forces (MF) of Bosnia and Herzegovina 11.5 years after war 1992-1995 in Bosnia and Herzegovina (BH).

Methods: We tested a sample of 114 male war veterans aged 37.3±4.9 year in March 2007. For assessing of frequency of trauma experiences and PTSD prevalence we used the Harvard Trauma Questionnaire (HTQ). For assessing presence of depression and anxiety we used Hopkins scales for depression and

anxiety (HPCL) version for Bosnia and Herzegovina. Prevalence of nicotine and alcohol misuse we assessed by use of Fagerstrom questionnaire and Michigan Alcoholism Screening Test (MAST).

Results: Among 114 tested war veterans mean number of reported

war trauma experiences were 19.8±6.2. We found that 48 (42.1%) were wounded. Amongst 22 (19.3%) of 114 veterans PTSD symptoms registered that meet DSM-IV criteria. At 32 (33.0%) of 97 and at 52 (53.1%) of 98 veterans registered symptoms that meet DSM-IV criteria for clinical depression and anxiety, respectively. Amongst tested war veterans 52 (45.6%) smoke cigarettes and 56 (49.1%) of 114 drink alcohol.

Conclusions: War veterans of ARBH presented high level of PTSD, depression and anxiety more than eleven years after war quitted. Cigarette smoking and alcohol drinking registered at almost one half of war veterans employed in Military Forces of Bosnia and Herzegovina.

Key words: Bosnia and Herzegovina, War veterans, Military Forces, PTSD, Depression, Anxiety, Cigarette smoking, Alcohol drinking

BRAIN ACTIVITY FOR NOVELTY DETECTION AND CATEGORY SPECIFICATION PROCESSES IN DEMENTIA PATIENTS AND AGED-MATCHED CONTROLS: AN FMRI STUDY.

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Objectives: We used functional magnetic resonance imaging (fMRI) to investigate cognitive processes such as novelty detection (ND) and category specification (CS) in patients with mild cognitive impairment (MCI) and Alzheimer's disease (AD), and healthy aged controls. Both ND and CS involve the hippocampus: the first brain structure affected in AD. Unique patterns of brain activity associated with these memory processes may dissociate MCI patients into those that develop AD, and those that do not.

Methods: Patients (MCI and AD) and controls performed a passive picture-viewing paradigm while inside a 3T scanner. In each session, blocks of pictures belonging to four different semantic categories (FACES, BODY PARTS, TOOLS & SCENES), scrambled versions of picture blocks and repeated picture blocks were presented. Relative to fixation baseline, the contrast between picture and scrambled

picture blocks, and new and repeated picture blocks revealed cortical and sub-cortical areas associated with CS and ND processes, respectively. In total, eight sessions were run per subject.

Results: Preliminary data reveal category-specific and novelty-specific regions, both of which involve medial temporal lobe structures, including the hippocampus. Unique processing "modules" in frontal and temporal regions of cortex also accompany the visual processing of different semantic categories.

Conclusion: Distinct patterns of brain activity associated with ND and CS processes may enable the early detection of AD in MCI patients, especially those at higher risk for developing future AD. This could become an important tool for the clinical diagnosis of AD dementia

P-02-223

AN INTERVENTION PROGRAM FOR EMOTIONAL/ BEHAVIORAL PROBLEMS AMONG FEMALE ADOLESCENTS UNDER PROBATION USING SATIR MODEL

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Aims: To evaluate the efficacy of an intervention program using Satir model on emotional/behavioral problems among female adolescent probationers.

Methods: Female probationers (N=5) aged 15 to 18 from five probation officers in one local court of Taiwan were consecutively selected as intervention group. All probationers and their family members participated in a 6-session intervention program based on the family system theory developed by Virginia Satir. The intervention was held once a week by the probation officers through face-to-face interview with all family members. A control group (N=10) of female probationers receiving general in-person interviewing per week from the same probation officers was selected. The efficacy of the program was evaluated by comparing emotional/behavioral problems before and after the intervention using the parent's-, teacher's-, and self-report of the Child Behavior Checklist.

Results: After the intervention, subjects reported themselves to have a significant lower score on Delinquent Behavior (t=3.18, p<0.05), Aggressive Behavior (t=3.40, p<0.05), and Externalizing (t=3.14, p<0.05) than before the intervention. Similarly, teachers reported significantly lower scores on Delinquent Behavior (t=3.37, p<0.05), Aggressive Behavior (t=3.22, p<0.05), Externalizing (t=3.30, p<0.05), and Total Problems (t=3.65, p<0.05). However, parents reported a significant lower score on Social Problems (t=3.22, p<0.05) and Total Problems (t=5.50, p<0.05). Controls showed changes on none or fewer behavioral problems.

Conclusion: Interventions based on the family system theory of Satir model are effective in reducing the manifestation of emotional/behavioral problems among female adolescent probationers. Practitioners in judicial systems may consider dealing with emotional/behavioral problems of adolescent probationers by such strategy.

PSYCHOMETRIC PROPERTIES OF THE TEMPERAMENT AND CHARACTER INVENTORY REVISED (TCI-R) IN CZECH ADOLESCENT SAMPLE

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We explore the psychometric characteristics of the Cloninger's personality questionnaire (TCI-R) in the cohort of fifteen year olds. As the age of fifteen is the lowest recommended age to use the adult version of the method, we aim to present the data in the context of gender differences, the normative of Czech general population data and adolescent population of other countries. The cohort of 787 subjects was collected from Czech branch of the ELSPAC longitudinal study; the data were stratified according to gender and series of t-tests and factor analyses were preformed. We have confirmed the normal distribution and homogenity of the sample, the internal consistency of most scales approached the satisfactory limit of 0,70. The principal component analyses confirmed the factorial structu-

re except the fasets of NS1, RD4 and SD4 which load more other dimensions. Girls had generally higher scores in Harm Avoidance, Reward Dependence and Cooperativeness than boys. Their scores deferred significantly from boys' in almost all fasets and dimensions of TCI-R, which is neither found in Czech general population but is slightly more in consent with the results of previous testing of the adolescents by the TCI-R. The Czech version of the questionnaire might be useful tool for the study of personality dimensions of fifteen year olds with the respect to their age that requires different normative data than of the adults. Perhaps this also indirectly points out the issues of general personality development.

P-02-225

SYMPTOMATOLOGY OF DEPRESSIVE DISORDERS IN KOREAN GENERAL POPULATION

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Objective: The aims of this study were to investigate the frequency and the profile of depressive symptoms in the Korean adults with major depressive disorder.

Methods: Face-to-face interviews were conducted with the Korean version of Composite International Diagnostic Interview 2.1/DSM-IV. A total of 6,275 participants completed the CIDI interview, which included 26 depressive symptom items presented by DSM-IV and ICD-10

Results: Frequent depressive symptoms were identified. The items included fatigue (90.3%), concentration difficulty (86.9%), depressed mood (84.0%), insomnia (83.7%), loss of interest (77.0%), decreased appetite (77.3%). There were gender difference. Loss of interest, fatigue, hypersomnia, psychomotor retardation, feeling guilty, suicide attempt, and loss of pleasure were identified more frequently in female, while indecisiveness and decreased libido were identified

more frequently in male. Concerning age, depressed mood, insomnia, psychomotor agitation, and feeling guilty were more prevlaent in old adults, while loss of interest, fatigue, and hypersomnia were more prevalent in young adults.

Conclusions: Symptomatology of depression is different according to depressive symptom items, gender, and age

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THE CHARACTERISTICS OF SALIVARY α-AMYLASE REACTIVITY TO NEGATIVE AFFECTIVE PICTURES

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Objective: This study aimed to understand the characteristics of salivary α -amylase reactivity, as a biological maker of stress, by viewing negative affective pictures.

Method: 36 healthy volunteers completed baseline psychological assessment prior to experiment. The 20 negative affective pictures from the IAPS were presented to evoke negative emotion for 5 minutes. Saliva samples were collected before and 0-, 5- and 10-min after the completion of exposure and assayed for α -amylase. To detect psychological change, Positive Affect and Negative Affect Schedule, State-Trait Anxiety Inventory-State were measured just before and 10-min after stimuli.

Result: Overall, salivary α-amylase was significantly decreased over time with the increase of negative affect (NA) score and state-anxiety. The NA scores were correlated not only with the baseline level

but with change of α -amylase between before and 0-min after the completion of the exposure. Further comparison between subjects with higher (≥ 2 in NA score change) and those with lower (< 2) susceptibility to negative affect revealed that the baseline level of α -amylase was lower in high susceptible group than in low susceptible group with predictive value approaching significance. After the exposure, the mean change of α -amylase between baseline and 10-min was significantly different between high and low susceptible group. Conclusion: While subjects with high susceptibility to negative affect showed low baseline α -amylase level with low α -amylase reactivity, those with low susceptibility revealed high baseline α -amylase with high reactivity. These findings suggest that the baseline level of salivary α -amylase and its reactivity depend on individual reactivity to affective stress.

P-02-227

MENTAL HEALTH CONDITIONS AMONG FAMILIES OF CHILDREN WITH CONGENITAL MUCOPOLYSACCHARIDOSIS IN JAPAN

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Objectives: The aim of this study was to evaluate the mental health conditions among families of patients with congenital mucopolysaccharidosis (MPS).

Methods: Subjects were the families of patients with MPS. The General Health Questionnaire 12-item version (GHQ-12) was used to assess the subjects' mental health conditions, while the Impact of Events Scale-Revised (IES-R) was used to assess the experiences of emotional trauma, such as the notification of diagnosis and the subsequent difficulties associated with daily care. In addition, a qualitative analysis by using in-depth interview was conducted on the subjects. Utmost care for ethical consideration was taken to protect the privacy of subjects.

Results: Responses were obtained from 11 family members of patients with MPS by December 2007. A high GHQ-12 score, as defined when the score exceeded the threshold value of 3, was observed in

4 (36.4%) subjects. A high IES-R score, as defined when the score exceeded the threshold value of 24, was also observed in 5 (45.5%) subjects. Qualitative analysis revealed that subjects had a sense of loss regarding the future, in addition to deterioration of relationships with others.

They expressed strong expectations for support from others, especially self-help groups.

Conclusion: The present findings suggested that families of patients with MPS are strongly affected of their mental health by psychological impact and burden. Emotional support appropriate for the specific nature of illness should be developed.

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LIFETRACK THERAPY - TREATING PERSONALITY GUIDED BY DAILY SELF-RATING BY THE PATIENT ON 41 PARAMETERS

INSTITUTIONS

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AUTHORS

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Objective: To demonstrate that 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experience can predictably transform couples' personalities, eliminating psychiatric symptoms (such as anxiety, anger, physical-symptoms, depression, and symptoms of borderline personality disorder) without medications and often within 6 months.

Method: The therapist actively guides couples to think, feel, and act in such ways that their closeness will increase through conscious and unnatural efforts, provoking and overcoming waves of symptom spikes (defense) until they disappear by exhaustion, guided by the couples' own daily self-ratings on 41 parameters that allow accurate graphic tracking via Internet of subtle changes in personalities and dynamic mental status.

Results: Of the 1,170 patients treated for various symptoms over the last 20 years, 48% reached a level of adjustment higher than their

previous maximum level, beyond symptom elimination. Among them, 31% reached a level more than twice, 24% reached more than three times, 20% reached more than four times, 16% reached more than five times, and 7.6 % reached more than ten times their previous maximum level according to their own daily subjective self-rating. Of those who failed to reach their previous maximum level before premature terminations, 75% showed significant improvement in overall adjustment and 77% showed significant reduction of symptoms.

Conclusion: Psychiatric symptoms may be better understood and treated as consequence of one's personality, which can be transformed through 'Breakthrough Intimacy.' The results of this study prove that patients' own daily self-rating provide powerful evidence as well as means of change.

P-02-229

BRIEF COACHING ON AUTOGENIC TRAINING (AT)

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AT is one of the most effective therapeutic techniques focused on self-suggestion. The proposed method promotes quick and effective acquisition of AT skills. According to the guideline an experienced therapist trains a group of 20-40 patients sharing the similar intellectual capabilities and the same level of awareness of AT. The

training is provided once a week and in the intervals the trainees practice AT for a quarter of an hour three times a day. The approach reduces time of training up to one month. Teaching skills of a therapist and group discussion of training process promote positive results in the patients.

BURNOUT SYNDROME IN POSTGRADUATE TRAINING IN MEDICINE AT A GENERAL HOSPITAL LIMA PERU

INSTITUTIONS

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The Syndrome of Burnout is defined as a analadaptive response to chronic labor stress experienced by professionals who work in direct contact with people, among them the health personnel. Medical residents are a vulnerable population to suffer this dysfunction, due to the combined clinical work and academic demands characteristic of clinical training years.

The present study of descriptive and cross-sectional type evaluated the prevalence of the Burnout Syndrome in medical residents at the Arzobispo Loayza Hospital in Lima, Peru. For this purpose, the Maslach Burnout Inventory was applied (MBI) and socio-demographic data was recorder. It was found that the prevalence of Burnout Syndrome at moderate risk was exhibited by 55.9% of the sample, and considering the entirety Burnout risk range it affected 78.7% of the sample. There was statistically significant relationship between Burnout Syndrome and number of working hours as well as number of on-call days and nights.

Key words: Burnout Syndrome, medical training.

P-02-231

A COGNITIVE ASSESSMENT BATTERY : NORMATIVE DATA IN TUNISIAN POPULATION

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The aim of this study was to construct a battery of cognitive tests which is adapted to Tunisian cultural and linguistic context and to offer normative data in Tunisian Arabic dialect speaking healthy subjects.

A first step in developing such a battery was to choose easy speed of processing tasks, consisting of seven tests exploring attention, memory, verbal fluency and executive motor function. These tests derived from standardized batteries (BACS, MATRICS and WAIS) and were adapted to our linguistic and cultural context. Then, we proceeded to their administration in a sample of healthy Tunisian subjects.

We obtained normative data of cognitive performances across age, education and gender. Age and gender did not impact test performance. Long education had a significant positive association with a good performance on cognitive measures of the battery.

To conclude, this cognitive assessment battery is appropriate for use in Tunisian speaking populations .It's use may be extended to patients suffering of schizophrenia by comparing their performances to those of controls matched for education.

EFFECT OF MONTH OF BIRTH ON PERSONALITY TRAITS OF HEALTHY JAPANESE

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Effect of season of birth on personality traits was investigated in 595 healthy Japanese. Personality traits were evaluated by the Temperament and Character Inventory, which has seven dimensions. Months of the year were divided according to temperature or photoperiod. Males born during the three months with the highest temperature, i.e., July to September, had significantly lower scores of self-directedness than those born during other months, while females born during the same period had significantly higher scores

of self-directedness and persistence than those born during other months. Both males and females born during the three months with the longest photoperiod, i.e., May to July, had significantly higher scores of cooperativeness than those born during other months. The results of the present study suggests that month of birth affects some personality traits, especially self-directedness and cooperativeness, in healthy Japanese, and these effects may be mediated by temperature and photoperiod during the gestational or perinatal period.

P-02-233

ACUTE PHASE RESPONSE PROTEINS AND PERIMENOPAUSAL DEPRESSION

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Objectives: It is shown that major depression may be accompanied by disorders in positive and negative acute phase proteins. Major depression is associated with higher plasma levels of positive acute phase proteins such as haptoglobin, ceruloplasmin, hemopexine and α_1 - antitrypsin, and lower plasma levels of negative acute phase proteins such as transferrin, albumin and retinal binding protein. These results may indicate that some major depressed subjects suffer from an inflammatory (the acute phase) response.

Materials and methods: We examined perimenopausal women with depression and a comparison group of non-depressed perimenopausal women. The diagnosis of depression was determined by an interview and the Hamilton Depression Rating Scale (HAMD). A total of 64 women were assessed. Haptoglobin, transferrin,

 α_1 antitrypsin and C-reactive protein were analyzed with standard laboratory methods. Pearson's correlations were applied to evaluate the relationship between acute phase proteins and depressive mood.

Results: Women with perimenopausal depression did not differ from the non-depressed comparison group in plasma levels of the acute phase proteins.

Conclusions: The lack of association of acute phase proteins and depressive mood reported in this study does not support previous findings in patients with major depression. This negative finding in milder forms of depression in perimenopausal women indicates either the absence or a more complex nature of the interactions between acute phase proteins, low grade inflammation and depression.

THE ASSOCIATION OF VASOMOTOR SYMPTOMS WITH PERIMENOPAUSAL DEPRESSION

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Objectives: Menopausal symptoms of hot flushes and night sweats are defined as vasomotor symptoms. They are markers of declining serum estradiol, are not universal in menopausal women and may occur in women who are sensitive to the effects of estradiol on thermoregulatory centers and serotonergic, adrenergic, and norepinephrine neurotransmitters.

Materials and Methods: We examined perimenopausal women with depression and a comparison group of asymptomatic perimenopausal women. All women were between the ages 40 and 55 and presented with a history of menstrual cycle irregularity of at least six months duration but not longer than one year of amenorrhea. The diagnosis of depression was determined by an interview and the Hamilton Depression Rating Scale (HAM-D). Vasomotor symptoms were assessed with the Menopause Rating Scale (MRS). Plasma thyroid hormone levels were also measured.

Results: A significant relationship between vasomototor symptoms and depression was found in perimenopausal women. Moreover, the plasma levels of T3 and TSH were higher (p<0,03) in climacteric women who had vasomotor symptoms.

Conclusions: Hot flushes and night sweats are associated with depression in perimenopausal women. It appears that thyroid function plays a key role in the appearance of vasomotor symptoms and consequently of depression in perimenopausal women.

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P-02-235

BRAIN MORPHOLOGY IN FIRST-EPISODE SCHIZOPHRENIA CORRELATES WITH LONG-TERM LEVEL OF FUNCTIONING

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Introduction and objectives:

Schizophrenia is a condition with highly variable course that is hard to predict. The aim of the study was to evaluate the utility of regional features of brain morphology at the time of the first episode of schizophrenia for the prediction of one-year treatment outcome.

Method:

32 first-episode schizophrenia patients were assessed at the time of the first episode of schizophrenia and one year later. Baseline regional gray matter volume was correlated with the Global Assessment of Functioning scale score obtained one year after the first episode. Regional gray matter volume parameters of the patients were compared with healthy controls matched for age and sex.

Results:

Schizophrenia patients had lower gray matter volume in both the left and right prefrontal cortex. Left prefrontal cortical gray matter also correlated positively with the GAF score, i.e. the more prefrontal gray matter the better functional status one year after the first episode.

Conclusion

Prefrontal gray matter volume is linked with the long-term functional outcome after the first episode of schizophrenia and it is possible to use it for the outcome prediction.

DELIRIUM AFTER HEAD TRAUMA AT PSYCHIATRIC CONSULTATION

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Objectives: Delirium after head trauma results in various cognitive and behavioral dysfunction. This study aimed at developing and validating a predictive model for clinical improvement after delirium based on precipitating factors during hospitalization

Method: Data were collected on 45 patients who developed delirium after head trauma using 5 year retrospective design, based on reviews of medical charts including psychiatric consultation reports. The differences of the group who sustained residual symptoms of delirium (RS group) and the group of full recovery (FR group) at 4 week follow-up visits were compared by motoric type of delirium, socio-demographic variables, neuroimaging variables and clinical variables of interest.

Result: There was significant difference in reason for initial consul-

tation between two groups, in terms of hyperactivity (p<.01). The presence of compensation claim and subcortical gray matter lesion was significantly associated with the RS group (p<.05). Total length of intensive care unit (ICU) admission and of hospital stay were significantly longer in RS group than FR group (p<.01) .

Conclusion: This study shows that hyperactivity on initial consultation, compensation claims, specific brain lesion were altogether significant factors in explaining prolonged duration of delirium after head trauma. A simple predictive model based on the presence of precipitating factors might be used to identify delirious patients at high risk for prolonged cognitive dysfunction. Early psychiatric intervention would be required for evaluating efficacious management and shortening admission period.

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THE EFFECT OF ANTIPSYCHOTIC DRUG TREATMENT ON SERUM VEGF, sVEGFR-1, AND sVEGFR-2 LEVEL IN SCHIZOPHRENIA

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Object: The purpose of this study was to investigate the changes of serum levels of free VEGF, soluble VEGFR-1, and soluble VEGFR-2 after treatment with atypical antipsychotic drugs in schizophrenia. **Method:** The schizophrenic patients were diagnosed with DSM-IV. 13 schizophrenic patients were evaluated their clinical assessment with serum level of free VEGF, sVEGFR-1, sVEGFR-2, and positive and negative symptom scale (PANSS) at baseline, 4 weeks, and 8 weeks after treatment with atypical antipsychotic drugs. 13 normal control subjects were recruited and matched with patient group by age and sex

Result: In schizophrenia, PANSS score was significantly improved at 4 weeks and 8 weeks compared with baseline (p<0.05). The serum level of free VEGF and sVEGFR-2 at baseline in schizophrenic patients were not significantly different compared with control group,

respectively. However, the serum level of sVEGFR-1 (86.2 ± 10.3 , p<0.05) was significantly increased in schizophrenia patients compared with control group (59.0 ± 6.4). The serum level of sVEGFR-1 were significantly decreased at 8 weeks (57.3 ± 6.3 , p<0.05) after antipsychotic drug treatment. The serum level of sVEGFR-2 were decreased at 4 weeks (7761 ± 403.0 , p<0.05) and 8 weeks (7435 ± 333.5 , p<0.05) compared with baseline.

Conclusion: The serum level of sVEGFR1 was increased before treatment, and those of sVEGFR1 and sVEGFR-2 were significantly decreased after antipsychotic drug treatment in schizophrenic patients. The decreased serum level of sVEGFR-1 and sVEGFR-2 might be affected by dopaminergic system which was influenced by antipsychotic drugs.

EARLY AND ADULT STRESS, AND RISK OF CARDIOVASCULAR DISEASE AND DEPRESSION

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Aims: The purpose of this study was to investigate the relationships of childhood adversities and adult life events to depressiveness and cardiovascular disease.

Methods: The "Health and Social Support" is a prospective survey of the Finnish working-aged population. Altogether 83 % of the participants of the 1998 survey responded to the second survey five years later (n=19,629). The BDI was used to measure depressiveness and physical illnesses were inquired by asking about physician diagnosed illnesses. Other variables include history of depression, adversities in childhood family, and a checklist of 19 life events.

Results: Among women with childhood adversities the risk of depressiveness was significantly increased after a recent life event (1.81-fold). After adjusting for socio-demographic factors, smoking,

alcohol consumption, social support, negative affectivity, baseline cardiovascular morbidity and person dependent life events the risk was still significant (1.48-fold). Among men the respective associations were a bit stronger as risk of depressiveness was 2.11-fold and after adjustments 1.84-fold. Recent life events did not increase risk of cardiovascular disease after recent life events among women and men after adjustments were made. Interestingly, in an analysis by type of recent events violence greatly increased risk of depressiveness and cardiovascular disease among men even after adjustments were made (OR=26.2, 95%CI: 6.99-96.1 and 23.6, 4.61-120.6, respectively) if one had experienced reported adversities.

Conclusions: Stressful experiences in early life and adulthood seem to increase risk of physical illness and depression.

P-02-239

PSYCHIC CONDITION OF THE HUNGARIAN SOLDIERS AFTER DEPLOYMENT

INSTITUTIONS

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Objectives

Several data reveal that "healthy" soldiers show symptoms of various kinds of diseases after their foreign missions. The aim of our study was to evaluate the psychic condition of Hungarian soldiers after returning from their six or nine months peacekeeping deployment in Iraq and Kosovo.

Method

The participation in the study was voluntary and anonymous. The psychic condition was evaluated using "Life event scale", "Davidson PTSD scale", "STAI" and "SCL-90". 280 soldiers deployed from Iraq were included in the study. Authors compared the results with data of 286 soldiers deployed from Kosovo and the Hungarian population.

Results

The most frequent psychotrauma in Iraq were the experience of exp-

losion (29%) and some kind of battle action (30 %). About half of the soldiers were traumatized and 6,3% showed PTSD syndromes. The level of trait and state anxiety was significantly higher in the PTSD group. The SCL-90 factors showed also significant difference between the PTSD and non-PTSD personnel. The postdeployment condition of the soldiers from Kosovo and Iraq differed only in the depression item, but each of their SCL-90 factors was significantly higher and the anxiety level was significantly lower than the Hungarian population's.

Conclusion

Our study verified the effects of the acute (traumatic) and chronic stress of the deployment on the psychic condition of soldiers after their return from the mission.

Results point out the importance of predeployment psychological trainings and postdeployment follow-up of the mental state of soldiers

NEUROIMMUNOMODULATION: PHARMACOLOGICAL EFFECTS IN NEUROPSYCHIATRY EVENTS

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We performed immunobiological and immunochemical studies of some neuropsychiatric events. We focused our attention to analyze human peripheral blood natural killer cells, effector cells of innate immunity, equipped by neurotransmitter receptors and other important functional (lectin) receptors and their participation in antidepressant effects and treatment of major depressive disorder. It is supposed that blunted NK cytotoxicity can be related to major depression. We also studied NK cell aspects of autoimmune disorders, multiple sclerosis, with high incidence of depression disorder. We used functional tests of NK cytotoxicity using isotope 51Cr method, multicolor flow cytometry of CD markers of NK cells and other immunocytes, mainly T cells and their subpopulations. We analyzed by immunochermical methods membrane trimeric G

proteins coupled to neurotransmitter receptors as important postreceptor effects of different antidepressants on NK cells in vitro. Furthermore changes of G alpha subunit profiles of main G proteins of granulocytes (effectors of innate imunity) during antidepressant treatment of patients with unipolar depression were estimated.

Our experiments indicate role of transduction mechanisms including G proteins and other phenotypical CD markers especially on peripheral blood NK cells or granulocytes as potential indicators of psychopharmacological/pharmacological treatment.

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P-02-241

APOLIPOPROTEIN E GENOTYPE EFFECTS ON FRONTOTEMPORAL DEMENTIA - STILL CONFLICTING DATA FROM GENE ASSOCIATION STUDIES

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Aims/ Objectives

So far, no definite genetic risk factor for sporadic cases of frontotemporal dementia FTD has yet been identified. There is still conflicting data from gene association studies. Several groups have examined the potential association of FTD with apolipoprotein E (APOE) genotype but the results are inconsistent. Therefore, an impact of APOE*2 and APOE*4 alleles on FTD pathology remains still unclear. The aim of the study was to determine whether APOE gene polymorphism is a risk factor for Polish FTD patients.

Methods

The sample of 27 patients from Poznan region, ranging in age from 51 to 73 years, was diagnosed according to Lund and Manchester groups criteria. A cohort of 35 non-demented individuals in age

from 50 to 70 years was used as a control group. APOE genotyping was carried out by PCR-RFLP analysis with the use of Hha I restriction endonuclease.

Results

The distribution of APOE genotypes and allele frequencies in patients was very similar to this observed among control subjects. No statistically significant difference was found.

Conclusion

There was no link between APOE genotype and FTD pathology in the analyzed sample of Polish patients. Moreover, we did not observed if any APOE allele has an effect on age at onset or duration of the disease.

A BIOCHEMICAL SUBSTRATE OF BRAIN LATERALIZATION AND ITS USE IN ANIMAL MODELS OF DISORDERS

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Many studies have demonstrated lateralization of human brains at structural or functional levels and alterations in its degree in neurodegenerative (e.g. Alzheimer disease) or neurodevelopmental (e.g. schizophrenia) disorders (1). It is suggested that the brain asymmetry underlies specialization of particular hemispheres and that structural or functional lateralization can be supported also by a biochemical substrate. Although a direct relationship has not been established yet, right-left differences have been observed e.g. in some neurotransmitter systems (1). Our older experiments indicated a similarity between the human and Wistar rat brain asymmetry at a biochemical level and its possible use in animal models of brain disorders associated with alterations in brain laterality (2). The aims of the study were as follows: i) to evaluate the asymmetry of hippocampal cholinergic neurotransmitter system and of cortical nitric oxide neuromediator system in young male Long Evans

rats, ii) to compare this asymmetry with human and Wistar rat brain laterality, iii) to determine changes due to normal aging, and finally iv) to establish if measurements of a biochemical substrate can be generally used in animal models of brain disorders. Our results suggest marked differences in biochemical asymmetry between Wistar and Long Evans rat brains, similar changes due to normal aging and advantages of similarly lateralized animals in modelling of human brain disorders.

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SYNTHETIC INHIBITORS OF PROLYL ENDOPEPTIDASE EXHIBIT ANTIDEPRESSANT-LIKE EFFECTS IN RATS WITH DOPAMINE DEFICIENT-DEPENDENT MPTP-INDUCED DEPRESSIVE SYNDROME

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Abnormal serum and plasma activities of the cytosolic peptidases prolyl endopeptidase (PEP, EC 3.4.21.26) and dipeptidyl peptidase IV (DPPIV, EC 3.4.14.5) have been consistently observed in patients with mood disorders. However, the role of proline specific endopeptidases in basic mechanisms of depression remains unclear. Inhibitors of PEP have been shown to have antidepressant-like activity in mice in forced swimming test and modulate dopaminergic function.

Recently we have found that the development of dopamine deficit-dependent MPTP-induced depressive syndrome in rats is accompanied by activation of PEP and DPPIV in the brain frontal cortex and in the striatum. In the present study, the effects of novel synthetic PEP inhibitors benzyloxycarbonyl-methionyl-2(S)-cyano-pyrrolidine and benzyloxycarbonyl-alanyl-proline on behavioral deficits in rats with MPTP-induced depressive syndrome were examined. MPTP administration (20 mg/kg, i.p, daily for 14 days) resulted

in lowering of preference for 10%-sucrose over water (anhedonia), decrease of daily liquid consumption, increase of immobility time ("behavioral despair") and increase of rhythmological index of depression in forced swimming test. Competitive PEP inhibitor benzyloxycarbonyl-alanyl-proline (3mg/kg, i.p, daily, on 8-14th days of MPTP administration, 30 min before MPTP injection) promoted faster reduction of depression-like behavior in rats after MPTP withdrawal. Non-competitive PEP inhibitor benzyloxycarbonyl-methionyl-2(S)-cyano-pyrrolidine (1 mg/kg, i.p, daily, for 14 days on MPTP administration, 30 min before MPTP injection) prevented the development of "behavioral despair" and rhythmological disturbances in forced swimming test. The results obtained in the rat model of MPTP-induced depression syndrome demonstrate benzyloxycarbonyl-methionyl-2(S)-cyano-pyrrolidine and benzyloxycarbonyl-alanyl-proline to have antidepressant-like properties.

EXAMPLES OF THE APPLICATION OF NEUROFEEDBACK THERAPY

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Aim: Neurofeedback therapy is a method allowing for a change of the bioelectrical functioning of the brain. By using the mechanism of instrumental conditioning, it changes the amplitude of selected brain waves. It allows for suppressing the waves of a too high amplitude and amplify the waves of a too low amplitude, with correlates with psychological and neurological disorders. In the described cases primarily a global training was applied, than it was changed for a specific one.

Patients: The first case is a male aged 21 with an organic disorder of the CNS. In the childhood he was suspected of microcephaly. In that period a little retardation of his psychomotor development was observed. In the neurological examination signs of a vegetative dysregulation were found without focal dysfunctions of the CNS.

Based on the interview, neuroimaging and psychological assessment he was diagnosed organic personality disorders. The therapy significantly improved the functioning of attention, and visual memory, increased the patients' self-esteem, and reduced anxiety. The second case a male aged 52 male suffering from cyclothymia. In the clinical picture sleep disorders were dominant, accompanied by deficits of memory and attention. The therapy reduced the anxiety level, improved his sleep, and enhanced cognitive functioning. The third case is a female aged 29, suffering from paranoid schizophrenia.

Results and Conclusion: The therapy significantly improved the functioning of attention and visual working memory. The cognitive changes reduced her autistic symptoms allowing for better social contacts, and reduced anxiety.

P-02-245

THE DYSBINDIN GENE (*DTNBP1*) IS ASSOCIATED WITH METHAMPHETAMINE PSYCHOSIS

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Background: The dysbindin (*DTNBP1*: dystrobrevin-binding protein 1) gene has been repeatedly shown to be associated with schizophrenia across diverse populations. A recent study also showed that risk haplotypes were shared with a subgroup of bipolar disorder with psychotic episodes, but not with all cases. It is possible that *DTNBP1* confers susceptibility to psychotic symptoms in various psychiatric disorders besides schizophrenia. **Methods**: Methamphetamine psychosis, the psychotic symptoms of which are close to those observed in schizophrenia, was investigated by case-control association analyses of *DTNBP1*.

Results: DTNBP1 showed significant associations with methamphetamine psychosis at polymorphisms of SNPA (rs2619538, p=0.049)

and P1635 (rs3213207, p=0.00003) and the three-locus haplotype of SNPA-P1635-P1655 (rs2619539, permutation p= 0.0005). The A-A-C haplotype, which was identical to the protective haplotype previously reported for schizophrenia and psychotic bipolar disorders, was a protective factor (p=0.0013, OR=0.62, 95%CI 0.51-0.77) for methamphetamine psychosis. The T-G-C haplotype was a risk for methamphetamine psychosis (p=0.0012, OR=14.9, 95%IC 3.5-64.2).

Conclusions: Our genetic evidence supports a possibility that *DTN-BPI* is involved in psychotic liability for not only schizophrenia but also other psychotic disorders, including substance-induced psychosis

PREVALENCE OF PRE-DIABETES IN PATIENTS TAKING ATYPICAL ANTIPSYCHOTIC MEDICATIONS

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Objectives: While many studies suggest a high prevalence of diabetes in patients taking atypical antipsychotic medications, less is known about pre-diabetes, defined as fasting plasma glucose=100-125 mg/dl or oral glucose tolerance test=140-199 mg/dl. Management of pre-diabetes may be important in preventing more serious health problems. This study examines the prevalence of pre-diabetes and its relationship to other risk factors for cardiac morbidity and mortality in patients taking atypical antipsychotic medications.

Methods: Subjects underwent fasting glucose laboratory testing, physical measurements, and a demographic and medical history interview. These subjects were matched for age, gender, BMI, ethnicity, and history of diabetes with patients from the 2003-2004 National Health and Nutritional Examination Survey.

Results: The prevalence rates of pre-diabetes, diabetes, hypertriglyceridemia, dyslipidemia, and metabolic syndrome were 29.4%, 21.4%, 46.8%, 84.9%, and 61.1%, respectively, *n*=126. The prevalence of the pre

lence rates for diabetes, dyslipidemia and metabolic syndrome were statistically different between our group and the control, but not for pre-diabetes and hypertriglyceridemia. There were no significant correlations between pre-diabetes and hypertriglyceridemia, low HDL, metabolic syndrome, or BMI in our patients.

Conclusions: Nearly one-third of our patients had pre-diabetes and may have appeared asymptomatic. Further study is needed to better understand the role of pre-diabetes as a precursor to diabetes in this patient population and the impact its treatment may have on its course.

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P-02-247

FAMILY THERAPY FOR A FAMILY OF FATHER AND SON WITH ASPERGER'S DISORDER

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Aim: To work with the family to face the difficulty of empathy Case report: The initial target client was the little son, who was accompanied by his burnt-out mother to visit our child psychiatric clinic for his attacking his mother. However, he expressed his worries about the more severe conflicts between his parents and between his elder brother and his father. The elder brother was diagnosed Asperger's disorder previously, but the family denied this. The mother felt frustrated about the difficult communication with the father, and her elder son "acceded" her anger toward her husband, attacking the father agitatedly for his rigid moral rules, and didn't respect his father for his incompetence, not-intervening attitude in family conflicts. In family therapy, we adopted the concept that

"Chinese men are blunt , and transmitted his love to his family only by working hard" instead of the term of "Asperger's disorder" to help the mother and the children to understand the father's love for them. We supported the father not to hide himself into his abstruse interests in conflicts and to see the meaning of these conflicts.

Discussion: The concept of gender difference of communication in the Chinese culture may help the family to empathize the deficit of ability of empathy. Therapists need help the family to explore the hidden massage to be communicated in conflicts, to support the one with Asperger's disorder and his difficulties in social skills and verbal communication, and to reconstruct their rigid believes.

INTELLIGENCE PROFILES AND ATTENTION PERFORMANCE OF TAIWANESE CHILDREN WITH EPILEPSY

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Aim: Although previous western studies have demonstrated cognitive deficits in children with epilepsy, particularly, attention deficit, only some were conducted in normally intellectual children with epilepsy. Our study aimed to investigate the neuropsychological functioning in Taiwanese children with epilepsy and overall normal intelligence.

Methods: The case group consisted of 44 pediatric patients with epilepsy, aged 6-16 (mean ± standard deviation, 9.91±2.52) and 88 age-, sex-, and parental education- matched school controls were selected. Cases with mental retardation or autism were previously excluded. WISC-III and Conners' Continuous Performance Test were administered. Parents of all participants completed the Child Behavioral Checklist. Linear multi-level model was used for matched analysis. Results: The average age onset of epilepsy (mean ± SD) was

 7.82 ± 3.17 and 38 cases (86.4) were taking anticonvulsants. The average full scale IQ (mean \pm SD) of the case group (94.00 \pm 13.28) was lower than that of the controls (105.02 \pm 10.81) by demonstrating lower Verbal IQ, Performance IQ, Verbal Comprehension, Perceptual Organization, and Freedom from Distractibility (Cohen's d ranging from 0.54 to 0.94) than the controls. The case group had more severe inattention based on CBCL. There was no group difference in CPT parameters except that the case group had higher response style (p<0.05), indicating a tendency to slowness or caution.

Conclusion: Our findings demonstrate that Taiwanese children and adolescents with epilepsy and overall normal IQ have lower scores in IQ profiles. Although attention problems were reported by their parents, patients with epilepsy did not show attention deficits measured by the Continuous Performance Test.

P-02-249

NEUROTIC, STRESS-RELATED AND SOMATOFORM DISORDERS AND POLYMORPHISMS OF THE GENES 5-HTR2A AND 5-HTT

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Objective: Study of polymorphic variants of locus T102C and A-1438-G of gene 5-HTR2A and locus VNTR-17 and 5 '-HTTLPR of gene 5-HTT among patients with neurotic, stress-related and somatoform disorders

Methods: 60 patients with dissociative (conversion) disorders (ISD-10, F44), 43 patients with adjustment disorders (ICD-10, F43.2) and 85 mentally healthy persons were investigated. Polymorphic variants of a genes of serotonin receptor 2A (5-HTR2A) and serotonin transporter (5-HTT) were studied.

Results: Authentic distinctions between distribution of genotypes A1A1 and A1A2 of locus T102C of gene 5-HTR2A is characteristic for patients with adjustment disorders in comparison with mentally healthy people ($X^2=4,26$; df=1; p=0,04). We have observed statisti-

cally significant distinctions between frequencies of genotypes AG and GG of locus A-1438-G of gene 5-HTR2A at patients with dissociative (conversion) disorders and mentally healthy people (X^2 =3,3; df=1; p=0,03). For patients with dissociative (conversion) disorders and adjustment disorders is characteristic the tendency of distinctions of distribution of genotypes of locus VNTR-17 of gene 5-HTT. The distribution of genotypes LL, LS and SS of locus 5'-HTTLPR of gene 5-HTT among patients with dissociative (conversion) disorders did not differ from distribution of these genotypes among patients with adjustment disorders.

Conclusions: The locus T102C of a gene 5-HTR2A are associated with adjustment disorders, the locus A-1438-G are associated with dissociative (conversion) disorders.

STEROID AND THYREOID HORMONES IN PATIENTS WITH NEUROTIC, STRESS-RELATED AND SOMATOFORM DISORDERS

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Objective: Study concentrations of steroid and thyreoid hormones in patients with neurotic, stress-related and somatoform disorders. **Methods:** 35 patients with dissociative (conversion) disorders (ISD-10, F44), 29 patients with adjustment disorders (ICD-10, F43.2) and 27 mentally healthy persons were investigated. Immunofermental analysis for definition of concentration of steroid and thyreoid hormones were carried out.

Results: We have observed statistically significant increase level of cortizol (p<0,05) in patients with adjustment disorders (635,04 \pm 48,69 nmol/l) in comparison with control and patients with dissociative (conversion) disorders (444,97 \pm 24,53 nmol/l and 443,13 \pm 23,00 nmol/l accordingly). The statistically significant the lowered maintenance of dehydroepiandrosteronum is characteristic for patients with adjustment disorders in comparison with control and patients of another group (1,65 \pm 0,24 pkg/ml; 2,44 \pm 0,24 pkg/

ml and 2,93 \pm 0,36 pkg/ml accordingly, p<0,05). For patients with dissociative (conversion) disorders is characteristic the statistically significant increased level of triiodthyronin (1,71 \pm 0,12 nmol/l), in patients with adjustment disorders and mentally healthy persons this metric composed 1,26 \pm 0,02 nmol/l and 1,34 \pm 0,04 nmol/l accordingly. The level of thyroxin for the persons with dissociative (conversion) disorders differ from values of control and patients with adjustment disorders (23,68 \pm 2,07 pkmol/l; 17,64 \pm 1,43 pkmol/l and 14,69 \pm 0,53 pkmol/l accordingly, p<0,05).

Conclusions: The patients with adjustment disorders is characteristic the statistically significant increased level of cortizol and the lowered maintenance of dehyrdoepiandrosteronum. Dissociative (conversion) disorders are formed in conditions of the raised maintenance thyreoid hormones and the physiological maintenance of steroid hormones.

P-02-251

THE EFFECTIVENESS OF THE COGNITIVE TRAINING PROGRAM REHACOM IN SCHIZOPHRENIA

INSTITUTIONS

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Schizophrenic patients examined neuropsychologically present cognitive dysfunctions, as far as working memory and executive functions are concerned.

RehaCom is a software package, enabling to focus on cognitive areas that need to be trained. According to cognitive disorders connected with prefrontal cortex, present in schizophrenia, there are some reasons that RehaCom could be useful to improve cognitive disorders in these patients. In this study the possibility of cognitive rehabilitation in schizophrenia was examined using computer training program RehaCom in the group of twelve patients. Each patient trained for sixteen sessions with the training programs: attention & concentration and topological memory. This group was compared with control group, that wasn't treated with RehaCom. Patients were randomly given olanzapine, perazine or ziprasidone and their psychopatological status was measured using PANSS. The cognitive

functions were checked with TMT, WCST and Stroop in the beginning of experiment and after sixty days. Both groups were randomly selected and didn't show differences in gender, age and illness duration. In concluding examination both groups showed improvement in neuropsychological assessment, but in training group the positive effect of cognitive rehabilitation caused that patients gained better scores in assessment and showed significnt improvement in training programs, esspecially in attention & concentration. Recent researches tendencies are aiming at creating an interdisciplinary schema of treatment for patients with schizophrenia. A comprehensive treatment with cognitive training methods included should show results in increased quality of patient's life.

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ALTERATIONS OF THE DOPAMINE TRANSPORTER IN RESTING LYMPHOCYTES OF PATIENTS WITH DIFFERENT PSYCHOTIC DISORDERS

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The recent demonstration of the dopamine (DA) transporter (DAT) in human blood lymphocytes offers the possibility to explore a potential DA marker in an early available tissue. The aim of our study was, therefore, to investigate and compare the DAT in resting lymphocytes of 20 psychotic patients and 20 healthy control subjects, by means of both the binding parameters (Bmax and Kd) of 3H-WIN 35,428, a specific ligand for it, and the reuptake parameters (Vmax and Km) of 3H-DA. The 3H-DA reuptake was performed according to the method of Amenta et al. (2001), with slight modifications. For the binding assay, aliquots of lymphocyte membrane suspensions were incubated with increasing concentrations of 3H-WIN 35,428; the non-specific binding was determined by using DA 10 mM. The Bmax values (mean+SD, fmol/mg protein) of the patients

were 21.46±2.12, significantly lower than those of healthy control subjects (38.53±3.21), while the Kd (mean+SD, nM) did not show any change (0.56±0.24 vs 1.21±0.50, respectively). A significant difference was also detected in Vmax (mean+SD, pmol/109cells/min) values which were significantly lower in the patients than in healthy subjects (8.23±1.08 vs 52.92±21.10), while the Km (mean+SD, nM) did not show any change (166.21±76.07 vs 179.42±66.12, respectively) Our data indicates a reduced density of the lymphocyte DAT proteins which function also at a lower velocity, as shown by the decreased Vmax. Taken together, our findings would indicate that psychotic patients present a complex alteration of DAT in lymphocytes, which may reflect alterations of the same structure present in the brain.

P-02-253

PTSD, BRAIN INJURY, AND PSEUDOEPILEPSY

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Objective: The research to date suggests: a) PTSD is important in the development of pseudoseizures; b) brain injury increases the risk of PTSD. Very few data is available about the interrelations of PTSD, brain injury and pseudoseizures.

Method: Single case study.

Results: Patient S., 41 years old. At age 28, he saw the death of his wife and son under the ruins of earthquake. He was reserved, but then became rather quiet, and he was married after 4 months. At age 31, he joined volunteer soldiers, was affected by severe psychogenic factors. At age 34 he was wounded associated with serious brain contusion. After the return he developed PTSD, had a strong guilt for the loss of friend, "saw clearly his face". He became explosive;

once he struck heavily his daughter, he had amnesia what had happened. The GP referred him to the Center of Epileptology, where didn't revealed epilepsy, and diagnosed PTSD. During the inpatient treatment he became quiet, but continued to have periodically seizures on the height of headaches, lasting 3-10minutes and ending with amnesia and expressed fatigue. He did well only after the anti-depressive treatment.

Conclusions: PTSD and pseudoseizures not developed after severe personal misfortune without brain injury, but developed after war distresses and brain contusion. Traumatic brain injury + traumatic stress = pseudoepilepsy? Clearly, this issue warrants prospective longitudinal studies.

THE EVALUATION OF NEUROPROTECTIVE EFFECT OF CEREBROLYSIN IN ALZHEIMER'S DISEASE ON ANIMAL MODEL

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Aims/Objectives: The Alzheimer's disease model on animal experiment is validated through the atropinic cholinergic blockade, the neurodegenerativ-type mechanisms being accelerated by hypoxia and vascular ischemia. Cerebrolysin can realise neuroprotection towards hypoxia and ischemia.

Methods: We evaluated the neuroprotective role of Cerebrolysine on animal model (Winstar rat), within the cholinergic blockade with vascular component. We studied 6 lots of 5 male adults rats each (200-250g), held through the study in temperature, humidity, food and ambient stressless conditions, compaired to a control lot.

N1 - cholinergic blockade;

N2 - cerebrolysin + cholinergic blockade;

N3 - cerebral ischemia (uni/bilateral carotidian clamping);

N4 - cerebrolysin + cerebral ischemia;

N5 - cerebral ischemia + cholinergic blockade;

N6 - cerebral ischemia + cholinergic blockade + cerebrolysin;

N - control:

A single dose (5ml/kg)/day of Cerebrolysine was administrated 10 days before and 7 days after the cholinergic blockade or cerebral ischemia. The rats were sacrificed during the 18th day, 6 hours after the last administration. The sample brain was histopathologically processed through specific colouring and fixation techniques and we evaluated the neuroprotection comparing the cytoarchitectural changes in frontal cortex and hippocamp and the presence of β -amyloide to optical microscope.

Results: The cholinergic blockade produces cytoarchitectural changes in frontal cortex and hippocamp, the cerebral ischemia amplifies the lesional changes of the cholinergic blockade and the presence of β -amyloide. Cerebrolysine decreaseas these changes.

Conclusions: In our study, cerebrolysine proves his neuroprotective value over the cholinergic blockade and the ischemic vascular aggression with complementary therapeutical value.

P-02-255

AN EVALUATION OF A COGNITIVE-BEHAVIORAL STRESS MANAGEMENT PROGRAM FOR PEOPLE WITH SCHIZOPHRENIA

INSTITUTIONS

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Aims: Vulnerability-stress models suggest that training in specific stress management techniques should yield benefits to those suffering from schizophrenia. This poster communication describes the development and testing of a cognitive-behavioral stress management program for such patients.

Methods: During 9 month, 14 participants with schizophrenia took part in a psycho-educative program based in the "Pratical Coping and Empowerment Strategies for people with Psychiatric Disability" (developed in 1994 by the Center of Psychiatric Rehabilitation - Boston University), and in the relaxation principles of Jacobson, Schutz, and Desoille techniques. Standardized measures of stress levels,

coping strategies, psychosocial functioning, attainment of treatment goals, and data regarding hospitalizations were used to assess change over the rehabilitation process.

Results Significant differences were found between pre and post test evaluation, revealing decrease in stress levels and increase in coping strategies, especially those related with "self-control", "assuming responsibility" and "positive revaluation".

Conclusions: It was concluded that training in stress management may provide patients the necessary skills for coping with daily life stressors and reduce the likelihood of relapse.

RELATIONSHIP BETWEEN PERCEPTUAL/ATTENTIONAL ANOMALIES AND P- 50 DEFICITS IN SCHIZOPHRENIA: IS IT POSSIBLE?

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Background: Abnormal P50 response has been hypothesized to reflect the sensory gating deficit in schizophrenia. Despite the extensive literature concerning the sensory filtering or gating deficit in schizophrenia, no evidence has been provided to test the relationship of the P50 phenomenon with patients' experiences of perceptual anomalies.

Methods: The sample was comprised of 91 subjects: 23 schizophrenic patients, 24 first-degree relatives and 44 controls underwent P-50 gating measurement and the Spanish versions of the Structured Interview for Assessing Perceptual/attentional Anomalies (SIAPA) was applied to measure the presence of perceptual/attentional.

ANOVA was carried out for global group comparisons.

Results: The schizophrenic groups and first degree relatives had significantly higher frequencies of auditory and visual perceptual/ attentional anomalies. Patients and relatives reporting perceptual anomalies exhibited P50 deficits.

Conclusion: The existence of perceptual/attentional/anomalies in non affected relatives suggests the presence of familial association for these symptoms which could be suitable endophenotype for genetics studies.

P-02-257

ASSOCIATION STUDY OF THE -181 A/C POLYMORPHISM IN THE EXCITATORY AMINO ACID TRANSPORTER-2 GENE PROMOTER WITH PERSONALITY TRAITS IN HEALTHY SUBJECTS

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Animal and human studies have suggested that excitatory amino acid transporter (EAAT) -2, the major subtype of EAAT, is involved in human mental function and behavior. Recently, it has been shown that the -181 A/C polymorphism in the EAAT2 gene promoter affects plasma glutamate concentrations in humans. In the present study, the association of the -181 A/C polymorphism in the EAAT2 gene promoter with personality traits was examined in 575 Japanese healthy volunteers. Personality traits were assessed by the Temperament and Character Inventory, and the EAAT2 polymorphism was

detected by a PCR-RFLP method. The scores of reward dependence were significantly (p=0.017) lower in the group with the A allele (A/A and A/C) than in that without this allele (C/C). When males and females were analyzed separately, the significant difference between the two genotype groups was observed in females (p=0.021) but not in males (p=0.364). The present study thus suggests that the -181 A/C polymorphism in the EAAT2 gene promoter affects the personality trait of reward dependence in healthy subjects.

PRESENCE OF DEPRESSIVE DISORDERS AMONG PATIENTS WITH EPILEPSY IN RELATION TO THE DURATION OF ILLNESS AND TYPE OF SEIZURES

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Introduction: Interictal depression can be seen as an comorbid disorder in more than 40% of epilepsy patients. Duration of epilepsy, as well as the type of the seizures can be suitable for development of depressive disorder in many aspects.

Goal: To test relation between depressive disorder in patients with epilepsy, duration of illness and type of seizures.

Material and methods: With prospective, random selected study, we have tested 300 epilepsy patients, with/without depressive affective disorder at the Out patient Department for Epilepsies of Neurology Clinic. All patients answered Beck and Hamilton depression scales. **Results:** This research included male patients or 54% of baseline, at the average age of 37.7 years SD = 12.86, as well as female patients at average age of 32.83 years SD = 12.26. Presence of depression is noticed among 34% of patients at the Beck Depression Scale, and

38.9% at the HAMD with the significant difference in presence of severe depression among women. 14% of patients had suicidal ideas. Duration of illnesses longer than 20 years was in 56% of women with the expressed depression, compared to the 42% men's (p < 0.01). Majority of patients had partial seizures with/without secondary generalization, and among them partial complex symptoms was significantly more present among females (p<0.01).

Conclusion: Depressive disorder occurs significantly more often among women with the longer epilepsy duration. Epileptic seizures with the partial complex symptoms with/without secondary generalization among women are important predisposing factor for the development of depression.

Key words: epilepsy, depression, duration of epilepsy, type of seizures

P-02-259

ASSOCIATION STUDY BETWEEN TUMORAL NECROSIS FACTOR (TNF) AND NUCLEAR FACTOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS INHIBITOR-LIKE 1 (NFKBIL1) GENETIC POLYMORPHISMS AND OBSESSIVE-COMPULSIVE DISORDER

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Aims/Objectives: Obsessive-compulsive disorder (OCD) is a psychiatric manifestation to which immunological mechanisms have been hypothesized. Tumor necrosis factor alpha (TNF-alpha) is a proinflamatory cytokine involved in RF and several autoimmune diseases. Polymorphisms of the promoter region of the TNF alpha gene have been associated with clinical forms of RF. The nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor-like 1(NFKBIL1) is suggested as a putative inhibitor of NFKB, modulating the immunological system. Thus, the aim of the present study was to evaluate polymorphisms of the TNF-alpha and NFKBIL1 genes as risk factors for OCD.

Methods: The allelic and genotypic frequencies of -62A/T NFKBIL1 (rs2071592) polymorphism, and -308G/A (rs1800629) and -238G/A (rs361525) TNF-alpha polymorphisms were compared between 111 patients who fulfilled DSM-IV criteria for OCD and 365 healthy subjects.

Results: There was a statistically significant association between OCD and the G allele of the TNF-238 when comparing OCD patients with controls: allelic ($\chi^2{=}20.79,$ p=0.000005, 1d.f.) and genotypic ($\chi^2{=}15.73,$ p=0.0003, 2d.f.) distributions. There was a trend to a significant difference in the allelic ($\chi^2{=}3.84,$ p=0.05, 1d.f.) and genotypic ($\chi^2{=}3.77,$ p=0.15, 2d.f.) distributions of the TNF-308 polymorphism. Regarding the -62A/T NFKBIL1 polymorphism, there were no statistical differences in the allelic ($\chi^2{=}0.01,$ p=0.90, 1d.f.) and genotypic ($\chi^2{=}0.55,$ p=0.75, 2d.f.) distributions between OCD patients and controls.

Conclusion: TNF-alpha may be a susceptibility locus for OCD in this group. More studies with larger samples and ethnicity stratification are necessary to confirm these findings.

INTERNET USE AND BRAIN CONNECTIVITY

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Introduction

The phenomenon of excessive internet use (EIU) as a distinct entity within the field of addictive disorders continues to be the subject of debate. Increased activity of brain regions along the central gyrus has been reported in many cue related functional brain imaging studies in drug dependent persons. We hypothesized that the extent of internet use would be associated with altered connectivity of frontal lobe circuits, especially central and cingulate regions that have been adversely affected by substance use.

Methods

18 healthy male adults were first screened using self-report questionnaires and Young's Internet Addiction Scale (YIAS). All subjects were internet users but did not meet criteria for addiction (YIAS <40) enrolled at Bentley College. Diagnostic MRI and diffusion tensor imaging (DTI) data were acquired using a 3 Tesla Simmens Trio MR scanner.

Results

In a voxel-based fractional anisotropy (FA) value analysis including 18 subjects, a significant association was identified in two clusters of left frontal lobe white matter (precentral and postcentral regions). In an analysis of correlation between clusters and Young's internet addiction scale scores (YIAS), craving was negatively correlated with the FA values of the left frontal lobe regions.

Discussions

The current findings suggest that elevated levels of internet use are associated with impaired connectivity (lower FA) of pre and post central areas which respond to both motor and sensory stimulation. The extent to which impaired frontal lobe connectivity is a risk factor for excessive internet use requires further study.

P-02-261

STUDY OF DRD3 POLYMORPHISM IN PATIENTS WITH A SYDENHAM CHOREA DIAGNOSIS

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Sydenham's chorea (SC) is one of the major criteria for the diagnosis of rheumatic fever (RF) and affect between 10 and 30% of individuals with RF. That is characterized by emotional lability, uncoordinated and involuntary movements and weakness. Some psychiatric symptoms, as obsessive compulsive behavior or tics, might happen in association with the classical symptoms. A Tumas et al. (2007) study shown that patients with chorea diagnosis have already behavioral abnormalities (40%), dysartria (38%) and gait abnormalies (34%). A family history is usually positive for RF suggesting some familiar susceptibility to develop RF and SC. Twin studies confirm a familial character since they shown higher concordance rate among monozygotic twins than in a group of dizygotic twins. Recently the interest in pathogenical studies of SC has been increased motivated by the fact that SC might have a common mechanism with Tourette

Syndrome, Attention Deficit hyperactivity disorder and other neuropsychopathologies. In order to identify factors that might underlie an individual susceptibility to SC and other neuropsychiatric disorders, in this study we investigated the association between Ser9Gly polymorphism of DRD3 gene and Sydenham's chorea. We genotyped 91 patients and controls for Ser9Gly polymorphism. No association was found between Sydenham Chorea and DRD3 Ser9Gly polymorphism. However our data is preliminary and our sample still with few patients being in our point of view this study should be extended in terms of sample size and number of genes studied.

Tumas V, Caldas CT, Santos AC, Nobre A, Fernandes RM.Parkinsonism Relat Disord. 2007 Jul;13(5):276-83

DISABILITY AS A RESULT OF STROKE IN UZBEKISTAN

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Object of our research is conducting of analisys of post-stroke disability in Uzbekistan over a period of 1996 - 2005, study of structure and dynamics of disease incidence, as well as detection of causal factors of invalidism of population as a result of these pathologies. Indices of disability after stroke in different regions, according to integrated data of statistical reports of National Centre for Rehabilitation of Uzbekistan over a period of 1996 - 2005, were used as materials for investigation.

Results have shown, that primary disablement because of stroke in all regions tend to increase. So, it made about 3.6 in 10,000 of population in 2005, while it was 1.9 in 1996.

Invalidism, as a result of stroke, rised approximately by 89.5% over past 10 years. Indices of residual disability because of cerebrovas-

cular pathology vary from 2.2 to 6.1 in 10,000 of population in different regions of Republic. Based on our data, hypertensive disease and combination of atherosclerosis and arterial hypertension occupy high position (74.6%) in the structure of ethiologic factors of stroke. Decree of severity of functional disorders of men is evident to greater extent than women. People 45-60 years old, who has vaste working experience and high qualification, become invalids approximately in 80% of cases, and in 20% of cases - pension age people. Our studies have shown, that heavier disability group - I or II - was determined at persons not registered in dispensary, and these groups of patients were permanently disabled or were in need of constant outside care

P-02-263

SOCIO-DEMOGRAPHIC AND FAMILY RELATED ASPECTS OF PUNITIVE PARENTING. THE SERBIAN EXPERIENCE

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AIMS: Punitive parenting, traditionally present in patriarchal cultural environments, shows different socio-demographic correlations in different societies. There is no much evidence on direct relationship between the components of family functioning and the use of punitive measures. The aim of this study was to investigate the socio-demographic and family related correlates of punitive discipline used by Serbian parents.

METHODS: Sixty six parents (30 males, 36 females, age 45.92±8.79 yrs, dominantly urban) completed the following instruments: 1) the general questionnaire (socio-demographic data, including items on self-evaluation of family and partner relations quality); 2) the punitive discipline self-report measure, and 3) Family Adaptability and Cohesion Evaluation Scale (FACES III).

RESULTS: Mean value of punitive discipline score among parents was under the scale midpoint and it did not differ between gen-

ders. Significant correlates of the punitive discipline in the general sample were age (r=-0.271, p=0.032), number of children (r=0.261, p=0.044), and number of marriages (r=-0.284, p=0.025). The frequent use of punitive discipline was related to younger fathers (r=-0.330, p=0.037), with better family income (r=0.325, p=0.04), more children (r=0.421, p=0.023) and only one marriage (r=-0.312, p=0.047); among females, it was related to less educated participants (r=-0.369, p=0.035), belonging to lower economic strata (r=-0.492, p=0.005). Poor family cohesion among mothers showed a significant relationship with the frequent use of punitive measures (r=-0.390, p=0.025).

CONCLUSION: The study findings may imply that interventions on parental discipline practices should be directed to the specific socio-demographic profiles, and ought to involve family cohesion strengthening measures.

TYPES OF STRESS AND EXACERBATIONS IN RELAPSING-REMITTING MULTIPLE SCLEROSIS

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Aims

Although there is growing evidence that Stressful Life Events (SLEs) are associated with exacerbations in Multiple Sclerosis (MS), the nature of this relationship remain unclear. The aim of this study was to examine the interactions between particular types of SLEs and exacerbations in MS.

Methods

Twenty six ambulating women with relapsing-remitting MS were followed for a mean of 56.3 weeks. Each week patients assessed SLEs in self reported weekly diaries that were collected at regular visits every 4 weeks. Neurological examination was performed, by the same neurologist, at baseline and at every regular and additional visit after a suspect exacerbation. For study a possible relation between the type/ source of stress and MS relapses, SLEs were grouped together in 6 categories: parents/ family, social, work/ financial,

marital/ love relationships, health and related problems, living circumstances.

Results

A Cox univariate regression analysis showed that effects of stress on MS exacerbations was dose dependent. Three or more SLEs were associated with 5.3 times (95% CI 1.7 to 16.4, =0.003) respectively the rate of relapsing during the following four weeks. The type of stressor seemed to have no impact on the association between SLEs and subsequent relapses (chi-square test, $\rm X^2$ =7.29, df= 5, p>0.05).

Conclusion

SLEs may be a potential trigger of MS exacerbation. Ambulate women with relapsing-remitting MS with more cumulative SLEs may be at greater risk for a relapse. Particular types of stressful situations have not been shown to be predictive of exacerbations in MS.

P-02-265

SENSE OF COHERENCE OF FAMILY CAREGIVERS OF SCHIZOPHRENIC PATIENTS

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Aims: Schizophrenia is a complex mental illness, which is stressful not only for the patients but also for their families. The purpose of this study was to investigate the Quality of Life (QOL) and Sense of Coherence (SOC) of family caregivers of relatives with schizophrenia.

Method: A total of 34 family caregivers (21 mothers, 3 fathers, 8 adult siblings, and 2 spouses) of schizophrenic patients, aged from 27 to 88 years old participated in the study. The mean age of the caregivers was 63.7±13.3 years old. Two questionnaires were used to assess the subjective quality of life and the ability to cope with stress and health issues: a Japanese version of the WHOQOL-26 scale and the SOC-13 scale. **Results**: In the category of sense of meaningfulness, the female subjects scored higher than male subjects, although the difference was not significant. The score of the environmental

dimension in the subjects aged 60-80 was higher than those aged 20-50 (p<0.05). There were significant correlations between sense of comprehensibility and environmental dimension(r=0.56, p<0.01), sense of meaningfulness and environmental dimension(r=0.58,p<0.01)and sense of manageability and social dimension(r=0.49,p<0.01).

Conclusion: It was suggested that attitudes and feelings of family caregivers toward schizophrenic patients were related to their sense of coherence. Also, SOC should be considered for family caregivers to promote the environmental and social dimensions in QOL.

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SOCIAL SUPPORT AND MENTAL HEALTH IN EASTERN EUROPE IMMIGRANTS IN PORTUGAL

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Eastern Europe immigrant populations are a recent migratory flow in Portugal, with socio-demographic, cultural, linguistic specificities in face of the Portuguese population that represent a new challenge to structured health services and mental health care in Portugal.

This study aims to perform a socio-demographic characterization, identify the main health problems and health surveillance patterns of the immigrant population from Eastern Europe countries in Portugal. It also aimed to assess the mental health status of this population and it's vulnerability, relating them with the migratory process, access to health services and social support.

The study was conducted in immigrant community centers from January 2005 to March 2006 and focused on 566 Eastern Europe

immigrants in Portugal, 296 males and 270 females, using the GHQ-28 (Goldberg & Hillier, 1979); the SSQ6 (Saranson, Saranson & Pierce, 1987) and a Socio-demographic questionnaire.

From the 566 individuals of the sample we conclude that this population is predominantly from the male gender, in active young age, characteristic of an economic migration, with high academic qualifications. A significant percentage of the inquired refers consumption of alcoholic drinks and tobacco, have risk work tasks and presents reduced health surveillance behaviors. 10,4% of the inquired immigrants presented psychiatric pathology assessed by the GHQ-28 and low social support. The statistic analysis revealed the existence of relations between social support and mental health, access to health services and the levels of mental health.

P-02-267

IDENTIFICATION OF THE CYP2C19 GENE *17 ALLELE IN A LARGE CLINICAL TRIAL OF CITALOPRAM

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Background: A common novel CYP2C19 gene variant is believed to cause ultrarapid drug metabolism of proton pump inhibitors and antidepressants. Results suggest the CYP2C19*17 allele effects serum concentrations and could possibly explain therapeutic failure of commonly used antidepressants, such as citalopram and escitalopram. Subjects in level one of the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study were treated for major depressive disorder with citalopram. This study examines the clinical significance of the CYP2C19*17 allele by genotyping the STAR*D sample for *17 and assessing treatment outcome.

Methods: Original genotyping of STAR*D subjects did not test for the SNP defining the *17 allele. The novel 806C>T polymorphism that differentiates these alleles has been genotyped in 718 of the 1914 subjects. Genotyping is still underway.

Results: Since genotyping originally did not differentiate between *1

and *17 alleles, frequency of the *1 allele was originally thought to be 84.1%. Genotyping of the novel 806C>T polymorphism which defines the *17 allele, revealed a frequency of 20.2% for this new allele, thus dropping the *1 allele frequency to 63.9%. Remission rates in subjects with the *17 allele will be analyzed upon completion of genotyping.

Conclusions: Previous pharmacogenomic studies of the CYP2C19 gene have not identified the *17 allele. This may have implications for the interpretation of their results given that a large number of subjects with more rapid metabolism were not identified.

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SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT) IN GENDER IDENTITY DISORDER (GID)

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Gender identity disorder (GID) is a disease characterized by a disagreement between objective born sex and subjective gender identification.

Recently its possible biological underpinnings have become a topic of examination but the etiology of GID remains unclear at present. This study is the first trial to evaluate the regional cerebral blood flow (rCBF) of GID. We compared the rCBF of 12 GID patients to that of normal control subjects using Statistical Parametric

Mapping (SPM) analysis of Single photon emission computed tomography (SPECT). All subjects did not have any kind of regular medication including psychotropic drugs and did not have any kind of physical or psychiatric comorbidity. Magnetic resonance images

(MRI) of all subjects were examined and revealed no mass lesions or any structural abnormality of the brain. The GID group and the normal control group were well matched in age, hand preference, Self-Rating Depression Scale (SDS) score and State-Trait Anxiety Inventory (STAI) score. All subjects were required to provide written informed consent to any study-related procedures. The study protocol was approved by the ethics committee of Fukuoka University Hospital and carried out from September 2006 to December 2007. In the end, the GID group showed a significant decrease of rCBF in the left medial frontal gyrus, the left superior frontal gyrus and the left cingulate gyrus. A possible biological etiology of GID is suggested.

P-02-269

A CASE ILLUSTRATING THE CLINICAL UTILITY OF CYTOCHROME P450 GENOTYPING

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Introduction

In this case report we analyze whether cytochrome (CYP) 2D6 poor metabolism induced medication toxicity.

Case Report:

An 18 y/o Latino male with schizophrenia was admitted for extreme restlessness and agitation after taking risperidone 3mg following several days of noncompliance. Patient was restarted on his previous dose of risperidone 3mg BID. On hospital day 4, he became increasingly agitated, requiring IM injections of haloperidol 10mg and diphenhydramine 100mg. On day 5, he threw chairs and was given haloperidol 5mg IM and diphenhydramine 25mg IM. On day 6, the patient developed extreme restlessness, generalized muscle contractions, a pulse of 136, temperature of 37.5 C, CPK level of 3655 U/L and systolic blood pressure from 90-160.

Cytochrome P450 genotyping results showed the patient was a poor metabolizer of CYP2D6 with both alleles deleted. Risperidone and haloperidol were discontinued and olanzapine and valproic acid were initiated. He responded well to these medications and maintai-

ned stable vital signs without dystonia or akathisia.

Discussion

Dystonia, akathisia and vital sign lability are associated with risperidone and haloperidol toxicity. Both medications are extensively metabolized by CYP2D6, an enzyme completely lacking in this patient. Upon switching to medications not metabolized by CYP2D6, the patient's symptoms resolved.

Conclusion:

Toxicity of psychotropic medications may occur with CYPD26 poor metabolism. Genetic testing can identify individuals with poor metabolism and allow physicians to adjust medications accordingly.

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COMPARISON OF CATATONIA PRESENTATION IN PATIENTS WITH SCHIZOPHRENIA AND MOOD DISORDER

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AIM/OBJECTIVE: To compare the profile of patients with schizo-phrenia and mood disorder presenting with catatonia.

METHOD: Cases in which presentation of catatonia was noted at the Psychiatric Hospital, Yaba, Lagos, Nigeria were reviewed over two time frames, 1983-85 and 2003-05. Socio-demographic and clinical features were described for each diagnosis.

RESULTS: There were a total of 98 cases of which 40 were seen between 1983-85 and 58 between 2003-05. Schizophrenia accounted for 82.5% and 53.4% in the two periods, while the proportion asso-

ciated with mood disorders increased from 10% to 20.7%. Male to female ratio was 1.2:1 in schizophrenia and 1:3 in mood disorder. 81% and 68.8% respectively of those with schizophrenia and mood disorder were single, while 59.3% and 37.4% were unemployed. 16.7% and 12.5% had comorbidities. Electroconvulsive therapy was used in 12.5% of schizophrenia and 31.3% of mood disorder cases.

CONCLUSION: The proportion of catatonia cases associated with mood disorder has increased over the years. More females with mood disorder are likely to present with catatonia. Electroconvulsive therapy was also more likely to be used in mood disorder.

P-02-271

SEXUAL DIMORPHISM, HETEROSIS AND EPISTASIS EFFECTS IN GENETIC ASSOCIATION STUDIES

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Recently, several studies have shown that the combined effects of a number of candidate gene variants and an adverse environment interact in a synergistic fashion, i.e. differing from merely addition, e.g. with regard to an MAOA polymorphism x environment and risk for antisocial behavior and a 5-HTT polymorphism x environment and risk for depressive episodes. As expected, usually homozygots for the gene allele under study showed the strongest effects with heterozygots in between. Rarely have sexual dimorphisms been noted. Furthermore, gene-gene interactions are likely to be present with regard to most phenotypes with a polygenic background, such as personality and other complex behaviors, but so far there are few studies demonstrating this phenomenon.

Results

1. Obvious sex differences - even going into the opposite directions

- have been found with regard to phenotypic expression, e.g. with regard to 5-HTTLPR x environment and depression, with regard to MAOAVNTR x environment and various forms of antisocial behavior (1) and with AP2ß x environment and depression.
- 2. Marked heterosis effects (homozygots showing the strongest effect) have been noted with regard to 5-HTTLPR x environment and alcohol intake and smoking.
- 3. Clear epistasis effects (gene-gene interactions) have been found e.g. between the 5-HTTLPR and a polymorphism of the AP2ß gene on Cloninger's Temperament and Character Inventory (TCI) (2), as well as between a tryptophan hydroxylase 2 polymorphism and the 5-HTTLPR on amygdala response (PET) on emotional stimuli.
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SUCCESSFUL TREATMENT OF REFRACTORY PSYCHOGENIC POLYDIPSIA WITH CLOZAPINE IN A PATIENT WITH BIPOLAR DISEASE

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BACKGROUND: Psychogenic polydipsia and associated hyponatremia have been well-documented in patients with schizophrenia, as well as other psychiatric populations, including individuals with bipolar disorder. There have been reports of improvement of this condition with clozapine in the schizophrenic population; while to our knowledge, no reports of experience with this agent in the polydipsic bipolar patients has come out.

CASE: A 47-year old female patient with bipolar disease presented with repeated attacks of clouding of sensorium and delirium associated with severe hyponatremia. She had bouts of polydipsia (con-

sumption of fluids up to 10 litres daily) in the previous 6 months, and had been hospitalized several times for attacks of hyponatremia-associated CNS complications (seizures, delirium and coma). The patient did not cooperate with ordinary measures of fluid restriction, and was unresponsive to a short trial of beta-blocker propranolol for the treatment of polydipsia. Only after administration of clozapine did the patient's polydipsic behaviour improve dramatically. And at the 6th month of follow-up, she was still free of polydipsia.

CONCLUSION: Clozapine might be a good option for treatment of psychogenic polydipsia in patients with bipolar disease.

P-02-273

RARE GENETIC MUTATION ASSOCIATED WITH PSYCHIATRIC SYMPTOMATOLOGY

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The patient is a 31 year old single unemployed overweight woman with learning disabilities. She came to the psychiatric outpatient's with paranoid persecutory delusions and violent outbursts towards family members. She was diagnosed at the age of four as suffering from translocation between short arms of chromosome 2 and the long arms of chromosome X [46, XX, t(2;x) (p23; q21)]. Her parent's caryotype was normal. Physical examination revealed high forehead, low set ears, hypertelorism, broad nasal bridge and macrostomy. Pelvic ultrasound revealed hypoplastic uterus and ovaries. The patient

was on contraceptives. Neurological examination revealed no focal lesions. Blood test revealed no abnormalities and the thyroid function was within normal limits.

She responded well on topiramate 100 mgr and citalopram 20 mgr. After two months she was less violent and did not express any persecutory ideation. This is a rare case of genetic mutation and is presented in order to highlight the association of the genotype with the patient's phenotype.

GENERAL HEALTH AND DEFENCE MECHANISMS IN THE YOUNG ADULTS FROM THE FAMILIES WITH MENTAL HEALTH PROBLEMS

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Introduction: community care is enabling mentally ill persons to undertake parental roles. The children of mentally ill parents are poorly recognised group, with unmet needs, and at risk of health and adjustment difficulties, caused by genetic and psychosocial load.

The aim: to measure general health, and defence mechanisms in the young adults growing up in the families with parental schizophrenia in comparison with the healthy families, and the families with parental alcohol problems.

The method: Three groups consisting each one of 32 to 35 young people between 18 and 35, being grown up in the families with parental schizophrenia (A), parental alcohol problems (B), and healthy parents (C) were interviewed and investigated with the General Health Questi-

onnaire GHQ-28, and DSQ-40 questionnaire for defence mechanisms. **Results** 15,6% in the group A, 14,3% in the B and 3,1% in C have had recently seeking psychiatric or psychological help. The groups differed significantly in the summarised GHQ measure and in the subscales of somatic symptoms, sleep disturbances, and anxiety, as well as in the level of immature defences in DSQ-40. The highest results were in the group B (alcohol families), differing significantly from the healthy (C) families. The results in the group A-(schizophrenia) were comparable with the B.

Statements: chronic emotional load in families with schizophrenia is comparable with that in alcohol families and is influencing significantly general health and emotional development of offspring.

P-02-275

STUDENTS COPE WITH STRESS LONG AFTER A NATURAL DISASTER STRIKES

INSTITUTIONS

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AUTHORS

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Objective:

The objective of this study was to explore how nursing students were coping with the stressors associated with two natural disasters occurring nine months prior to the study. It has been observed that many individuals will experience symptoms of Post Traumatic Stress Disorder (PTSD) after a traumatic stress event such as natural disasters.

Method:

Student nurses voluntarily completed a standardized post traumatic check (PCL-C) $^{\rm 1}$ list and open ended questions asking about their lived experiences.

Results:

Students shared their lived experiences and many reported feeling frustrated, angry, and depressed. They also continued to worry about the health and welfare of their families who lost property and jobs due to the hurricanes. Nearly 30% (n=383) of the students

completing the survey were exhibiting symptoms of Post Traumatic Stress Disorder nine months after the disasters. All of the symptoms on the standardized PCL-C scale were highly significant (p=.01). Symptoms of difficulty concentrating, feeling angry, flashbacks, and feeling upset were the most common and those that interfere with learning. Coping mechanisms frequently helpful were the church, family, and friends.

Conclusion:

Stress among students continued well after the cleanup process for natural disasters had been implemented and much of the community had moved on. Educational institutions need to be very much aware of the stress and PTSD symptoms experienced by students attempting to complete rigorous academic requirements.

1. Weathers,Litz,Huska, & Keane. PCL-C for DSM-IV (11/1/94). National Center for PTSD- Behavioral Science Division

ARE THE JUDGES DEALING WITH WAR CRIMES BURNED OUT?

INSTITUTIONS

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Objectives: Burnout is a syndrome consisting of physical and emotional exhaustion resulting from negative self-concept, negative job attitudes, and loss of concern for clients. The objective of this study was to assess and compare expressiveness of three dimensions of burnout in judges dealing with war crimes.

Methods: The sample consisted of the highly homogeneous group of war crimes chamber judges, Belgrade District Court and deputy war crimes prosecutor of the Republic of Serbia, as the only representatives of judiciary to prosecute all war crimes committed on the territory of the whole former Yugoslavia. Assessment has been carried out by the Maslach Burnout Inventory.

Results: There were significant differences between three different dimensions of the burn out. The lack of personal accomplishment

was the most prominent dimension with very high score, dimension of emotional exhaustion was moderate and dimension of depersonalization with the lowest expressiveness.

Conclusions: Having in mind potential long-term effects of the burnout phenomenon, it is highly important to further explore the correlation between this syndrome and various variables, such as age, personality factors, job satisfaction and organizational characteristics and compare this group with the same profile group which works under more favourable conditions.

References:

- 1. Lecic Tosevski D et al. Epidemiologia e Psychiatria Sociale, 2006; 4: 307-310.
- 2. Maslach C et al. Annu Rev. Psychol, 2001; 52: 397-422.

P-02-277

WHICH MEDICAL SPECIALTY BURNS OUT THE MOST?

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Objectives: Burnout syndrome and stress-related disorders are increasing among medical specialists. It has been suggested that some kind of speciality health workers are prone to the burnout more than others. The objectives of this study were the following: 1) to assess difference between intensity of the burnout syndrome among three different specialties - general practitioners, psychiatrists and surgeons; 2) to assess and compare expressiveness of the dimensions of burnout in these groups.

Methods: The sample consisted of 150 physicians (50 general practitioners, 50 psychiatrists and 50 surgeons). Assessment has been carried out by the Maslach Burnout Inventory.

Results: The score of the burnout syndrome was moderate in all three examined groups. However, there were significant differences

between the three groups of specialists. Dimension of emotional exhaustion was the most prominent in general practitioners, dimension of depersonalization in surgeons, and the lack of personal accomplishment was the lowest in general practitioners.

Conclusions: Since the burnout syndrome affects personal well-being and professional performance it is important to undertake preventive measures against its development, such as strategies focused on individual and organization.

References:

- 1. Lecic Tosevski D et al. Epidemiologia e Psychiatria Sociale, 2006; 4: 307-310.
- 2. Maslach C et al. Annu Rev. Psychol, 2001; 52: 397-422.

BURNOUT IN ANESTHESIOLOGISTS AT A UNIVERSITY HOSPITAL IN BELGRADE

INSTITUTIONS

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Aims/Objectives: Few studies have been published on burnout in anesthesiology even though this speciality is considered particulary stressful. Burnout syndrome, characterized by emotional exaustion, depersonalization and lowered sence of professional accomplishment is a frequent consequence of chronic stress. The aim was to assess the prevalence of burnout syndrome in anesthesiologists.

Methods: The sample consisted of 46 anesthesiologists from a university hospital in Belgrade. The burnout was assessed using Maslach Burnout Inventory, which addresses three general scales-emotional exhaustion, depersonalization and reduced personal accomplishment.

Results: Our results indicate that burnout is highly prevalent among anesthesiologists. We detected high levels of emotional exhaustion in 65,6% of them and of depersonalization in 37%. The scores reflecting low levels of sence of personal accomplishment were recorded in 100% of the sample.

Conclusions: Our findings are in accordance to other authors. he burnout syndrome is frequent among health workers, especially among those with high work demand, such as anesthesiologists. The awareness of the problem should be highlighted and programs need to be put in place to reduce the risk of developing this syndrome.

References:

- 1. Lecic Tosevski D, Pejovic Milovancevic M, Pejuskovic B, Deusic Popovic S, Hoftvedt BO, Tanovic Mikulec E. Burnout syndrome of general practitioners in postwar period(2006). Epidemiologia e Psychiatria Sociale 307-310.
- 2. Maslach C. & Jackson S.E. (1986).Maslach Burnout Inventory. Manual Research Edition. Consulting Psychologists Press:paolo Alto Ca.

P-02-279

MENTAL ILLNESS: EXERCITATION, WITHOUT CONSCIOUSNESS NOR BRAKE, OF A CONDITIONAL INERTIA

INSTITUTIONS

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AUTHORS

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Objective: Demonstrate that Mental Illness is the mechanical practice, stylization and sophistication of a Conditional Inertia instituted at home.

Method: Analysis and record of those animus states produced in the real I search, during 3 decades.

Results: After delivery the progenitors, having as base punishment and recompense, imposing an antagonistic law to the native one - in which Everything will have been in function of his requirements, they turn into the principal elements in children existence, who, renouncing to his intrinsic needs, only will execute allowed things, being exposed to punishment for transgression. This, repeated and reinforced in society, establishes a conventional pattern of conduct that only will enter in tautness, with explosion of undecipherable internal conflicts when, the Man, propelled by his inextinguishable

Natural Inertia, he searches Himself.

Conclusion:

The Man is product of the tension of both inertias, the adapting need will lead him to continue exercising the renunciation to the Being, perfecting the recompense: The Religion; but, if in that progenitor position the Man might place a particular element, 'This', aberrantly receiving considerations 'as of progenitor', in internal conflicts will have regressed him, perfecting individually the punishment: The Mental Illness.

References:

Putnam FW: Dissociation in Children and Adolescents: To Developmental Perspectiva. Guilford, 1999.

Vargas J: Scientific Theory "Something, that, my, self: Origin of the Other Life". Conditioned Reflexes 2004; 3: 30.

THE INFLUENCE OF 10-WEEK TREATMENT WITH PSYCHOTHERAPY ON HEART RATE VARIABILITY

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At present, a study in patients treated at Psychiatric Clinic of Faculty Hospital in Pilsen is carried out.

Objective: To determine whether 10-week treatment with systematic dynamic psychotherapy in an out-patient ward has an influence on heart rate variability (HRV) in patients suffering from neurotic disorders.

Methods: The patients are measured HRV exactly before and after 10 weeks of psychotherapeutic treatment. HRV is measured using the device "TESLAGRAF" at standard conditions. Spectral analysis and other properties of HRV are evaluated.

Results: The preliminary results show a positive outcome of the influence of psychotherapy on the autonomic nervous system.

P-02-281

THE FIGURE OF MOTHER IN FAMILY CONTEXT OF PEOPLE WITH NEUROTIC AND PSYCHOTIC DISORDERS

INSTITUTIONS

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To a large extent the family context of a patient is determined by the figure of Mother, who should assume responsibility for caring for the ill and maintain the family relationships. The aim of the study was to make a comparative analysis of individual and household behavior of mothers of adult patients suffering from psychotic or neurotic disorders.

Methods: individual typological questionnaire (L. Sobczyk); questionnaire of intensity of psychological protection (Plutchik-Kellerman-Conte); scales of psychopathological symptomatology SCL-90-R STDs; questionnaire of types of family education (V. Yustitskis, G. E. Eydemiller). Objectivity of conclusions provided by statistic methods: Student t-test, Pearson correlation analysis and Kendall non-parametritic \mathbf{X}^2 criterion test.

Analysis of the results has revealed statistically significant differences (p≤0.01) of individual peculiarities of mothers of both groups by

the following parameters. In the group of mothers of patients with disorders of psychotic level we can observe: high tension of reactive formation in system of psychological protection; the combination of highly expressed divergent identities trends; high level of rigidity. Differences in psychopathological symptoms are expressed in higher rates on the scale somatization, depression, phobic anxiety, paranoiac features and by index GSI.

The family behaviour of psychotic patients' mothers is characterized by lack of demands-responsibilities and demands of order and discipline in the family; preference of infantile characteristics; lack of parental feelings; projection of her own unwanted characteristics. The results give grounds for proposing hypotheses of a positive feedback between the level of patients' mental disease and individual-personal characteristics which determine mothers' family behavior.

INFLUENCE OF STRESSFUL FACTORS ON THE CONDITION VASCULAR CHANNEL

INSTITUTIONS

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The purposes - search neurophisiological determinations clinical phenomena of defeat CNS owing to stressful influences.

Objective: 150 pers. 2 groups are allocated: 1-st - with vegetodistonic to displays (68 pers. - 57,2%), 2-n - with the phenomena discirculathory encephalopathies (48 pers. - 35,4%).

Methods: somathoneurological inspection, psychometric testing, EEG and REG, USDG with digital carting a blood-groove "Sonomed-300".

Results: The syndrome of defeat diencephalon areas in 1-st group has made 72,1 % (38 pers.), in 2-nd - 72,4 % (20 pers.); the given syndrome in a combination with diffus defeat of structures of the right hemisphere and limbic structures has made in 1-st group of 16,1 % (11 pers.), in 2-nd - 14,2 % (8 pers.). There are elastico-tonic

changes and attributes of difficulty of venous outflow: in 1-st group - 64,3% (24 pers.), in 2-nd - 60,2% (22 pers.). Analysis EEG has shown increase

in β -activity in 1-st group - 48,6% (16 pers.), in 2-nd - 42,3% (13 pers.). At 36 (67%) patients were observed reduction in linear speed of blood-groove on vertebral arteries at 31 (64%) patients, increase C on the basic artery at 39 (72%) patients.

Conclusions: The interrelation between a degree of expressiveness of symptoms DE, the data of hemodinamic pathology the changed areas and eqvipotential disbalance electroencephalography amplitudes that specifies defeat diencephal areas and deep departments of a brain is determined.

P-02-283

PSYCHOTIC MANIFESTATION OF SEVERE THYROID DYSFUNCTION - 2 CASES REPORT

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Thyroid dysfunctions are commonly encountered in a variety of psychiatric clinical settings. Psychiatric symptoms include cognitive, affective disorders, and psychosis. This presentation intends to demonstrate, by presenting 2 clinical cases, the importance of the thyroid dysfunctions in psychiatric practise.

The first case presents as a 49-year old woman admitted to psychiatric ward because of severe hypothyroidism presenting as psychotic disorder. It was necessary to use antipsychotic drugs together with administration of thyroid hormone. After 4 weeks hospital treatment all psychiatric symptoms disappeared.

The second case is a 54-year old woman who was treated pastly with hyperthyroidism. She also was admitted to psychiatric ward with acute psychosis and thyreotoxicosis. The patient was free of psychiatric symptoms within 8 weeks treatment with antipsychotic and tyreostatic drugs.

The case are followed by brief discussion of the actual literature describing the relationships between hypothyroidism or hyperthyroidism and psychiatric symptomatology.

DOES PATERNAL AGE INFLUENCE SCHIZOPHRENIA'S OUTCOME?

INSTITUTIONS

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Aims: Previous reports established a link between the advanced paternal age and the increased risk of schizophrenia in the offspring. However, the prognostic value of the advanced paternal age in schizophrenia was not described.

Methods: Sixty patients, i.e. 85.7% of all outpatients with schizophrenia diagnosed since at least five years, agreed to take part in the study, accompanied by at least one member of their family. The mean follow-up since the first contact with a psychiatrist was 14.7 years. The outcome was assigned by the global course of the disease since its onset. It was considered as good when there were few episodes with no symptoms in between and poor when symptoms were continuous and worsening. Otherwise, the outcome was considered as intermediary.

Results: The outcome was good in 8.3% of cases, intermediary in 50% and poor in 41.7%. The father's age at the patient's birth was significantly higher when the outcome of the disease was poorer (21.2 years if the outcome was good, 35.5 if it was intermediary and 36.8 if it was poor; p=0.04). Since the advanced paternal age is discussed as a major risk factor for congenital disorders associated with de novo mutations, these results suggest that schizophrenia might be a similar condition.

Conclusion: Advanced paternal age would be associated with more serious phenotypes of schizophrenia. There could be an acceleration of de novo mutations in older fathers and/or a multiplication of the muted sites and genes involved with schizophrenia.

P-02-285

EPIDEMIOLOGY OF AGGRESSIVE ACTS IN TUNISIAN PATIENTS WITH SCHIZOPHRENIA

INSTITUTIONS

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Aims: Some epidemiologic studies suggest a positive correlation between major mental disorders, particularly schizophrenia, and criminality. We aimed to study the frequency, the type, the risk factors and the prognostic value of the acts of violence committed by patients with schizophrenia.

Methods: Sixty patients, i.e. 85.7% of all outpatients with schizophrenia diagnosed since at least five years, were included. The clinical and forensic history was assessed by a semi-structured interview with patients and their family, data from medical files and various rating scales: the global assessment of functioning (GAF), scales of assessment of the positive symptoms and the negative symptoms of schizophrenia (SAPS and SANS) and the clinical global impression scale (CGI).

Results: Twenty eight patients (46.7%) had an aggressive behavior

(verbal or physical assault) in family before schizophrenia onset. Aggressiveness was noted as the first prodrome in 13.3% of cases (n=8). Twenty eight acts of major violence were committed by 31% of patients (n=18). Schizophrenia's onset was announced by an aggressive act in 13,3% of cases (n=8). The majority of acts (n=12) were committed against a familiar person. Eight patients recommitted violent acts. Male gender, minor physical abnormalities, low premorbid GAF scores, early onset of schizophrenia, substance abuse and severity of current symptoms were correlated to the agressive behavior. Only prodromic aggressiveness was associated with a bad outcome of the disease.

Conclusion: Although violence may be committed by patients with schizophrenia, such behavior is attributable to a particular subgroup and does not have necessarily a pejorative prognostic value.

MINOR PHYSICAL ANOMALIES IN SCHIZO-OBSESSIVE DISORDER

INSTITUTIONS

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Introduction

Emil Kraepelin opined that schizophrenia is caused by a neurodegenerative process. However, the recent consensus is that the underlying etiopathology of schizophrenia is more neurodevelopmental than neurodegenerative.

Obsessive compulsive symptoms (OCS) are present in 8-52% of patients with schizophrenia. Evidence that OCS in schizophrenia is a distinct diagnostic entity with clear neurobiological substrates and psychopathology is becoming progressively stronger.

Minor Physical Anomalies or Abnormalities (MPA) have been extensively studied in various psychiatric disorders, specially in schizophrenia and obsessive-compulsive disorder. The presence of MPA in a psychiatric disorder is strongly indicative of a neurodevelopmental pathology.

Aim

The present study was aimed to explore the association, if any, between schizo-obsessive disorder and MPA.

Materials and Methods

The study was carried out in Kolkata, West Bengal, India. 100 patients between 18-65 years of age, who met DSM-IV-TR criteria for schizophrenia were included after informed consent was obtained. Patients on clozapine and/or olanzapine, with history of substance abuse, with spina bifida, diabetes insipidus were excluded. Yale-Brown Obsessive Compulsive Scale (YBOCS) and SCID-P-I were employed.

Results and Conclusions

Minor Physical Anomalies were more in the schizo-obsessive group than in patients with schizophrenia without obsessive compulsive symptoms. This difference was statististically significant. This suggests that schizo-obsessive disorder may have an underlying neuro-developmental etiologyand is hypothetically in tandem with earlier studies showing a preponderance of negative symptoms and relatively poorer outcome in schizo-obsessive disorder.

P-02-287

THE QCAE: A QUESTIONNAIRE OF COGNITIVE AND AFFECTIVE EMPATHY

INSTITUTIONS

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Aims/objectives

Empathy is a personality trait that varies in expression in the general population. Cognitive empathy involves the ability to construct a working model of the emotional states of others, whereas affective empathy reflects the ability to be sensitive to and vicariously experience the feelings of others. An increased understanding of empathic behaviour is of great clinical and public-health relevance as a lack of empathy is associated with callous and unemotional behaviour, violence, aggression and criminality, and is related to problems in social communication and interaction, resulting in unstable, impaired relationships.

Methods

A 37-item questionnaire, the Questionnaire of Cognitive and Affective Empathy, has been developed. Principal components analysis revealed five components: perspective taking, online simulation, emotional responsivity, peripheral responsivity and emotional contagion. The first two components represent cognitive empathy whereas the later three comprise affective empathy.

Results

Females showed more empathy than males; they appear better in taking other people's perspective and simulating the emotional states of others. Furthermore, they seem more sensitive and responsive to other people's feelings. The cognitive and affective empathy scales and subscales correlated moderately, suggesting a relationship between cognitive and affective empathy but also emphasising the distinction between these two types of empathy. The QCAE showed significant relationships with measures of empathic anger, impulsivity, aggression, psychopathy and Machiavellianism.

Conclusions

The QCAE is a valid tool for assessing cognitive and affective empathy. This new measure quantifies the distinct and specific components that make up cognitive and affective empathy, which in concert, enable empathic experience and behaviour.

PERCEPTION OF EMOTION AND NEUROCOGNITIVE FUNCTIONING IN SCHIZOPHRENIC PATIENTS AND RELATIVES

INSTITUTIONS

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Schizophrenia is characterized by a global cognitive impairment, with varying degrees of deficits. Since genetic factors are important in the etiology of the illness, we investigated whether relatives of the schizophrenic patients also show cognitive deficits. In the present study was to examine the processing of facial emotion recognition in schizophrenic patients (N=37) and first degree relatives (N=44) and health adult subject (N=23). Measure of emotion perception included a facial emotion identification test and event related potential.

Study subjects were instructed to respond to a specific target. We used six facial emotion. The identification of negative emotion was poorly in patients than in control. The amplitude of P300 was biggest for fear and happy in schizophrenic patients when comparing to their relatives and controls. This finding are in line with neurobehavioral studies, schizophrenic patients showed greater impairment in the recognition of negative emotions.

P-02-289

SYPHILIS IN CLINICAL PSYCHIATRY: CASE REPORT

INSTITUTIONS

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Syphilis is a chronic multisystem disease caused by the spirochete Treponema pallidum and is spread venereally or vertically. An estimated 4% to 9% of patients with untreated syphilis develop symptomatic neurosyphilis.

Neurosyphilis can be divided in two general categories. The first is early involvement of the CNS limited to the meninges (asymptomatic neurosyphilis, acute syphilitic meningitis and meningovascular syphilis). The second, the late parenchymal forms, includes tabes dorsalis and general paresis. These are extremely rare in the antibiotic era and may present as a mixed, subtle, or incomplete disease.

Presenting psychiatric symptoms of general paresis are non-specific and can include personality changes, hostility, confusion, hallucinations, depression or elation and delusions. Symptoms also reported include explosive temper, irritability, emotional lability, unusual giddiness, histrionicity and hypersexuality. This form of

chronic meningoencephalitis leads to progressive neuronal loss with subsequent cognitive deterioration. Clinical presentation: We present the clinical report of a 54-year-old man, characterised by sudden development of delusional ideas with grandiosity content, irritability, euphoric mood, aggressive behaviour and total insomnia. The serologic tests (VDRL and TPHA) revealed positive results. The CSF examination demonstrated a reactive VDRL test, pleocytosis and elevated protein concentration.

The patient completed the recommended high-dose intravenous penicillin G course and simultaneously began antipsychotic treatment.

Conclusion: The psychopharmacological treatment was not effective in improving psychiatric symptoms, which may be explained by the neurodegenerative nature of this process.

FAMILY BACKGROUND AND GENIUS: NOBEL LAUREATES IN SCIENCE

INSTITUTIONS

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Aims: The recent Centennial Exhibition, "Cultures of Creativity", by the Nobel Foundation has focused on the importance of individual creativity in scientific progress. That such creativity is directly inherited has long been a widely held popular and professional belief. The purpose of this study is to assess the hypothesis of direct inheritance of scientific genius and creativity. Methods: Family background data was collected on 435 out of all 488 scientific Nobel laureates (Chemistry, Physics, and Medicine and Physiology) from the beginning year 1901 through 2003. These were compared for incidence of occupational inheritance, i.e., same parent-offspring occupations, with an independently selected matching control group of 548 eminent non-scientists, and for predominant types of occupations with a second independentally selected group of 560 longitudinally-followed high IQ non-prizewinners.

Results: Incidence of one or both parents in the same occupation

was only 2% for science Nobel laureates but 20% for eminent non-scientists, p<.001. Predominant family background constellation (63%) for science Nobel laureates consisted of the same-sex parent in an occupation involving applied science, technology, or nature-world focus and skills (p<.001 in comparison with the matching group);in both applied type and unrelated occupations, parents manifested lifelong unfulfilled wishes for creative scientific expression and pursuits.

Conclusions: Nobel laureates in the natural sciences do not manifest direct inheritance of creativity from their parents; congruent-gender parents are predominantly in applied occupations and possess lifelong unfulfilled creative wishes. Complex gene expressions interacting with early developmental influences on motivation are suggested.

P-02-291

THE ASSESSMENT OF SERUM CONCENTRATIONS OF INTERLEUKIN-6 AT FEMALE PATIENTS WITH DEPRESSION AND BREAST CANCER

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Aim: The aim of the paper was the assessment of condensation of interleukina - 6 (IL-6) in blood serum at female patients with endogenous depression, malignant breast cancer and groups of patient where these two diseases coexisted.

Method: 119 women were admitted to the research and they were divided into 4 groups: with endogenous depression (N=30), breast cancer (N=30), coexisting depression and breast cancer (N=29) and control group (N=30). Condensation IL-6 in blood serum was marked with ELISA method.

Results: The highest value of condensation IL-6 in blood serum was found in the group with coexisting breast cancer and depression while the lowest value in the control group. The levels of condensation IL-6 in the control group vary significantly statistically (á<0.05)

from remaining groups. The levels of condensation IL-6 in are significantly statistically higher in cases of malignant breast cancer from the group with endogenous depression. The levels of condensation IL-6 in are significantly statistically higher in cases of malignant breast cancer with coexisting depression from the group with endogenous depression and the group with cancer.

Conclusion: On the basis of preliminary results of the research one can state that women with coexisting cancer and depression are particularly subjected to recrudescence or metastasis of cancer process. There exists a strong connection of transition of patients with depression into the group of patients with coexisting breast cancer and depression. Concentration of IL-6 may also be used to diagnose the process of recrudescence of cancer through pre-existing depression dysfunctions.

ACTIVITY OF OCCIPITAL LOBE AND CEREBELLUM IN COGNITIVE IMPAIRMENT

INSTITUTIONS

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The purpose of this study is to characterize occipitocerebellar participation in cognitive decline patients.

We investigated asymmetry and functional differences of right and left cerebellum and occipital lobe in non vascular cognitive decline patients with left or right frontal hypoactivity.

Patients and methods:

Twenty brain perfusion studies using 99Tc-Etilen Cistein Dimer and 15 Fluor Desoxi Glucose studies were performed in 35 non vascular

decline cognitive patients with left or right frontal compromise.

Results: Functional occipital and cerebellum asymmetries were found when frontal hypoactivity asymmetry is present, compared with a normal database.

Conclusions: This results show a trend towards the study of the role of occipitocerebellar areas in cognition decline patients.

P-02-293

BURN-OUT IN HOSPITAL NURSES: A COMPARISON OF INTERNAL, SURGERY, PSYCHIATRY AND BURN WARDS

INSTITUTIONS

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INTRODUCTION: Burnout is a phenomenon in which the cumulative effects of a stressful work environment gradually overwhelm the defences of staff members, forcing them to withdraw psychologically. This study compared the levels of burnout among nurses in different nursing specialties.

MATERIALS & METHODS: The sample of the study consisted of all the nurses working in all public hospitals in Shiraz, Iran who were graduates of either technological educational institutions or universities and had experienced clinical nursing practice for at least 1 year. Using Maslach Burnout Inventory and General Health Ques-

tionnaire (28-item version), we identified the psychiatric morbidity and burnout among nurses.

RESULTS: Study results indicated that nurses of psychiatry wards showed significantly higher levels of emotional exhaustion and depersonalization in comparison with nurses working in other wards, and burn wards nurses showed significantly higher levels of personal accomplishment. Also, nurses who were single were more emotionally exhausted.

CONCLUSION: Different clinical working environments appear to have an impact on the development of nurses' burnout.

SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF PSYCHOTHERAPY IN SUBSAHARAN AFRICA

INSTITUTIONS

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Background

Psychotherapy has been shown to be effective in the treatment of mental disorders in the western world but, viewed as an alien method of treatment to Africans.

Aim

To review the literature on the effectiveness of psychotherapy in Sub-Saharan Africa

Method

A systematic search of Medline, Psychinfo, CINHAL, were undertaken along with citation searches, in addition text books and journals were used. Studies were selected if psychotherapy treatment in Africa were described in the title or abstract. Study quality was rated.

Result

The search produced over 1261 Articles; 9 met the inclusion crite-

ria, 4 were case reports, 4 randomized controlled trials and 1 quasi-experimental. Of the 5 with relevant data 4 revealed a positive outcome and, the need for some adaptation of the western model.

Conclusion

High quality data examining the effectiveness of psychotherapy is quite sparse however, what few quality data are available revealed mostly positive outcome.

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P-02-295

ASSESSMENT OF ETHNOCENTRICITY IN A STUDY OF FACULTY EXPATRIATES IN QATAR

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The epidemiology of adjustment in the expatriate community has not been frequently studied. In September, 2007 we conducted a cross-sectional survey of the entire population of faculty members working for the five US university branches based in Education City (EC), Doha, Qatar on their adjustment to living in Qatar. 'Expatriates' are defined as nationals of one country who for occupational purposes reside in another country, returning home upon completion of work.

The study aim was to better understand factors involved in expatriate adjustment. Three questionnaires (Demographic, Adjustment Scale (1, 2) and GHQ-12) were used. The 13 question Adjustment Scale has been shown to measure adjustment in several contexts (1,2). Two additional items were added by us to assess ethnocentricity: specifically, "host country world-view" and "socializing with culturally dissimilar expatriates".

From the population of 207 faculty surveyed, 171 questionnaires were returned (response rate 83%). Demographic results will be presented. The Adjustment Scale showed that the average score using the 11 question version was higher (average = 5.2) than the 13 question version (average = 4.4). The addition of the two questions depressed the scores further (average = 3.8). This suggests that difficulties in adjustment experienced by expatriate faculty may have to do with ethnocentricity - the tendency to view one's own culture as correct and evaluating other cultures as wrong. This finding may encourage institutions using expatriate employees to identify strategies towards developing a more tolerant orientation towards host and other expatriate cultures among expatriate employees.

1 Black JS (1988)

2 Black JS (1990)

A CASE OF MAYER- ROKITANSKY-KUSTER-HAUSER SYNDROME WITH ACUTE PSYCHOSIS

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Introduction:

Mayer-Rokitansky-Küster-Hauser (MRKH) is a syndrome characterized by müllerian agenesis (absence of the fallopian tubes, uterus and internal portion of vagina), usually normal female genotype and phenotype, normal secondary sex characteristics and primer amenorrhea. The foregoing is the first case report of a patient psychiatric symptoms and MRKH.

Case Report:

A 21 year old female patient was admitted to our inpatient psychiatric clinic because of her aggressive, disorganized behavior and incoherent speech, and a rapid decrease of her overall functioning for almost 3 months. Her past and family history was negative for any major psychiatric disorder. BPRS score at administration was 53 points. Her height was 180 cm and she weighted 55 kilos. Her secon-

dary sexual characteristics (breast development, pubic and axillary hair) were normal on her physical examination. The blood count, standard biochemical parameters, urinalysis and hormone levels (FSH, LH, estrodiol, 17-hidroksiprogesteron, prolactin, testosteron, DHEAS, ACTH, cortisol) levels were within normal range. Her ovaries, tuberian tubes and internal vagina could not be seen and her uterus was found to be hypoplastic at her pelvic USG and pelvic examination. She and her parents did not give consent for explorative laparoscopy. Ductal and glanduler structures were positive according to breast USG. Chromosome analysis revealed a 46-XX karyotype without mozaism. She was given olanzapine 30 mgr/day for 1 month and haloperidole 15 mgr/day for 3 weeks respectively, without any significant clinical response, but showed some clinical improvements (BPRS= 20) with quetiapine 900 mgr/day after 3 weeks

P-02-297

RESISTING STRESS IN SPORTS OFFICIATING: THE MODERATING ROLE OF POSITIVE PSYCHOLOGY

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Aims/Objectives: While research has considered the decision making of elite-level collision sports officials, ¹ little is known about how these individuals respond to stress. This is somewhat surprising given the attention devoted to understanding the stress encountered by the performers they are officiating.

In particular, though recent research has reported on the moderating stress-buffering role of positive psychology in elite-level rugby league footballers, ^{2,3} similarly high-achieving rugby league officials have been previously overlooked. The present study is also timely given the newly awarded full-time status of Super League referees. Thus, the purpose of this research was to examine the strategies used by professional rugby league football referees to resist stress.

Methods: Participants were six male professional referees officiating in Super League, European rugby league's highest competitive standard. Quantitative measures found all volunteers to be high in stress-buffering positive psychological. Three of the participants subsequently participated in qualitative semi-structured interviews.

Results: Inductive analyses revealed several major themes associated with combating the stressors faced by professional rugby league football referees: (a) the team achievement environment was cooperative; (b) they had a love of their work; and (c) they had strong self-belief as individuals and as a team.

Conclusions: The findings are discussed relative to the moderating role of desirable positive psychological attributes.

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HOMOCYSTEINE, FOLATE, VITAMIN B12 AND C677T MTHFR GENE POLYMORPHISM IN TUNISIAN PATIENTS WITH SCHIZOPHRENIA

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Aims: Several recent studies suggested an association between hyperhomocysteinemia (HHC) and schizophrenia. The aims of this study were to:

1) Determine the prevalence of HHC and its main determinants in patients with schizophrenia; 2) Look for correlations between homocysteinemia (Hcy) and the clinical features of schizophrenia.

Methods: We included 33 male patients with schizophrenia, drug naive or drug free for the previous 3 months period, and 35 healthy male subjects as controls. Patients and controls were closely matched according to age and smoking habits. Plasma Hcy, vitamin B₁₂ and folate levels determination, 5,10-methylenetetrahydrofolate reductase (MTHFR) gene polymorphism analysis as well as clinical assessment using PANSS, SANS and SAPS, were made before antipsychotic administration.

Results: Prevalence of HHC was higher in patients [33.0% versus 11.4%; OR (95% CI), 3.88 (1.12-13.84); p=0.02]. Plasma vitamin $\rm B_{12}$ was significantly lower in patients. There was no significant difference of genotypic distribution and allelic frequency of the C677T MTHFR between groups. Hcy was significantly associated with some negative symptoms of schizophrenia, particularly « anhedonia-asociality » and « avolition-apathy» in SANS items.

Conclusion: This study showed an association between HHC and schizophrenia, especially with the negative symptoms of the disease. HHC seems to be linked to vitamin B12 deficiency, likely caused by a lack in dietary animal proteins. Determination of Hcy may be useful in patients with schizophrenia, all the more HHC correction is sensible to a simple medication.

P-02-299

SEROTONIN TRANSPORTER PROMOTER POLYMORPHISM AND NEUROTICISM IN CHILEAN BORDERLINE PERSONALITY DISORDER PATIENTS

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Objective: to investigate the relationship between 5-HTTLPR polymorphism and personality traits in Chilean patients with borderline personality disorders. Methods: we studied 52 subjects (37 woman and 15 man) who met the DSM-IV diagnostic criteria for borderline personality disorder according to the International Personality Disorders Examination, without axis I diagnoses and drug-free at the moment of evaluation. Personality traits were assessed with the Spanish version of Eysenck Personality Questionnaire Revised (EPQ-R). 5-HTTLPR polymorphism, and TPH1, 5HT1B, 5HT2C receptors polymorphism were genotyped by PCR from peripheral blood.

Results: S-allele carriers (LS and SS genotype) showed higher scores in Neuroticism dimensions (P<0.01) than LL allele genotype

patients. The differences were independent from gender and age. In the total sample, women were significantly more neurotic than men (P<0,01), but this difference appears only in the S-carriers patients. Meanwhile the LL genotype patients scores lower in Neuroticism than S-carriers and without differences between men and women. No significant association was observed between 5-HTTLPR polymorphism and other EPQ-R personality dimensions. No significant association was observed between personality dimensions and the other studied polymorphism.

Conclusion: S-allele carriers have higher scores in Neuroticism dimensions in the Chilean patients with borderline personality disorder studied. (Proyecto FONDECYT Nş 1071045)

CLINICAL PRESENTATION OF COMORBID POSTTRAUMATIC STRESS DISORDER AND DEPRESSION

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Aim. The aim of the paper is to determine characteristics of the clinical presentation od comorbid posttraumatic stress disorder and depression.

Method. The investigation included 60 patients assessed by mean s of the following instruments: Structured Clinical Interview for DSM-IV Axis I Disorders, Clinicians-Administrated PTSD Scale, Montgomery-Asberg Depression Rating Scale and 17-items Hamilton Rating Scale for Depression. The data were analysed using the method of descriptive statistics. Differences between groups were evaluated using T-test.

Results. The results indicated that comorbidity of PTSD and depres-

sion is associated with higher intensity of intrusive symptoms cluster, especially with flash-bacs and intrusive thoughts distinctive to either PTSD or to depression, with broader spectrum of emotional and mood experiences and with more patient's suffering. **Conclusion.** Distinctive patterns of cognitive and emotional responses indicate the presence of PTSD and of depression. This analysis enabled better understanding of symptoms presented by the patient, choice of optimal treatment strategies and shed some light onto possible mechanisms of the human reactivity to extreme traumatic experiences.

P-02-301

FAMILY-BASED ASSOCIATION STUDY OF NALCN GENE WITH SCHIZOPHRENIA

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Schizophrenia affects about 1.0% of the population worldwide, with devastating consequences for both patients and their families and is the seventh most costly medical illness. Linkage and association studies have now implicated several loci in the genome that likely harbor genes conferring risk for schizophrenia. *NALCN* (sodium leak channel, non-selective) is a gene located on chromosome 13q in a suggested linkage region for schizophrenia. Mouse NALCN mediates some background sodium leak in hippocampal neurons and

plays a role in neuronal excitability. Abnormalities in hippocampal activity and neuronal excitability have been implicated in schizophrenia. In this study, we examined association with schizophrenia using family-based analysis. Twenty six NALCN polymorphisms were analyzed and allelic; genotypic and haplotypic frequencies were compared across 85 small nuclear families. We did not find any significantly altered transmission. Our results suggest that the NALCN may not affect susceptibility to schizophrenia.

LACK OF ALTERATION IN DARPP-32 AND NCS-1 EXPRESSION LEVELS IN BOTH *IN VIVO* AND *IN VITRO* CHRONIC ANTIPSYCHOTIC TREATMENTS

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Several psychiatry illnesses, such as schizophrenia and bipolar disorder, are associated to dopamine-mediated neurotransmission imbalances. It was shown that two proteins involved in dopamine signaling are altered in prefrontal cortex (PFC) of both schizophrenia and bipolar disorder subjects. DARPP-32 is downregulated and NCS-1 is upregulated in PFC of both disorder subjects. DARPP-32 is a key downstream effector of intracellular signaling pathway and NCS-1 is a neuronal calcium sensor that can inhibit dopamine receptor D2 internalization. It is well known that dopamine D2 receptor is the main target of antipsychotics. Therefore, our purpose was to study if chronic treatments with typical or atypical antipsychotics induce alterations in DARPP-32 and NCS-1 expression *in vivo* and *in vitro*. For *in vivo* experiments we used rats that were treated for 28

days with Clozapine, Haloperidol, Olanzapine and Aripiprazole. We observed expression in five brain regions: prefrontal cortex, hippocampus, striatum, cortex and cerebellum. For *in vitro* experiments we used PC12 cells wt and stably overexpressing NCS-1 (Clone) that were treated for 7 and 14 days with Haloperidol, Clozapine and Risperidone. We used western blot and we did not find any changes in DARPP-32 and NCS-1 protein expression in any rats' brain regions and PC12 cells investigated. Our findings allow the suggestion that both downregulation of DARPP-32 and upregulation of NCS-1 described in the PFC of schizophrenia and bipolar disorder patients might be related with the psychopathology of the disease and not with treatment with antipsychotic drugs.

P-02-303

INFLUENCE OF CHILDHOOD TRAUMA ON HYPOTHALAMIC-PITUITARY-ADRENAL AXIS FUNCTION IN DEPRESSION, ANXIETY DISORDERS AND IN HEALTHY POPULATION

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Aims

comparison of influence of childhood trauma on HPA axis function examined by the use of dexamethasone supression test (DST) in depression, anxiety disorders and in healthy population.

Method:

72 patients were examined: 32 with depression (ICD-10 F32,F33) , 22 with anxiety disorders (ICD-10 F41) and 15 healthy persons . The mean age of the patients was 38.5 years (SD-11.8). There were 37 women and 35 men. The level of cortisol before and after administering of 1 mg dexamethasone as per DST test at 8:00 a.m. and 4 p.m. was measured.

The following tests were conducted:

- $1. Early\ Trauma\ Inventory\text{-}ETI.$
- 2. Social Readjustment Scale.
- 3. Hospital Anxiety- Depression Scale.
- 4.Sense of Coherence-SOC.

Results:

There were differences for morning cortisol levels before DST (the

highest in anxiety disorders) and in ETI (in depression and anxiety disorders the severity of trauma was significantly higher than in healthy population). The sense of coherence was the highest in healthy population. Emotional and sexual abuse in particular was modyfying intrinsic naturalistic morning cortisol secretion in depression and afternoon and morning levels after dexamethasone administration in anxiety disorders. There was positive correlation between supression in DST and higher incidence of sexual abuse in healthy population.

Conclusions:

The data confirm existence of disturbances of HPA axis function in depression, anxiety disorders as opposed to the healthy group and their correlation with childhood trauma.

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COMBAT-RELATED POSTTRAUMATIC STRESS DISORDER AND POSTWAR ADJUSTMENT

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AIMS: To examine associations between combat-related posttraumatic stress disorder (PTSD) and postwar psychosocial adaptation and physical health in Serbian veterans from the ex-Yugoslavia Civil War

METHODS: Two hundred and twenty war veterans from several veteran organizations in three major Serbian cities, who voluntarely accept to join the survey, completed several questionnaires. Standardized self-administered screening instruments were used to assess symptoms of posttraumatic stress disorder (IES-R), psychological distress (SCL-90-R), and psychosocial postwar adjustment. Cut-off score of 2.0 on IES-R, was used to split the sample in two groups:

PTSD (n=91) and non-PTSD (n=129).

RESULTS: Veterans with PTSD compared to veterans without PTSD had significantly more psychological, marital and professional problems. They had also more physical complaints and medical diagnoses and had more missed workdays. They were in increased risk for the alcohol, nicotine and other substance dependance.

CONCLUSIONS: These findings support the hypothesis that veterans with PTSD have increased risk to develop psyhological, psychosocial and somatic dysfunction than veterans without PTSD, and may have important implications for future directions in social and health policy concerning this population.

P-02-305

NORMATIVE DATA OF STROOP TEST IN GREEK POPULATION

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Objective: Stroop test is considered as a reliable and sensitive tool for the assessment of executive functions. The aim of the study is to standardize Normative Data of the Stroop test in Greek Population.

Method: This is an analytic, experimental, cross sectional, stratified study. The population of the study is consisted of 274 adults from the general population. The study was stratified by age in years, level of education and sex. There were six age groups (18-29 years, 30-39, 40-49, 50-59, 60-69 ęáé 70+), in three education level groups valued in years (1-9 years, 10-12, 13+). The dependent variables were three (1. time in seconds to complete reading each of the three cards, 2. the number of corrected mistakes, 3. the number of the uncorrected mistakes) for every one of the three cards of the Stroop test.

Results: A table is created which is composed of the normative data of the Stroop test according to age group and level of education. In every entry of the dependent variable there are two values, the mean and the standard deviation, for each group.

Discussion: Normative data of the Stroop test is recommended for its use in the Greek population. The clinical utility of these Normative Data is to provide reference for the neuropsychological assessment of the Greek patients. Moreover these Normative Data of the Stroop test could be a useful tool for the Greek medical clinicians and researchers.

CHRONICAL OVERDOSING WITH ANTIPSYCHOTICS AND COGNITION-CASE REPORT

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This paper analysis the condition of a 46 yrs male patient suffering from paranoid schizophrenia. He was treated with a combination of antipsychotic drug in doses that lead to manifest extrapyramidal symptoms.

Objective: The main goal is to show improvement in patient's functioning, especially the cognitive dysfunction after the adjustment of therapy (reducing and optimizing the combined antipsychotic therapy).

Methods: The methods we employed were: interview Wechsler- Bellevue (WB form II) test battery for IQ, MMPI inventory on perso-

nality. We have repeated the tests after six months, using the same battery of psychological instruments.

Results: The comparison of primary and repeated investigation shows: improvement in cognitive functioning, especially the attention and concentration and reducing the psychological and social imbalance. The patient improves his body position and articulation of the speech. After the six months treatment on outpatient's bases, the patient improved his family and social functioning.

Conclusion: The quality and design of psychopharmacological therapy of patients with schizophrenia is close related with their cognitive and general functioning.

P-02-307

THE SOCIO-ECONOMIC FACTORS AND THE DYNAMIC OF ADMISSIONS IN THE PSYCHIATRIC HOSPITAL

INSTITUTIONS

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Aims:

During the last fifteen years large socio-economic changes occurred in Serbia. Since the year 1994. to 1998. Socialistic Federative Republic of Yugoslavia violently fell apart, with civil wars raging across the former republics, and devastation of the Serbian economy. In the year 1999. Serbia itself was struck by the war and massive destruction. Since the end of 2000. a slow restoration of Serbia begins, but with many negative consequences of transition.

Method:

Some characteristics of admissions in Special Psychiatric Hospital in Gornja Toponica in the period since 1994. to 2007 were retrospectively viewed.

Results:

In this period 19529 patients were admitted. The number of admissions was reduced during 1998. and especially during 1999. but was

increasing constantly since then, and in 2007 number of admissions was twice as high as in 1999. In this period there were significant oscillations in the procedural frequency of some diagnostical categories, and most of all disorders caused by the misusage of psychoactive substances. In the beginning of research period percentage of the patients diseased with diagnoses F10-F19 was continuously reducing to the minimal 20,78% in 1999, and then rises until it's doubled in 2007 - 42,81%. At the same time percentage of patients diagnosed with F20-F29 was reducing from 51.84% to 31.22% in 2007.

Conclusion:

Significant socio-economical changes like war, disbandment of country and transition have very large influence on the dynamics of admissions in to he psychiatric hospital, and these changes are mostly noticed at patients that have substance-related disorders.

ALPHA1 AND D2 RECEPTORS IN A PLACE AVOIDANCE TASK IN RATS: EVIDENCE FOR A SYNERGISM

INSTITUTIONS

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Study of a neurotransmitter substrate of spatial navigation is one of the most investigated topics in cognitive neurosciences. Active allothetic place avoidance (AAPA) task is a spatial behavioral paradigm allowing simultaneous assessment of changes in spatial behavior and locomotion of experimental animals. In the present study, we investigated the involvement of alpha1-adreneregic and dopamine D2 receptors in the locomotor activity and the spatial efficiency in the AAPA task. We administered specific receptor antagonists prazosin (1 and 2 mg/kg) and sulpiride (10 and 30 mg/kg) either separately, or co-applied them together. Results show that coapplication of both drugs affects locomotion and behavior of rats

at the doses, which cause minor or no impairments when injected independently. Such a potentiation of effect suggests that both types of receptors act synergistically to regulate the locomotion in the AAPA task. However future experiments are required to elucidate whether the behavioral deficit occurs as a result of decreased locomotion, or evolves as a stand - alone phenomenon. The presented experiments also support the usefulness of the AAPA task in the study of animal cognition.

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P-02-309

STUDY OF THE SPATIAL AVOIDANCE BEHAVIOR IN RODENTS

INSTITUTIONS

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Spatial behavior of rodents is considered as a model of higher cognitive functions in humans. Ten years ago, a novel spatial paradigm, active allothetic place avoidance (AAPA), was designed in our laboratory. In this task, animals avoid an unmarked shock sector defined in a coordinate frame of experimental room while moving over a rotating arena. It was established that besides navigation with respect to a hidden place, the task requires cognitive coordination, usually explained as an ability to separate spatial stimuli from the environment into coherent representation of an arena and a room, and to select the room frame as the only relevant one for efficient navigation. Effects of specific receptor ligands on the behavior of animals in AAPA task were studied. It was found that changes in spatial performance are often accompanied by alterations in ove-

rall locomotor activity. In this regard, the task has an advantage of simultaneous assessment of both place navigation and locomotor behavior. The analysis of locomotion was found to be important for exclusion of a more general impairment of animals after an experimental manipulation. The results suggest that at least in some cases, the changed locomotion and decreased spatial efficiency occur without a mutual causal relationship. The presentation will summarize the existing evidence about neurochemical modulation of behavior in this spatial task.

Supported by grants GACR 309/07/0341 and IGA MZ CR NR/9178 and by MSMT center 1M0517.

THE MAIN CAUSES FOR THE APPLICATION TO THE PSYCHIATRIST AMONG PATIENTS OF A CENTER OF MENTAL HEALTH

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Objective: To find out the main causes for the first application to the psychiatrist among patients of a center of mental health.

Method: It was designed clinical-epidemiological questionnaire to collect the data. There was a methodological limitation in this study: our study group included patients presenting to a specialized clinic and therefore the findings are not exactly generalizable to all psychiatric populations.

Results: The sample was 148 patients, 49 (33.1%) of which couldn't remember and mention the nature of complains, which are the cause for the first application to the psychiatrist. The rest 99 patients (66.9%) mentioned 391 foremost symptoms, which brought them to the psychiatrist. Of this 391 symptoms most frequent were different sleep disorders (15.1%, n=59), anxiety (12.8%, n=50), somatic-vegetal complains (12.3%, n=48), and depressive symptoms (11.5%,

n=45). Phobias and painful sensations mentioned 38 patients (9.7%). Further were following cerebro-asthenic complains (8.7%, n=34), suspiciousness (8.4%, n=33), somatic complains (6.65%, n=26). In spite of the generally accepted opinion, about the third part of the patients himself had suggested to apply to the psychiatrist (35.8%), in main cases (41.2%) the patients had applied for the help of psychiatrist by the insistence or request of relatives, and in 22.3% of cases they had referred by specialists of general practice (internists, neurologists and others).

Conclusions: The first signs of the manifestation of mental disorders predetermine further level and character of the psychiatric disorder. Every fifth patient was revealed in the general-somatic settings of health care and referred to the specialized clinic.

P-02-311

INTERACTION BETWEEN THE SEROTONIN TRANSPORTER AND NOREPINEPHRINE TRANSPORTER GENE PROMOTER POLYMORPHISMS INFLUENCES HARM AVOIDANCE AND NOVELTY SEEKING OF HEALTHY SUBJECTS

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It has been demonstrated that the interaction between serotonin transporter (5HTT) and norepinephrine transporter (NET) functions affects each transporter function and behavior in studies using knockout mice model. In the present study, we examined the effect of the interaction between the 5HTT and NET gene promoter polymorphisms on personality traits in 575 healthy Japanese subjects. The 5HTT (long/short, L/S) and NET (-3081 A/T) genotypes were identified by PCR methods, and personality traits were assessed by the Temperament and Character Inventory (TCI). Neither of the

two polymorphisms affected any TCI dimension, but the interaction between them had significant effects on harm avoidance and novelty seeking in females. Subsequent analyses showed that the females with the combination of the SS genotype reducing 5HTT function and the TT genotype reducing NET function had significantly higher harm avoidance and lower novelty seeking. The present study suggests that the interaction between the 5HTT and NET polymorphisms influences harm avoidance and novelty seeking in females.

PARENTAL PSYCHOLOGY, BEHAVIOR AND BRAIN ACTIVITY IN HEALTHY FIRST-TIME PARENTS

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Background: Parenting requires evolutionarily conserved sets of thoughts and behaviors, somewhat like obsessions and compulsions. At two time-points in the early postpartum, we assessed the thoughts, behaviors and associated brain activity of new mothers and fathers using interviews and functional magnetic resonance imaging (fMRI).

Methods: We scanned and interviewed 1st-time parents at 2-4 weeks and 3-4 months postpartum. At each time point, fMRI scans assessed brain activity while listening to own vs. other-baby-cries. Within days of interviews, they completed interviews to assess patterns of anxiety-related parenting thoughts and behaviors. **Results**: In 1st time mothers, studied at 2-4 weeks postpartum, own-baby-cries activated amygdala, hippocampus and parahippocampal tissue important for attention, determination of salience, and anxiety. Activations ocurred in basal ganglia regions related to repetitive

thoughts, reward and goal-directed behaviors. The activity of several regions was significantly correlated with postpartum preoccupations, including the orbitofrontal cortex, basal ganglia, amygdala, substantia nigra, insula, and cingulate and fusiform. Two regions contained correlations across populations of mothers and fathers across two time-points: the orbitofrontal cortex and the insula. Among first time mothers, the change in anxiety correlated with the change in activation in these areas.

Conclusions: These data indicate that new parents respond to own-baby-cry in key anxiety, arousal, and emotion centers, and that some of those activations correlate with postpartum preoccupations at repeated time-points. Some of these responses are also common to fathers, and vary over the first few months postpartum in concert with the reduction in parental anxiety and the maturation of parent-infant attachment.

P-02-313

ONE-YEAR FOLLOW-UP STUDY OF BURDEN OF CARE AND COPING STRATEGIES IN FAMILIES OF PATIENTS WITH SCHIZOPHRENIA IN JAPAN

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Aims: Few follow-up studies have investigated the burden of care in families of patients with mental disorders in Japan. A 1-year follow-up study was conducted to ascertain burden of care and coping strategies in families of patients with schizophrenia.

Methods: Subjects were 54 consenting members of the Nagasaki Federation of Families of People with Mental Disorders living with patients who were diagnosed with schizophrenia and being treated on an outpatient basis. Mean age of schizophrenia patients was 37.9±8.4 years, with 76% men and 24% women. Mean age of subjects was 65.5±9.0 years, with 22% fathers, 72% mothers and 6% others. Burden of care was assessed using the 8-item short version of the Japanese version of the Zarit Caregiver Burden Interview (J-ZBI-8). Coping strategies were assessed using the Family Coping Ouestionnaire (FCO).

Results: Social functioning was stable in patients. While the burden of care was reduced, no significant differences were identified. Of the FCQ items, information-seeking behaviors and behaviors to facilitate social involvement of patients significantly decreased. During the study period, reduced burden of care correlated significantly with the following FCQ items: less information-seeking behaviors; and increased social interests. Reduced coerced behaviors correlated with higher attendance at monthly federation meetings.

Conclusions: These results suggest that reduced burden of care correlates with improved coping strategies. As subjects were members of a self-help group, the results may not apply universally, but are useful for designing more effective programs for supporting families of patients with mental disorders.

DYNAMIC OF SICKNESS WITH PERSON IN PRE-SENILE AND SENILE AGE DURING 10 TEARS IN ARMENIA

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Actuality: Researching of gerontological contingent's mental disorders in Armenia is carried out firstly. Knowledge in real prevalence of mental disease in pre-senile and senile ages can provide realization of a number organizing and treating-prophylactic tasks. But as the patients' turning for mental aid is low, that's why it led to low revealing of mental pathology.

Aim of the research is studding the dynamic of sickness with persons in pre-senile and senile age during 10 years (1995-2004) and also inspected contingent's some social-demographic factors.

Material of the research is documentation of the pointed contingent, who turned for professional help to "Nork" republic center of mental health during 1995-2004 years.

Results of research: 224 patients' histories are studded. Analysis of data let to reveal the following. Women are predominated among the

persons joined hospital (91 men, 133 women). The ration between man and woman is 1:1,5. The most part of the patients are in age of 60-70 (80,3%), persons of 71 year and older is 19,7%, older 80 years is 1 person (0,4%). The dynamic of 10 years showed, that the number of hospitalisated patients is increased from 1995, increased twice in 1998-1999. Such dynamic is observed till 2004. Pension is main living source for most part of patients (84,8%).

Conclusions: Studding of senile and pre-senile ages' mental disorders' prevalence and epidemiological regularity in RA is let to develop measures for

forming geronto-psychiatric aid in Armenia.

Reference: Gavrilova S. I., Zozulya T. V., Dzerujinskaya N. A.

P-02-315

VALIDITY OF THE BRAZILIAN VERSION OF THE LIEBOWITZ SOCIAL ANXIETY SCALE

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Objective: The purpose of this study was to investigate the effectiveness of the Brazilian version of the Liebowitz Social Anxiety Scale in identifying social anxiety disorder among patients with alcohol dependence, since the anxiety symptoms may be a trigger for relapse (1). Furthermore, many persons with alcohol use disorder also meet criteria for social phobia (2, 3).

Method: In a sample of 300 patients with alcohol dependence hospitalized in 3 mental clinics in Southern Brazil, 24.6% of them were social phobics. The SCID-I/P was used to check for the diagnosis of social anxiety disorder. In an attempt to obtain a global assessment of the discriminating power of the scale considering all possible cutoffs, a receiver operating characteristic (ROC) analysis was done.

Results: The adapted version of the scale was at its best performance in terms of identifying social phobia when using a cut-off score of 44 (sensibility=89.2; specificity=91.2). The discriminating power of

the scale as measured by ROC analysis resulted in an area under curve of 0.964.

Conclusion: The scale can be useful in identifying social phobia among Brazilian alcohol dependents.

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PSYCHIATRIC MORTALITY AND MORBIDITY AMONG FARMERS, RURAL AND URBAN REFERENTS

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Objective: To analyze the effects of rural residence and farming with respect to psychiatric mortality and morbidity in terms of hospital admittance. Our hypothesis was that the Swedish rural living and farming have a salutogenic impact on the psychiatric mortality/morbidity.

Methods: A cohort of 1,220 farmers, 1,130 non-farming rural referents, and 1,087 urban referents from nine Swedish municipalities were identified in 1989. This study population was followed over 12 years and data on mortality and hospital admissions were obtained from national registers. Mortality hazard ratios (HR) with 95% confidence intervals (95% CI) were computed with the proportional hazard regression technique (Cox's regression), and Fisher's exact test was used for small numbers. For morbidity odds ratios (OR) with 95% CI were computed.

Results: No statistically significant differences in psychiatric mortality were found. Non-farming rural men had almost half the risk of total as well as alcohol related psychiatric morbidity compared with the urban referents. The risk of non-alcohol related psychiatric morbidity was even lower. The farmers' psychiatric morbidity was one fourth compared to urban referents, with the largest difference in alcohol related morbidity. Furthermore, the farmers' depression, anxiety and dementia morbidity was significantly low. There were major differences in the risk of hospital admittance for self-destructive actions with only one and two cases among non-farming rural men and farmers respectively, compared to fourteen cases among the urban referents.

Conclusion: Swedish rural living and farming in particular, implies low risk of mental health disorders.

P-02-317

PERSONALITY CHARACTERISTICS AND BURNOUT IN MEDICAL PERSONNEL

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AIMS/OBJECTIVES. The major aim of the study was to explore the relationships between burnout and personality characteristics in medical personnel.

METHODS. Measures administered included Russian version of Maslach Burnout Inventory (MBI) and Russian version of Spielberger's State-Trait Personality Inventory (STPI/RU, adopted by Oleg Radyuk in 2001-2007). 40 physicians and nurses were examined.

RESULTS. Mean values of the measures were the next, state curiosity: 22.10 \pm 0.97, state anger: 12.05 \pm 0.50, state anxiety: 17.05 \pm 0.70, state depression: 13.33 \pm 0.65, trait curiosity: 29.50 \pm 0.96, trait anger: 17.40 \pm 0.53, trait anxiety: 18.28 \pm 0.58, trait depression: 18.90 \pm 0.67, emotional exhaustion: 23.28 \pm 1.15, depersonalization: 9.43 \pm 0.79, personal accomplishment: 27.13 \pm 1.35. By Spearman's correla-

tion analysis, the following results were found: emotional exhaustion was related to state anxiety (0.514, p < 0.01), trait anxiety (0.474, p < 0.01), state depression (0.518, p < 0.01) and trait depression (0.527, p < 0.01); depersonalization was related to state anxiety (0.368, p < 0.05), trait anxiety (0.454, p < 0.01), state depression (0.436, p < 0.01) and trait depression (0.461, p < 0.01); personal accomplishment was related to state (0.497, p < 0.01) and trait curiosity (0.518, p < 0.01); personal accomplishment was negatively correlated with the state anxiety (-0.556, p < 0.01), state depression (-0.400, p < 0.05) and trait depression (-0.589, p < 0.01).

CONCLUSION. There are significant relationships between MBI scales and STPI personality characteristics (anxiety, curiosity, anger, and depression) in medical personnel.

PSYCHODINAMICS OF FAMILY RELATIONSHIPS INSIDE THE PSYCHIATRIC UNIT- A CLINICAL STUDY

INSTITUTIONS

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Aims/objectives: This study aims at assessing the psychodynamics behind the family relationships of psychiatric patients, the necessity and utility of approaching mental health disorders using family therapy. Method: 34 families (120 members) have been invited for study participation. The criteria used were: one family member suffering from mild or moderate depression according to DSM-IV and ICD-10. Prior to psychotherapy sessions we assessed depression severity using The Hamilton Rating Scale for Depression (HRSD), the Global Assessment of Functioning Scale (GAFS) for the given patient along with the family indicator of functioning—The Family Functioning Scale (FFS). There were twelve psychotherapy sessions lasting between 60 to 90 minutes scheduled as follows: once every week during the first two months, once every two weeks for the next two months and then monthly. After the last therapeutic session the patient and his/her family were reassessed using the same indicators: HRSD, GAF, FFS. The control group consisted of 123 mental disorder-free families that we analysed using the FFS.

Conclusions: 1. There was a major decrease in intensity and relapsing for cognitive and autonomic depression. 2. There was a global improvement as well as an improvement in various compartments of functioning. 3. There was an obvious progress pertaining to the overall family functioning in multiple areas, whereas regarding relationships there was a switch from symmetrical to complementary and from distant to close.

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P-02-319

PAIN SENSITIVITY CHANGES IN A COMPLEX SCHIZOPHRENIA MODEL

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Clinical studies have proved that schizophrenia is accompanied by hypoalgesia, but only a few of them examined this phenomenon in detail. We induced schizophrenia-related alterations by subchronic ketamine treatment and social isolation in rats to determine their long-lasting effects on nociception.

Materials and Methods

Wistar rats after weaning (n=40) were either housed individually or grouped for 32 days, and were treated daily with either an increasing dose of ketamine or saline. Tail-flick latencies were determined before starting the treatment and after the last drug administration, at 46, 48 (C-fiber activation) and 52 °C (affects mainly Aä-fibers). After testing rats were rehoused. At 5th week acoustic prepulse inhibition (PPI) was tested to observe the reflex modification affected by social isolation and/or ketamine treatment.

Results

As regards tail-flick latencies at 46 and 48 °C, juvenile isolation but not ketamine treatment resulted in a significantly enhanced pain threshold, while the changes at 52 °C were not significant. Social isolation impaired the PPI. Ketamine treatment by itself did not reduce the PPI, but caused a further impairment.

Conclusion

In summary, social isolation exerts significant effect on acute heat pain sensitivity in young animals, disturbing primarily C-fiber linked pain pathways, while subchronic ketamine administration did not influence it. However, PPI revealed a more pronounced deficit after the combination of these two treatments. Thus, our study suggests a selective disturbance in the parallel sensory pathways under these experimental conditions. This work was supported by grants of RET-08/04 OMFB-0066/2005 and OTKA, K60278.

ADAPTATION AND ACCULTURATION AS STRATEGY TO METHODOLOGICAL VALIDATION OF COLLECTING DATA IN QUALITATIVE RESEARCH - REPORT OF AN EXPERIENCE

INSTITUTIONS

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Objective: To report an experience of adaptation and acculturation as it has occurred for a qualitative researcher¹ in a specialized heal-thcare service addressed to people with Chemical Dependency at the Psychoactive Substances Outpatient Service, State University of Campinas, São Paulo, Brazil.

Method: record of fieldnotes based on the following sources: researcher's work as a professional participating of a follow-up including clinical discussion relative to the patients; through activities of coordination of motivation groups; and through participation of theoretical workshops with the staff.

Results: Concept of adaptation includes an adjustment to routines of the setting which will serve as investigation field, as well knowing the staff and the patients². Acculturation is the process of adopting cultural values of certain community. It occurs as an assimilation of the peoples' though way and habits. It is established in order to obtain information about eventual difficulties into the approach,

as well as to have a deep analysis on how those people handles the question that will be the study object. This phase can last weeks or a few months. The empirical data used to help to delimit the authors' subject research.

Conclusion: adaptation and acculturation, as strategy to validation of collecting data in field research, are crucial to perform an adequate relationship with the subjects.

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P-02-321

GENETIC FACTORS INFLUENCING TREATMENT OF PARANOID SCHIZOPHRENIA

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The estimated genetic risk for schizophrenia was calculated on 40-50%. Some researchers believed that inheritance of the susceptibility to schizophrenia was caused by epistatic activity of multiple genes. The aim of our study was to find:

- 1. Genetic markers influencing susceptibility of paranoid schizophrenia. The polymorphisms of COMT, MAO A and GRIK3 genes were studied.
- 2. Relationships between different gene variants and both: the treatment efficacy measured by the PANSS.

The group of 75 patients with paranoid schizophrenia consisted of 39 men and 36 women. There were no significant differences between groups according to gender, age of onset and duration of illness. Patients were treated randomly with perazine, olanzapine or ziprasidone. The control group consist of 406 healthy volunteers eth-

nically, gender and age matched.

Results: No differences were found in the allelic distribution in COMT and GRIK3 genes polymorphisms between the whole schizophrenics and the control group. An analysis of allele distribution in VNTR polymorphism of the MAO-A gene showed that an allele with three tandem repeats within the promotor region of this gene was significantly more frequent in women with paranoid schizophrenia compared with the healthy population. No association was found between any particular genotype of the studied polymorphisms and the effect of antipsychotic treatment.

* The study was conducted under the Pfizer Independent Research Grant no. 2005-0039.

SALIVARY CORTISOL AND DEHYDROEPIANDROSTERONE IN DEPRESSIVE PATIENTS

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Major depression is often associated with dysregulation of the hypothalamic- pituitary-adrenal (HPA) axis. Most studies on HPA axis dysregulation in major depression have focused on cortisol. By comparison, dehydroepiandrosterone (DHEA) has been less extensively studied in depressed patients. The physiological role of DHEA is not completely understood. DHEA is a substrate for androstenedione and testosterone synthesis, and may have a role as an adrenal androgen. However, there is evidence to suggest that it may extent effects in the central nervous system. Importantly, DHEA opposes the action of glucocorticoids. One of the simplest and most frequently used

methods which assess the HPA axis is the measurement of peripheral levels of adrenal steroids. This can reliably be done in plasma or urine, however an increasing number of studies have highlighted the advantages of saliva in this respect. This study examined whether salivary cortisol and DHEA can use as biological marker in depressive patients. As a result, in patients compared with controls, salivary DHEA was significantly elabated, in conjunction with normal cortisol levels. This results suggest that DHEA may be a more sensitive indicator of depression than cortisol in depressed patients.

P-02-323

DIFFUSION-WEIGHTED MAGNETIC RESONANCE IMAGING CORRELATES OF DEPRESSION IN CHINESE PATIENTS FOLLOWING ACUTE ISCHEMIC STROKE

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Background The concept of vascular depression postulates that pathological (ischemic) changes in certain brain areas could raise the risk of depression in late life. Stroke-related depression is regarded as a type of vascular depression. Despite numerous studies on post-stroke depression (PSD), the role of cerebral atrophy and white matter lesion in the pathogenesis of PSD remain uncertain. The aim of this study was to evaluate the MRI correlates of PSD in Chinese patients with first or recurrent stroke.

Method A total of 293 Chinese patients consecutively admitted with acute ischemic stroke to the acute stroke unit of a university-affiliated regional hospital in Hong Kong were recruited. MRI scans were performed within the first 7week following admission. Three mon-

ths after the index stroke, a psychiatrist interviewed all participants and diagnosed PSD according to DSM-IV criteria.

Results Thirty-four (11.6%) was diagnosed with PSD 3 months after their index stroke. In the univariate analysis, severe frontal lobe atrophy (15.2% vs 5.1%; PSD vs non-PSD subjects) and severe subcortical and deep white matter lesions (14.7% vs 3.1%; PSD vs non-PSD subjects) were significantly associated with PSD (p<0.05). These MRI findings remained significant after adjusting for age, and gender in logistic regression analysis.

Conclusion Frontal lobe atrophy and white matter lesions were independent predictors of PSD.

IMPAIRMENT OF FRONTAL LOBE FUNCTIONS IN PATIENTS WITH POSTSTROKE EMOTIONAL INCONTINENCE

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Background To our knowledge there has been no publication on frontal lobe functions in post-stroke emotional incontinence (PSEI). The aim of this case-control study was to assess whether patients with PSEI have impaired frontal lobe functions.

Method Five-hundred and nine Chinese patients with acute ischemic stroke consecutively admitted to the acute stroke unit of a university-affiliated regional hospital in Hong Kong were recruited. According to Kim's criteria (Kim et al., 2000), 39 (7.7%) subjects had poststroke emotional incontinence (PSEI) 3 months after the index stroke. Thirty-nine stroke patients without PSEI served as the control group. The frontal lobe functions were assessed by the Stroop Test, Modified Card Sorting Test (MSCT), Modified Verbal Fluency Test (VFT), Go-No-Go Test, and the Frontal Assessment Battery (FAB), 3 months after the index stroke. The severity of depressive symptoms was measured with the Geriatric Depression Scale (GDS).

Results The words reaction time in the Stroop test (35.42+14.22s vs 28.25+10.73s), the number of omission (6.14+3.81 vs 4.31+3.00) and commission (9.03+6.32 vs 5.31+3.34) errors in the Go-No-Go Test as well as the FAB total scores (13.44+1.77 vs 14.38+1.55) significantly differed between the PSEI and control groups (p<0.05). Having adjusted for the Geriatric Depression Scale (GDS) scores, the differences in the words reaction time in Stroop test and number of commission error in Go-No-Go Test remained significant. Conclusion Impairment of frontal lobe function exists in PSEI and

appears to be independent of concurrent poststroke depression.

Kim JS, Choi KS. Poststroke depression and emotional incontinence: correlation with lesion location. Neurology 2000; 54:1805-1810.

P-02-325

A STUDY OF COMPARISION OF CLINICAL PROFILES AND TREATMENT RESPONSES OF ERALY AND LATE ONSET OBSESSIVE COMPULSIVE DISORDER

INSTITUTIONS

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AIM& OBJECTIVE: The clinical presentation responses to the pharmacological treatment of Adult patients with early and late onset OCD were compared in this study.

METHODS: A total of fifty OP patients diagnosed according to DSM IV TR Criteria were included in the study. After initial clinical evaluation with Structured Clinical Interview for DSM IV/Clinical version (SCID-I/CV) and Yale Brown Obessive Compulsive scale (Y-BOCS) all patients were treated with fluvoamine, sertaline and clomipramine for 10 weeks. Treatment response was defined as a 135% reduction in the Y-BOCS total scores from baseline in a 10 week follow up period.

RESULTS: Forty three patients completed the study. The early onset group had higher frequencies of exactness/symmetry obsessions and arranging/ordering compulsions and the late onset group had higher mean age assessment. Nine patients with early onset and Eighteen patients with late onset responded to pharmacological treatment. The difference between response rates was not statistically significant.

CONCLUSIONS: Our study suggests that there are some phenomenological difference between patients with early onset OCD and late onset OCD, these patients have similar responses to pharmacotherapy.: Our study suggests that there are some phenomenological difference between patients with early onset OCD and late onset OCD, these patients have similar responses to pharmacotherapy.: Our study suggests that there are some phenomenological difference between patients with early onset OCD and late onset OCD, these patients have similar responses to pharmacotherapy.

NEGATION TO EXECUTE CONDITIONED REFLEXES: ORIGIN OF THE MENTAL ILLNESS.

INSTITUTIONS

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Objective: Correct handling of the extinguishment of conditioned reflexes orientates toward the restitution of the lucidity and incorporation at the homeostasis again.

Method: Planned introspection and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, during 30 years.

Results: Association and reinforcement of the *punishment* with the freedom and disobedience, for allowing the appearance of the I, considered like a transgression, and the *recompense*, with the obedience, allowing the arising of a false personality or *I'*, which value: The Social Conditioning. Exact equivalence between the punishment gave to a child and the obsessive-compulsive disorder. Persistent disobedience of a child, for pretending Being Himself,

opposite a infuriate father for losing his authority, precise reproduction of all the nosologic psychiatry's classification.

Conclusion: The First step toward the real being search points out

the beginning of the Mental Illness. The conditioned reflexes extinguishment -with full consciousness- unchaining unrecognizable internal contradictions, is onset of the RESURRECTION OF THE I, but its incorrect handling is cause of 'Dead in Life' or Mental Illness: Structure and dynamic repeat invariably in all the clinical cases. Religion and Schizophrenia are improved, stylized and sophisticated polar extremes of the social conditioning.

References:

Vargas J: Scientific Theory "Something, that, my, self: Origin of the Other Life". Conditioned Reflexes 2004; 3: 30. http://www.apal2006.com/anmviewer.asp?a=92

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P-02-327

CHANGING FAMILY STRUCTURE AND MENTAL HEALTH SERVICES IN THE UNITED STATES

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There has been a sea change in the United States, for example, in the last 30-40 years in family integrity and support. The development not always occurring in a linear fashion, many developing countries, just being ushered into the industrial revolution are, at the same time experiencing many stresses of post-industrialization. The classical dyadic marital relationship for life has largely disappeared. In olden days, there used to a husband and a wife, wedded for most of adult life, and the resultant children, all full siblings. It has given way to what has been described as serial monogamy. In addition, there has been a large-scale increase in living together without marriage. Children can be full siblings, half-siblings and step-siblings. It is of-

ten difficult to keep track of them, even for the persons concerned. It creates major strains for children. "Your children and my children are beating our children." At the same time, the U.S. suffers from a continuing problem in providing for health care services, often hotly debated. About 15% of the total population does not have any health insurance and lacks the resources to meet health care costs. It is much higher for minorities and the poor. More importantly, as much as about 30% of the mentally ill lack it. As opposed to many other countries, the U.S. does not have a state-supported universal health care coverage. A major problem in outpatient services in mental health centres is to arrange medication for the patients.

THE INFLUENCE OF COPING MECHANISMS OVER THE EVOLUTION OF ACUTE STRESS DISORDER

INSTITUTIONS

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Objective: Cognitive interpretations of stressors instigate processes as coping and cognitive reappraisals that directly enable or disable an individual to deal with stress [1]. Our study's main objective was to evaluate the impact of coping strategies over the evolution of acute stress disorder.

Methods: A group of 23 patients, 16 female and 7 male, mean age 31.2, diagnosed with acute stress disorder (DSM IV TR), were admitted in our hospital and assessed using Hamilton Scale for Anxiety (HAM-A) and a cognitive- oriented interview [2] in order to establish the severity of anxiety and the coping mechanisms for each individual.

Results: Patients with acute stress disorder presented active coping (n=4), seeking emotional social support (n=3), suppression of competing activities (n=2), focus on emotions (n=3), denial (n=3), mental disengagement (n=5), behavioral disengagement (n=2), alcohol

use (n=1). HAM-A scores were higher in patients with less efficient coping strategies (any form of disengagement, alcohol use, denial, focus on emotions) than in persons using more efficient strategies (+13.5 points, p<0.01).

Conclusion: Patients with acute stress disorder and efficient coping strategies have a less significant level of anxiety and therefore a better prognosis than individuals with low effective coping skills.

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P-02-329

LOW INCOME AND POVERTY POSSIBLE RISK FACTORS FOR SCHIZOPHRENIA

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Schizophrenia is one of the most complexes of all mental health disorders. There is no known single cause responsible for schizophrenia. However, it is likely that many factors play a role in the development of this mental health condition. Sch is considered to be multifactorially inherited. Multifactorial inheritance means that "many factors" are involved. Low income and poverty increases the risk and play role in ethyopatogenesis of Sch. Our aim of this study is to reject or accept hypothesis that social stress of poverty, low education status, and finance disability as a result of unemployment are possible risk factors for appearance of Sch. Material for these investigation are two clinical groups, who are in psychiatric hospi-

tal- 60 with diagnosis Sch and 60 without. 50% from the investigate groups are unemployment and 35% were employment before (85% unemployment, now), these percent in the control group are 61%.(p=0,004).There are association between unemployment and registration of Sch (x^2 - Yates corrected = 6,22; p=0,02), According OR, unemployment make six time grater chance for developing Sch (OR=6,20(1,142 = 22,76; p=0,00), have not financial resources make six time grater chance for developing Sch (OR=6,56(2,742 = 11,18; p=0,0008280),poverty make tree time grater chance for developing Sch (OR=3,72 (1,58

SEROTONIN TRANSPORTER PROMOTER POLYMORPHISM AND NEUROTICISM IN BORDERLINE PERSONALITY DISORDER

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Objective: to investigate the relationship between 5-HTTLPR polymorphism and personality traits in Chilean patients with borderline personality disorders. Methods: we studied 52 subjects (37 woman and 15 man) who met the DSM-IV diagnostic criteria for borderline personality disorder according to the International Personality Disorders Examination, without axis I diagnoses and drug-free at the moment of evaluation. Personality traits were assessed with the Spanish version of Eysenck Personality Questionnaire Revised (EPQ-R). 5-HTTLPR polymorphism, and TPH1, 5HT1B, 5HT2C receptors polymorphism were genotyped by PCR from peripheral blood. Results: S-allele carriers (LS and SS genotype) showed higher scores in Neuroticism dimensions (P<0.01) than LL allele genotype

patients. The differences were independent from gender and age. In the total sample, women were significantly more neurotic than men (P<0,01), but this difference appears only in the S-carriers patients. Meanwhile the LL genotype patients scores lower in Neuroticism than S-carriers and without differences between men and women. No significant association was observed between 5-HTTLPR polymorphism and other EPQ-R personality dimensions. No significant association was observed between personality dimensions and the other studied polymorphism. Conclusion: S-allele carriers have higher scores in Neuroticism dimensions in the Chilean patients with borderline personality disorder studied. (Project FONDECYT N§ 1071045)

P-02-331

FAMILY FACTORS OF DEPRESSIVE AND ANXIETY DISORDERS

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Objectives: The study is aimed at the system research of familial factors of depressive and anxiety disorders: familial stressful life events, domestic violence, parental perfectionism, criticism and hostility.

Methods: 187 patients (97 with depression and 90 with anxiety disorders) and 60 healthy people were administrated originally developed Family stress scale and Parental Family Emotional Communications' Style Inventory. 55 parents of patients and 30 parents of healthy people were administrated original perfectionism and hostility scales.

Results: Major stressful life events like severe illnesses of closest relatives, incidents with closest relatives, fights and abusive relationship occurred more often in families of patients. Patients suffering from

depressive and anxiety disorders differ on these scores from control group at statistically significant level. When compared with healthy control, patients more often witnessed severe illnesses or deaths of closest relatives. Chronic familial stress in form of parental criticism, alcoholism, fights and abuses were identified in both groups of patients. Parents of both groups demonstrated high level of perfectionism and hostility compared with parents of healthy people.

Conclusions: In the parental family history of people with depressive and anxiety disorders chronic familial stress and major stressful life events occurred, which are similar in both group of patients. Parents of patients with depressive and anxiety disorders demonstrated high level of perfectionism and hostility.

PSYCHO-EDUCATION OF FAMILY WITH PSYCHOSIS

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Abstract Body:

In process of deinstitutionalisation of psychiatry in Europe more and more psychotic patients will live at their homes with their families. Some members of family get now new role in family life. They become caregivers. The role of caregivers is stressful and engaged with high risk of depression, psychosomatic disorders, insomnia, feelings of anger and rage, fall of immunity and many somatic disorders.

Then caregiver becomes invisible patient. He is in shadow of psychotic family member. Family goes through period of accommodation and gives care and help to your ill member. This is a modification of family life, hierarchy, relations between family members and homeostasis. The negative feedback mechanism such as appearance of psychosomatic disorders at one member of family is trial to establish homeostasis. The role of therapist is to give help to caregiver so they can recognize, interpret and understand symptoms.

P-02-333

A COMPARATIVE STUDY ON PSYCHOSOCIAL STRESS BETWEEN JAPANESE AND KOSOVAR COLLEGE STUDENTS

INSTITUTIONS

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Objectives:

The aim of this study was to examine whether there was any difference in psychosocial stress between Japanese and Kosovar college students.

Methods:

Psychosocial stress and stress tolerance capacity were measured using the IMPS and IMST, respectively (1). 360 Japanese college students (212 men and 148 women) and 104 Kosovar college students (62 men and 42 women) responded. The mean ages of Japanese and Kosovar college students were 19.0 \pm 1.0 and 22.2 \pm 2.0 years, respectively.

Results:

Japanese college students reported more subjective stress than Kosovar college students, and IMPS-measured stress score was higher among Japanese college students than among Kosovar college students. In contrast, Kosovar college students had lower stress tolerance capacity than Japanese college students. While IMPS-measured stress score was higher in women than in men among Japanese college students, there was no difference in the score between men

and women among Kosovar college students. The factor analysis of IMPS scores using maximum likelihood factoring and Promax rotation indicated that the structure of psychosocial stress among Japanese college students, which consists of 10 factors: "despair and anxiety," "somatization," "hostility and resentment," "sleep disturbances," "tick," "strain," "inattentiveness," "isolation," "impatience" and "physical hypersensitivity" was different from that among Kosovar college students, which consists of 14 factors: "somatization," "disgust and isolation," "anxiety and avoidance," "sleep disturbances and agitation," "hostility," "despair," "resentment," "uneasiness," "hypersensitivity," "strain," "irritation," "helplessness," "discord" and "dysautonomia."

Conclusion:

It was concluded that Japanese college students suffered more psychosocial stress than Kosovar college students and that there was a substantial structural difference in psychosocial stress between these two groups.

Reference

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PATH ANALYSIS TO DETERMINE THE EFFICACY OF THE THEORY OF SOCIAL DETERMINANTS FOR UNDERSTANDING THE HEALTH BELIEFS AND PRACTICES OF RURAL AFRICAN AMERICAN WOMEN

INSTITUTIONS

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Aim: In the United States, during the first decade of the 21st century, it is estimated that about 21 million women will become menopausal. African American women experience numerous health deficits that negatively influence their health status.

Method: This study (n=206) reports on the relationship between employment, menopausal knowledge, socioeconomic status, education, support systems, depressive scores, and health status among a group of rural African American women who were recruited from their communities. It used path analyses to determine the relationship among the selected variables and the African American women's health status. Specifically, the paper will feature the best-fitting model for the advancement of the theory that is described by Marmot and colleagues who proposed the social determinants of

health theory. The statistical analysis consists of descriptive statistics, correlation analysis, multiple regressions, and path analysis. **Results:** The results indicate that the social determinants of the health model can be used to explain the variables that affect the women's health. In addition, their over exposure to poverty and stress make them vulnerable to mortality and morbidity that are expressed through a variety of diseases.

Conclusion: African American women are at risk for numerous health conditions that are related to the social determinants of health. The model that Marmot proposed is relevant for understanding and intervening with African American women.

1. U.S. Department of Commerce, Bureau of the Census, 2000.

P-02-335

THE EXPERIENCE OF MULTIPLE-FAMILY PSYCHOEDUCATION PROGRAM FOR MENTAL HEALTH CARE IN A GENERAL HOSPITAL IN TAIWAN

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Objective: This study explored the effectiveness of multiple-family psychoeducation intervention for mentally illness families' burden, stigma and satisfaction.

Methods: 31 families of patient with major mental illness attended this family intervention over 3 months (10 sessions). At the beginning and immediately after 3 months, measurements included family's needs on psychoeducation (base line), care-giver burden scale, stigma of mental illness and global satisfaction (feedback).

Results: Totally 31 families (75% attendance rate) participated in this family intervention. Despite there was no significance difference in care-giver burden before and after the intervention, the scores of all items was lower. A Significant reduction in the perceived stigma of mental illness after intervention. Feedback questionnaires with

ratings of the usefulness of each session on a 5-point scale. Overall, the responses were positive. Feedback from families showed that the atmosphere of the group was warm, moving, supportive and secure. The families learnt more knowledge of mental illness and skill of caring as well as understood their relatives with mental illness. In addition, this intervention facilitated collaborative partnership relationship between families and professionals who were their key practitioners, and increase trust in mental health care.

Conclusions: Multiple-family psychoeducation program is an effective intervention in helping family of mental illness in promoting mental health care in a psychiatric setting. The findings suggest continued implementation and development of family intervention in Taiwan is promising and encouraging despite there are on-going challenges to be overcome.

MOOD DISORDERS

P-03-001

A CASE OF SHY-DRAGER SYNDROME WITH DEPRESSION: ANTI-DEPRESSIVE AND ADVERSE EFFECTS OF M-ECT

INSTITUTIONS

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Although the effectiveness of modified electroconvulsive therapy (m-ECT) in cases of idiopathic Parkinsonism has been confirmed in the literature, few studies have investigated the effectiveness of m-ECT among patients with multi-systemic neurologic degeneration, including Shy Drager syndrome. We report a case of Shy-Drager syndrome, with depression, successfully treated with m-ECT. The patient was a retired 65-year-old man who suffered from fatigue, appetite loss, insomnia and psychomotor inhibition. He was diagnosed with major depression and prescribed antidepressants. Because depressive symptoms were not improved with pharmacotherapy, he

was hospitalized for m-ECT. After each trial of m-ECT (3 in total), however, he experienced dizziness and falls to the floor caused by orthostatic hypotension. Additional findings, including mild cerebellar ataxia (mild cerebellar atrophy on MRI) and neurogenic bladder, were identified by a neurologist, and he was subsequently diagnosed with Shy-Drager syndrome. Although the m-ECT was stopped earlier than scheduled because of these adverse effects, his depressive state improved remarkably. Although we should be cautious about the use of m-ECT in patients with Shy-Drager syndrome, it appears to effectively treat depression caused by this syndrome

P-03-002

COMPUTER BASED PROCESS MONITORING IN THE PSYCHOTHERAPY OF OBSESSIVE COMPULSIVE DISORDER

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OBJECTIVE: Traditionally the effects of psychotherapy have been measured before the beginning and after the end of therapy. In the context of the theoretical construct of synergetic it becomes evident that psychotherapy is a non-linear process, characterized by the occurrence of phases of instability that are followed by cascades of cognitive-affective phase-transitions (Haken & Schiepek 2006). To identify the phases of critical instability a new method has been implemented in the case of a patient with OCD

METHODS: Daily evaluations online were made by a patient with obsessive compulsive disorder, subtype washing/contamination fear during the course of a behavioral psychotherapy program. The patient filled out a 46 item questionnaire encompassing 7 factors daily online. No medication was administered.

RESULTS: Two phase transitions became apparent - the first one shortly after admission, the second after a conflict with other patients. Overall, the patient's general level of functioning improved. In a short follow-up investigation he was found working and able to live on his own.

CONCLUSION: Real time monitoring during the process of psychotherapy has the advantage of being able to grasp phases of critical instability followed by transitions into new patterns of clinical status display during the process itself. Psychotherapy is a non-linear process during which the patterns of self-organization change by undergoing transitions which are evoked by phases of critical instability (Haken & Schiepek 2006). Real-time monitoring enables us to improve our understanding of how psychotherapy works.

P-03-003

SOMATOFORM PAIN DISORDER WITH COMORBID INSOMNIA: IMPROVEMENT OF PAIN AND SLEEP PARAMETERS AFTER 6-WEEK TRAZODONE CR THERAPY

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Purpose of the study:

The aim of the present study was to investigate the acute and chronic effects of trazodone on objective and subjective sleep parameters and pain in somatoform pain disorder (SPD) patients with nonorganic insomnia.

Methods:

Fifteen patients (7 females), aged 50.1 ± 11 years, participated in the single-blind, placebo-controlled, cross-over study on the acute effect of 100mg trazodone, followed by a six-week open titration period to the optimum dose (155.6 ± 39.1 mg). Polysomnographic evaluation was performed by the Somnolyzer 24x7 classification program in 5 nights. The patients were compared with 15 age- and sex-matched healthy subjects derived from the Siesta database.

Results:

Acute administration of trazodone reduced the number of noctural awakenings and increased deep sleep stages. These effects on objective sleep parameters were also observed after six-week therapy. Clinical evaluation showed an improvement in the Pittsburgh Sleep Quality Index, Zung Anxiety Scale and State/Trait Anxiety Inventory and VAS score. After 6 weeks of daily use of trazodone CR, 4 out of 6 pain parameters demonstrated a significant improvement.

Conclusions:

Insomnia in SPD was mitigated by acute trazodone therapy. After six weeks the improvement of objective and subjective sleep quality was associated with a significant improvement of pain and its psychosocial consequences.

P-03-004

DOES ANTIDEPRESSANT TREATMENT AFFECT TIME TO REMISSION AND DURATION UNTIL NEXT EPISODE IN BIPOLAR DEPRESSION?

INSTITUTIONS

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Objective: Despite bipolar patients spend up to one third of their lives in depression; most of acute treatment guidelines for bipolar disorder focused mainly on manic phase of illness. There are only a few efficient treatment choices for bipolar depression. Many studies showed that antidepressant agents have significant efficacy in the treatment of bipolar depression. One of the most controversial points in bipolar depression is the treatment of patients with antidepressant drugs although they induce switching to mania and cycle acceleration. As there is not enough data concerning this subject it is aimed to elucidate this crucial argument in this study.

Method: Clinician behaviour and antidepressant treatment preferences during 288 depressive episodes were evaluated in Rasit Tahsin Mood Disorders Outpatient Clinic. Time to remission as

well as duration until next episode and subsequent episode type of patients were compared between patients receiving antidepressants or other drugs as of treatment choice.

Results: We found that clinicians preferred to add new agents in most of the episodes (%34,4) and were in need of trying more than two other choices (29,6%). Clinicians preferred antidepressant treatment in about two thirds of the episodes (37,8%), but no significant differences were found between the two groups by means of remission and relapse.

Conclusions: Antidepressant treatment during depressive episodes did not make any difference in remission and relapse time. Data seem to support the result of Systematic Treatment Enhancement Program for Bipolar Disorders Study (NIMH STEP-BD).

P-03-005

COGNITIVE FUNCTIONING IN BIPOLAR DISORDER FAMILIES AND IN FAMILIES MIXED WITH BIPOLAR AND SCHIZOPHRENIA SPECTRUM DISORDERS

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Objectives: There is increasing evidence that cognitive impairments in bipolar patients may be associated with the vulnerability of the disorder as impairments have been evidenced both in euthymic bipolar patients and in unaffected relatives. Previous studies have reported cognitive impairments also in schizophrenia families. The aim of the present study was to examine the cognitive functioning in bipolar I disorder patients and their unaffected relatives in a group of families with bipolar disorder and in families mixed with bipolar and schizophrenia spectrum disorders.

Methods: A neuropsychological test battery was administered to 20 bipolar I disorder patients and 37 unaffected relatives from bipolar families, 19 bipolar I disorder patients and 28 unaffected relatives from mixed families and 55 controls, all representing population-based samples.

Results: In both groups, patients and relatives were impaired in psychomotor processing speed. Patients from bipolar families were worse than controls in nearly all measures of verbal learning and memory. Patients from mixed families were impaired only in delayed verbal recall. Both patients groups were impaired in executive functioning, although patients from mixed families were most impaired. Relatives in both groups were slightly impaired in executive functioning.

Conclusion: Our findings suggest that impaired psychomotor processing speed and executive function may represent vulnerability markers of bipolar disorder irrespective of psychopathology in the family. Increased abnormalities in executive functioning may be associated with increased liability to schizophrenia spectrum disorders. In addition, increased abnormalities in verbal memory may be associated more with pure bipolar disorder.

P-03-006

VEGETATIVE REGULATION AT THE DIFFERENT STAGES OF DEPRESSION

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The aim of the study is to investigate vegetative reactivity at the different stages of depressive episode.

Methods: clinico-psychopathological method, clinico-anamnestic method, the Zung self-rating depression scale, the method of the heart rate variability analysis for assessment of vegetative regulation. The study is conducted from 2000 to 2007. In the first part of the study the assessment of vegetative regulation at the initial stage of depressive episode is provided (82 patients even 72 healthy persons). In the second part the vegetative regulation is studied at the stages of stabilization and reduction of depressive episode (76 patients even 66 healthy persons).

The results of investigation are shown reduction in the total heart

rate variability, increase in tension level of regulatory systems at the initial stage of depression. The activity balance of the sympathetic, parasympathetic and suprasegmental mechanisms of autonomic nervous system remains. At the stage of depression stabilization the disruption of different components of autonomic nervous system balance occurs. The prevalence of the activity of suprasegmental ergotropic systems and the functional decrease of sympathetic mechanisms activity are observed. At the stage of the depression reduction the decrease of the activity of suprasegmental ergotropic systems with the hyper-activation of peripheral sympathoadrenal mechanisms are revealed.

Conclusion: Obtained data could be considered in chose and efficiency rating of therapy at the different stages of depression.

P-03-007

OBSESSIVE-COMPULSIVE DISORDER AND SCHIZOPHRENIA: A CASE REPORT

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AIMS: Obsessive-Compulsive symptoms (OCS) have been presented in a great proportion of patients diagnosed with Schizophrenic Psychosis. The studies that tried to analyse the demographic and clinical differences of those Schizophrenic patients with OCS or OCD comorbid vary widely in terms of prevalence. In a psychopathological approach, OCS in Schizophrenia can: hardly be distinguished from psychotic symptoms; appear at the prodromic phase; occur simply as a comorbidity or be induced by antipsychotic therapy. The aim of this work consisted on a revision on scientific literature about the presence of OCD/OCS in Schizophrenia, more precisely about the proposed mechanisms to their arising/exacerbation by atypical antipsychotics (AAP).

METHODS: The authors present a case report of a 29 year old man, diagnosed with Paranoid Schizophrenia, that developed OCS after therapy changing to oral quetiapine and zuclopentixol depot and, make a bibliographic investigation (in PUBMED) about those assumptions.

RESULTS: There have been described case reports of development/ exacerbation of OCS in Schizophrenic patients with AAP, especially with clozapine, olanzapine and risperidone. There are only two cases associated to quetiapine therapy [1]

CONCLUSION: There is not an exact explanation for the pathogenic mechanisms involved in the development of OCS after the administration of AAP and, like in the current case report, many factors must be taken into account when trying to make that relationship.

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P-03-008

HYPONATREMIA ASSOCIATED WITH SELECTIVE SEROTONIN REUPTAKE INHIBITOR IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: A PRELIMINARY REPORT

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Hyponatremia (serum sodium arbitrarily defined as less than 135 mmol/L) is an increasingly recognized adverse effect of selective serotonin reuptake inhibitors(SSRI). Its precise prevalence and incidence in patients with major depressive disorder (MDD) are hard to determine because of confounding factors including other prescribed medications and medical conditions. The aim of this study is to estimate the prevalence of hyponatremia associated with the use of SSRI inMDD patients compared to that in MDD patients with the use of other antidepressant drugs. The inpatients with MDD, who were treated with one adequate trials of antidepressants at least for 4 weeks were selected for a retrospective study. Demo-

graphic variables and serum sodium concentration were compared between the use of SSRI and the use of other antidepressant drugs. One hundred fourteen patients were included. Four patients (6.9%) on SSRI (N=58), one patient (1.8%) on non-SSRI (N=56) had hyponatremia during study period. All patients developed hyponatremia were female, elderly, 23 and below of body mass index. There was no a statistically significant difference on the serum sodium concentration changes at week 2 and 4 from baseline between two groups. Larger, prospective studies would enable more accurate collection of data including follow-up over time and differentiation of the relative risk of hyponatremia with individual SSRIs.

IS COMBINED TREATMENT MORE EFFECTIVE THAN SWITCHING TO MONOTHERAPY IN PATIENTS WITH RESISTANT DEPRESSION? A RETROSPECTIVE STUDY

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Aims: Treatment-resistant depression (TRD) is a long-term, disabling illness. It is not clear, if the combination or augmentation of antidepressants are more effective than antidepressant (AD) monotherapy in the treatment of TRD (1, 2).

Methods: In this retrospective chart review, we compared the efficacy of combined therapy (combination AD or augmentation) versus switching to monotherapy (both at least 4 weeks) in inpatients, who had not responded at least to one previous antidepressant trial. Depressive symptoms were assessed using Montgomery- Lsberg Depression Rating Scale (MADRS) and response was defined as a reduction of MADRS ≥50%. Results: We analyzed 49 depressed inpatients (24 in the combined condition and 25 in the monotherapy). Both groups are equal in baseline characteristics (number of previous treatment, severity of depression etc.) and in the length of index treatment. The combined treatment was superior to the

monotherapy switch in the MADRS score reduction (16 vs. 10, respectively, p < 0.01) and the proportion of patients in response (67% vs. 36%, p=0.05).

Conclusion: The results of these analyses suggest that combined treatment may be more effective than a monotherapy in patients with TRD.

This study was supported by a grant from Ministry of Health of Czech Republic MZ0PCP2005

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P-03-010

NEUROPSYCHIATRY OF OBSESSIVE COMPULSIVE DISORDER IN INDIVUDALS WITH INTELLECTUAL DISABILITIES

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AIMS/OBJECTIVES: The diagnosis of obsessive-compulsive disorder (OCD) among individuals with developmental disorders is complicated by symptom diversity inherent to both conditions. The aim of this presentation is to address problems in differential diagnosis created by this heterogeneity. We will discuss the process of differentiating OCD from other forms of repetitive behaviors.

METHODS: The author will utilize a systematic analysis of case-study materials to demonstrate the process of defining endophenotypes of repetitive behaviors.

RESULTS: OCD is a subset of a larger group of repetitive behavior disorders. Because of the dimensional nature of many OC symptoms, we need to pare down this symptomatic diversity in order to better define the syndrome of OCD. This process includes addressing the level and severity of pre-existing developmental disorder,

gender, age of onset, pattern of neurophysiological responses and temperament, threat perception, threshol and habituation for arousal, impact of known brain disorders, genetic vulnerabilities and behavioral phenotypes, comorbid neuropsychiatric disorders such as autism or movement disorders, and previous responses to treatment.

CONCLUSIONS: OCD is best considered a spectrum disorder that lies along a continuum of conditions with distinct but overlapping neurobiological substrates. In order to cope with this heterogeneity, clinicians need to integrate presenting target behaviors with an extensive neurobiological and functional behavioral analysis as well as a thoughtful investigation of specific comorbid neuropsychiatric disorders. We can resolve some of this confusion by systematically analyzing the behavioral neurobiology of repetitive behaviors.

COLOR SENSITIVITY AND MOOD DISORDERS: BIOLOGY OR METAPHOR?

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Aims/Objectives: The purpose of this pilot study was to test three hypotheses concerning the relationship between mood disorders and color sensitivity. Methods: Using a cross-sectional survey design consisting of a sample of 120 inpatients and outpatients, color sensitivity was assessed by the patient's response to a self-report depression scale item, "I notice that everything seems gray/cloudy/drab/lacking color". Results: Color sensitivity significantly correlated with depression in the total sample (p = 0.001). The other two hypotheses approached significance but were not supported. Discussion: These findings suggest there is evidence that color sensitivity is impaired during depression. Further research using a larger, more homogene-

ous sample and longitudinal design whereby measures of mood and color sensitivity are correlated before, during, and after treatment in depressed and manic patients would be justified. A study using ophthalmological instrumentation to measure color sensitivity would provide objective, 'hard' evidence of the association between color sensitivity and depression. Conclusion: Whether color perception is metaphorically reported by patients to describe their mood or a biological phenomenon remains to be validated. Findings seem to lend support to the conclusion that abnormalities in brain function alter retinal function.

P-03-012

PREDICTIVE FACTORS OF RECURRENCE IN MAJOR DEPRESSIVE DISORDER

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The incoming of major depression disorder (MDD) is the recurrence in 75% of cases.

Objective

To determinate the predictive factors of MDD recurrence, the present study aimed to compare two groups of patients with recurrent MDD and with MDD, single episode.

Methods

It's a comparative study held in the psychiatric female inpatient unit of Farhat hached university hospital of Sousse (Tunisia). All first time admissions, between January 1999 and December 2006, for MDD according to DSM-IV criteria, were retrospectively examined (N=277). Assessment of demographic, clinical and outcome features was based on patients' medical charts. Statistical comparisons were performed between two groups of inpatients: Group 1 (G1): inpa-

tients with recurrent MDD (n=149) Group 2 (G2): inpatients with MDD, single episode (n=128).

Results

Inpatients from G1 were older (p=0.002) and had more family antecedents of mood disorder (p=0.046). They also had more severe episodes (p=0.01) and more endogenous characteristics (p=0.01). Age of onset, episode durations, personality disorders and axis I comorbidity were similar between the two groups.

Conclusion

Family history of mood disorders, endogenous characteristics and episode severity were correlated to depressive recurrence, in our inpatients. These factors should be taken into account to adapt psychiatric care in case of occurrence of first major depressive disorder.

DOES POLARITY DISTINGUISH MAJOR DEPRESSIVE DISORDER AND BIPOLAR II DISORDER?

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Recent epidemiological studies did not find a boundary between bipolar II disorder (BP-II) and major depressive disorder (MDD), as a *subsyndromal* hypomania (defined by at least 2 to 3 episodic symptoms) was more common than *syndromal* hypomania. Study aim was testing if polarity of episodes (history of hypomania) could categorically distinguish BP-II and MDD.

Methods: Consecutive sample of 274 remitted BP-II and 129 MDD outpatients interviewed about history of past episodes of hypomanic symptoms by Structured Clinical Interview for DSM-IV, in a private practice. Questioning about the most common symptoms, and the most common duration, of past hypomanic episode/s (lasting at least 2 days, including at least 2 hypomanic symptoms).

Results: As expected by definition, BP-II versus MDD had signifi-

cantly more past, episodic, hypomanic symptoms. However, MDD had episodes of *subsyndromal* hypomanic symptoms (median symptom number = 3). Frequency of past episodes of at least 2 hypomanic symptoms in the entire sample, according to the number of symptoms per episode, was normally distributed (no bi-modality). A grading (linear correlation, r = 0.57, p = 0.000) of the number of episodic hypomanic symptoms was also found between BP-II and MDDD

Discussion: Study findings do not support current splitting of BP-II and MDD based on polarity of episodes. Complementing epidemiological findings, hypomania (at least as currently defined by DSM-IV) does not seem to be a distinct, categorical clinical entity. A continuum of past episodic hypomanic symptoms was found, sug-

P-03-014

THE PREVALENCE, DETECTION, AND REFERRAL OF MENTAL DISORDERS AMONG MEDICAL INPATIENTS IN TALEGHANI GENERAL HOSPITAL

INSTITUTIONS

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Objective: This study is designed to examine the prevalence of mental disorders among medical inpatients, the detection of mental disorders by non-psychiatrist medical staff (including the nurses and other specialties) and the extent of referral for psychotherapeutic intervention in a general hospital in Tehran (Taleghani Hospital). Method: In order to study the prevalence of mental disorders, GHQ (General Health Questionnaire-28) and MINI (Mini International Neuropsychiatric Interview) were administered to 124 patients (52.4% female and 47.6% male) in different medical wards. Physicians' Diagnostic Questionnaire and Nurses' Diagnostic Questionnaire were used to determine the detection of mental disorders by medical staff and the history of referrals for psychotherapeutic interventions was studied by using patient's records.

Results: The current study revealed the high prevalence of mental

disorders among medical inpatients specially females and patients at the age range of 20-40. The most prevalent disorders were mood disorders (44.4%), anxiety disorders (18.9%), substance-related disorders (4%) and psychosis (2.4%). 19.1% and 25.2% of the mentally-ill patients were detected correctly by physicians and nurses respectively. However, only 2.9% of these patients were referred to the psychiatrists for psychotherapy by medical staff.

Conclusions: A minor percentage of patients are detected correctly and referred for psychotherapeutic interventions by medical staffs. It seems necessary to have training courses in psychiatry for the medical staff to help them detect and refer psychiatric patients immediately to advance the general health of the medical patients and to reduce the cost of the medical wards.

PREVALENCE AND CORRELATES OF OSTEOPOROSIS AND DEPRESSION AMONG THE ELDERLY

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Objective: The main purpose of this study is to investigate the association of osteoporosis and depression in an elderly community population in Brazil

Method: Cross sectional population-based random sample of 7040 household residents aged 60 years and over, examined in a face-to-face interview. Self-rated presence of osteoporosis, sociodemographic variables, health behavior and self rated health, ADL, and current depression (assessed through the Short Psychiatric Evaluation Schedule) were assessed through a structured interview. The main outcome measure of the investigation is the presence of osteoporosis. Logistic regression analysis was used to control for demographic, health and other mediating variables (health status, ADL). The sociodemographic variables were first added to the model, then other mediating variables (social support, health behavior, health status). Psychiatric morbidity was the last variable added to the model.

Results: The overall prevalence of osteoporosis morbidity was 15% (males 5.9%, females 19.8%). In controlled analyses, gender (females), low income, African -Brazilian, place of birth (urban), self rated health (impaired), ADL impairments, were significantly associated with osteoporosis. When depression was added to the model it has an independent contribution for osteoporosis increasing the odds by 50%. The other covariates were not associated with osteoporosis morbidity.

Conclusion: The overall prevalence of osteoporosis was 15%. In controlled analyses, rates were higher in females, with low income, racial minority, with poorer health and functional status. Psychiatric morbidity makes a unique and independent contribution to osteoporosis.

P-03-016

RELATIONSHIPS BETWEEN PTSD, DEPRESSION AND QUALITY OF LIFE IN CROATIAN WAR VETERANS

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Aims/Objectives: PTSD profoundly affects the psychological and physical health of veterans and their families. In some studies, nearly half of the veterans who had PTSD were also depressed. However, only few data exist reflecting the quality of life (QoL) in patients with chronic PTSD. In this study the authors analyzed the interrelationships between chronic PTSD, depression and OoL in Croatian war veterans

Methods: The 184 veterans who were treated at the Clinic for Psychological Medicine during year 2007 were selected as the sample for this study. On the base of medical records, interviews and different self reported questionnaires (Mississippi Scale for combat-related PTSD, Beck Depression Inventory, WHOQOL-Bref, SCL-90) the authors analyzed the relationships between depression, somatization, QoL and chronic PTSD, as well as different therapeutical approaches that were used in the treatment of those patients.

Results: There was significant correlation between PTSD symptoms and intensity of negative emotions, fear of possible injuries and problems with concentration. We found negative correlation between intensity of PTSD symptoms, vitality, energy level and physical endurance. PTSD symptoms were associated with a poorer quality of life (physical and mental) and an increase in psychological distress. The patients with PTSD demonstrated a pronounced tendency for somatization and state anxiety.

Conclusion: The presence of PTSD symptoms predicted lower QoL and it is important for the treatment priorities and efforts. Relationship between chronic PTSD, depression and QoL requires a multidisciplinary approach to the assessment and treatment of patients with the emphasis on rational polypharmacy and psychotherapeutical interventions.

EVALUATION OF THE ANXIETY AND DEPRESSION SYMPTOMS IN PRE-SURGICAL CARDIAC PATIENTS

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Introduction: Heart surgery allows one to symbolically move around psychological aspects that are the individual's essence, leading him/her towards a re-significance of life.

Aim: To evaluate the association between patients' report about anxiety and depression in the pre-surgical period and the result of the Anxiety and Depression Scale (HAD).

Method: The patients' report was obtained from a closed question about the pre-surgical moment, followed by the application of HAD.

Results: 37 pre-surgical cardiac patients were seen, 58% male, with age between 40 and 80 years, low level of instruction and low social-economical level. 70,3% presented symptoms in HAD: 35,2% anxiety, 16,2% depression, and 18,9% anxiety and depression. The

remaining (29,7%) did not present any symptoms. According to the patients' report, 56,8% mentioned one of these symptoms, anxiety being the most accounted for (46%) along with other feelings such as: anguish, insecurity and fear facing surgery; 10,8% reported anxiety and depression and 24,3% did not mention any symptoms.

Conclusion: Some patients did not mention any symptoms, revealing difficulty in admitting the moment of weakness facing surgery and being in contact with own feelings. The factors that may have interfered in the patients' report are low level of instruction, lack of orientation regarding surgery, and difficulty in accepting the disease and considering oneself sick, which would be important, once that a certain level of anxiety is desirable, because it pushes the patient towards an action and to self-preparation for surgery.

P-03-018

STUDY WITH PATIENTS SUBMITTED TO ORTHOGNATIC SURGERY

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Aim: to investigate the meaning that the patient submitted to orthognatic surgery gave to his/her experience with dental-facial deformity, surgery and transformation of appearance.

Method: qualitative study about the experience of 10 people with ages between 24 and 53 years, submitted to orthognatic surgery at least one year ago.

Results: the coexistence with dental-facial deformity was a difficult

experience, but one with which the patients had gotten used to. The decision for surgery came from either the dentist's recommendation or due to the presence of unbearable painful episodes. The extreme change in appearance, associated to the fear of not being recognized caused great anxiety in the immediate pre-surgery and post-surgery periods. The assimilation of the new image was a lengthy process, as well as the adjustment to new eating habits and palatability.

NEUROPSYCHOLOGICAL IMPAIRMENT AND FUNCTIONAL INCAPACITY IN EUTHYMIC BIPOLAR DISORDER PATIENTS

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Aims/Objectives: Cognitive dysfunction persists in the euthymic phase of bipolar disorder and may provide a marker of underlying neuropathology and disease vulnerability. Discrepancies have emerged with regard to what dysfunctions remain during remission periods. The aim of this study was to ascertain whether euthymic bipolar patients would show impairment in verbal learning and memory and in executive functions compared with healthy controls. Secondly, to establish if there was a relationship between clinical and functional data and neuropsychological performance.

Methods: Thirty euthymic bipolar patients were compared with thirty healthy controls through a battery of neuropsychological tests assessing estimated premorbid IQ, attention, verbal learning and memory, and frontal executive functioning. The effects of subsyndromal symptomatology was controlled. Functioning was assessed with WHODAS-II

Results: Remitted bipolar patients were significantly more impaired than controls in several measures of memory and executive function, after controlling for the effect of subclinical symptomatology, age, sex and educational level. Verbal memory and executive functioning impairment was related to world human organization disability assessment schedule II (WHODAS-II) scores, as well as to variables of the course of the illness.

Conclusions: Results provide evidence of neuropsychological impairment in euthymic bipolar patients, after controlling for the effect of subsyndromal symptoms, suggesting verbal memory and executive dysfunctions. Euthymic bipolar disorder patients had greater impairment on neurocognitive measures associated with prefrontal and hippocampal function. Cognitive impairment seems to be related to a worse clinical course and poor functional outcome.

P-03-020

DEPRESSION IN ACADEMICS IN HEALTH PROFESSIONAL UNDERGRADUATE COURSES

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University students are mainly adolescent youths that have left home for the first time and are facing new responsibilities that make them vulnerable and susceptible to depression. Thus, the aim of this study was to identify symptoms of depression, or depressive states in health course undergraduate students. The investigation was an exploratory, descriptive, survey type study with a quantitative analysis of data, carried out in a private university in the State of São Paulo, Brazil. The sampling was non-probability, accidental, made up of 609 students between the ages of 17 and 73, of both sexes, enrolled in the nursing, pharmacy and physiotherapy undergraduate fulltime and night courses, that signed the consent form for inclusion in the study. The instrument for data collection was composed of identification, eleven questions and the DSMIV-TR symptoms for depression.

The results showed that 79% of the participants did not have depression before entering the university but 20.4% did develop depression during their academic life. The reasons indicated by the 210 students for their depression were insecurity about their professional future 52.7%, loneliness and homesickness 26.5%, low self-esteem because of academic difficulties 21.7% and an excess of activities 21.7%. The investigation also revealed that 30% of the students suffered from suicidal ideation occasionally, whereas 1.79% had these sentiments frequently or always. Other factors that made academic life difficult were financial worries, self-affirmation, sexual relationships, sociocultural maturing process and other problems linked to adolescence. The participants with depression were referred to councilors or mental health professionals.

MEDIATION OF DEPRESSION BY PERCEPTIONS OF DEFEAT: THOROUGH AN EVOLUTIONARY EXPLORATION (PSYCHOMETRIC PROPERTIES OF DEFEAT SCALE IN PORTUGUESE SAMPLES)

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Introduction: The social rank theory of psychopathology in general suggests that with the evolution of social hierarchies various psychobiological mechanisms became in synch to the success or failure in conflict situations. Particularly, subordinates and those who have lost status are at greater risk of pathology than winners and those of higher status. This theory, conceptualize defeat (arrest flight) as of special importance to the study of depression. Also, defeat dimensions of life events and difficulties have demonstrated is role as precipitants of depression episodes. We demarcate the role of defeat within the social rank theory of depression.

Method: A self-report measure of defeat, defeat scale, (Gilbert, P. & Allan, S., 1998) were translated and validated in Portuguese samples of students and patients and used to predict the social rank theory of depression. Samples were assessed with defeat scale and other social rank measures (e.g. social comparison and submissive behaviour)

and psychopathology scales (e.g. Beck Depressive Inventory and Depression Anxiety Stress Scale)

Results: The defeat scale were found to have good psychometric properties in Portuguese samples, and significantly correlated with depression. They were also strongly associated with other rank variables. Defeat maintained a strong association with depression even after controlling for other variables and added substantially to the explained variance of depression after controlling for the other social rank variables.

Conclusions: Defeat scale may be a useful tool in the study of depression and defeat, appears to be an important variable for the study of depression and may also help to expand innovative links between human and animal models of psychopathology.

P-03-022

SUBTYPING PANIC: SYMPTOMS, COGNITIONS AND PSYCHOPATHOLOGICAL CORRELATIONS

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Objective: This study was conducted to evaluate the relationship between symptomatic subtypes of panic disorder, after factor analysis, and specific fearful cognitions, measures of psychopathology as general distress, intensity of panic, agoraphobia, depression and suicidality.

Method: a total of 100 consecutives patients suffering from panic disorder and agoraphobia using the DSM-IV criteria, who contacted our outpatient clinic at the Hospital of Magalhäes Lemos in Oporto, Portugal, were assessed using The Anxiety Disorders Interview Schedule-Revised, The Beck Depressive Inventory, The Fear Questionnaire, The Hopkins Symptom Checlist-90-Revised and the Agoraphobic Cognitions Questionnaire.

Results: sample characteristics, measures of psychopathology, frequency and intensity of the majority of the symptoms were simi-

lar to that one reported in other studies. A principal-component analysis of the symptoms of the DSM-IV criteria for panic attack revealed four factors that accounted for 60.2% of the variance. Only three factors were considered including the cardiorespiratory, vestibular and digestive. Each of these factors was correlated differently to some specific fear cognitions and measures of psychopathology. Conclusion: Our findings support the symptom subtyping of panic disorder and confirm a relationship between fearful cognitions and symptoms of panic attacks according to the circular model of panic; while correlations between factors and different psychopathological measures can be established.

Key words: panic attacks; panic disorder; factor analysis; psychopathology

COGNITIVE FUNCTIONS AMONG DEPRESSED YOUNG ADULTS: THE ROLE OF PSYCHIATRIC COMORBIDITY

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Aims: There is evidence for cognitive dysfunction in depression; however, psychiatric comorbidity is often inadequately controlled (1-2). The aims of the present study were to examine the role of psychiatric comorbidity on cognitive functioning among depressed young adults, and investigate which disorder characteristics are related to cognitive dysfunction.

Methods: Performance in verbal and visual short-term memory, verbal long-term memory and learning, attention, processing speed, and executive functioning was compared between a populationbased sample of 21-35-year-olds with a lifetime history of unipolar depressive disorders (n=126) and a random sample of healthy controls derived form the same population (n=70). Furthermore, performance was compared between the subgroups of pure (n=69) and comorbid (n=57) depression.

Results: Mildly compromised verbal learning was found among depressed young adults, but no other impairments were evident in any of the assessed cognitive functions. Subgroups of pure and comorbid depression did not differ in any of the cognitive measures. Received treatment associated with more impaired verbal memory and executive functioning, and younger age at first disorder onset with more impaired executive functioning.

Conclusions: The findings indicate that a lifetime history of unipolar depression among young adults with or without psychiatric comorbidity may be associated only with minimal cognitive deficits, even when some residual depressive symptoms are prevalent. However, depressed patients with cognitive deficits seem to seek help.

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P-03-024

ANTIDEPRESSANTS USE AND SUICIDE PREVENTION: A PRESCRIPTION DATABASE STUDY IN THE REGION FRIULI VENEZIA GIULIA

INSTITUTIONS

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Aims/Objectives: To investigate the possible impact of the increased use of antidepressants on suicide rates in the Italian Region of Friuli-Venezia-Giulia.

Method: Individual data of antidepressants prescriptions in Friuli-Venezia-Giulia from 1997 to 2006 were obtained from the regional prescription database, and linked to individual data on suicide for the same period that were obtained from the regional health information system. Age and sex were considered in the analysis.

Results: The number of users of antidepressants increased steeply, especially among the elderly and among women (1-3). SSRIs accounted for 71 % of the individual users in 2006. The number of Defined Daily Doses (DDD) per patient, and DDDs per 1000 inhabitants per day also increased (4). In parallel, the suicide rate decreased, in men as well as in women, especially in the elderly (1-3).

Conclusions: Suicide rates in Friuli-Venezia-Giulia have declined in agreement with the hypothesis that the use of antidepressants may prevent suicide.

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A STUDY OF ANXIETY IN A PREGNANT SOUTH AFRICAN POPULATION

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The experience of birth for many parents is often perceived as one event with no comparison to any other with regard the level of associated anxiety. Pregnancy and care for the unborn child is accompanied by a complex emotional state of mind. New duties and responsibilities along with the anticipated joy will unavoidably be mixed with feelings of fear. Subjective benefit and fulfillment of becoming pregnant as well as instinctive care for an unborn child will very often be interlaced with feelings of anxiety for the reminder of pregnancy, the act of delivery and anticipation of possible change for one's own life, health and perception of the parental role. To

assess the level of anxiety in a specific population group, 200 pregnant women were assessed in the antenatal clinic of The Chris Hani Baragwanath Hospital, Johannesburg, South Africa. The Hamilton test for anxiety was used as a validated test for anxiety. Around 30% of the pregnant population is HIV positive and it was therefore very interesting to evaluate this as an independent marker for increased anxiety. This sample size is further stratified into groups looking at the number of pregnancies, a history of previous pregnancy outcome, age and social-economic status. The data is analysed and results presented. Further research in this area is proposed.

P-03-026

SELF APRECIATION AND AFFECTIVE TEMPERAMENTS IN PSYCHIATRIC NURSES

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An analysis about the Self Appreciation and the Affective Temperament of Nurses in Psychiatric and Mental Health Services, have a crucial importance, because this fact will influence many phenomena's in nursing practice, like the capacity of develop relationships and create resistance to physical and psychological illness. A total of n=47 nurses, of both sexes, with average age of 38,57 years, working in Mental Health and Psychiatry Departments, in three Portuguese Hospitals, were inquired through a Questionnaire of direct application. In the Questionnaire, were introduced measures like: TEMPS-A Scale (Akiskal, 1998), translated into Portuguese, by Figueira and Severino (1999) and Scale of Self Personal Appreciation

Scale (Ribeiro, 2006). The obtained results indicate that the population, have, majority, a Hyperthymic Temperament. It was verified that the women presents a higher Self Personal Appreciation and his Self Appreciation is statistically related to the Ciclothymic and Anxious temperaments. The results also show that exist an association between the marital status and the Irritable Temperament, and between the Time of Service and the Ciclothymic and Hyperthymic Temperaments. Affective temperament of nurses seems to be a good predictor of leadership capacity in violence situation at psychiatric services.

GCBT X SSRI IN OCD TREATMENT: A RANDOMIZED CLINICAL TRIAL WITH BROAD INCLUSION CRITERIA

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Objective: to evaluate the clinical efficacy of Group Cognitive Behaviour Therapy (GCBT) and Selective Serotonin Recaptation Inhibitors (SSRIs) for OCD patients, using broad inclusion criteria.

Method: Patients were randomized for GCBT and SSRI. Patients with current age between 18 and 65 years, with YBOCS score of at least 16 and psychiatric comorbidities were not excluded. Exclusion criteria were: OCD secondary to brain trauma, stroke or malformation; current abuse of alcohol or other psychoactive substance, current presence of psychotic symptoms, suicidal risk, psychiatric or clinical comorbidity that might get worse with the medications used in the trial. Initial and 12 weeks' evaluations included YBOCS score and CGI. The last evaluation was performed by a researcher blind to the treatment received.

Results: One hundred and fifty-five patients, who attended inclu-

sion criteria, were randomized to GCBT or SSRI treatment: 68 in GCBT group and 87 in SSRI group. Drop-out rates were 32.18% in SSRI group, and 20.59% in GCBT. YBOCS reduction were 23.13% (SE=3.38) in SSRI group and 21.74%(SE=2.86) in CBGT (p=0.55). Reduction of at least 35% in YBOCS and CGI of 1 (much better) or 2 (better) happened for 25.3% of SSRI group and 30.9% of CCGT (p=0.44).

Conclusion: Although the SSRI group presents higher percentages of respondents and Y-BOCS reduction than the GCBT group, no differences between groups were statistically significant at 0.05 level in this sample. Responses to treatment were both smaller than in literature probably because of the broader inclusion criteria, better reflecting OCD population that search for treatment.

P-03-028

TREATING OBSESSIVE- COMPULSIVE DISORDER: AN EXAMINATION OF COGNITIVE BEHAVIORAL GROUP THERAPY (CBGT) VS. CBGT PLUS MOTIVATIONAL INTERVIEWING AND THOUGHT MAPPING

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Objective: Obsessive-Compulsive Disorder (OCD) is characterized by repeated and persistent attempts to control thoughts and actions using rituals to prevent feared or personally distressing outcomes. Cognitive Behavioral Group Therapy (CBGT) focus on Exposure and Ritual Prevention (ERP) has been shown to be effective for OCD. This study targets patients who refuse ERP, drop out prematurely, or do not benefit from CBGT.

Methods: The present behavioral trial examines the impact of adding 2-individual sessions of Motivational Interviewing (MI) and Thought Mapping (TM) to a 12 week CBGT outpatient treatment. 48 adults with OCD were randomly assigned from January 2006 to December 2006 to one of two conditions: (1) CBGT plus Minimum

intervention, or (2) CBGT plus MI and TM in a general hospital in the South of Brazil.

Results: Both treatments were effective although patients treated with MI+ TM plus CBGT obtained a mean Yale-Brown Obsessive Compulsive Scale (YBOCS) reduction of symptoms of 100% while those treated with Minimum Intervention plus CBGT obtained a 71% reduction (p=.004).

Conclusions: Cognitive-behavioral group therapy has shown to be effective in reducing OCD symptoms. However, the rate of symptom reduction and percentage of patients who obtained full remission were significantly higher in patients treated with CBGT plus MI+TM.

NEUROPSYCHOLOGICAL PERFORMANCE OF TREATMENT NAIVE OCD PATIENTS

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Objectives: Our aim is to compare the performance of treatment naive OCD patients and controls on measures of visual and verbal memory. Literature suggests that obsessive-compulsive disorder (OCD) patients show cognitive impairments which can persist after the remission of symptoms, mainly of executive functions ¹.

Methods:17 OCD patients (DSM-IV criteria),with no pharmacological or psychotherapeutic treatments, and 17 healthy controls were assessed with the Wechsler Abbreviated Scale of Intelligence (WASI), Brief Visual Memory Test (BVMT), Rey Complex Figure, California Verbal Learning Test (CVLT), and Logical Memory subtest (WMS-R). Groups were matched by gender, age, level of education, hand dominance, socioeconomic status. Mann Whitney statistical test was applied.

Results: OCD patients showed an impairment on verbal IQ (p=0.003), when compared to controls, mainly due to vocabulary

subtest (p=0.004). There was no difference on Full IQ (p=0.051), Performance IQ (p=0.173), similarity subtest (p=0.614), BVMT, Rey Complex Figure (p=0.249) and Logical Memory subtest.

Conclusions: Our study suggests that treatment naive OCD patients show a worse performance on vocabulary subtest, impacting on verbal and performance IQ when compared to controls. These results raise the question of the validity of applying IQ as matching criteria, suggesting that differences on this measure can be related to the disease itself. We hypothesize that worse performance of expressive vocabulary can be related to executive dysfunctions. Further studies are necessary to clarify these findings.

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P-03-030

THE USE OF NEW ANTICONVULSANTS FOR THE BIPOLAR DISORDERS TREATMENT

INSTITUTIONS

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Introduction: Bipolar disorder or manic-depressive psychosis is a serious chronic disease and frequent, as it affects about 5% of the population, regardless of culture or of the human race. The socioeconomic cost it engenders is considerable.

Methods: Bipolar disorders are defined by criteria set in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). There are several types of bipolar disorder, that all involve episodes of depression and mania to a degree, bipolar disorder is a lifelong illness. There are currently several subtypes of bipolar disorder (bipolar disorder, type I), (bipolar disorder, type II), (bipolar disorder, Type III). Different subtypes of the disease bipolar belong to what is now called bipolar spectrum. This distinction is important clinically, because it is necessary for the therapeutic choice.

Results: Newer anticonvulsant medications, including lamotrigine, gabapentin, and topiramate are being studied to determine how well they work in stabilizing mood cycle. Four major mechanisms of action underlying the pharmacological effects of anticonvulsants:

Conclusion: Several anticonvulsant of the last generation are currently being evaluated in the treatment of bipolar disorder. So far, the Lamotrigine is studied as a mood stabilizer and antidepressant. These new treatments may represent a promising alternative for patients resistant to the former mood stabilizer, such as lithium and valproic acid. However, many studies are still needed to determine their effectiveness and their indications.

QUETIAPINE XR: MAINTENANCE THERAPY FOR MAJOR DEPRESSIVE DISORDER

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Aims/Objectives: To evaluate the efficacy and tolerability of extended release quetiapine fumarate (quetiapine XR) as once-daily monotherapy for maintenance treatment in patients with major depressive disorder (MDD).

Methods: A time-to-event (maximum 52-weeks), double-blind, randomized-withdrawal, parallel-group, placebo-controlled study (D1448C00005) of quetiapine XR monotherapy following openlabel stabilization (minimum 12 weeks). Patients initially received quetiapine XR: 4-8-week open-label treatment, 12-18-week stabilization. Primary objective was to evaluate the efficacy of quetiapine XR versus placebo in increasing time from randomization to any predefined depressed event. Secondary variables included: change from baseline in MADRS and CGI-S total scores for the randomized period. Adverse events (AEs) were recorded throughout the study.

Results: 787 patients were randomized to double-blind treatment: 391 quetiapine XR; 385 placebo. The risk of a depressed event was significantly reduced for quetiapine XR vs placebo (implying increased time to the event): HR=0.34 (95% CI 0.25, 0.48); p<0.0001. 55 (14.2%) quetiapine XR- and 132 (34.4%) placebo-treated patients experienced a depressed event. Quetiapine XR was significantly superior in maintaining level of symptoms as measured by average change from randomization in MADRS total score (quetiapine XR 0.17, placebo 2.03, p<0.001) and CGI-S (quetiapine XR -0.03, placebo 0.23, p<0.001). Open label AEs were similar to previous experience with quetiapine XR; most common AEs (>10% in the placebo group) during the randomized phase were headache and insomnia.

Conclusions: Quetiapine XR monotherapy significantly reduced risk of relapse of depression in patients with MDD and was generally well tolerated during maintenance treatment.

P-03-032

AN INTEGRATIVE CONCEPTUAL FRAMEWORK FOR ASSESSING AND TREATING SUICIDE ATTEMPT

INSTITUTIONS

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Introduction/Aim: Attempted suicide is a complex behavior that can be best thought of as a maladaptive response to acute and chronic stress, often but not exclusively linked with thoughts of dying.

Methods: The sample consists of hospitalized psychiatric patients following a suicide attempt by self poising (attempters: n=30) and demographically similar psychiatric outpatients with no history of suicidal behavior (controls: n=30). We used: socio-demographic questionnaire, Life Events Stress Scale, Pierce Suicide Intent Scale, CES-D, HAMD, DSQ-40.

Results: For attempters motives for suicide are abandonment of the loving partner, loneliness, quarrels with their parents. Before the suicide attempt, the most of them wanted to escape from unbearable situation, some of them lost control, other had a need for getting help of a loving person. Comparing with outpatients, attempters

express suicide risks factors (SIS=4,5) and depression of medium level (CES-D=29,67 \pm 7,99) and use defensive mechanisms: immature (projection, dissociation, devaluation, acting-out) and a neurotic (altruism). The most of them (90 %) felt relief that a suicide had not succeed, but half of them intend to repeat a suicide.

Conclusion: It is pointing strongly to the fact that suicide attempters need a psychiatric intervention in crisis directly after a suicide attempt in order to reduce some of the burden and stress.

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IMPACT OF DEPRESSIVE SYMPTOMS ON PARKINSON'S DISEASE

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Aims/Objectives:

We aimed to investigate the relationship between the presence and severity of depression and the degree of physical and functional disability in PD.

Methods:

We consecutively enrolled 122 PD outpatients: 65 satisfied DSM-IV criteria for major depression (PD-D); 57 non depressed PD subjects (PD-C) were matched for age, gender and duration of PD. Depressive symptoms were rated with the Hamilton Depression Rating Scale (HAM-D). The presence of motor symptoms (tremor, rigidity, instability, on-off phenomena and dyskinesias) was collected. Activities of daily-living (ADLs) and motor symptoms were measured by the Unified PD Rating Scale (UPDRS) part II and III.PD severity was staged by the Hoehn and Yahr system (H/Y).

Results:

Depression severity was staged by the HAM-D total score: 8-17 (mild depression, n=29); 18-24 (moderate depression, n=30); \geq 25 (severe depression, n=6). Statistically significant differences between the groups were found for UPDRS II (p=.041) and III score (p=.007), Hoehn and Yahr score (p=.020), the presence of tremor (p=.029), instability (p=.030), and dyskinesias (p=.006), and duration of L-Dopa therapy (p=.000). Posthoc analyses showed that in UPDRS II, III and Hoehn and Yahr scales patients with severe depression reported significantly higher scores than PD-C and patients with mild depression; moreover, patients with moderate depression scored significantly higher than PD-C and subjects with mild depression in UPDRS III and Hoehn and Yahr scales.

Conclusion:

Our findings suggest that the presence and the severity of depressive symptoms can significantly impair wellbeing and motor functioning in PD.

P-03-034

AMBIVALENCE AND BIPOLARITY: A SOCIAL PSYCHIC TRAUMA, LETHAL INHERITANCE OF THE PUNISHMENT.

INSTITUTIONS

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Objective: Demonstrate that such psychiatric pathologies, as aberrant process, are not a genetic disease.

Method: Planned introspection, and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, during 30 years.

Results: The Punishment applied to a child divides the reality in 2 parts: Things that are allowed and prohibited, good and bad, obedients and rebels, Social Mold (SM) and Natural Mold (NM); the exercise of the SM produces the Reward and the practice of the NM to the Punishment, this allows the coexistence of 2 antagonistic laws under a single skin. The Social Law, of cerebral record, where EVERYTHING DEPENDS ON A PARTICULAR ELEMENT and the Natural Law, fixed in his meats, of inverse direction, which gives origin to a dissociation or divorce among the objectives of the body and those of the mind.

Conclusion: The preceding results generate a change in the interpretation of reality, the things that are positive for the evolution of the Being - as the freedom, self-conduction, relaxation and exercising of the own will -become negative and the practice otherwise, positive; due to that, every wish, attitude or social feeling possesses a dual significance: ORIGIN OF EVERY AMBIVALENCE AND BIPOLARITY.

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AN INSTRUMENT TO ASSESS SUICIDE RELATED BEHAVIOUR-STUDY OF RELIABILITY AND VALIDITY

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Objective- The study describes the development of an instrument that will be useful for screening the general population for suicide ideation and related behaviour. The reliability and validity of this instrument are also studied and described in the study.

Methodology- The items of the instrument were compiled by a multidisciplinary team, translated into the local language and administered to 10 respondents in the field and appropriate changes were done in the content of the instrument. Finally inter-rater, test-retest reliability and validity exercises were done on 172 adult subjects in the outpatient department of psychiatric hospital.

Analysis- Data entry and analysis was done using SPSS statistical software. Kappa co efficient was calculated to measure the degree of agreement between the two raters (inter rater). The findings of

one research staff was compared with the findings of the consultants (gold standard). Two by two cross tables were prepared that provided sensitivity, specificity, positive predictivity & negative predictivity of the constructed instrument.

Results- The reliability exercise reveals a total inter rater agreement (Kappa value 1) and modest degree of test re-test agreement (kappa value 0.66). The validity exercise has shown that the instrument has high sensitivity (1.0) and modest specificity (0.67) indicating the ability of this instrument to recognize those with or without suicidal ideation in the community

Conclusion- Fairly high indices of reliability and validity indicated suitability of the instrument for the assessment of suicidal ideation in the community.

P-03-036

ATTEMPT OF SUICIDE: PREDETERMINING FACTORS

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The frequency of suicide has increased in the last years, in Latin-American countries. In order to know the profile risk, we have designed an investigation in patients attended in the Emergency Room of a Multipurpose National Hospital on the outskirts of Buenos Aires. Material and Methods: People who has attempted suicide have been studied in the Hospital, Emergency Room, during a period of 6 months. The diagnosis was attempting suicide. At the same time, a control group was designed. A semi structured interview was used, made by a professional of the health. A statistical analysis by Multiple Regression took place.

The objective was to know the factors of self-destructive behaviours

and their biopsychosocial predetermining risk, to the aims to make prevention strategies

Suicide was the main cause of mortality in mental health field. Knowing risk factors would be a way to precocious detection of the idea of suicide and suicide itself.

Suicide attempt - risk factors

Quin, P et al. Gender differences in risk factors for suicide Br J Psych 2000.177.484-5

Heuseline P et al Adolescent and young adult mortality by cause, age, gender and country. J Adolescent Health 2002, 30(1) 29:34

WHEN SHOULD INITIAL TREATMENT BE CHANGED IN TREATING DEPRESSIVE AND ANXIETY DISORDERS?

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Objective: To extend knowledge of the time course of symptom improvement of patients with major depression (MDD), panic disorder (PD), social anxiety disorder (SAD) and generalised anxiety disorder (GAD) participating in randomised placebo-controlled trials (RCTs); and to infer the optimal duration of initial escitalopram treatment in clinical practice, after which subsequent intervention might be reasonable.

Method: *Post-hoc* analysis was made of the pooled clinical trial database for escitalopram in MDD (14 studies), GAD (4 studies), SAD (2 studies) and PD (1 study). Onset of action was defined as >=20% decrease from baseline: 'response' was defined as >=50% decrease from baseline.

Results: For patients with MDD, there was a 43% probability of

achieving response at Week 8 if no onset was apparent at Week 2, whereas for patients demonstrating an onset of treatment effect at Week 2, this probability was nearly 80%. Similar patterns were observed in RCTs in GAD, SAD, and PD. If no treatment effect had occurred by Week 2, the chance of patients with MDD, GAD, or SAD responding after Week 4 was 20% or less. In patients with PD and no onset of response by Week 6, findings from the small number of patients suggest that continuing existing treatment had little clinical utility.

Conclusion: The pattern of response seen in these RCTs may suggest that for patients with MDD, GAD and SAD seen in wider clinical practice, a period of at least 4 weeks is worthwhile before a change in the therapeutic approach is considered.

P-03-038

DOES A DIAGNOSIS OF DEPRESSION INFLUENCE HYPNOTIC USE IN PRIMARY CARE?

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Aims

UK prescribing guidelines, which state that benzodiazepines should be used to treat insomnia only when it is severe and for a maximum period of 4 weeks ¹ do not acknowledge the need to manage disturbed sleep in depression, which may persist after clinical remission. ² This study investigated the impact of a diagnosis of depression on hypnotic prescribing in primary care in the UK.

Method

Data from 1996-2005 were obtained from the DIN-Link database (>750,000 patients). Patients (>18 years) who received a new prescription for a hypnotic (no prescriptions for any benzodiazepine in the previous year) were included and followed for 1 year. Data were obtained on gender, age, diagnosis of depression and length of treatment.

Results

The number of patients newly prescribed a hypnotic fell by 30%, while those who received a diagnosis of depression increased from

11.1% to 17.4%. Throughout the study, a diagnosis of depression was associated with (i) an increase in the average length of hypnotic treatment, and (ii) increases in the proportions of patients continuing hypnotic treatment for more than 3 months or 1 year.

Conclusions

In patients newly prescribed a hypnotic, a diagnosis of depression increases the length of hypnotic treatment. Disturbed sleep in depression may be intractable and prescribing guidelines on the use of hypnotics do not meet the needs of depressed patients.

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SEXUAL DYSFUNCTIONS IN MEN WITH DEPRESSIVE DISORDERS

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Depression can cause sexual disturbances and vice versa - sexual disturbances may become a cause of depressive disorders.

Objective of this investigation was distinguishing of totality of significant constitutional-biological factors for identification of prognosis, course and development of methods of treatment of comorbid depressive and sexual disorders. In clinics of SI Mental Health Research Institute TSC SB RAMSci we examined 70 men with comorbid depressive and sexual disorders, at the age 25-65 years. Examination was conducted with psychopathological method, method of structural analysis of sexological disorders, with statistic method. Three typological variants of depression have been distinguished: "vital depression", characterized by anguish and apathy (27%), "reactive depression", characterized by relevant psychogenic experiences (29%), "depression of exhaustion", for which asthenic,

psychosomatic manifestations is typical (44%). In mild (HDRS - 10 scores; 48%) and moderate (HDRS - 16 scores; 32%) depressive disorders, sexual dysfunctions may be regarded as general clinical radical in depressions in males and their prevalence constituted up to 80%. They manifested through decrease of libido (80%), erectile dysfunctions (58%), ejaculator (21%) and orgasmic disturbances (10%). In severe depressive states (HDRS - 25 scores; 20 % of patients) sexological disturbances withdraw, sexual life disactualizes. After recovery of mental state, in depressive patients sexual disturbances often remain. In this association, program of treatment and rehabilitation of patients with comorbid depressive and sexual disorders has been developed with the use of antidepressant therapy, psychotherapeutic complex and preparation LEVITRA (vardenafil) allowing realizing principle of complex biopsychosocial model considering this pathology as multi-factorial disorder.

P-03-040

DIFFERENTIAL - DIAGNOSTICALLY DILEMMAS OF DOUBT ABOUT "PANDAS" SYNDROME

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At the end of 90's of last century, in etiologic researches of neuropsychiatric disorders, are appearing studies which disclose outstanding connection between Sydenham's chorea, movement disorders in childhood caused with rheumatic fever and obsessive-compulsive disorders. Accordingly, it is more spoken about possible autonomous mechanism of genesis and role of a hemolytic streptococcus in OCD etiopatogenesy. In 1998 Swedo and fellows are documented poststreptococcus OCD cases and/or tics to children and adolescents, without symptoms Sydenham's chorea, called it as acronym PANDAS (the Pediatric Autoimmune Neuropsychiatric Disorders

Associated with Streptococcal infection). Neuroimaging researches are discovering the striatum increasing to these patients. In the following researches, behind comparing with OCD signs, PANDAS is connecting with emotional liability, separation anxiety, conductive disorders, cognitive deficit, motorical hyperactivity and eating disorders. In our research we are representing a development of polymorphous psychical disorders to 12-years-old girl, where in actual clinical presentation obtains restrictive type of anorexic phenomenology with compulsive symptoms. Key words: PANDAS, OCD, anorexia.

EFFECT OF ANXIETY AND DEPRESSION ON CARDIOVASCULAR ACTIVATION DURING SUBMAXIMAL EXERCISE

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Background: Although numerous studies have investigated the neuroendocrine activation during psychosocial stress in patients with anxiety and/or depression, only limited information is available on physiological activation during exercise stress. The present study analyzed the cardiovascular activation during a submaximal exercise test implemented in the National Health and Nutrition Examination Survey (NHANES).

Method: The sample includes 770 subjects from the nationally representative NHANES surveys (1999-2002) who were interviewed regarding 12 month DSM-IV mental disorders based on the Composite International Diagnostic Interview and participated in the exercise test. During the treadmill exercise test, blood pressure and heart rate were measured at the end of a 2-minute warm-up, two 3-minute exercise stages and the 1st, 2nd and 3rd minute of recovery. Repeated measures regression analysis was used to evaluate the rela-

tionship between major depressive disorder and anxiety disorders (panic disorder or generalized anxiety disorder) and cardiovascular activation during exercise adjusting for age, gender and the exercise protocol. The statistical program SUDAAN was used to account for stratification and clustering of the multistage NHANES sampling design in calculation of standard errors and test statistics.

Results: The analysis revealed a significant time*group interaction with the anxiety group but not the depression group exhibiting a significantly greater increase in systolic blood pressure at exercise stage 2 than controls ($X^21=4.81$;p=0.028).

Conclusion: The present data indicate that anxiety is associated with increased cardiovascular activation during exercise, whereas no such pattern is present in the depression group. These findings extend our knowledge about stress response in anxiety and depression.

P-03-042

"THE PRODIGAL SON": DOES GALVANIC SKIN RESPONSE ISOLATE OBSESSIVE COMPULSIVE DISORDER FROM ANXIETY DISORDERS?

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Aims and Objectives The galvanic skin resistance reduces in arousal and, hence, in anxiety. obsessive compulsive disorder has been classified as an anxiety disorder in DSM-IV-TR. The present study aimed to compare of galvanic skin response in obsessive compulsive disorder, generalized anxiety disorder and normal subjects.

Methods The galvanic skin response (GSR) was measured in 30 patients of generalized anxiety disorder, 30 patients of obsessive compulsive disorder who met DSM-IV-TR criteria and in 30 normal volunteers. Brief Psychiatric Rating Scale (BPRS), Yale-Brown Obsessive Compulsive Scale (YBOCS), Hamilton's Rating Scale for Anxiety (HRS-A) and Structured Clinical Interview for DSM-IV (SCID-P I) were used.

Results The galvanic skin resistance was higher in obsessive compulsive disorder but lower in generalized anxiety disorder than in normal controls. The differences were statistically significant.

Conclusions The markedly contrasting response to GSR in obsessive compulsive disorder and generalized anxiety disorder possibly indicate two distinct etiopathological, biological and phenomenological correlates. Other anxiety disorders also show a reduced galvanic skin resistance like generalized anxiety disorders. Does this mean that obsessive compulsive disorders merit a deeper nosological evaluation? This and other related issues will be discussed.

PREVALENCE AND CORRELATES OF GENERALIZED ANXIETY DISORDER IN GENERAL HOSPITAL NURSES: ASSESSMENT WITH THE TUNISIAN VERSION OF CIDI

INSTITUTIONS

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Stress of health care work appears to precipitate diagnosable mental disorders such as depression and anxiety. However, few studies reported prevalence and work condition correlates of specific disorders in samples of health care workers.

Objective: This study aimed to determine prevalence and work condition correlates of generalized anxiety disorder (GAD) in a representative sample of Sousse general hospital nurses.

Methods: A representative stratified and systematic sample of nurses working at University Hospital Farhat Hached of Sousse was constituted (N=228). Assessment was based on an interview with GAD section of CIDI Tunisian version. Data was treated with ishell program to have GAD diagnosis according to ICD-10 criteria and then exported to SPSS for statistical comparisons. Additional information related to demographic characteristics, past medical history and

work conditions were also collected.

Results: 4.4 % (n=10) of interviewed nurses fulfilled ICD-10 criteria of GAD. No differences in demographic characteristics, neither in medical antecedents were noticed between nurses with and without GAD. However, psychiatric history and past psychiatric care were more frequent in GAD group (p<10-4), with more frequent (p<10-4) and longer sick leave (10.83 \pm 51.87 vs. 50 \pm 112.08 days, p=0.030). Work related factors associated to GAD were longer commuting (p=0.003) and low satisfaction of interpersonal conditions.

Conclusion: GAD seems to induce more frequent and longer sick leave among nurses. Involved work factors were commuting and satisfaction level of interpersonal conditions. These factors should be considered in helping nurses cope with work stress or reducing work stress levels to prevent the occurrence of clinically significant anxiety.

P-03-044

STIGMA AND THE ROLE OF CULTURE IN THE HELP SEEKING BEHAVIOR AND DEALING WITH MOOD DISORDERS: RURAL VERSUS URBAN SURVEY STUDY IN A SAMPLE OF NILE DELTA OF EGYPT

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Objectives: This was done to survey the effect of cultural beliefs in various patterns of help seeking behavior among sample of rural versus urban mood disorder's patients.

Design: Multistage random sampling technique was used to select two rural and two urban geographical areas in one of the Nile Delta governorates. A survey was done using MINI International Neuropsychiatric Interview (Arabic version). All adult mood disorder's patients who diagnosed according to DSM IV-R criteria were interviewed for their attitudes and help seeking pattern regarding folk and faith healers, primary car, physicians and psychiatrists.

Results: Most of the sample attribute their mood disorder problems to external influences or deny its existence rather than attributing it

to a real disorder. Only 13% of cases visited professionals as the main line for help seeking behavior. Also, only 16.7% were unbeliever in faith or folk management. Meanwhile, 33.7% and 19.0% of the rural and the urban patients respectively, utilized faith and/or folk healing as the main pattern. Most of those (62.1%) were not yet asked any for professional help. Also, 25.0% of them utilized both lines of the help seeking simultaneously. The pattern of dealing with patients by the healers was always the same in spite of the diagnostic difference.

Conclusion: Current religious beliefs and traditional healers have strong influences, hardly to be nullified, in shaping of the management modalities of mood disorders among Egyptians patients specifically from rural areas.

PERSONALITY FACTORS AND COPING STYLES INFLUENCING MEDICAL CO-MORBIDITY IN UNIPOLAR DEPRESSION

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Aims/Objectives: Depression is among the most prevalent psychiatric conditions in the world. Medical co-morbidity is high prevalent in depressive patients. Our main purpose was to find the clinical and psychological factors that have influences somatic diseases occurrence in unipolar depressives.

Methods: We performed a cross-sectional study on 45 patients with Depressive recurrent disorders according with ICD-10 diagnostic criteria. The inclusion criteria consist in diagnostic of recurrent depression and age range between 18 and 65 years. Along with an original research datasheet for collecting clinical and paraclinical data, we use more standardized scales to asses depression (HDRS), anxiety (HAM-A), personality (dimensional - KSP and categorical - PAS-I) and coping styles (COPE).

Results: Studied sample consists in 45 subjects, 44% males and mean

age = 51 yrs (SD=7.94). Depressive patients with A and B clusters of personality disorders was at the high risk to develop medical comorbidity, especially for cardiovascular diseases (χ^2 =7.799; p=0.02) and general medical co-morbidity (χ^2 =11.60; p=0.003). Those having somatic comorbidities (general and cardiovascular) have had high scores for agressivity and somatic anxiety related Karolinska scales. Levels of anxiety were significant correlated with somatic comorbidity (p=0.049). High psychoactive substance use and low level of acceptance were the most prominent coping styles in those having somatic diseases.

Conclusions: Depressive subjects are at the high risk to develop somatic co-morbidity. Personality particularities and coping modalities are important key factors that could influences somatic diseases occurrence in patients with unipolar depression. Hence, we must pay attention in exploring of these factors.

P-03-046

LONGITUDINAL COURSE AND CHARACTERISTICS OF PEDIATRIC BIPOLAR IN EUROPEAN SAMPLE

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Objectives: To describe the phenomenology and clinical course of pediatric BP in a European sample, to validate the diagnosis and to analyse risk factors.

Methods: We retrospectively reviewed the medical records of all children and adolescents (N=38) with DSM-IV Bipolar evaluated in Child & Adolescent Psychiatry Unit at the University of Navarra from 1999 to 2005. We used the NIMH Lifetime Mood Chart and the Clinical Global Impression.

Results: 79% (n=30) were boys and 21% (n=8) were girls; 44.7% (n=17) had BD-1, 5.3% (n=2) BD-2, 31.6% (n=12) BD-NOS, 15.8% (n=6) BD-3, and 2.6% (n=1) BD-4. Median (IQR:Q25;Q75) age at diagnosis was: 13.9 (10.64;15.84). Delay of diagnosis was: 1.46 years (0.65;3.41). The most frequent mood symptom at the time of diagnosis was: 1.46 years (0.65;3.41).

gnosis of BP was irritable (94.6%). 92.1% of the children had at least one comorbid disorder. We found higher rates of hospitalisation in children with ADHD (21%) (P<0.05). Children with Substance Abuse (18.4%) needed more current drugs (p<0.05). Median follow-up period was: 2.6 years. Percentage of time on an episode was: 46.17% (23.36;75.26). This was longer in younger children (p<0.05). 2.6% were rapid cycling. At the end of follow-up only 47% achieved remission or recovery. Younger children showed a worse response (p<0.05).

Conclusion: This sample of Bipolar Children in Europe closely resembles those described in U.S. clinics. Delay of diagnosis and misdiagnosis may explain low prevalence outside of the U.S. Bipolar can be diagnosed in children using DSM-IV criteria. An early age at onset and ADHD comorbidity are worse prognosis risk factors.

RELATIONS BETWEEN GENDER, AGE AND METHODS OF SUICIDE ATTEMPTS

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Objectives: The authors conducted a study of suicide attempts among the patients admitted to the emergency unit of Fukuoka University Hospital, which is located in an urban area in Japan. The goals were to determine the relations between demographic characteristics of those who performed suicidal actions and methods of suicide, and to investigate the lethality (the probability or likelihood of death) of each method employed in suicide attempts.

Methods: Clinical records were used to identify 293 consecutive suicidal patients of 301 admissions from April 2002 to March 2006.

Results: 1. Ingestion of drugs or poisons constitutes the method of first choice for both males (39%) and females (52%). Males tend to exceed females in hanging (22% and 10%, respectively).2. Ingesti-

on of drugs or poisons is the most commonly employed by most age groups (except 50's). In 50's group, hanging is the most prevalent. Some interesting patterns emerge in the method of the second largest proportion in each age group. Jumping is more prevalent in younger (10's - 40's) than in older suicidal patients, and hanging is more common in older (over 50's) than in younger patients.3. The probability of death for each method resulted in the following order of methods by lethality: hanging (84%), jumping (48%), gas (22%), cutting or piercing instruments (6.7%), ingestion of drugs or poisons (4.4%).

Conclusions: We found that males have tendency to utilize more lethal methods, jumping is more prevalent in younger (10's - 40's) patients, and hanging is more common in older (over 50's).

P-03-048

NEURONAL CORRELATES OF PANIC DISORDER: ASSESSMENT WITH NEAR-INFRARED SPECTROSCOPY (NIRS) AND TREATMENT WITH REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS)?

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Background: Current research in patients with anxiety disorders suggests functional deficits within the prefrontal cortex, which result in reduced inhibition of the amygdale, in turn accounting for increased fear perception in these clinical populations.

Methods: Principally, such a pathophysiological model would allow to positively influence the supposed prefrontal hypofunction via repetitive transcranial magnetic stimulation (rTMS) in a facilitating mode (high-frequency stimulation). Such a facilitating treatment may strengthen the inhibitory activity of the prefrontal cortex, resulting in a better control of panic-associated amygdale hyperactivity and, in turn, in a reduction of panic attacks. Based on this theoretical framework, we propose the application of a non-invasive optical imaging technique (Near-Infrared Spectroscopy; NIRS) for the measurement of anxiety-related hypoactivity of the prefrontal

cortex, and for the control of a treatment success on the brain metabolic level.

Results: In a single patient with panic disorder we could detect a pattern of hypoactivity in the prefrontal cortex during an emotional Stroop task. Facilitating rTMS treatment (15 sessions within three weeks, addon) was associated with (1) an improvement of prefrontal activity in the emotional Stroop task and (2) with the absence of further panic attacks. This is the first report of a NIRS-guided and -controlled facilitating rTMS treatment of a patient with a panic disorder.

Conclusions: Given the excellent clinical applicability of the methods, the combination of NIRS and rTMS might have the potential to establish new treatment options in psychiatry aiming on the modulation of pathological regional brain activity patterns.

INTACT VISUOSPATIAL FUNCTION DESPITE GENERAL COGNITIVE DYSFUNCTION MAY BE A COGNITIVE MARKER OF ACUTE MAJOR DEPRESSION

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Background: Several studies have reported on neuropsychological deficits associated with major depression. Not all neurocognitive functions, however, are impaired in depressive patients. The aim of the present study was to measure and compare characteristics of neurocognitive functions of major depressive patients and healthy controls.

Method: Seventy-one patients with acute major depressive disorder were compared to thirty healthy control subjects on tasks measuring several aspects of cognitive functioning, such as attention, memory, executive function, psychomotor speed and visuo-spatial functions (Trail Making Test, Stroop Test, Rey Verbal Auditory Learning Test and Rey-Osterreith Figure Test).

Results: Depressed patients showed significantly impaired performance in tasks of attention, executive function, memory and psychomotor speed. In tasks measuring visuo-spatial function patients with major depression performed significantly better compared to controls.

Conclusion: In line with the result of earlier studies, our results indicate that impairment in several cognitive functions -selective attention, visual and verbal memory and learning - is characteristic of acute major depression. However, functions related to visuospatial construction appear to be untouched in patients with acute major depression, which suggests that hippocampal functions are intact in depressed patients. While deterioration in functions related to attention, memory and learning can be considered symptoms of general cognitive decline accompanying the acute phase of major depression, unimpaired visuo-spatial skills, which indicate intact hippocampal function can be considered a cognitive marker of major depression. Our study sheds light on the relationship between dysfunctional neuronal circuitry in the background of cognitive processes and depressive symptoms.

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P-03-050

THE ROLE OF FAMILY EDUCATION IN REDUCTION OF RELAPSES IN BMD-I

INSTITUTIONS

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Introduction: Objective of the preset study was to evaluate the effect of family education on annual relapse of BMD-I.

Methods: 60 patients with BMD-I who were hospitalized in Ibn-e-sina Psychiatric hospital of Mashhad were randomized to 2 groups. In One group families of patients received the education about the Psychiatric disorder, type and duration of treatment & aggravating factors. In the other group, families didn't receive the education. Follow - up of patients was dose for one year, in 3 months intervals, in terms of treatment compliance, psychiatric visits, occupational, academic, interpersonal & individual function. The data was analyzed with t-test and Man - withy test.

Results: 57 patients completed the trial. At Base-line visit there was no significant difference between 2 groups in terms of Demographic

characteristics, duration of disorder & type of medicates (P>0.05). In the group who received the education, there were 4 cases with relapse (13.7%) and in the control group 9 cases (31.58%) experienced relapse of the disorder. Those results showed the significant difference between 2 groups in terms of relapse rate (p=0/006). The group with education had the mean time of 11.41 months with using medications. This mean was 9.14 months in the control group (p=0/000). There was also a significant difference between 2 groups in terms of psychiatric visit, interpersonal, occupational and individual functions

Conclusion: Family education for Iranian patients with major psychiatric disorder such as BMD-I in the time of patients discharge from hospital can be helpful in reducing the relapse rate of these disorders.

HOW DISMORFOPHOBIA MODIFY OBSESSIVE-COMPULSIVE DISORDER CLINICAL PRESENTATION

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Introduction: Obsessive-compulsive disorder (OCD) is an heterogeneous disorder. If it centers the Obsessive-compulsive Spectrum it may shares some features with other disorders, where one of them is Body Dismorphic Disorder (BDD). We intend to verify how BDD may interfere with clinical presentation and psychiatric comorbidities of OCD patients.

Method: This cross-sectional study compared 282 OCD patients to 48 OCD+BDD patients, focusing on some intrinsic and extrinsic clinical characteristics.

Results: At the logistic regression model, OCD+BDD group more frequently showed social phobia, skin picking and Tourette Disorder. The severity of anxiety and depression according to Beck scales were higher for OCD+BDD group, that also presented more frequently somatic obsessions and compulsions of ordering and hoarding. YBOCS did not show differences between groups.

Conclusion: BDD associated to OCD may alter clinical presentation of OCD, stressing its heterogeneous presentation.

P-03-052

INTRINSIC OBSESSIVE-COMPULSIVE DISORDER PHENOMENA AND TEMPERAMENT AND CHARACTER FEATURES IN OBSESSIVE-COMPULSIVE PATIENTS

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Introduction: Obsessive-Compulsive Disorder (OCD), as a heterogeneous disease, may influence individual personality features. Dimensional strategies may help to identify more homogeneous groups of OCD.

Methods: this cross-sectional study intended to evaluate how intrinsic OCD phenomena could influence on aspects of temperament and character. Temperament and Character Inventory and Dimensional Yale-Brown Obsessive-Compulsive Scale were applied to 50 OCD patients diagnosed according to DSM-IV.

Results: Patients with aggressive and sexual/religious obsessivecompulsive dimensions showed higher scores on persistence; symmetry/order showed higher scores on harm avoidance and lower on self-directness and cooperativeness; contamination/washing showed higher scores on harm avoidance. The sample also showed that as higher the scores of DYBOCS, lower the scores on self-directness. Anxiety and depression may be confounding variables on novelty seeking, harm avoidance and self-directness.

Conclusion: obsessive-compulsive symptoms content, the intensity of OCD and of the anxiety and depressive symptoms seems to have some influence on temperament and character of OCD patients. Prospective studies on temperament and character of OCD patients, with response to treatment evaluation, may be conducted.

LIGHT THERAPY AND FLUVOXAMINE IN THE TREATMENT OF DELUSIONAL DEPRESSION: A PILOT STUDY

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OBJECTIVE: The aim of this study was to evaluate the efficacy of chronobiological potentiation with light therapy (LT) to fluvoxamine in a sample of delusional depressed inpatients.

METHOD: 46 inpatients (14 bipolar and 32 unipolar) affected by a major depressive episode with psychotic features were treated with fluvoxamine 300 mg either with 30 minutes of light therapy (green and white) in the morning, or without.

RESULTS: After 6 weeks of treatment the percentage of remission was 63% (29/46); the group of patients treated with fluvoxamine and LT as adjunct treatment showed a HAM-D mean scores decrease

since the second week of therapy (p<0.00285) in comparison with patients without the chronobiological potentiation treatment. No differences in DDERS mean scores and no drop-outs for side effects or worsening in psychopathological conditions were observed.

CONCLUSION: In our delusional depressive sample the global percentage of recovered patients was 63% independently from the presence of the chronobiological potentiation with LT; we observed a significant enhancing effect using LT as potentiation strategy since the second week of therapy, confirming that a chronobiological approach could provide a global, marked and rapid amelioration.

P-03-054

AN OPEN-LABEL TRIAL IN 2050 ELDERLY OUTPATIENTS WITH DEPRESSION TREATED WITH ESCITALOPRAM IN A NATURALISTIC SETTING IN GERMANY

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AUTHORS

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Objective: To assess the efficacy and tolerability profile of treatment with escitalopram under naturalistic conditions, in elderly outpatients (above 65 years of age) with depression.

Methods: 2050 patients completed 8 weeks of treatment with escitalopram in an open, multi-centre naturalistic study. Rating scales included a short version of the Montgomery-Lsberg Depression Rating Scale (svMADRS) for the assessment of response.

Results: Most patients improved in their general state of health and showed a decrease in the severity of their depression. The majority (83.8%) of patients received 10mg/day escitalopram. The mean svMADRS total score decreased from 31.9 (7.9) at baseline to 14.2 (8.5) at Week 8. On completion, 63.9% of the patients were responders (>=50% decrease of svMADRS total score from baseline) and 48.6% were remitters (svMADRS<=12). Statistically signi-

ficantly more patients aged <=75 years responded to treatment and achieved remission than those aged >75 years. Logistic regression, using stepwise backward elimination, was used to model response to treatment. Statistically significant positive factors were having a current episode <=1 month and duration of illness <=1 year. The diagnosis showed increasing responder rates from affective disorder (F31 or F34; odds ratio=1.00) over involutional depression (F03; odds ratio=1.68) and depressive episode (F32; odds ratio=2.21) to recurrent depressive episode (F33; odds ratio=2.32). The differences between affective disorders and involutional depression were significant, while F32 and F33 showed no relevant differences in the responder rates.

Conclusion: This observational study corroborates the effectiveness and tolerability of escitalopram treatment of elderly patients in a naturalistic treatment setting.

NON-INTERVENTIONAL TRIAL IN OUTPATIENTS WITH COMORBID DEPRESSION AND ANXIETY TREATED WITH ESCITALOPRAM

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Objective: To investigate the effectiveness and tolerability of treatment with escitalopram under naturalistic conditions in outpatients with comorbid depression and anxiety disorders.

Methods: Patients with comorbid depression and anxiety disorders were treated 16 weeks with escitalopram (10-20mg/day) in an open, multi-centre naturalistic study. The effectiveness endpoints were the remission rate of the short version of the Montgomery-Ĺsberg Depression Rating Scale (svMADRS <=10), the HAMA (<10) and HADS-D (<10).

Results: This study comprised 2911 patients; 2371 with comorbid anxiety and depression, 284 with depression, and 188 with anxiety. 2270 patients were treated with escitalopram 10mg/day and 641 with 20mg/day. Approximately 69% of patients had severe depression (svMADRS >=30) at the start of treatment (baseline). Response

to 16-weeks treatment is shown in the table: Parameter - Baseline - Week 16 - Remission rate svMADRS - 33.0±9.4 - 8.9±8.7 - 72.9% (N=2848) HAMA - 28.8±8.6 - 8.8±7.9 - 63.9% (N=2881) HADS-D - 29.6±6.4 - 10.7±7.8 - 55.2% (N=2726) 97.4% of the physicians and 96.1% of the patients rated tolerability as 'very good or good'. Adverse events were reported by 189 of 2907 patients (6.5%). In 157 patients (5.4%), the physician considered that there was at least a 'possible' causal relationship to escitalopram treatment. There were 17 patients with severe adverse events, of which 6 were possibly related to escitalopram. 109 patients (3.7%) prematurely withdrew due to non-compliance.

Conclusion: This observational study confirms the effectiveness and tolerability of escitalopram treatment of outpatients with comorbid anxio-depressive disorders.

P-03-056

REGULATING NEGATIVE MOOD IN DEPRESSION

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Background and purpose: Forgas proposed the dual-process mood-management model and provided evidence to support that individual's negative mood will turn to positive mood over time. According to Beevers dual process model, persistent dysphoria will be at risk for depression, and dysphoric mood mean that reflective processing does not adequately adjust biased associative processing. Depression vulnerability is associated with difficulty regulating negative mood states. The purpose of present study is to examine the role of spontaneous mood regulation in maintenance and relapse of depression.

Method: In the study, 11 formerly depressed patients (FD) and 10 currently depressed patients (CD) were recruited from out-patient. Another 10 never-depressed participants (ND) were recruited from community. After mood induction, the self-referent sentence com-

pletion task was completed (e.g. I). Then the rate of negative sentences of first and later half was compared with three groups.

Result. The study found that the ratio of negative sentences in FD and CD, were higher than ND significantly. In ND, the ratio of later half of negative sentences was lower than the first half of negative sentences. But in FD and CD, the part of the first and later half, the ratio of negative sentences is similarly.

Discussion: The study demonstrated that negative mood could be adequately adjusted in CD over time, but FD and CD did not. So, the ability of emotional regulation in ND was better than FD and CD. The implication of these results for the risk of maintenance and relapse in depression was discussed.

STATE-DEPENDENT REDUCTION OF GLYOXALASE-1 MESSENGER RNA EXPRESSION IN MOOD DISORDER PATIENTS

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Glyoxalase-1 (Glo1) is an antioxidant enzyme which detoxifies α -ketoaldehydes to prevent the formation of prooxidant compounds, such as methylglyoxal, in all living cells. Glo1 has been suggested to be involved in anxiety disorders, autism, and Alzheimer's disease. However, little is known about the role of Glo1 in the pathophysiology of mood disorders, although mood disorders show a high rate of comorbidity with anxiety disorders. In the present study, we examined the expression levels of Glo1 mRNA in peripheral white blood cells of mood disorder patients to understand the role of Glo1 in mood disorders. Quantitative real-time polymerase chain reac-

tion experiments revealed that reduced expression of Glo1 mRNA was observed in major depressive and bipolar disorder patients in a current depressive state, as compared with healthy control subjects. By contrast, in a remissive state, the expression of Glo1 mRNA in major depressive and bipolar patients showed no significant alteration when compared with healthy control subjects. These results suggest that reduced Glo1 mRNA expression is a state-dependent marker of both major depressive and bipolar disorders, and that the aberrant expression of Glo1 may be involved in the pathophysiology of mood disorders.

P-03-058

EFFECTS OF PROXETINE ON PSYCHOENDOCRINOLOGICAL INDICATORS IN PATIENTS WITH PANIC DISORDER

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The purpose of this study is to investigate the relationship between the psychological symptoms with SSRI treatment and psychoneuroendocrinological indicators of saliva. Subjects were 10 outpatients with panic disorder. (male: 8, Female: 2) All patiensts were first episode and non-medicated. In order to assess the concentration of free-MHPG, cortizol and IgA, saliva was collected. Haminton's Anxiety Scale and POMS were used for psychiatric evaluation of panic

disorder. Following the 5 weeks of Proxetine treatment (10mg/day), the saliva level of MHPG and cortizol were decreased, while the IgA was increased. Furthermore, these concentration saliva MHPG and cortizol were correlated with total HAS score, some items of HAS, POMS. These results suggested that clinical effects of paroxetine are mediated these psychoneuroendocrinological changese in panic disorder patients.

COMPARING THE PROFILE AND PRESENCE OF DEPRESSION AMONG NURSING STUDENTS FROM DIURNAL AND AFTERNOON COURSES

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This study aimed to identify the profile of students from two Nursing courses (Bachelor - diurnal and Teaching Diploma - afternoon) verifying signs of depression and self-esteem levels, comparing these variables. A total of 114 students, properly informed, from the diurnal and afternoon courses at the College of Nursing at Ribeirão Preto participated in the study. The data search was obtained on known, valid and largely used instruments: Brazilian Economic Classification Criteria - CEB; Beck's Depression Inventory -BDI; Janis and Field's Self-Esteem Scale. The data, were submitted to analysis of correlation with significance level at 5%. The results show prevalence of 94 women (82,4%), 63% between 20 and 24 years old; 32.06% (Teaching Diploma) are older than 25 years and 32% (Bachelor) are younger than 20 years old; 69.6% (Bachelor) do not work, and

86.1% belong to classes A2 and B; 75.8% (Teaching Diploma) work and 67.4% from the total belong to classes B2 and C. The data show 15.4% (Bachelor) and 28.6% (Teaching Diploma) with signs indicative of depression (three severe cases in the afternoon courses). The self-esteem levels were classified in 97.4% as medium and high. None of the cases indicative of moderate and severe depression presented low self-esteem. The conclusion is that there are significant differences between the profiles of the two groups of subjects especially the higher incidence of depression among the Teaching Diploma students. It is possible that the prestige perceived in the academic context is a resilient factor, positively influencing the students' self evaluation.

P-03-060

ANXIETY LEVEL AMONGST MEDICAL STUDENTS

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Objectives: 1.To study the levels of Anxiety amongst Medical Students 2.To compare these levels with different variables and causative factors.

Method: Cross-Sectional study in a medical college using a standard anxiety questionnaire¹ involving 310 medical students of all the batches currently studying in the college.

Results: Out of the 310 medical students who participated in the study, 150(48.4%) were found to have high anxiety levels, which were comparable to a reference study². The prevalence of abnormally high anxiety levels was maximum in students belonging to the 3rd (66.1%), 5th (47%), 9th (49.3%) semesters. Anxiety levels were significantly higher amongst female students (61.3%) as compared to male students (43.2%) who were having high anxiety levels (p<0.05). Students living in the hostel had higher anxiety levels (56.1%) than

students living at home (38.9%). 66.7% students cited Examinations as most important cause of high anxiety amongst them. No significant relationship was found between anxiety levels and their medium of schooling, or age.

Conclusion: The findings point towards very high prevalence of anxiety amongst medical students, with female students being more prone. Also, examinations instill enormous amounts of stress and anxiety which is clearly evident from very high anxiety levels amongst the students who had their examinations coming up (students belonging to the $3^{\rm rd}$, $5^{\rm th}$ and $9^{\rm th}$ semesters)

- $1.\,{\rm Sinha}$'s Comprehensive Anxiety Test, National Psychological Corporation, India
- 2. Pratibha M. Vaidya et al, The Indian Journal of Occupational Therapy: Vol. XXXIX : No.1

USE OF A LONG-ACTING ATYPICAL ANTIPSYCHOTIC IN BIPOLAR PATIENTS

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Introduction: Adherence with maintenance treatment in bipolar disorder is poor (1), yet discontinuing treatment is the most frequent cause of recurrence. Conventional depot antipsychotics have been shown to reduce relapses in patients with frequent manic episodes (2,3), but are associated with more side effects, especially EPS.

Methods: An audit of eleven patients with bipolar affective disorder treated with RLAI was conducted. Demographic data and GAF scores were collected. Hospitalisation data was available for all eleven patients. The pre-treatment period was defined as the two years before starting RLAI. The RLAI treatment phase started from initiation of RLAI. If the patient was initiated on RLAI in hospital then the treatment phase was from the date of discharge.

Results: The primary reason for switching to RLAI was non-compliance with previous treatment (n=10). The average duration of treatment with RLAI was 1.98 years (range 0.5-4.5 years). RLAI was

generally well tolerated. The mean GAF score at baseline was 36.3 and this improved to 66.9 following treatment with RLAI (n=8). The mean number of admissions during the pre-RLAI phase was 1.9 and this reduced to 0.9 during the RLAI treatment phase. The average number of days in hospital pre-RLAI was 157 days per patient, this reduced by 65 percent to 54.9 days per patient.

Conclusions: Treatment with RLAI is efficacious and combines the tolerability benefits of an atypical antipsychotic with the assured delivery of a long-acting injection. RLAI was associated with reduced hospitalisation.

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P-03-062

EFFICIENCY OF THE THERAPEUTIC TREATMENT OF PTSD WITH DIFFERENT THERAPEUTIC METHODS

INSTITUTIONS

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The purpose of the paper: The aim of the paper is to determine the efficiency of the therapeutic treatment of the PTSD. Methodology: The investigation comprises 86 patients with PTSD. The patients were divided in three groups that were treated by the different therapeutic methods. The first group was treated with the medicamentous therapy. The second group was treated by the analytically oriented group therapy and the third group was treated by EMDR in six to eight sessions once a week. The efficiency was measured by SCID-IV, CAPS, MADRS and HAMA.

Results: The results show significant global improvement with all three therapeutic methods, but of the different level respecting the parameters: psychic anxiety, somatic anxiety and depression. The results also show significant dependence of the duration of the period between traumatic event and treatment initiation.

Discussion: Traumatic events represents highly significant event with the strong emotional valence. Therapeutic treatment initiated in the period when traumatic memory was not consolidated and did not achieved stability which is manifested in the repetition of the symptoms, is not liable to therapeutic influence. This observation opens the problem of the methods, of the treatment and of the rapport with the traumatized in the first weeks of suffering after the traumatic event.

THE PREVALENCE OF DEPRESSIVE DISORDERS IN PATIENTS OF PRIMARY MEDICAL CARE NET

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1540 patients (aged 18-55) were screened. The risk of depressive disorders (according to specialized questionnaires) was identified in 778 (50.5%) patients. In general it was respiratory, digestive, bone-muscular, endocrine (diabetes, II type) and blood circulation disorders. Only 517 (66.5%) patients agreed to visit psychiatrist. Depression was revealed in 296 patients (HDRS score from 15 till 25, on the average - 18.6±0.24). Other psychiatric disorders associated with depression took place in 139 (26.9%) cases. The question of qualification and interpretation of the nature of depression (in general mixed: somatogenic, psychogenic, personal or genetic) in somatic patients according to DSM-IV is debatable. The dynamics of somatic and psychiatric disorders, like parts of whole disease, were constantly unstable with alternating on depth and complica-

tion between them. The polymorphism of depressive disorders and their propensity to endogenisation created diagnostic problems. The majority of depressions should be considered as desadaptation is caused by severe somatic disease, where was traced definite time connection between disease debut or exacerbation and development of depression with sense of impossible to coping with current situation - 45.0% cases. Mild and moderate depressive episode - 30.4% of cases; adjustment disorder with mixed anxiety and depressed mood - 12.2%; organic disorder without psychotic features - 5.0%; major depressivedisorder, recurrent, current moderate episode - 5.0%; other reactions on heavy stress - 4.4% of observations. Thus, the depression was suspected by therapist in 50.5% of screened patients, but only 19.2% of cases were confirmed by psychiatrist.

P-03-064

CASE REPORT: OBSESSIVE-COMPULSIVE DISORDER AFTER OPSOCLONUS-MYOCLONUS SYNDROME

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Introdution: The opsoclonus-myoclonus syndrome (OMS) is a rare condition, characterized by opsoclonus, a disorder of saccadic eye movements, associated with arrhythmic action myoclonus. The aetiology of OMS can be paraneoplastic or idiopathic. Outcome is variable, but motor symptoms and problems in behaviour, cognition, and attention typically persist. Specific antineuronal antibodies and inflammatory, degenerative changes have been described in the brainstem and cerebellum of adults with OMS. Dysfunction in cerebellar-cerebral circuits may underlie affective dysregulation and behavioural disturbances seen in OMS, as dysfunction of other cerebellar circuits underlie the movement symptoms.

Case Description: 33 year old female. Works as school auxiliary. Diagnosis of idiopathic OMS at the age of 3, treated with ACTH therapy till the age of 8. Retained mild cognitive impairment, and spe-

ech slurring and imprecision, not being able to pursue her studies in faculty. She came to a psychiatric consultation at the age of 33, in which was observed a clinical syndrome of Obsessive-Compulsive Disorder (OCD). The patient presented intrusive egodistonic thoughts, related with the need to help animals, which converted into compulsive actions, she would spend most of her salary in food for abandoned dogs and, at certain time, she sheltered 4 abandoned dogs in her apartment. TC-Scan showed atrophy of the cerebellar hemispheres and the vermis. She began medication with fluvoxamine with reduction of OCD symptoms.

Discussion: Behaviour and cognition problems have already been described with OMS, in this case we observed adult OCD probably related with the brain damage, namely at the cerebellum.

THE RESULTS OF ONE-YEAR AND FIVE -YEAR NATURALISTIC FOLLOW-UP STUDY IN PANIC DISORDER

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Aim: In this naturalistic and prospective study, we aimed to investigate the rates of remission and recurrence in a group of panic disorder patients and to determine the clinical predictors of recurrence.

Method: Sixty patients with Panic Disorder according to DSM-IV participated in the study. They were diagnosed by SCID-I and SCID-II. In all patients, a baseline and a follow-up with monthly evaluations of HAM-A, Panic Attack Questionnaire and CGI have been applied over a one-year period. All patients were treated with the drugs which had been prescribed by their clinician. At the end of the fifth year, we phoned for a clinical interview. The data were analysed by descriptive statistical tests and survival analysis.

Results: Thirty six patients completed the study at the end of the

first year. Among completers, the remission rate was 75% (n=27), the mean duration was 7.47 months. The non-remitted patients were significantly younger and had their first panic attacks before thirty years-old (respectively t= -2.5, p< 0.01; t= -2.7, p< 0.01). The anxiety and CGI scores were also significantly higher in non-remitted group through all the measures. Gender and personality traits were found non-significant. The remission rate at the end of the fifth year was 67.1% (n=18).

Conclusion: We found a clear difference between groups with respect to severity of symptoms. Our study results confirmed that the greater pre-treatment severity of anxiety and phobic symptoms reduced the rates of achieving complete remission of symptoms in PD patients although adequate treatment.

P-03-066

DOSE THE PLACE OF THE FIRST PANIC ATTACK PREDICT FUTURE COMORBID AGORAPHOBIA?

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Objective: Poor outcome or higher severity of panic disorder (PD) is known if it is comorbid with agoraphobia (A). However, it is little known about relationship between panic attack (PA) and A in details. We investigated a relationship between the place of the first PA and comorbidity of A, severity and outcome of PD. Additionally, we examined the effects of the place where experienced first PA on frontal function during Word Fluency task using near-infrared spectroscopy (NIRS) as we have observed frontal dysfunction of patients with PD by NIRS during the cognitive task (Nishimura Y et al, 2007).

Method: The subjects were 860 patients with a DSM-IV diagnosis of PD who consecutively first visited Nagoya Mental Clinic, in Nagoya, Japan. We divided the patients into two groups based on comorbidity of A (PD with and without A groups) or place of the first PA

(home and out of home groups). The association between place of the first PA and comorbidity of A was tested by a chi-square statistic. Some PD patients also participated in NIRS imaging study.

Results: Agoraphobia was more frequent in out of home group as compared with home group. Moreover, out of home group showed severer avoidance than home group. However no relationship between the place of the first PA and frontal function during the cognitive task was observed.

Conclusion: Our findings suggested that the place of the first PA predicted frequency of A comorbidity and severity of avoidance associated with the severity of PD, but the effect did not seem via frontal function.

COMPLEX PTSD, PSYCHIATRIC CO-MORBIDITY AND PHYSICAL RESPONSES - CASE STUDY

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Persons who survived cumulative traumatic experience develop symptoms that are more complex, diverse, wider and last longer than those who are described by the entity of PTSD. Of great importance is to approach seriously the problem of the co-morbidity of PTSD as most of the disorders increase the extents of the psychological disorders. Also, it is important to bear in minds that the combination of psychiatric disorders mostly leads to greater risk of suicide. By applying bad strategies to face traumas, persons often develop serious physical dysfunctions. In this case study I would like to speak about the factors that influence the (un)success in treatment, rehabilitation and re-socialisation of the patients suffering from PTSD. I am presenting the case of the patient with the clinical picture of the chronic PTSD, along with development of permanent

personality disorders, complicated psychotic episodes with several serious attempts to commit suicide, with somatic symptoms fixed to the gastrointestinal and urine genital tract. From *anamneses*: M.S. born in 1970, married, father of three children, and locksmith by vocation. M.S. had participated in the war since May 1992, manifested physical disorders have been reoccurring since July 1994. For the first time treated at the Psychiatric clinic in October 1994 due to the imperative heard hallucinations under whose influence he tried several times to commit suicide. Further disorders were restlessness, anxiousness, and cognitive blockade. Afterwards, was treated in psychiatric department 12 times, and due to the physical symptoms, 7 times in surgery and internal departments.

P-03-068

THE CZECH WRITER BOHUMIL HRABAL HAS COMMITED SUICIDE DUE TO DEPRESSIVE DISORDER

INSTITUTIONS

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AIM: The world famous Czech writer Bohumil Hrabal (Closely Observed Trains, I Served the King of England) died in 1997 while he was hospitalized at the orthopedical department in the Prague hospital Na Bulovce: he leaped out of the window. The official statement reported death by misadventure and media mentioned the romantic dare of a great artist. The aim of this paper is the explanation of the real cause of Hrabal's death.

METHODS: Using a medical perspective, we have revised many documents: Hrabal's interview with Laszlo Szigeti, the autobiographical trilogy Weddings in the House, the authorized biography written by Monika Zgustova and memories of the writer's friends. We have searched for notes of suicide, sadness, melancholy, insomnia, fear and anxiety and we have found, for example, this information about the first Hrabal's depressive episode: "But Georgine has

never come to us and my son sickened of this, half year he suffered from sleeplessness, he lost weight very much, it was a dying in the family."

RESULTS: The result is unambiguous: Bohumil Hrabal suffered from depression and this disease was not diagnosticated. Hrabal's death is an example of a tragical suicide caused by major depression.

CONCLUSION: It is well known that the prevalence of depression is high in the population of old people and some of those depressive seniors commit suicide. Unfortunately, there are a great number of patients whose depression is not recognized by somatic physicians. It is very sad that the excellent writer Bohumil Hrabal should be one of these patients.

THE BRAIN GLUCOSE METABOLISM DIFFERENCES BETWEEN BIPOLAR MOOD DISORDER AND UNIPOLAR MOOD DISORDER, DEPRESSED STATE AND EUTHYMIC STATE

INSTITUTIONS

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Aims: Functional brain imaging studies has consistently demonstrated abnormalities of regional cerebral glucose metabolism (rC-MRglu) in prefrontal cortex in patients with mood disorder (MD). However, the metabolism difference between bipolar mood disorder (BP) and unipolar mood disorder (UP) has not been clarified. The present study was conducted to investigate it.

Methods: We used [18F]fluorodeoxyglucose (FDG) positron emission tomography (PET) to evaluate alterations of rCMRglu. We compare depressed and euthymic MD women patients with well matched healthy controls (HCs). Then, BPs and UPs were analyzed separately among MDs. The PET data were objectively analyzed by using statistical parametric mapping (SPM) methods.

Results: Compared with HCs, the depressed patients showed signi-

ficantly decreased rCMRglu in frontal gyrus (left > right), temporal gyrus (left < right), insula (bilateral) and anterior cingulate (right). On the contrary, the euthymic patients demonstrated no significant differences. When the BP depressed patients were separately compared with HCs, the rCMRglu significantly decreased in frontal gyrus (left > right), insula (left) and anterior cingulate (right). Meanwhile, the UP depressed patients showed significantly decreased metabolism in frontal gyrus (left > right), temporal gyrus (left < right) and insula (bilateral).

Conclusion: The results of the present study provide evidences of persistent hypometabolism in depressed patients. The abnormalities tend to normalize as symptoms of depression improve. The present investigation also elucidated cerebral hypofunction specific to each BP and UP.

P-03-071

DOES BASELINE ANXIETY AFFECT OUTCOME OF SSRI TREATMENT IN PATIENTS WITH SEVERE DEPRESSION?

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Background: To investigate if treatment outcome for severely depressed patients (baseline MADRS>=30) depends on their baseline level of anxiety.

Methods: A subgroup of patients with co-morbid anxiety (baseline HAM-A>20; escitalopram: n=144, paroxetine: n=142) was selected from a 24-week randomised, double-blind, parallel study in patients with a primary diagnosis of severe MDD (baseline MADRS>=30) comparing 20mg escitalopram (n=232) and 40mg paroxetine (n=227). Post-hoc analyses of efficacy were based on ANCOVA of change from baseline to endpoint (LOCF) and logistic regression analysis.

Results: At Week 24, the mean change from baseline in MADRS total scores was -24.1 for escitalopram-treated patients and -21.4 for paroxetine-treated patients (mean difference 2.6, p<0.05). The mean change from baseline in HAM-A total score was -17.4 for escita-

lopram-treated patients and -15.1 for paroxetine-treated patients at Week 24 (p<0.05). The proportion of remitters (MADRS<=12 and HAM-A<=7) after 24 weeks of treatment was 58.2% (82 of 141 patients) in the escitalopram group and 44.6% (62 of 139 patients) in the paroxetine group (p<0.01). Significantly more patients (p<0.01) withdrew from the paroxetine group (31%) than from the escitalopram group (17%). The main AEs leading to withdrawal were nausea (escitalopram *versus* paroxetine: 1 *versus* 4), insomnia (2 *versus* 2), and hyperhidrosis (1 *versus* 2). There were no statistically significant differences in the incidence of individual adverse events between treatments.

Conclusion: Patients with severe depression together with comorbid anxiety symptoms responded statistically significantly better to treatment with escitalopram 20mg compared with paroxetine 40mg, regardless of the severity of anxiety symptoms at baseline.

AWARENESS OF ILLNESS IN SUBJECTS WITH BIPOLAR DISORDER

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Insight and awareness of disorder are an important domain for research and practice in psychiatry. Brought-up by alienists long ago, the question of awareness of illness has once again struck psychiatrists because of its diagnostic and therapeutic implications. As we now dispose of dependable psychometric tools, using a short scale (eight items) easy and quick to use. This study included 11 euthymic bipolar subjects of which 14 seen at the hospitalization period (DSM-IV diagnosis) It shows that the degree of awareness is different according to the type of hospitalization (insight is significantly higher in free and voluntary hospitalization compared to compulsory hospitalization), in married patients compared to single patients, insight is significantly better if cognitive function is higher (MMSE score). Finally subjects who had recovered from

a manic episode had the worse awareness. The probable persistence of infraclinical symptoms could explain the very close involvement and the deterioration of the insight scores. Awareness must be taken into account in all major mental disorders. Therapeutic alliance treatment compliance, prognosis and risk of repels depend largely on this dimension.

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P-03-073

HEALING TRAUMA, BUILDING RESILIENCE - USE OF MEDITATION/S AS A THERAPEUTIC INTERVENTION

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There is a growing mental health workforce shortage making access to intensive psychotherapeutic interventions more difficult to achieve. The aim of this study is to develop a staged model of intervention which could be taught to clients for daily self-administration to address depression, anxiety, impulsivity, post traumatic stress disorder (PTSD) and increased risk of self-harming and suicide, resulting from prolonged exposure to violence, abuse and neglect in childhood. There is significant fMRI and physiological evidence that prolonged trauma can affect the developing brains of children and young people, with long term neurophysiological and neurochemical consequences. It has, however, also been demonstrated through fMRI that the brain remains plastic throughout life and the sequelae of trauma can be effectively corrected. fMRI studies of experienced meditators (Tibetan monks) and even of naive medi-

tators (a depressed cohort), have shown that sustained changes in brain function can be generated through a number of simple meditations, reducing the recurrence of depression, resetting the 'default' state to happiness (through generation of sustained left prefrontal cortex activity). Evidence suggests that different meditations can be applied to address different mental states and to develop the protective life skills which build resilience. This workshop examines the neurophysiological evidence and then guides participants through practicing a range of meditations and then facilitates discussion so that we can consider their applicability as an intervention for those with depression and other sequelae of trauma, eg anxiety, impulsivity, post traumatic stress disorder (PTSD) and increased risk of self-harming and suicide.

BODY DYSMORPHIC DISORDER IN A KOREAN NURSE COLLEGE STUDENT SAMPLE

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Objectives: The purposes of this study were to examine prevalence, characteristics and comorbidity of body dysmorphic disorder in a Korean nurse collegs students.

Methods: Korean versions of Body Dysmorphic Disorder Examination-Self Report (BDDE-SR), Maudsley Obsessional-Compulsive Inventory(MOCI), Beck Depression Inventory(BDI), Rosenberg Self Esteem Scale(SES), Liebowitz social anxiety scale(LSAS) were applied to 607 Korean nurse college students.

Results:

- 1) Five factors were extracted in BDDE-SR by factor analysis with the Varimax rotation. They were 'preoccupation, distress, embarrassment factor', 'avoidance factor', 'checking, comparing, camouflaging factor', 'dissatisfaction factor', 'importance factor'.
- 2) Eighteen participants (2.97%) were satisfied with DSM-IV criteria A and B of body dysmorphic disorder(BDD Group).
- 3) The most dissatisfied body part was entire leg, eye, nose, waist-

abdomen, calves in BDD group.

4) Differences between BDD group and non-BDD group on age and weight were significant by Mann-Whitney U test. 5) Differences between BDD group and non-BDD group on BDI, MOCI, LSAS-anxiety scale, LSAS-avoidance scale, SES were significant by Mann-Whitney U-test. 6) Difference between men and females on BDDE-SR factor 1, BDDE-SR factor 2, BDDE-SR factor 3, BDDE-SR total factors, LSAS-avoidance scale were significant by Mann-Whitney U-Test. 7) Using multiple regression analysis the most contributing variance toward the total factor score of BDDE-SR of participants was BDI, and otherwise were BMI,LSAS-anxiety scale,age, MOCI, SES in order of contribution.

Conclusion: These results indicate that BDD is a common disorder and is highly associated with depression, anxiety, obsessive-compulsive disorder symptoms, and poor self-esteem. We suggest that future researches should be directed to obtain clinical data of patients with BDD.

P-03-075

ESCITALOPRAM IN DEPRESSION

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An important problem about the antidepressant response is the latency period, with the risks and suffering that it involves. Based on 30 patients diagnosed with major depression (DSM-IV), for this study we have used a new molecule, escitalopram, isomer S of the citalopram, the most powerful of the SRSI, considering its good tolerance, the shortening of the latency period and its higher antidepressant effectiveness. The dosage used was 10-20 mg a day. To measure the response, the HDRS scale with 17 items for depression

was used, measuring the response at the first, second and third week. We have found a better response in less time, from the seven initial days, with a good tolerance, and a response that improves during the following weeks (the first day the average of the HDRS was 20, and after a week it had come down to 16, and at third week to 12) These preliminary findings make us think of the importance of lowering the latency period of the antidepressants. This can change our praxis in a great number of depressed patients.

PATERNAL DEPRESSION IN A CHINESE POPULATION

INSTITUTIONS

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Aims: Validation study of EPDS on paternal depression in a Chinese population $\,$

Methods: A cohort of 608 couples were studied using EPDS, SCID and PHQ-9 longitudinally. Of these, 235 men completed SCID and EPDS at 8 weeks.

Results: At 8 weeks postpartum, 3.8 % had minor depression and 3.4 % had major depression by SCID questionnaire. 11.9 % scored above the cutoff point of 10/11 (optimal cutoff point) on EPDS. The

AUC was 0.975. Specificity was 94.5 % and sensitivity was 95.1 %. PPV was 57.1 % and NPV was 99.5 %.

Conclusion: The psychometric properties of the translated EPDS appears to be equivalent to or slightly better in Chinese men compared to Chinese women.

Conclusions: a translated version of EPDS has been shown to be a useful tool for detecting paternal depression in the postpartum period.

P-03-077

JAPANESE MULTIMODAL INTERVENTION TRIALS FOR SUICIDE PREVENTION, J-MISP

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Suicide is a major public health problem and the number of suicide victims has exceeded 30,000 a year since 1998 in Japan. Suicide rate is almost 25/100,000, which are remarkably high numbers among advanced countries. During the past 50 years, Japan has undergone a structural reform from an agriculture-based to an industry-based economy. In addition, Japanese citizens aged 65 or older is expected to reach 26% in 2015, reflecting a recent rapid increase in the aging rate of the population. These factors could be threatening the success of suicide prevention in Japan. In 2005, The Japan Ministry of Health, Labour, and Welfare selected the Japan Foundation for Neuroscience and Mental Health (JFNM) as the primary institution responsible for the strategic research program for suicide prevention. JFNM are now conducting the program "Japanese Multimodal

Intervention Trials for Suicide Prevention, J-MISP" tightly collaborating with the National Center of Neurology and Psychiatry. The research projects by J-MISP are as follows: (1) A community intervention trial of multi-modal suicide prevention program in Japan: A Novel multimodal Community Intervention program to prevent suicide and suicide attempt in Japan, NOCOMIT-J and (2) A randomized, controlled, multicenter trial of post-suicide attempt case management for the prevention of further attempts in Japan, ACTI-ON-J. In 2006, the Japanese Diet approved the "Suicide Prevention Law". We hope that the results of J-MISP research projects will help to develop effective strategies to reduce future suicide rate in Japan. (http://www.jfnm.or.jp/itaku/J-MISP/index.html)

COMORBIDITY OF BODY DYSMORPHIC DISORDER AND ANOREXIA NERVOSA IN PATIENTS WITH OCD

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Comorbidity of anorexia nervosa (2) and dysmorphophobic disorder(1) is very common during the OCD. In the different stages of pathological processes one of these overlap syndromes becomes permanent and implicate the diagnose. So it's necessary to make dynamic follow up of pathological process. Aim of the study is to examine the course and relationship of anorexia nervosa and dysmorphophobic ocd spectrum disorders among adolescents. We have made dynamic clinical study of 40 patients with OCD (aged 13-21). Studied cases were evaluated according to ICD 10 criterias.12 of patients had dysmorphophobic disorders that preliminary observed in pubertal period. In 6 cases dysmorphophobia relate to imaginary weight problems and was observed along side with anorexia. In these cases anorexia had secondary character and distrect to solve the weight problem. It was comorbid to dysmorphophobic didsorder. In

2 cases anorexia was developed on the background of compulsive eating of non edible products. In these cases anorexia had defensive mechanism. In 2 cases anorexia was connected to obsessions on the basis of reasoning. In 3 cases anorexia had primary character being only based on eating compulsions (compulsive dieting without any purpose of weight control).In 2 cases dieting manifested as weight controlling process but then losts this purpose became compulsion at the late pubertal stage. Conclusion -Anorexia is based not only on eating compulsions, it can occur as a secondary being based on dysmorphophobia and reasoning. There is a cause and effect relationship between continuosly overlaping from dysmorphophobia to anorexia in framework of ocd spectrum. References-

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P-03-079

SUCCESSFUL SWITCHING TO QUETIAPINE IN PATIENTS WITH BIPOLAR DISORDER WHO WERE REFRACTORY TO OLANZAPINE

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Background: Although monotherapy with lithium or valproate is a recommended initial therapy for bipolar disorder, these agents are not always associated with prolonged favorable outcomes. Recently, increasing evidence has demonstrated the efficacy of combination therapy of mood stabilizers with atypical antipsychotics. However, the clinical indications of each antipsychotic are still to be studied. Case presentation: We experienced 2 cases with bipolar disorder partially responded to co-therapy of mood stabilizers and Olanzapine. Switching from 20 mg/day of Olanzapine to 300-400 mg/day of Quetiapine reduced the manic and depressive symptoms quickly and remarkably, and prevented their recurrence. Case 1 is a 22-year-old woman in mixed mania. She received lithium, valproate, and 20 mg/day of Olanzapine for 8 weeks, but responded to them partially. Olanzapine was switched to 300 mg/day of Quetiapine, and then,

she recovered in 3 days and has been free from mania. Case 2 is a 54-year-old woman in bipolar disorder suffering from depression with mood-congruent delusions and hallucinations. She responded partially to lithium and 20 mg/day of Olanzapine medicated for 12 weeks. By using 400 mg/day of Quetiapine combination with lithium, her depressive and psychotic symptoms were removed and haven't been recurred since then.

Discussions: While Quetiapine and Olanzapine share a wide range of targets such as serotonin, norepinephrine, dopamine, GABA, glutamate, and various second messenger signaling pathways, they differ in some pharmacological profiles. Those differences might be responsible for the quick remission of our cases. Further studies should be conducted to clarify the mechanisms of Quetiapine augmentation treatment.

DECISION MAKING, WORKING MEMORY AND EXECUTIVE FUNCTION IN REMITTED BIPOLAR PATIENTS. A PRELIMINARY REPORT

INSTITUTIONS

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Aims:

Decision making, as well as working memory and executive functions are among the most significant cognitive processes, associated with prefrontal cortex function. Decision making is associated with the orbitofrontal cortex function. Working memory and executive functions are dependent on the dorsolateral prefrontal cortex. Orbitofrontal, as well as dorsolateral prefrontal cortex dysfunction in bipolar disorder has been reported. The aim of the study was to assess decision making and executive functions in remitted bipolar patients.

Methods: The study included 10 euthymic bipolar patients (6 female, 4 male), aged 40 ± 12 years and 10 age, sex and education years matched healthy controls. Decision making was assessed with Iowa Gambling Task (IGT). Working memory and executive functions

were assessed with Wisconsin Card Sorting Test (WCST) and Trail Making Test (TMT). Depressive and/ or manic symptoms were measured with Hamilton Depression Scale (HAM-D) and Young Mania Rating Scale (YMRS).

Results: No significant differences between cognitive performance of bipolar patients and healthy controls, except for the TMT A test (t=2.38, p=0.03) were found. A trend towards lower income and higher preference towards risky decks in IGT as well as worse performance in WCST tests in bipolar patients was observed. Conclusions: Bipolar patients performed significantly worse only on the TMT A test. A trend towards worse performance on other neuropsychological measures by bipolar patients was observed. Significance of this observation remains unclear due to a small number of subjects in the research.

P-03-081

CLINICAL CHARACTERISTICS AND IMPACT OF OBSESSIVE-COMPULSIVE DISORDER ON THE ANTI-MANIC RESPONSE IN YOUTH WITH BIPOLAR DISORDER

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Objective: To examine clinical characteristics of comorbid OCD and bipolar disorder (BPD) and to compare anti-manic response of BPD youth to olanzapine monotherapy based on comorbidity with OCD.

Methods: Secondary analysis of data from18 years and younger OCD (n=125) and BPD (n=82) youth ascertained for family genetic study of pediatric OCD and BPD and from 8-week, open-label, olanzapine monotherapy trial of youth with BPD (n=52). Subjects were evaluated with structured psychiatric diagnostic interviews.

Results: 15% (n=19) of OCD and 21% (n=17) of the BPD youth fulfilled criteria for both OCD & BPD. Comorbid OCD & BPD youth had more frequent obsessions (56% versus 24%; p<0.0003) and

compulsions (63% vs 20%; p<0.001) of hoarding/saving. Anti-manic response was significantly worse in BPD subjects with OCD (39%; n=20) than without OCD comorbidity (mean reduction in YMRS score -6 ± 13.1 versus -14 ± 11.8 ; p<0.04). No difference observed when anti-manic response compared based on BPD subject's comorbidity with GAD (YMRS score -11 ± 13.7 versus -10 ± 12.4 ; p<0.6).

Conclusion: Youth with comorbid OCD and BPD present with OCD symptom of hoarding/saving at a significantly higher frequency that may serve as a symptom marker for the risk of comorbidity with BPD. Anti-manic response of BPD is worse in the presence of OCD but not GAD comorbidity. Further studies in this direction are warranted.

SUPERIORITY OF ESCITALOPRAM OVER PAROXETINE IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER (MDD)

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Objective: To compare escitalopram (10-20 mg/day) with paroxetine (20-40 mg/day) for the treatment of major depressive disorder (MDD).

Methods: Pooled data were analysed from two randomised, controlled, 6-month trials comparing escitalopram (n=394) with paroxetine (n=383) in patients with MDD. The primary endpoint was the mean change in MADRS score from baseline to last assessment.

Results: Escitalopram-treated patients showed a significant improvement from baseline in MADRS total score after 6 months compared to paroxetine (estimated mean difference 2.0 points, p<0.01). Further significant differences were seen for the CGI-S (mean improvement of 2.1 for escitalopram versus 2.4 for paroxetine, p<0.001) and the CGI-I (mean improvement of 1.8 for escitalopram and 2.0 for paroxetine, p<0.01). In severely depressed patients (MADRS \geq 30), escitalopram-treated patients showed improved efficacy in all scales

relative to paroxetine at last assessment. Significantly higher remission rates (MADRS \leq 12, p<0.05) were seen with escitalopram and this difference extended to complete remission (MADRS \leq 5, p<0.01). Escitalopram demonstrated superior tolerability with significantly fewer withdrawals (17%) compared with the paroxetine group (28%, p<0.001) and significantly fewer withdrawals due to adverse events (7% vs. 12%, p<0.01). Response at week 8 was a strong indicator of the likelihood of completing 6-month treatment and of achieving complete remission.

Conclusion: This study demonstrates increased efficacy and tolerability for escitalopram over longer-term treatment periods when compared with paroxetine. For long-term or maintenance therapy of MDD and particularly in the treatment of severely depressed patients escitalopram improves therapeutic outcomes.

P-03-083

QUETIAPINE XR: MAINTENANCE THERAPY OF GENERALIZED ANXIETY DISORDER

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Aims/Objectives: To evaluate the efficacy and tolerability of extended release quetiapine fumarate (quetiapine XR) once-daily monotherapy for maintenance therapy in patients with generalized anxiety disorder (GAD)

Methods: A time-to event (maximum 52-weeks), double-blind, randomized-withdrawal, parallel-group, placebo-controlled study (D1448C00012) of quetiapine XR monotherapy following openlabel stabilization for a minimum of 12 weeks. Patients received quetiapine XR: 4-8-week open-label; 12-18-week stabilization. Eligible patients (HAM-A \leq 12; MADRS \leq 16; CGI-S \leq 3) were randomized to quetiapine XR or placebo at last open-label visit dose, that subsequently could be adjusted to 50, 150 or 300mg/day as clinically indicated. Primary objective: to evaluate the efficacy of quetiapine XR vs placebo in increasing time from randomization to an anxiety event according to predefined criteria. Secondary variables inclu-

ded HAM-A and CGI-S. Adverse events (AEs) were recorded throughout the study.

Results: 433 patients were randomized to double-blind treatment: quetiapine XR (216); placebo (217). The risk of an event was significantly reduced for quetiapine XR vs placebo (implying increased time to the event): Hazard Ratio=0.19 (0.12, 0.31); p<0.0001. Twenty-two (10.2%) quetiapine XR- and 84 (38.9%) placebo-treated patients experienced an anxiety event; LS mean change from randomization to study exit was -0.14 vs 1.90 for HAM-A and -0.03 vs 0.26 for CGI-S for quetiapine XR vs placebo; p<0.001. The most common AEs (>10% in the placebo group) during the randomized phase were headache, nausea and insomnia.

Conclusions: Quetiapine XR monotherapy significantly reduced risk of relapse of anxiety events and was generally well tolerated during maintenance treatment of patients with GAD.

ANXIOUS TEMPERAMENT WITHIN THE RELATION BETWEEN MITRAL VALVE PROLAPSUS AND PANIC DISORDER

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OBJECTIVE: The aim of this study is to investigate the frequency of AT in MVP and/or PD.

METHOD: Forty patients who were and found to have MVP with oscultation followed by two dimension echocardiography were involved to the study. AT were determined with TEMPS-A (Temperament Evaluation Memphis, Pisa, Paris, San Diego- Auto questionnaire) in 15 MVP patients with PD according to DSM-IV, 16 MVP patients with no diagnosis according to DSM-IV and 19 PD patients found to have no MVP.

RESULTS: The frequencies of AT were similar between MVP and MVP+ PD groups (p=0,425) however this was less than presence in PD group (p=0,024). 10 patients in MVP group were found to have GAD (Generalized Anxiety Disorder) and 7 of them were found to also have AT. There were no difference between the frequencies of AT in MVP, MVP+PD and MVP+GAD.

CONCLUSION: The prevalence of AM in PB was similar to the healthy population however in the presence of MVP it was more frequent than the healthy population whether associated with PD or not. It was also frequent in MVP patients who were diagnosed to have GAD. MVP and AT may lead to tendency to anxiety disorders together. AT may help to explain the çeliskili results in the studies dealing with the interaction between MVP and PD.

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P-03-085

HEART RATE VARIABILITY IN PANIC DISORDER

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INTRODUCTION: Heart rate variability (HRV) is widely used as a parameter to evaluate the autonomic status of the cardiovascular system. Autonomic nervous system shows increased sympathetic activity in patients with panic diorder.

METHOD: This study was designed to evaluate the autonomic activity in panic disorder by the comparison of 24 hour HRV analysis of new diagnosed panic disorder patients and 14 healthy age- gender matched control with holter electrocardiogram. Previous and new cardiovascular disease and usage of medications were absent in both groups. Blood counts, electrolytes, tyroid function tests were also normal. SDNN, SDANN, PNN50 and trianguler index were determined from 24 hour holter analysis as HRV parameters.

RESULTS: There was no difference between the HRV parameters of panic disorder patients and healthy controls.

CONCLUSION: These results may be explained by the small sample size or the absence of cardiovascular effects in the periods without attacks of panic. However in the 24 hours holter periods none of the patients had an attack. Also HRV parameters may not be affected from panic disorder as previously reported in the literature. The patients who were new diagnosed to be have panic disorder began at least six months ago and absence of any psycotrop medication usage strengths the hypothesis which insists that HRV parameters aren't affected by the panic disorder.

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ASSOCIATION OF HYPOTHYROIDISM AND MANIA

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In the differential diagnosis of mood disorders thyroid abnormalities rank high on the list of medical conditions to be ruled out in clinical practice. The classic associations are bipolar disorder with hyperthyroidism and depression with hypothyroidism. Recently we encountered two patients who presented with mania in the presence of persisting hypothyroidism. This prompted us to conduct a literature review using Pub Med and Medline on a possible association. Nine reports were identified in the period from 1980 -2007. Analyses of these show the following associations: 1) Mania and hypothyroidism were reported mostly in females; there is only one case

report of a male with hypothyroidism and co-occurring mania; 2) Rapid cycling and hypothyroidism were reported more in females (consistent with established data); 3) Treatment generally involved using thyroid replacement (usually Levothyroxine). No specific mechanism(s) underlying the association of thyroid dysfunction and bipolar disorder were clearly identified. In addition, no data is available on ethnic and cultural variation. Further investigations to better understand this association both from an etiological and therapeutic perspectives are needed.

P-03-087

TENOTEN IN TREATMENT OF ANXIETY IN PATIENTS WITH NEUROLOGIC DISORDERS

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Anxiety and depression are common in people with Parkinson disease (PD) and cerebrovascular disorders (CVD). The aim of the present study was to assess anxiolytic efficacy and safety of tenoten (ultra-low doses of antibodies to \$100 protein) in patients with PD and CVD. In a double-blind randomized placebo-controlled 4-week study patients with PD (G20) and CVD (I67.2, I67.4, I69.3) were randomized to receive either tenoten (10 tablets/day, n=32) or placebo (n=30) for 28 days. Anxiety was assessed at a baseline, day 28 and 28 days after discontinuation of the treatment. Primary endpoints were total Hamilton Anxiety scale score (HAMA-A) and response rate (\geq 50% reduction in HAM-A). The study demonstrated good clinical efficacy and safety of tenoten. In patients with PD teno-

ten reduced HAMA-A from 26.38 ± 0.82 to 16.4 ± 1.21 (vs from 27.13 ± 0.65 to 26.07 ± 1.05 in placebo group, p<0.05), in patients with CVD - from 28.19 ± 1.01 to 13.19 ± 0.7 (vs from 25.6 ± 0.9 to 19.6 ± 1.41 in placebo group, p<0.05), the number of responders was 20% and 62.5%, respectively (vs 0% and 6.7% in placebo group, respectively, p<0.05). Anxiolytic effect of tenoten was sustained after discontinuation of the treatment: HAMA-A was 15 ± 1.01 in PD patients and 13.31 ± 0.9 in CVD patients on day 56. There were no serious adverse events and no worsening of underlying neurological disorders in both groups. Tenoten is a drug of choice in the treatment of anxiety in neurologic patients.

A COMMON PATHWAY IN NEURAL CIRCUITRY UNDERLYING PANIC DISORDER AND UNDIFFERENTIATED SOMATOFORM DISORDER

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Anxiety is an important source of somatic symptoms in anxiety disorders and somatoform disorders. Functional brain-imaging studies have been critical for advancing our understanding of the neural circuitry of anxiety disorders. The purpose of this study is to compare regional brain function in patients with panic disorder and patients with undifferentiated somatoform disorder in order to determine if there is a common pathway in the neural circuitry underlying both disorders. Regional cerebral perfusion was measured by 99m-Tc-ECD (ethyl cysteinate dimer) Single Photon Emission Computed Tomography in the resting state. Using statistical parametric mapping (SPM) analysis, the SPECT images were compared on a voxel by voxel basis between 16 non-medicated, sex and age-matched patients with panic disorder and 10 healthy subjects and between 16 non-medicated, sex and age-matched patients

with undifferentiated somatoform disorder and 10 healthy subjects. Cerebral perfusion in the right parahippocampal gyrus and right medial frontal gyrus was significantly reduced in each of the panic disorder and undifferentiated somatoform disorder groups compared to healthy controls (p<0.001). Cerebral perfusion was significantly increased in the left superior temporal, left inferior parietal, right superior frontal, and right middle frontal lobes in each of the two disorder groups compared to healthy controls (p<0.001). These findings suggest that the nondominant parahippocampal gyrus and medial frontal gyrus are involved in the pathophysiology of panic disorder and undifferentiated somatoform disorder and that the two disorders are likely to have a common pathway in the underlying neural circuitry.

P-03-089

SUICIDALITY AND HOPELESSNESS IN WAR VETERANS

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Objectives: Purpose of the study was to gather information that would serve as basis for discussion on correlation between hopelessness ad suicidality in war veterans. Hopelessness is a psychological construct that has been observed to underlie a variety of mental health disorders.

Material and Methods: The authors examined 300 subjects from group war veterans. The questionnaire "The Beck Hopelessness Scale (BHS)" was used in the survey (BHS; Beck, Weissman, Lester & Trexler, 1974). The BHS is a 20-item scale for measuring the extent of negative attitudes about the future (pessimism).

Conclusions: The study is a part of a wider project that deals with prevention of suicide.

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SENSITIVITY OF THE REINFORCED SPATIAL ALTERNATION MODEL OF OBSESSIVE-COMPULSIVE DISORDER TO DOPAMINERGIC AND SEROTONERGIC MANIPULATIONS

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Rationale: We have proposed rewarded T-maze alternation as a model of obsessive compulsive disorder (OCD): the serotonin agonist m-chlorophenylpiperazine (mCPP) increments persistence therein, while chronic pretreatment with selective serotonin reuptake inhibitor (SSRI-fluoxetine) but not benzodiazepine or desipramine abolishes mCPP effects. However, we noted that acute SSRI administration also causes transient persistence increase, counteracted by mCPP pretreatment.

Objectives: This study (a) further explores the cross-tolerance between fluoxetine and mCPP and (b) extends the model by investigating its sensitivity to dopaminergic manipulations (D2,3 agonism - quinpirole).

Methods: In both experiments, baseline and drug testing was carried out under daily T-maze alternation training. **Exp.1:** Matched group (n=8) pairs of rats received one of the following 20-day pretreatments (daily intraperitoneal administration): (1) saline, (2) low-dose fluoxetine (2.5mg/kg), (3) low-dose mCPP (0.5mg/kg) or

(4) combined fluoxetine+mCPP. One group per pretreatment then received a 4-day challenge with high-dose fluoxetine (10mg/kg), the other with high-dose mCPP (2.5mg/kg). Exp.2: One group (n=12) of rats received 20-day treatment with saline, another with quinpirole (0.5 mg/kg).

Results: *Exp.1:* Saline and low-dose mCPP- or fluoxetine-pretreated animals showed significant persistence increases under both challenges, while combined low-dose fluoxetine+mCPP pretreatment afforded full protection from either challenge. *Exp.2:* Quinpirole significantly increased directional persistence after 13 administration days.

Conclusions: These results establish the sensitivity of the rewarded alternation OCD model to D2,3 receptor activation, thereby extending its profile of pharmacological isomorphism with OCD. Furthermore, they suggest a common mechanism of action of an SSRI and a serotonin agonist in the control of directional persistence.

P-03-091

EEG CORDANCE AS A PREDICTOR OF RESPONSE TO ANTIDEPRESSIVE MEDICATION - POOLED ANALYSES

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Objectives: Three small-scale studies have shown that a decrease of theta prefrontal EEG cordance after 1 week on antidepressant medication can predict clinical response to treatment. To obtain information about basic predictive characteristics of prefrontal EEG cordance decrease, we pooled data from published and unpublished studies. Methods: We used a categorization of decrease to predict response and non-decrease to predict non-response. There was the total of 107 patients. Thirty-seven outpatients were treated in the USA and 70 inpatients were treated in the Czech Republic. Eighty-two out of the 107 patients did not respond to a minimal 1 antidepressant trial. Eighty-seven patients were treated with antidepressants and 20 with rTMS monotherapy.

Results: In 40 out of the 47responders, a decrease of prefrontal cor-

dance was detected. There was no decrease of prefrontal cordance in 43 patients out of 60 non-responders. Computed sensitivity of prefrontal cordance decrease was 0.851, (95% confident interval [CI] 0.720-0.929), specificity was 0.716; (95% CI 0.591-0.815), positive predictive value was 0.701; (95% CI 0.572-0.805) and negative predictive value was 0.860; (95% CI 0.735-0.933). The Number Need to Diagnosis (NND) was 1.76; (95% CI 1.45-2.52). Conclusion: Pooled analysis results support preliminary findings showing that QEEG cordance might be a useful test in early prediction of antidepressive response. The EEG cordance test are at leat comparable to results of exercise ECG for coronary ischaemia. The prospective interventional study is needed to evaluate real cost and benefit in daily clinical practice. Supported by the grant MZCR NR9330

PATHOGENESIS OF RESISTANCE IN ANXIOUS-OBSESSIVE DISORDERS AND MEDICAL NEUROSTIMULATION

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Nowadays, an application of neurosurgical methods in treatment of resistant anxious-obsessive disorders and depression is a usual practice. Many critical remarks have been leveled after analysis of using modern high technologies like stereotactic neurosurgery, deep brain stimulation (DBS) with vagus nerve stimulation and also modern methods of functional neuroimaging. DBS has solved a problem of neural destruction, and functional neuroimaging has given an explanation of resistance and pathogenically proved selecting of target structures. However, in a number of works there are facts, which are showing obvious contradictions. So, it is strange why both cingulotomy and stimulation of this limbic area can cause identical effect. On the basis of long-term supervision we have developed a clinical-pathogenetic approach to the selection of target structures. Thus, generalization of own experience and data of current literature about optimization of the neurosurgical approach to resistance

overcoming in treatment malignant anxious-obsessive disorders was the purpose of this work. Data on surgical treatment of 32 patients with Obsessive-Compulsive Disorder an Tourette's syndrome are presented. We also have analyzed data about a pathogenetic substantiation of resistance in anxious-obsessive disorder with the account of PET, fMRI and MRS matrials. Data have revealed, that the decreased activity of caudate nucleus head neurons can be one of pathogenetic reasons of obsessive-compulsive disorder. The further operations were directed on stimulation of caudate nucleus and vagus nerve. The results allowed to assume that in each concrete case different approaches are expedient: as destructive operations on overactive brain structures, which are taking part in pathogenesis of anxiety and obsessions, so and complex operations for long-term neurostimulation of brain structures with decreased activity.

P-03-093

EFFECTS OF VNS ON RCBF IN DEPRESSED PATIENTS

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Objectives: (1) To assess the effects of vagus nerve stimulation (VNS) on regional cerebral blood flow (rCBF) in depressed patients and (2) to identify patterns of rCBF predictive of antidepressant response.

Methods: rCBF was assessed by HMPAO SPECT before and after 10 weeks of VNS in patients participating in a European open label multicenter trial (D03 study) investigating efficacy and safety of VNS. Patients suffered from major depression, (≥20 on the 24-item Hamilton Depression Rating Scale (HDRS)) and had been unsuccessfully treated with at least 2 adequately prescribed antidepressant drugs. Data of 15 patients were analysed using SPM 2000.

Results: After 10 weeks of VNS (20 Hz, 500 μs pulse width, stimulation during 30 seconds every 5 minutes at the maximal comfortable

level) rCBF was increased in the left dorsolateral prefrontal cortex (DLPFC) and decreased in the right cuneus, precuneus and the left insula. Responders (N=4) had an increase of rCBF in the right posterior cingulate, putamen, left claustrum, fusiform and lingual gyri and a decrease in the right inferior parietal lobule, superior temporal and inferior frontal gyri and in the left claustrum compared to non-responders. Response after 1 year of VNS (N=9) was associated with increased rCBF at baseline in the right lingual, the left inferior temporal, the inferior and middle occipital gyri, in the cuneus and with decreases in the right middle frontal and left superior temporal gyri.

Conclusion: VNS as an antidepressant treatment increases rCBF in the left DLPFC. Other results have to be considered as preliminary.

DEPRESSION AS CONSEQUENCE OF CHANGES IN SOCIETY IN SERBIA

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Objectives: Prospective analysis of group of patients treated in Primary Health Care Center "Savski venac", department of neuropsychiatry in Belgrade, Serbia. Thru the time period of 7 years we analyzed reactions connected with exposing to stress events which are consequence of democratic changes in Serbia in 2000, especially worsening of symptoms of depression until 2007 in patients with no history of mental illness.

Methods: Research included 100 patients from Belgrade, Serbia, average age group of 50 years and approximate equal number of male and female sex. They are divided in two groups in dependence of level of education. For examination we used: (1) original question mark - questions about reactions which frequently have people exposed to very stressful events, and (2) Hamilton Depressive Scale.

Results: (1) In both groups during the time we have occurrence of

depression, anxiety, raise of irritability, impulsivity, appearance of aggressiveness, suicidal tendencies, abuse of psychoactive products and alcohol with disorder of interpersonal relationships, disappointment in institutions of state and society; (2) in 2007 are discovered significant increase of depressive score (HAMD) at 45% of tested patients without significant distinction between groups.

Conclusion: Stress events (stressful living) as consequence of changes in society, especially changes of old habits thru the years and new aspect of lifestyle is the reason of appearance and worsening symptoms of depression thru the time period of 7 years.

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P-03-095

PERSONALITY DISORDERS AND TREATMENT OUTCOME OF PANIC DISORDER/AGORAPHOBIA

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BACKGROUND: Several studies show that personality disorders are possibly the most robust predictors of nonresponse of pharmacological treatment of patients with panic disorder and agoraphobia.

OBJECTIVE: To ascertain influence of comorbid personality disorders diagnoses on the integrative therapy of patients with panic disorder and agoraphobia in the naturalistic setting.

METHOD: 119 outpatients with panic disorder and agoraphobia were treated by combination of cognitive-behavior therapy and pharmacotherapy (high-potency benzodiazepines + SSRI-es). Personality disorders diagnoses were estimated by the SCID II. Symptom severity was estimated before and after the end of treatment by clinician-administered instrument: Panic and Agoraphobia Scale (PAS), which consists of five dimensions related to symptoms of the disorder. Patients with and without personality disorders were compared by MANOVA and ANOVA with repeated measures.

RESULTS: At the beginning of treatment 57 (48%) patients with personality disorders exhibited more severe symptoms than patients without personality disorders on all PAS dimensions (p<0.001). All patients improved significantly. Patients with personality disorders improved significantly more than patients without personality disorders on all PAS dimensions (<0.05). However, at the end of the treatment patients with personality disorders exhibited more severe symptoms on dimensions that were related to panic attacks, impairment and hypochondria (p<0.05) but not to agoraphobia and anticipatory anxiety (p>0.05).

CONCLUSIONS: 1. Patients with panic disorder and agoraphobia with comorbid personality disorders had exhibited greater symptom severity and poorer response to integrative treatment vs. patients without personality disorders; 2. Comorbid personality disorders diagnosis adversely affect on integrative treatment outcome of panic disorder and agoraphobia.

DEATHS OF PARENTS INCREASED THE RISK OF ADOLESCENT COMPLETED SUICIDE: A POPULATION-BASED NESTED CASE-CONTROL STUDY

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Aims / Objectives- To investigate the influence of parental death(s) on the subsequent risk of completed suicide in Taiwanese adolescents.

Methods: A total of 311 adolescents died of suicide at age 15-19 between 1997 and 2003 were identified from the death registry. For each case, 10 controls of the same birth cohort as the case and alive on the date when a case died were randomly selected from the birth registry. Study subjects' birth characteristics, familial socioeconomic status, and parental personal identification numbers (PINs) were identified from the birth registry. Possible parental death(s) were identified through linking parental PINs to the death registry. Multivariate conditional logistic regression models were used in the analyses.

Results: After adjusting for birth characteristics and familial soci-

oeconomic status, parental death(s) were observed to significantly increase the risk of adolescent suicide (adjusted odds ratio (AOR)=1.6, 95% CI 1.1-2.4). Additionally, a greater risk was found to be associated with parental death(s) from suicide (AOR=4.1, 95% CI 1.2-14.3) than with the death(s) from other causes (AOR=1.4, 95% CI 0.9-2.2). Moreover, a significantly and substantially increased risk was associated with paternal death from suicide (AOR=4.7, 95% CI 1.1-20.8), but not with mother's suicidal death (AOR=3.3, 95% CI 0.3-32.8)

Conclusion: Parental death(s) especially paternal death from suicide may pose enormous influences on completed suicide in adolescents. This observation was independent of birth characteristics and familial socioeconomic status. Such findings may suggest the important roles of genetic factors or behavior mimicry in the causation of adolescents' suicidal deaths.

P-03-097

A COMPARISON OF THE VALIDITY OF TWO DEPRESSION SCREENING QUESTIONNAIRES: THE PHQ-9 AND THE MHI-5

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Objectives - To compare the validity of the Patient Health Questionnaire (PHQ-9), Thai version and the five-item Mental Health Index (MHI-5) of the 36-item Short Form health survey (SF-36), Thai version as a screening tool for major depression in primary care patients in Thailand.

Methods - Three hundred patients in family practice clinic completed the PHQ-9 and the MHI-5. They were further assessed by the Mini International Neuropsychiatric Interview (MINI) as a gold-standard of diagnosis. Criterion validity and Receiver Operating Characteristics (ROC) were determined. Areas under the curves (AUCs) were compared statistically.

Results - The Cronbach alpha coefficients for the PHQ-9 and the MHI-5 were 0.79 and 0.81, respectively. For detecting major depres-

sion, the optimal cut-off for the PHQ-9 was 9 or greater (sensitivity 0.84, specificity 0.77, positive predictive value (PPV) of 0.21, negative predictive value (NPP) of 0.99, and the positive likelihood ratio of 3.71). The optimal cut-off for the MHI-5 total score was 61 or greater (sensitivity 0.95, specificity 0.80, positive predictive value (PPV) of 0.26, negative predictive value (NPP) of 0.99, and the positive likelihood ratio of 4.38). The area under the curve (AUC) was 0.89 (SE=0.05, 95% CI 0.85 to 0.92) for the PHQ-9 and 0.93 (SE=0.02, 95% CI 0.89 to 0.96) for the MHI-5. There was no significant difference between the AUCs for the PHQ-9 and the MHI-5 (p=0.35).

Conclusions - Both the PHQ-9 and the MHI-5 performed well in screening for major depression in general practice. The advantage of the MHI-5 was its brevity and simplicity of administration.

RELATIONSHIP BETWEEN DEPRESSION AND PERSONALITY DIMENSIONS

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Background and aims: Depression has multiple causes which are closely related. Some of these causes are related to personality dimensions. The aim of this study was to explore dimensions of personality in patients suffering from major depressive disorders (MDD).

Methods: The sample consisted of 60 patients with MDD diagnosed with ICD-X. The subjects were assessed by the 17- item Hamilton Rating Scale for Depression and MCMI III questionnaire.

Results: High prevalence of avoidant, passive aggressive, depressive,

dependent and antisocial dimensions was found. There were no significant differences between genders except of a higher prevalence of shizotipal personality dimension in males. Histrionic, narcisstic and compulsive personality dimensions were low in our sample of patients with MDD.

Conclusions: Assessing particularly personality dimensions can predict severity and duration of *depression*. *In addition to that* appropriate pharmacotherapy and psychotherapy can be planned and individualized.

P-03-099

EFFICACY OF PREGABALIN IN PATIENTS WITH GAD WITH SEVERE INSOMNIA OR SEVERE GI SYMPTOMS

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Aim/Objective: This retrospective analysis evaluated the effects of treatment with pregabalin (PGB) on two common clinical subgroups of GAD: patients presenting with prominent gastrointestinal (GI) symptoms and those with high levels of insomnia.

Methods: Data were pooled from six double-blind, placebo-controlled (PBO), 4-6 week trials of outpatients (N=1555) with DSM-IV GAD. PGB response was analyzed for three fixed-dosage groups, 150mg/d, 300-450mg/d, and 600mg/d. A high insomnia subgroup was defined by a baseline 3-item HAM-D insomnia factor score ≥4 (max score=6). A high-GI symptom subgroup included patients with a baseline HAM-A item-11 (GI) score ≥3 (severe/very severe).

Results: At baseline, 31% of the total sample was in the high-insomnia subgroup, and 17% was in the high-GI subgroup. For the high-insomnia subgroup, treatment with PGB resulted in significantly greater improvement in HAM-A total score at LOCF-endpoint for

PGB-150 mg (-10.3 \pm 1.01), PGB-300/450 mg (-12.4 \pm 0.88), PGB-600 mg (-11.6 \pm 0.72) vs. PBO (-8.4 \pm 0.66; all comparisons: P<0.0001). In the high-insomnia subgroup, significantly more patients were insomnia responders (reduction to minimal-to-no levels of insomnia) on combined doses of PGB vs PBO (P<0.005). For the high-GI subgroup, LOCF-endpoint reduction in HAM-A was significantly higher on PGB-150 mg (-13.8 \pm 1.7), PGB-300/450 mg (-13.5 \pm 1.2), and PGB-600 mg (-14.8 \pm 1.1), compared to PBO (-10.6 \pm 1.0; P<0.0001 for all comparisons). In the GI-high subgroup, the proportion of patients showing a response in GI symptoms was significantly higher on combined doses of PGB vs PBO (P<0.0001).

Conclusion: Pregabalin was an effective treatment in GAD patients presenting with high levels of insomnia and GI symptoms.

Funded by Pfizer Inc.

VENLAFAXINE IN OUTPATIENT TREATMENT OF PATIENTS WITH SEVERE DEPRESSIVE EPISODE

INSTITUTIONS

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Aims: To examine therapeutic efficacy of venlafaxine in reduction of depressive symptoms, anxiety and psychomotor poverty in patients with severe depressive episode as well as its tolerability and safety in combined treatment with mood stabilizers and atypical antipsychotics

Methods: In the study were included 40 out patient followed-up for 8 weeks with clinical scales (HDRS and CGI) at check points at 7, 14, 21, 28, 42 and 56 days and laboratory test at the beginning and the end of the study. Statistics with Friedman and Wilcoxon tests.

Results: HDRS score at the beginning of treatment was 29,1 and after two weeks 20,2. Although signs of reduction of depressive symptomatology are observed early in the treatment, reduction of 50% and more is achieved at 28 day of treatment with HDRS score 12,9. Scores bellow 8 points on HDRS are achieved at 56 daof treatment.

Reduction of more than 50% on anxiety scores and scores of psychomotor poverty are achieved at $4^{\rm th}$ and $6^{\rm th}$ week accordingly. No side effects were observed except for digestive side effects in 4 patients although we used combined treatment.

Conclusions: Venlafaxine is antidepressant with good and proven efficacy but we need to be patient and wait for the expected results. The drug is well tolerated in combined treatment at optimal doses.

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P-03-102

EFFICACY OF ALPRAZOLAM SUBLINGUAL TABLETS IN THE ACUTE PHASE OF PANIC DISORDERS

INSTITUTIONS

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Aim: To compare different parameters of efficacy, between sublingual (ALP-SL) and conventional (ALP-CT) tablets of alprazolam in the treatment of acute phase of panic disorder with and without agoraphobia.

Methods: Comparative, multicenter (6 research sites), double-blind, randomized, fixed-flexible dose study. 190 outpatients with panic disorder with (n=117) and without (n=73) agoraphobia (DSM-IV diagnostic criteria), 36% with psychiatric comorbidity, were treated with ALP-SL or ALP-CT for 12 weeks. Outcome was assessed with: Clinical Global Impressions (CGI-S/CGI-I), Hamilton Rating Scale for Anxiety (HAM-A), Arizona Sexual Experiences Scale (ASEX), Patient Global Impression (PGI), Psychological General Well-Being Index (PGWBI), Panic Disorder Severity Scale (PDSS), also by the

number of panic attacks and extension and intensity of panic attacks and anticipatory anxiety.

Results: Pharmacological treatment resulted in a clinically and statistically significant improvement in all severity measures. ASEX presented no changes during the study. The average dose of alprazolam for 12 weeks was 1.36 \pm 0.70 mg/day (1.39 \pm 0.77 ALP-CT and 1.33 \pm 0.64 ALP-SL). With ALP-SL panic attacks were shorter (p<0.05) as well as the extension (p=0.16), intensity of anticipatory anxiety (p=0.14). Treatment were well tolerated presenting no differences between both groups.

Conclusion: Alprazolam proved efficacy, safety and good tolerability in the treatment of the acute phase of panic disorder. ALP-SL showed some comparative advantages.

DEPRESSION AT PATIENTS ON PERMANENT PROGRAM OF HEMODIALYSIS

INSTITUTIONS

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OBJECTIVE: Depression is a frequent disorder at patients in phase of terminal uremia which are on a permanent program of hemodialysis. The aim of the work is assessment of frequency and level of depression at patients which are on a permanent program of hemodialysis.

METHODS: 30 patients were divided into two equal groups of 15. In the first group were observed patients that are on a hemodialysis program up to 5 years, while in the second group were observed patients that are on a hemodialysis program for more than 5 years. Instruments used in order to measure depression were: HAMD and MADRS scales.

RESULTS: In both groups results measured on scales HAMD and MADRS showed that patients belonged in the group of depressive ones. Results that implied on depression were collected within each group of patients, no mather of the duration of hemodialysis program. On the basis of collected results, there is a noticeable fact that does not exist a significant difference in intensity of depression between these two groups of patients.

CONCLUSION: Frequency and intensity of depression at patients which are on hemodialysis program is similar, no mather of duration of hemodialysis program.

P-03-104

PECULIARITIES OF PERSONALITY IN PATIENTS WITH DYSTHYMIA

INSTITUTIONS

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The aim of this investigation was to research peculiarities of personality in patients with dysthymia. A complex of methods included a clinical-psychopathological examination, psychodiagnostical methods (R. Cattell's test, W. Spilberger's and Yu. Khanin's Scale, Sachs and Lewy's test of uncomplete sentences) and method of mathematical statistics. 182 patients with dysthymia (F 34.1) of the age from 20 to 49 years old were examined, including 39,5% of male patients and 60,5% of female ones. Results of the investigations demonstrated that the main predictors of dysthymia formation were a constitutional trend to depressive conditions, a conflict combination of peculiarities of the personality, and a mechanism of exaggeration of severeness of present depressive disorders. A conflict combi-

nation of peculiarities of the personality in patients with dysthymia is manifested on the one hand by independence of character, trend to dominate, and an autonomy in a social behavior, and on the other hand by a low self-estimation, a high level of anxiety, diffidence, problems in formation of social contacts and in making of decisions. The mechanism of psychological exaggeration of severeness of present depressive disorders contributed to fasten depressive forms of reactivity in the patient's behavior and to increasing of severeness of the disease. The described above combination of psychological features results in a low stress-rigidity, a chronical frustration, emotional tension, and psychosomatic disadaptation. It is necessary to take into account this fact in the psychotherapeutic treatment.

THE GASTROESOPHAGEAL SYMPTOMS IN DEPRESSIVE PATIENTS

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Gastroesophageal symptoms are common in both primary and specialist practice even in psychiatric outpatient clinics. Psychological factors in functional dyspepsia have been discussed by many investigators. However, there has been little systematic research to investigate about relationship between gastroesophageal symptoms and depressive symptoms. We investigated these relationships using a frequency scale for the symptoms of gastroesophageal reflux disease (FSSG) and the Center for Epidemiologic Study Depression Scale

(CES-D). The FSSG consists of 12 items for the symptoms of gastroesophageal reflux disease. The CES-D is 20items scale consisting of four factors. The samples were recruited in the department of Psychiatry of Tokyo Medical University Hospital from September, 2005 to January, 2007. In this presentation, we will report distribution of gastoroesophageal symptoms on each diagnosis and the relationships between each items of the FSSG and the CES-D.

P-03-106

THE OPTIMAL DOSE OF SERTRALINE IN THE TREATMENT OF DEPRESSION

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Introduction: Sertralin is SSRi antidepressant commonly used in Macedonia in the treatment of depressive patients. Our study was in order to determine the optimal dose and suitable duration of Sertraline in the treatment of depression.

Methods: In our retrospective study we treated 112 depressed outpatients at the Clinic of Psychiatry during 3 month period, 2007. The comparison during the study was between the dose response and the initial clinical action of Sertraline.

Results: Our results improved that big daily doses (100mg) Sertraline were more effective than lower doses (50-75mg). The percentage of improved patients was more than 75% in six week period.

Conclusion: Sertraline is effective antidepressant in the treatment of depression in a recommended daily dose of 100mg. If improvement has not been seen within five weeks the daily doses should be increased in a next 4 week period. After this period Sertraline should be altered

THE CONCEPTION OF β1-ENDORPHIN DEPRESSION DISORDERS WITH VARIOUS ETIOLOGY

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Aim: The aim of this work is to present a conception of $\beta 1$ -endorphin depression disorders with various etiology.

Approach: In the middle of 70-ties opioid peptides were found and it was noticed, that they play an important role in homeostasis regulation, having a part in numerous physiological functions. The most recognized and playing especially important role in those processes opioid peptide is $\beta 1\text{-endorphine}$ especially, play a role in pathophisiology of mood disorder.

Conclusions: β 1-endorphin is an important link in homeostasis regulation because it influences higher nerve functions, such as learning processes and memory, mood and drive. There are many researches showing lower level of β 1-endorphin at patients with depression disorders compared to the control group. They show also,

that β 1-endorphin level at patients with endogennuos depression disorders is lower than in egzogennous depression disorders.

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P-03-108

THE RELATIONSHIPS BETWEEN PSYCHIATRIC DIAGNOSES AND SUICIDE METHODS IN JAPANESE SUICIDE ATTEMPTERS

INSTITUTIONS

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Aims: We examined the relationship between psychiatric diagnoses and suicide methods in Japanese suicide attempters.

Methods: Subjects were 281 suicide attempters who were treated at the Kitasato University Hospital, Emergency Department between January 2006 and December 2007. The information about the attempters regarding demographics, suicide method, clinical characteristics, and ICD-10 diagnosis were collected by means of the medical records and used for analyses.

Results: Two hundred and thirty one subjects (82.2%, 82 male, 149 female, 37.3 ± 15.4 years old) met the diagnostic criteria for ICD-10, of which 111 (48.1%) were F3, 52 (22.5%) were F2, 33 (14.3%) were F6, 21 (9.1%) were F4, and 14 (6.1%) were other categories. The one-way analysis of variance revealed the significant differences between

the psychiatric diagnoses in the age of subjects (F (3,213) = 3.4, p=.02). Post hoc comparison revealed that those with F6 were significantly younger than those with other disorders. The chi-square test showed that drug over dose was the most frequent suicide method in F3 and F6, jumping from high place was in F2, and laceration was in F4 ($\rm X^2=40.8, df=27, p=.04$). Also, the chi-square test revealed the significant differences for psychiatric diagnoses in previous psychiatric treatment, previous psychiatric hospitalization, occupation, and marital status.

Conclusion: Our study showed clinically significant relationship between psychiatric diagnoses and suicide methods. It is suggested that providing an appropriate treatment based on an accurate psychiatric diagnosis at the emergency department might benefit from suicide prevention.

THE SEASONALITY OF SUICIDE IN POLAND: THE ANALYSIS OF DATA FROM THE CENTRAL STATISTICAL OFFICE IN POLAND IN THE YEARS 1999-2003

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Aims: Suicide is one of the public health concerns in Poland. Almost 5000 deaths annually are reported. Providing the fact that there is lack of studies on the seasonality of suicide in the Polish population, the present study aims at the estimation of the seasonality of suicides in the country.

Method: We analysed 29 232 suicidal deaths in Poland by age and gender. Data concerning suicidal deaths in Poland were collected by the Central Statistical Office using the statistical part of death certificates. The cases of suicides are coded according to the International Classification ICD-10. In the analyses, the Demetra v. 2.04 statistical program devised by the European Statistical Office (Eurostat) was used. The X-12-ARIMA method was selected for statistical analysis purposes.

Results: The mean suicide rate in Poland in the years 1999-2003 was 15.23 per 100 000 population. The rate for men was 26.47, whereas for women it was only 4.64. Stable seasonality of suicides was confirmed only for the following three models that satisfied requirements of all diagnostic tests: for the total of suicides committed in Poland, for all suicides committed by individuals aged 40-44, for men in the age range 40-44.

Conclusion We found a stable seasonality of suicide with a springsummer peak and a winter trough, observed for the total population of suicides and males between 40 and 44 years of age. As in other countries, the results of our research may be of considerable import for the development of effective suicide prevention strategies.

P-03-110

REFRACTORY OBSESSIVE-COMPULSIVE DISORDER - CASE REPORT AND REVIEW OF 40 YEARS OF LITERATURE

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OBJECTIVE: The authors retrospectively reviewed the treatment options, as surgical procedures employed in the treatment of obsessive-compulsive disorder (OCD) refractory and / or resistance in the last 40 years.

METHOD: They were searched articles published between the years of 1966 and October of 2007 with the keywords: REFRACTORY and OBSESSIVE and DISORDER and TREATMENT and RESISTANT through MEDLINE, LILACS, Cochrane Library and SCIELO addition to active search manual found in the references. Among 147 were 64 articles on the specific issue, including studies open, double-blind and a case report, to 21/10/2007 to 8:00 pm. These articles refer to the treatment of patients "non-responders" alone before increase suggested in each article illustrated in the selection. Moreover, the authors have taken care to minimize the strategies, in order to emphasize the theme, excluding items related to gestational

period, puerperal and child, those addressing tiques and tourette and trastornos associated with panic, bipolar, schizophrenia and / primary or anxiety.

CONCLUSION: A polymorphism and the severity with which the disorder presents itself allow therapeutic options considered among risperidone and ISRS. It has complained about potential with benzodiazepine (clonazepam) during case related. Negative results were found between therapeutic use. The evidence suggests that the addition of low-dose dopamine antagonists seem to be a viable option as a strategy in the treatment of obsessive-compulsive disorder refractory. The diagnostic impression of the psychiatrist is important for better clinical correlation. This and other similar cases corroborate with the current literature, but if controlled studies are needed.

RELIABILITY AND VALIDITY OF THE YOUNG MANIA RATING SCALE: GERMAN VERSION

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Objective: The Young Mania Rating Scale (YMRS) is the most widely used assessment tool for severity of manic symptoms in bipolar patients. While the original English version has been translated to various different languages, a German translation and validation of YMRS is not yet available.

Methods: We translated the original English version to German (YMRS-G) and tested its use in clinical practice in 81 manic inpatients at two different psychiatric hospitals in Austria. The interviews were carried out by eight experienced and trained psychiatrists in random pairs of two interviewers.

Results: Inter-Rater Reliability was assessed calculating the Intra-

Class Correlation Coefficient and showed high values (between 0.82 and 0.94, p>.001) in all items of the German Rating Scale. In order to assess validity of YMRS-G, all patients were simultaneously rated using the Clinical Global Impression Rating Scale, Bipolar Version (CGI-BP), by one of three experienced senior raters. Spearmans rank correlation coefficient for the total scores of CGI-BP and YMRS-G was high (0.91, p>0.001), suggesting good validity of YMRS-G

Conclusion: In conclusion, the German version of YMRS seems to be a valid, reliable and useful tool for the assessment and quantification of manic symptoms.

P-03-112

EFFICACY OF PREGABALIN AND VENLAFAXINE-XR IN GENERALIZED ANXIETY DISORDER: RESULTS OF A DOUBLE-BLIND, PLACEBO-CONTROLLED 8-WEEK TRIAL

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AUTHORS

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Aim/Objective: To evaluate the comparative speed of onset of anxiolytic activity, and the overall efficacy of pregabalin (PGB) and venla-faxine-XR (VXR) in patients with GAD.

Methods: Adult outpatients with DSM-IV GAD were randomized double-blind to 8-weeks flexible-dose PGB 300-600mg/d, VXR 75-225mg/d, or placebo (PBO). The primary outcome was endpoint change in HAM-A total score. Patients with major depression, or a baseline HAM-D >15, were excluded.

Results: 121 patients were randomized to PGB (baseline HAM-A, 27.6+0.4; baseline CGI-Severity, 4.74+0.7); 125 patients to VXR (baseline HAM-A, 27.4+0.4;

CGI-S, 4.78+0.7); and 128 patients to PBO (baseline HAM-A, 26.8+0.4; CGI-S, 4.66+0.7). PGB was associated with a significantly greater LS-mean change in HAM-A total score at LOCF-endpoint

vs PBO (-14.5+0.9 vs -11.7+0.9; P=0.028). VXR treatment was not significant vs PBO at endpoint (-12.0+0.9; -11.7+0.9; P=0.968). PGB treatment showed an early onset of improvement, with significantly greater LS-mean change in HAM-A by day 4 vs both PBO (-5.3+0.5 vs -3.4+0.5, P=0.008) and VXR (-2.9 + 0.5; P=0.0012). Proportions of severe AEs were similar for PGB (9.1%) and PBO (7.8%), but higher for VXR (20.0%). Premature discontinuation due to AEs was higher on both PGB (12.4%) and VXR (17.6%) vs PBO (5.5%).

Conclusions: Pregabalin safely and effectively treated GAD, with a significantly earlier onset of anxiolytic activity than venlafaxine-XR. The magnitude of endpoint HAM-A improvement on venlafaxine-XR was comparable to that reported in previous trials. The failure of venlafaxine-XR to demonstrate significant efficacy versus placebo may be attributable to a relatively high placebo response in this study. Study funded by Pfizer Inc.

COMPARISON OF SLEEP OUTCOMES IN GENERALIZED ANXIETY DISORDER FOLLOWING TREATMENT WITH PREGABALIN OR VENLAFAXINE-XR

INSTITUTIONS

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Objectives: To evaluate the differential impact of pregabalin and venlafaxine extended release (XR) versus placebo on sleep outcomes in non-depressed outpatients with generalized anxiety disorder (GAD).

Methods: A secondary analysis of data from an 8-week, double-blind, randomized, flexible-dose, placebo-controlled study in non-depressed GAD patients. Patients (N=374) received pregabalin (300-600mg/day), venlafaxine-XR (75-225mg/day) or placebo. Sleep was evaluated at baseline, weeks 4, 8, and endpoint using the Medical Outcomes Study (MOS) Sleep Scale (sleep disturbance, adequacy, quantity, optimum sleep, daytime somnolence, snoring, awakening short of breath/headache); 2 sleep-problem indices were also employed. Sleep quantity and optimal-sleep scales were based on the average number of hours slept/night within prior 4 weeks. Except for optimal sleep (yes/no), scores ranged from 0-100 (higher scores representing higher sleep-characteristic level). Outcomes (except

optimal sleep) were compared between the 3 study-drug groups at weeks 4, 8, and endpoint using ANCOVA (covariates: investigator center, baseline scores); analysis based on observed cases, except for LOCF at endpoint.

Results: Significant differences favoring pregabalin versus placebo were observed at all time points on sleep-disturbance scales (P-value range, <0.0001 to 0.007) and the 2 sleep-problem indices (P-value range, 0.0001 to 0.01). Venlafaxine-XR did not differ from placebo.

Conclusions: Pregabalin-treated GAD patients displayed sleep outcomes versus placebo, and did not report significant changes from baseline in daytime somnolence. Venlafaxine-XR-treated patients did not report better sleep outcomes versus placebo. Improvement of sleep disturbance, a common medical-help-seeking reason in GAD patients, may contribute to the reduction of its associated human and healthcare burden.

P-03-114

COST-EFFECTIVENESS OF PREGABALIN VERSUS VENLAFAXINE IN THE TREATMENT OF PATIENTS WITH GENERALIZED ANXIETY DISORDERS: A SPANISH PERSPECTIVE

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Aims/Objectives: To assess the cost-effectiveness of pregabalin in the treatment of patients with generalized anxiety disorders (GAD) from a Spanish perspective.

Methods: We developed an analytic model to estimate clinical and economic outcomes over 12 weeks for a hypothetical cohort of patients with GAD, alternatively treated with flexible dosages of pregabalin (300-600 mg/d) and venlafaxine XR (75-225 mg/d). Severity of GAD symptoms was characterized using pre-treatment Hamilton Anxiety Scale (HAM-A) scores from a randomized, placebocontrolled clinical trial. Model health states were characterized by HAM-A scores; moderate or severe anxiety was assumed to be defined by a HAM-A score >16. Expected changes in HAM-A scores (vs pre-treatment) were estimated using trial data. Health-state utilities were assigned to each patient based on expected HAM-A scores. Costs included those of medication and other direct medical and

non-medical care services in Spain. Model outcomes included the expected mean HAM-A score with treatment, the expected number of weeks without moderate or severe anxiety, and quality-adjusted life expectancy. Cost-effectiveness was expressed as incremental cost per quality-adjusted life-year (QALY) gained.

Results: In comparison with venlafaxine, pregabalin treatment was estimated to yield a mean reduction of 2.2 in HAM-A scores over 12 weeks, 1.8 additional weeks without moderate or severe anxiety, and a gain of 0.0063 QALYs. The incremental cost (95% CI) of pregabalin therapy (vs venlafaxine) per QALY gained was \in 28,323 (\in 23,380, \in 33,954).

Conclusions: In patients with moderate or severe GAD in Spain, the cost-effectiveness of pregabalin (vs venlafaxine) falls within accepted published thresholds.

DIFFERENTIAL CORRELATION BETWEEN DIFFUSION TENSOR IMAGING FINDINGS AND FACTOR ANALYZED SYMPTOM DIMENSIONS IN OBSESSIVE-COMPULSIVE DISORDER

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Aim/Objectives

Obsessive-compulsive disorder (OCD) is clinically heterogeneous and it has been hypothesized that discrete neural systems might mediate the expression of different symptoms (1). The goal of this study is to investigate the neural correlates of each symptom dimensions in OCD by using diffusion tensor imaging (DTI).

Methods

Thirty one patients with OCD underwent DTI and were administered the Yale-Brown Obsessive-Compulsive Scale Symptom Checklist. Thirteen main symptom categories were factor analyzed by using principal components analysis. Voxelwise analysis was used to investigate the correlation between fractional anisotropy (FA) and each factor scores covarying for severity, age and sex. Pearson product-moment correlations were used and the statistical threshold was defined as a t statistic above 3.43 (p < 0.001, uncorrected) and

contiguous voxels above 20.

Results

The factor analysis identified four factors that explained 69.0 % of total variance and were named as follows: hoarding, contamination/cleaning, symmetry/ordering, aggressive/checking. Factor scores of symmetry/ordering were significantly negatively correlated with FA in right temporal lobe and left extra nuclear region. Factor scores of aggressive/checking were significantly positively correlated with FA in right middle frontal lobe. There was no significant correlation between factor scores of hoarding, contamination/cleaning and FA.

Conclusions Discrete neural systems might mediate the expression of different OCD symptoms.

Reference 1.Mataix-Cols D, Phillips ML. Arch Gen Psychiatry, 2004; 61:564-576.

P-03-116

PSYCHOPATHOLOGICAL AND CLINICAL FEATURES OF TAPERING OUT CLONAZEPAM AFTER A LONG TERM TREATMENT IN PANIC DISORDER PATIENTS.

INSTITUTIONS

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Aims/Objective: We aim to describe the psychopathological and clinical features of clonazepam withdrawal after a long term treatment for panic disorder.

Method: The protocol consisted of clonazepam dose decrease during 4 months and another 8 months of follow-up. The dose was decreased 0.5 mg per two-week period until it reaches 1 mg per day, then 0.25mg was taken out every week. The PD patients were taking clonazepam for at least three years of PD treatment. 73 patients who were asymptomatic of their PD for at least one-year and desired to leave the medication.

Results: 51 (68.9%) of the patients were free of the medication after the 4 months of tapering as the protocol. 19 (26.0%) needed another 3 months to leave the medication. 9 (12.3%) of this last group used

also mirtazapine or carbamazepine as adjunct therapy. 3 (4.1%) patients gave up the tapering due to return of anxiety. The mean dose at staring the tapering out was 2.7 ± 1.2 mg/day. The withdrawal symptoms were mild and observed in 55 (75.3%) patients. No serious adverse events were observed. Insomnia, tremor, nausea, sweating, headache, and subjective anxiety were the main complains. 40 (54.8%) patients were asymptomatic without any medication after the 8 months follow-up and 10 (13.7%) had returned to the use of benzodiazepine.

Conclusions: If the clonazepam dose is tapering slowly and some adjunct drug could be use in some few cases, it is possible to take the clonazepam slowly out even after a long treatment without any major withdrawal symptom.

DEPRESSIVE DISORDER: COGNITIVE IMPAIRMENT AND RELATED FACTORS

INSTITUTIONS

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Objectives: It is known that individuals with depression suffer from cognitive impairment across a broad spectrum of cognitive domains. Less is clear about factors, which may influence this status. In our study we investigated profile and dynamics of cognitive performance by patients with major depressive disorder. We tried to find, whether predicted factors (depressive symptomatology, response to treatment, current emotional state and personality characteristics) are related to cognitive performance.

Methods: 25 in-patients with MDD (ICD-10) were assessed with comprehensive neuropsychological test battery at the beginning and at the end of acute treatment. Interval was 28 days. Assessment of predicted factors was made simultaneously with use objective and subjective scales. Statistic methods were applied for obtaining results.

Results: We found cognitive impairment at the beginning of the treatment. Cognitive performance was partly improved after acute treatment, nevertheless certain aspects of cognitive impairment persisted. Cognitive performance was related to depressive symptomatology and response to treatment. Current emotional state had relation with attentional performance.

Conclusion: We investigated profile and dynamics of cognitive performance by patients with major depressive disorder and find some factors which are related to cognitive aspects of depression.

1. Roiser J, Rubinsztein JS, Sahakian BJ. Psychiatry, 2006; 5:158-162

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P-03-118

SUICIDE IN GRECO-ROMAN MYTHOLOGY CHARACTERS

INSTITUTIONS

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The authors carry out a brief review on suicides consummated by mythology characters. This suicide behaviour occurs in diverse contexts and by distinct methods (drowning, hanging, by a cutting weapon, precipitation and immolation). Hercules, Narcissus, Jocasta and Fedra cases are between those that are cited.

PREVALENCE AND ACCOMPANYING RISK FACTORS OF SOMATIZATION DISORDER AT YOUNG-ADULTS IN TURKEY

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Objectives: Physical expression of general stress is common all over the world. Somatization can be defined as somatic disorders which cannot be explained with physical symptoms. The rate of somatization disorders vary from one to another society and from west to east. Somatization is so common in the oriental cultures. However, there are very few studies on somatization disorders of young adults both in Turkey and other oriental countries. Thus, the purpose of this study was to find out the lifelong prevalence and related possible risk factors of somatization disorder at the young-adults.

Method: The number of the participants is 804 (508 females, 296 males), aged between 18 and 27 years.we firs applied a semi-constructed questionnaire for sociodemographic characteristics and then GHQ-12 and CIDI part C for the psychiatric diagnosis. Logis-

tic regression was used in order to determine related possible risk factors of somatization disorder.

Results: Somatization disorder was diagnosed at 62 person (7,7%). We obtained statistically significant results between feminine, chronic illness, the low educational level of mother, verbal abuse in the family and somatization disorder (OR= 2.762, p= 0.015; OR=0.260, p=0.020; OR= 0.020; OR=0.030; OR

Conclusion: This results were showed that feminine, chronic illness, the low educational level of mother and verbal abuse in the family were important risk factors for the development of somatization disorders of the young-adults in our country. The health care professionals working with young adults should be aware of somatization disorder.

P-03-120

PREVALENCE AND RISK FACTORS OF THE OBSESSIVE COMPULSIVE DISORDER AT THE STUDENTS OF AN EDUCATION FACULTY IN TURKEY

INSTITUTIONS

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Objective: The young person often move from their city both for graduation and to earn their living in Turkey. Especially thousands of young students change place for graduation every year and it is known that they have encounter many problems during university years in our country. There are only few studies that search the obsessive compulsive symptoms of the university students on the literature. In this study we aim to determine the lifelong prevalence and accompanying risk factors of the obsessive-compulsive disorder (OCD) at the students of an education faculty in Turkey.

Method: Total 804 Education Faculty students was included to study (508 females, 296 males), aged between 18 and 27 years. A semiconstructed questionnaire for sociodemographic characteristics and GHQ-12 and CIDI part K for the psychiatric diagnosis were used.

Logistic regression was used in order to determine related possible risk factors of OCD.

Results: OCD was diagnosed at 33 students (4,1%). We determined statistically significant results between female gender, having own room in their parents' home, peration history, verbal harassment and OCD (OR=3,677, p=0.014; OR=3,198, p=0.020; OR=0,150, p=0.031; OR=17,286, p=0.001).

Conclusion: We found the incidence of OCD high in our study comparing to other epidemiological surveys. It is a pioneer study that indicates the psychological reflections of students graduating in an Education Faculty in Turkey. We believe that this study contribute to enlighten the morbidity of OCD in our region.

LONG-TERM PROPHYLAXIS WITH CLOZAPINE IN PATIENTS WITH BIPOLAR DISORDER; CASE REPORT

INSTITUTIONS

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Objectives: Despite the effectiveness of several treatments in long-term prophylaxis of bipolar disorder, there is still a considerable amount of patient that do not respond. The aim of this study is to assess the effectiveness of prophylaxis with clozapine in treatment resistant bipolar patients.

Method: In this case report, the use of clozapine for prophylaxis is retrospectively assessed in 290 bipolar patients.

Results: 12 of 290 (%4.1) bipolar patients used clozapine for long-

term prophylaxis. Three patients had four, another three patients had three and others had two non-responsive prophylaxis treatment before clozapine. In 11 of 12 patients, episodes were severe, predominant episode type was manic and they had psychotic symptoms at least one period. All the patients responded to long-term treatments that include clozapine.

Conclusion: Long-term prophylaxis treatments that include clozapine can be effective in resistant bipolar patients

P-03-122

THE CLINICAL IMPACT OF SOCIAL ANXIETY DISORDER ON BIPOLAR DISORDER

INSTITUTIONS

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Objectives: Social anxiety disorder (SAD) comorbidity in bipolar disorder (BD) is associated with high rates of suicidality and poorer overall outcome. In the present study, the aim was to assess the impact of SAD comorbidity on the clinical features, illness severity and response to mood stabilizers in bipolar patients.

Method: One hundred and sixty bipolar patients were assessed by means of the Structured Clinical Interview for DSM-IV axis-I (SCID-I) in order to detect all possible psychiatric comorbid diagnosis. The sample was split according to the presence of SAD comorbidity and the groups were compared. Results: SAD comorbidity was detected in %17,5 (28/160) of the bipolar patients. SAD comorbid bipolar patients had early onset of BD and more severe episodes. There was not a difference between groups for total number of episodes, hospitilization, suicidality, being psychotic, treatment response to lithium and anticonvulsants.

Conclusion: SAD comorbidity may be associated with more severe episodes and early onset in BD. But SAD comorbidity may not be related to treatment response in bipolar patients.

AFFECTIVE DISORDERS IN PERIMENOPAUSIC WOMEN: A RETROSPECTIVE STUDY

INSTITUTIONS

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It has been estimated that 25 to 30% of women will suffer a depressive disorder in their lifetime. This is 2 to 3 times greater than the lifetime prevalence for men. During perimenopausic period there is a higher risk of developing depression. We intend to analyze factors involved in the onset of depressive disorders in perimenopausic women. We performed a retrospective revision of the affective disorders among 40 to 60-year-old women in inward between January 2003 to May 2007, studying percentage of women, gender distribution, diagnosis at release and time of stay. The total sample was compared to the group of perimenopausia. Among the group of 40 to 60 year-old women with a diagnosis of affective disorder, variables that could have influence on this pathology were reviewed. From 212 women

admitted during that period, 41,5% were diagnosed of affective disorders. 20,75% were 40 to 60 years old, which constitute the sample for our study. Variables observed were age, cause of psychiatric hospitalization, acute disease, medical and psychiatric background, family background, family life and average time of hospitalization. Among the group of 40 to 60 year-old women with affective disorders studied, 56% of them had previous episodes of depression. 40% of them had at least 3 medical or surgical pathologies. Deficit of folic acid or B12 vitamin was found in 20% of them, while 16% had protein deficit. 20% of them lived with on their own, although most of the other 80% had familiar or social problems.

P-03-124

ANALYSIS OF THE QUESTIONNAIRES ABOUT LIFE QUALITY OF PATIENTS WITH DEPRESSION

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Purpose: Knowing patients' opinions about their feelings about depression. Materials and methods: The article presents results of studies on hospital patients suffering from intermittent depression. Authors would like to know the patients' opinions about the changes made by mental disease in their life (family life, daily life, school, job). Thirty patients had to answer 23 questions, in a part of which answers were YES or NO but in the main patients had to write a few

sentences about their impressions of their life situation and problems concerning emotions (happiness, fear, trust, love, friendship, loneliness), religion (faith, sins, suicide thoughts) and treatment. Results and conclusions: Half of the patients recognized themselves as ill people and all the aspects of their life got worst because of the mental disease.

TREATMENT OF BIPOLAR DISORDER IN ACUTE PSYCHIATRIC UNIT: A PILOT STUDY.

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Aims/Objectives: : Bipolar Disorder has become an issue of special interest in recent years as a result of it being one of the psychiatric diseases with most complex treatment and hardest to standardize, manic episodes often requiring admittance to a hospital. Our objective is to describe the sociodemographical, health care and therapeutical approachment in Bipolar Disorder.

Methods: We performed a descriptive study of a sample of 98 patients that had been admitted at least once at Psychiatry Unit, being diagnosed from Bipolar Disorder Type I most recent episode maniac

Results: The average age was $48,42 \pm 14,16$ years old, each gender accounting for a 50 % of the total. 45% were single, whereas 37% did

have a partner. 53% lived with relatives and 13% lived alone. Treatments: mood stabilizers 86.7% (38.8% just lithium; 37.8% just antiepileptic medication; 10.2 % both). Antipsychotic drugs: 98% (80.6% typical; 39.8% APS atypical and 22.4 % combined). Antidepressants: 5.1% (3.1% SSRIs, 1,0% TCAs, 1,0% NaSSAs).

Conclusions: we have found similar figures in gender and marital status to those published so far; coincidences have also been found in a reduction of lithium use, in considering antiepileptic medication a useful alternative, in the use of antipsychotic drugs in over three quarters of all patients. SSRIs being the antidepressants of choice albeit barely used, and, finally, regarding under use of ECT, in spite of representing possibly the most effective treatment in mania.

P-03-126

THE FEELING OF LONELINESS AND DEPRESSION

INSTITUTIONS

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Objectives: The researches of the relationship and loneliness show that partly these feelings are coincided, but still they are different. Also we know that the patients with depression often exaggerate the negative aspects of their relationships and that's why they feel themselves lone. In our research we investigated the relation between the feeling of loneliness, the level of depression and the characteristics of the interpersonal relationship.

Methods: 50 people from general population were tested (age - 19-74, 68% -women, 32% -men). We used Beck depression inventory (DBI), Fragebogen zur Sozialen Unterstutzung G. Sommer 8 T. Fydrich (F-SOZU-K-22) and the Inventory of Loneliness (G. Jang).

Results: 68% of our responders have high level if the feeling of

loneliness. There were positive correlations between the feeling of loneliness and the level of the depression. Also there were negative correlations between the level of depression, feeling of loneliness and perceived social support. The correlation between the depression and perceived social support varies from -0,3 to -0,8, between the feeling of loneliness and perceived social support from -0,4 to -0,8. The respondents feel dissatisfaction in some sides of the social interactions, firstly in the integration with the others and also in the possibility to accept emotional support.

Conclusions: The investigation of the correlations of the feeling of loneliness, depression and interpersonal relationships can be utilized to treat the depressions and to help people, feeling loneliness.

POST HOSPITAL EVALUATION EFFICACIOUSNESS SERTRALIN WITH OLD PEOPLE

INSTITUTIONS

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Many research shows that anti-depression were more effective in healing depression with old people. Much better then the other groups of anti-depressions, there influence on improvement cognation function and effectively betterment energic potential. Meaning of work: In this study we had a mark to do the valuation efficaciousness of anti-depression sertralin in population older then 65 years. In study there were 43 of them. Material and methods: In population then 65, in 43 of them, 19 were male and 24 were female. It was examine the efficaciousness anti derpressions sertralin in

healing major depression. Diagnostic was in base DSM IV, and of psychological scale for research depression and all clinic picture, it was Hamlits scale, Montgomeri -Asbegers, and CGI. The result of research: They indicate the mean score on HMD scale was 22±3. On Montgomeri HAMD was 16±1, Montgomeri 19±2, CGI 3, and after 8 weeks HAMD 10±1,Montgomeri 13±1,and on CGI 2. Remark: In post hospital period of 8 weeks, test has been done after 4 and 8 weeks. Conclusion: Results of research show good efficaciousness sertralin in healing depression in population older then 65 years.

P-03-128

STIGMATIZATION IN ANXIETY DISORDERS AND ITS IMPACT TO TREATMENT

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Misconception about mental disorders still prevailed among the general public. The stigma of psychiatric disorder is mainly reflected in knowledge about mental illness and attitudes toward people with mental illness. Public prejudice and self-stigma may provide equally large barriers to achieving and relishing life opportunities. The stigma process sets of by recognizing and labelling a difference between a person and other people. The next step involves the linking of the labelled person with the negative stereotypes that predominate in society about this group of people. The stigma has different components: 1) labelling; 2) stereotyping; 3) separating; 4) status loss and discrimination. The stigma process culminates in that the person concerned is exposed to different forms of discrimination and the negative social consequences resulting from this. There is differen

ce between individual and structural discrimination as well as self-stigmatization. For anxiety disorders is very important third type. The affected individual may experience devaluation and rejection. They employs various – most like l to be dysfunctional - strategies, to deal with the label and anticipated discrimination, e.g. secrecy or withdrawal, which (together with the negative self-conceptions and devaluating experiences) led to negative consequences on self-esteem, working ability, social functioning, and network ties. Finally, the individual becomes more vulnerable to a worse course of illness. Current attitude research mainly took an interest in schizophrenia and depression.

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THE EFFECT OF REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION ON SYMPTOMS IN OBSESSIVE COMPULSIVE DISORDER

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Background: Within a decade, the Repetitive Transcranial Magnetic Stimulation (rTMS) was being used to treat depression and schizophrenia. Antidepressant response has been reported in open and double-blind, sham-controlled studies of depression. Less is known about rTMS efficacy in the obsessive compulsive disorder.

Method: The aim of the randomized, double-blind, sham controlled study was to compare the 2 and 4 week efficacy of the 10 sessions rTMS with sham rTMS in serotonin reuptake inhibitor resistant OCD patient. Thirty seven right-handed patients were randomly assigned to either active rTMS or to sham. Active rTMS with the frequency of 1 Hz at 110% of motor threshold was administered over the left dorso-lateral prefrontal cortex. The same time schedule was used for sham administration. Thirty three patients finished the study, three patients' dropped out at the beginning. Psychopatholo-

gy was assessed by CGI, HAMA, Y-BOCS and BAI before the treatment, immediately after the experimental treatment, and 2 weeks after by an independent reviewer.

Results: Both groups improved during the study period but the treatment effect did not differ between them in any of the instruments.

Conclusion: Low frequency rTMS administered over the left dorsolateral prefrontal cortex during 10 daily sessions did not differ from sham rTMS in facilitating the effect of serotonin reuptake inhibitors in OCD patients.

Supported by the research project No. 1M0517 from the Ministry of Education, Youth and Sports, the Czech Republic.

P-03-130

THE EFFECT OF REPETIVE TRANSCRANIAL MAGNETIC STIMULATION ADD ON SEROTONIN REUPTAKE INHIBITORS IN PANIC DISORDER

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Background: The Repetitive Transcranial Magnetic Stimulation (rTMS) can modulate the cortical activity. The goal of our study was to assess whether the rTMS would facilitate effect of serotonin reuptake inhibitors in patients suffering from panic disorder.

Method: Fifteen patients suffering from panic disorder resistant to serotonin reuptake inhibitor (SRI) therapy were randomly assigned to either active or to sham rTMS. The aim of the study was to compare the 2 and 4 weeks efficacy of the 10 sessions 1 Hz rTMS with sham rTMS add on SRI therapy. We used 1 Hz, 30 minutes rTMS, 110% of motor threshold administered over the right dorso-lateral prefrontal cortex (DLPFC). The same time schedule was used for sham administration. Fifteen patients finished the study. The psychopathology was assessed using the rating scale CGI, HAMA, PDSS and BAI before the treatment, immediately after the experi-

mental treatment and 2 weeks after the experimental treatment by an independent reviewer.

Results: Both groups improved during the study period but the treatment effect did not differ between groups in any of the instruments.

Conclusion: The low frequency Repetitive Transcranial Magnetic Stimulation administered over the right dorso-lateral prefrontal cortex after 10 sessions did not differ from sham the Repetitive Transcranial Magnetic Stimulation that was add on serotonin reuptake inhibitors in patients suffering from panic disorder. Supported by the research project No. 1M0517 from the Ministry of Education, Youth and Sports of the Czech Republic.

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GEOGRAPHICAL DISTRIBUTION AND RISK FACTORS ON SUICIDE MORTALITY IN ITALY

INSTITUTIONS

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Objectives: To describe geographical trends in suicide rates in Italy over the period 1997-2001.

Methods: Death rates were analysed as age-standardized mortality rates by gender and age, for regions and province. Mortality data, obtained from the Italian Population Register (ISTAT), are based on the ICD-9-CM.

Results: 20,944 suicides were reported (15,849 males and 5,095 females). Males had a higher risk than females (RR=3.11): the mean annual rate per 100,000 was 11.5 and 3.5, respectively. Rates showed a steady downward trend in the 5-year-period. Regional rates were highest in the North (by region, the highest rates were seen in Val d'Aosta 26.8/100,000 male and 7.6/100,000 female) and in Sardinia (20.8/100,000 only in males), followed by Trentino-Alto Adige, Friuli-Venezia Giulia, Piedmont (especially in the northern

provinces), Emilia Romagna, Marche, Umbria with rates between 13.2 and 15.9/100,000 male and between 4.1 and 4.9/100,000 female. The South has the lowest overall risk in both sexes (8.9/100,000 males, 2.6/100,000 females). Rates increase gradually with age in both sexes and are highest among men aged 65 years and older. The most frequent method is hanging (46%) and firearms (18%) for men and jumping (39%) and hanging (30%) for females.

Conclusions: Biopsychosocial, environmental and sociocultural risk factors (sex, marital status, employment status, social class, social isolation, misuse of alcohol, substance abuse, prior suicide attempt, immigrant status, previous loss, bereavement, psychiatric illness or family history of psychiatric disorder, physical or sexual abuse, severely stressful life events) can act synergistically in vulnerable individuals at different ages in Italian regions.

P-03-132

EFFECTS OF rTMS AND ECT ON MEMORY OF DEPRESSIVE PATIENTS RESISTANT TO ANTIDEPRESSANTS TREATMENT

INSTITUTIONS

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Objectives: The aim of this study is to evaluate changes in cognitive functioning as possible side effect of ECT and rTMS in treatment resistant depressive patients.

Methods: 40 patients with recurrent depression (HAM-D > 17) meeting resistansy criteria were randomized into 2 groups: group A was treated with ECT (20 patients), group B - rTMS (20 patients). Changes in memory activity related predominantly to the effect of applied therapy were studied by a battery of psychological tests, assessing verbal and non-verbal memory: Remembering a list of 10 words (Luria A.), Benton Visual Retention Test (BVRT). Test battery was applied before the course of stimulation, on 7th day, on 14th day - at the end, and a month later the end of the therapy.

Results: In group A we observed no considerable correlation between the level of cognitive functioning and Depression Scale's scores by the end of therapy process. In spite of improvement of depressive symptoms (responders 65% of patients, decrease of depressive symptoms more than 50% at HAM-D), memory parameters in these patients could be impaired. In group B (responders 55% of patients) were marked significant improvement of non-verbal memory (BVRT - 30,4% increase, p<0,05), and verbal memory (8,7% increase, p<0,05). As compared with level of healthy persons, memory level of depressive patients was significantly low even after the course of rTMS (p<0.01).

Conclusions: rTMS have no negative effect on memory as contrasted to ECT.

LIFE EVENTS AND DEPRESSION IN A TUNISIAN POPULATION

INSTITUTIONS

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OBJECTIVES: Life events have been proved to be susceptibility as well as precipitating factors in depression. Previous studies have found more negative life events such as death in the family, couple difficulties, professional difficulties among depressed patients. This work aims to study the characteristics of precipitating life events in the two years preceding the beginning of depression in the Tunisian cultural context.

METHODOLOGY: It is a case-control study. The Patients assessment was conducted in the outpatients section of the department of Psychiatry C, in Razi Hospital La Manouba. Controls have been assessed in a community clinic in La Manouba. Patients suffering from major depression disorder according to DSM IV criteria were assessed. Were excluded patients suffering from: schizoaffective disorder, organic disorder responsible for depression, substance use or abuse, cognitive disorders, and also patients who have been hos-

pitalised in a psychiatric department. Controls have been matched for gender and social parameters. They shared the same exclusion criteria. For all patients and controls: -A form was filled in to assess epidemiological, medical, family and personal antecedents, and therapeutic data. -The live events questionnaire of Amiel-Lebigre was filled in

RESULTS: 150 patients and 150 controls were assessed. Life events were significantly more frequents in patients (p=0, 00). The more frequent precipitating life events were: death in the family (34, 43%), couple difficulties (28,5%), professional problems (12,58%), and being into debt (10,66%).

CONCLUSION: Our results are in accordance with the ones reported in previous literature.

P-03-134

SUICIDE RATES AND MACROECONOMIC INDICATORS IN INDIA: ECOLOGICAL STUDIES

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Objective: We tested the hypothesis that annual national suicide rates and suicide rates in the different states and union territories in India are associated with macro economic and other indices.

Method: We compared suicide rates with macroeconomic, health and other indices using an ecological study design for India and for the different states and union territories. Available information from the following sources were employed: National Crime Records Bureau, Ministry of Finance, Labour Bureau, Government of India and of Tamil Nadu, population commission and planning commission official portals, world bank group and the United Nations.

Results: The ecological analysis of data from India documented a relationship between per capita Gross Domestic Product, economic inequality index (Gini coefficient), consumer price index and the Trade Balance. Data from the different sates in India documented the relationship between suicide rates and per capita income, economic inequality index and literacy.

Conclusion: Macroeconomic indices are associated with suicide rates in India suggesting that macroeconomic policies may impact suicide rates.

DISSOCIATION AND COGNITIVE FUNCTION IN OBSESSIVE-COMPULSIVE DISORDER

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According to recent findings, clinical symptoms in patients with disorder (OCD) may be related to dissociation. Aims: The aim of the present study was to evaluate relations between measures of dissociation, psychopathology and cognitive function in obsessive-compulsive disorder.

Methods: The study sample comprised of 33 patients with OCD (18 females). Obsessive-compulsive symptoms, anxiety and depression were assessed by objective and subjective rating scales. Dissociation was quantified by the Dissociative Experiences Scale (DES) and the Somatoform Dissociation Questionnaire-20 (SDQ-20). Attention, verbal memory and cognitive inhibition were evaluated by the Stroop Color and Word Test, the Continuous Performance Test (CPT-II) and the Auditory Verbal Learning Test (AVLT).

Results: Positive correlation was found between obsessive-com-

pulsive symptoms as assessed by the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and dissociation examined by DES and SDQ-20. Y-BOCS score correlated positively with severity of anxiety and depression. The level of dissociation assessed by both, DES and SDQ-20, correlated positively with anxiety and depression. Between OCD patients and normative population samples there were no differences in performance on AVLT and interference time of the Stroop task. No significant relationship was found between the neuropsychological assessments and dissociation. Conclusion: Our results suggest a possible relationship between dissociative symptoms and severity of obsessions and compulsions. However, the question remains to determine whether and to what it may be mediated by anxiety and depressive symptoms.

P-03-136

ACTION OF ALPRAZOLAM ON CHEMICAL MEDIATORS OF ALLOSTATIC LOAD IN ANXIETY AND STRESS

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Objective: Assessment of the action of Alprazolam (0,5 / TID) on chemical mediators of allostatic load, in anxiety and stress disorders

Methods: Twenty six patients (16 female, 10 male), ages 18-71 (range 44), with three or more clinically or biochemically verified items of allostatic load, score of six or more on Hamilton Anxiety Scale (HAS), and score of 60 or more within dimension of neuroticism on NEO-FFI personality scale, were included within study. The previously mentioned battery was applied on days -7,0,7. Lab tests included plasma measures of total cholesterol, HDL, LDL, glicosilate haemoglobine, dehidroepiandrosterone, testosterone, C reactive protein, albumin, fibrinogen and saliva samples of MPHG and cortisol and plasma cortisol.

Results: No relevant records within parameters between days -7 and 0. Significant reduction of anxiety as scored at day 7 (p<.001)

by HAS which correlated ultimately with reduction of MHPG and saliva and plasma cortisol and plasmatic noradrenaline. Global assessment of allostatic parameters suggested different clusters.

Conclusions: Action of Alprazolam appears to go beyond its anxiolitic effects and shows impact on primary and secondary mediators of stress and anxiety. Further studies could validate or exclude its use as phenotypic marker and facilitate the integration of compound phenotypes, in relation with endophenotypes and allelic variables of interest.

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COMBINATION THERAPY OF DEPRESSIVE DISORDERS BY ANTIDEPRESSANTS AND ATYPICAL NEUROLEPTICS.

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95 patients at the age of 18 till 45 years recurrent depressive disorder have been surveyed. The duration of disease 7.20 ± 1.03 years, amount of episodes 4.3 ± 0.83 . All patients were divided into 2 groups treated by: fluoxetine (40mg/day) with olazapine (10-15mg/day) combination - 62 patients; sertraline (100-150mg/day) with amisulpride (50mg/day) combination. Depth of depression on HAM-D scale made, on average: at baseline - 29.1 in the first group, 28.09 - in second, on 10th day of therapy - 26.3 and 18.58 points; 20th - 19.7 and 15.06; 40th - 10.7 and 7.63, accordingly. By the 10 day of therapy statistically significant improvement of depressive symptoms was observed at treatment by sertraline and amisulpride combination, bat the end of the third and sixth weeks of therapy results

in both groups were leveled. By the 40 day of therapy in the first group of patients "very good" result (0-5) took place in 40.74% of cases, "good" (6-10 points) - 40.7 %, "fair" (HAM-D score: >10, but $\!1$ 50% improvement from baseline) - than 14.8%, "poor" (HAM-D score: >10, but $\!\le$ 50% reduction from baseline) - 3.7%. In the second group "very good" result is revealed in 30.3%, "good" - 42.42%, "fair" - 12.12%, "poor" - 6.06%. Thus, at treatment of combination therapy by sertraline and amisulpride improvement of depressive semiology comes faster, results are leveled by third week of therapy and kept further. However at therapy by fluoxetine and olanzapine combination statistically significant more cases with "very good" and "good" results.

P-03-138

THE LANGUAGE OF SKIN - CASE STUDY OF PSYCHOGENIC PRURITUS

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Objectives: On purpose of 2 clinical reports, the author's propose a review about Psychogenic Pruritus and its classification in DSM - IV-TR and ICD-10.

Methods: A database review was made using a Medline and Pub-Med, from 1997 to 2007.

Results: Pruritus is a very frequent symptom in dermatologic patients, but its patophisiology is not yet completely understood. For the physician, recognising the aetiology of the symptoms plays an important role, especially in mental field. Mental factors appear either as a precipitant or co -morbid to pruritus. We consider that there is much to know about its function as a language mechanism. In histamine induced pruritus, a psychological trauma can lower the baseline perception of pruritus, worsen its intensity and prolong its duration. Its interaction with the mental sphere is quite interesting,

and proved to be pronounced in individuals with low coping capacity in face to stress, and in patients with depression. This interaction is due to the stimulation of the CRH, with rising of the opioid mechanisms in the cerebral field. We also remind the important role of Substance P, responding to stress. A psychopharmacological intervention can be made (Doxepin; ISSR's (Fluoxetine, Paroxetine and Sertraline); Anxiolytic (Alprazolam and Buspirone) and Ondansetron. Moreover its treatment encloses behavioural therapy (namely "habit reversal training"). Relaxation techniques, Hypnosis and Biofeedback techniques.

Conclusion: We propose doctors to study the existence of psychological problems in patients with pruritus, to ensure them a more structured approach including a psychopharmacological and psychotherapeutic treatment.

VALIDITY OF TWO SHORT VERSIONS CES-D SCALE IN COLOMBIAN ADOLESCENTS

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Major depressive disorder (MDD) is the second cause of incapacity in Latin-America. A brief version would be as useful as the original but also easier and faster to apply.

Objective: To establish the validity of a Brief and Ultra-short Center for Epidemiological Studies Depression (CES-D) Scale in adolescents.

Methods: A representative sampling of 390 students adolescent from Colombia were evaluated both with CES-D and with the semi-structure clinical interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. The ten items and the three items with the highest correlation with total score were selected to construct Brief scale and Ultra-short scale respectively, and construct validity, criterion validity and internal consistency was analyzed.

Results: The mean age was 14.8 ± 1.22 years old. The MDD preva-

lence was 11.5%. For the Brief CES-D Scale the Cronbach's alpha was 0.86. The area under ROC curve was 0.831, with a sensitivity of 77.8%; specificity 74.1%; positive predictive value 28.5%, negative predictive value 96.2%. Two main factors were identified explaining the 55.81% of variance. For the Ultra-short Scale The Cronbach's alpha was 0.76. The area under ROC curve was 0.802, with a sensitivity of 75.56%; specificity 70.67%; positive predictive value 25.37%, negative predictive value 95.63%. One main factor were identified explaining the 68.19% of variance.

Conclusion: The Brief and Ultra-Short CES-D Scale are good for the screening of MDD in adolescents; moreover, there are no statistical differences between the Original, Brief and Ultra-short CES-D Scale

P-03-140

EXAMINING RESPONSE AND RELAPSE: A CONTINUOUS RESPONDER ANALYSIS FROM A LONG-TERM TREATMENT TRIAL OF DULOXETINE FOR GENERALIZED ANXIETY DISORDER

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Aim: To examine the relationship between duration of a continuous therapeutic response and risk of relapse for the treatment of adults with generalized anxiety disorder (GAD).

Methods: Following 26-week open-label treatment with duloxetine 60-120 mg/day, patients with DSM-IV-TR-defined GAD who met treatment response criteria (Hamilton Anxiety Rating Scale total score reduction of ${\geq}50\%$ to ${\leq}11$ and ratings of "much" or "very much improved" at last 2 visits of open-label phase) were then randomized to duloxetine or placebo for 26-week double-blind continuation treatment. Relapse was defined by an increase in GAD illness severity rating ${\geq}$ moderate or discontinuation due to loss of efficacy. Time to relapse between treatments was compared using log-rank test for subgroups of patients who had met treatment response criteria continuously for 6, 10, and 14 weeks prior to randomization.

Results: Overall relapse rate was 44.5% for the placebo group (N=211) and 15.0% for the duloxetine group (N=213). Rate of relapse for placebo-treated patients ranged from 45.2% for the 6-week continuous responders (n=188) to 46.8% for the 14-week continuous responders (n=154). Among duloxetine-treated patients, rate of relapse ranged from 15.2% for the 6-week continuous responders (n=184) to 12.8% for the 14-week continuous responders (n=184) to 12.8% for the 14-week continuous responders (n=148). Time to relapse was significantly shorter for placebo-treated patients compared with duloxetine-treated patients within each continuous responder subgroup as well as for the overall sample (P \leq .001 all comparisons).

Conclusion: Duration of therapeutic response prior to randomization of withdrawal did not affect risk of relapse, suggesting benefit from continued long-term duloxetine treatment for GAD.

PAINFUL PHYSICAL SYMPTOMS IN GENERALIZED ANXIETY DISORDER: AN OVERVIEW FROM 3 DULOXETINE CLINICAL TRIALS

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Aims: To provide an overview of the severity and response to treatment of painful physical symptoms associated with generalized anxiety disorder (GAD) from 3 independent duloxetine clinical trials.

Methods: All studies were conducted with adult outpatients with DSM-IV-defined GAD. Studies 1 and 2 were 9-10 week, placebo-controlled, double-blind studies of duloxetine (60 or 120 mg/day and 60-120 mg/day, respectively). Study 3 consisted of 6-month open-label duloxetine 60-120 mg/day treatment; responders were then randomized to duloxetine or placebo for 6-month double-blind continuation treatment. In each study, patients completed 6 Visual Analogue Scales (VAS) for degree (0-100) of overall pain, headache, back pain, shoulder pain, interference with daily activities, and time in pain while awake.

Results: In the overall pooled sample (N=1727), baseline VAS median scores were 28 for overall pain, 19 for headache, 20 for back pain, 15 for shoulder pain, 18 for interference with daily activity, and 31 for time in pain while awake. Combining data from Studies 1 and 2, duloxetine-treated patients (n=465) showed significantly more improvement on all VAS pain scores compared with placebo-treated patients (n=315, P \leq .01 to \leq .001). In Study 3, during open-label treatment, patients (n=739) reported improvement from baseline for each pain item (each P \leq .001); however, pain symptoms worsened during the double-blind continuation phase for patients switched to placebo (n=190) compared with those maintained with duloxetine (n=202, P \leq .05 to \leq .001).

Conclusion: Painful physical symptoms occur within GAD, and they improve with both acute and long-term treatment with duloxetine.

P-03-142

EFFECTIVENESS STUDY ON THE USE OF THE MIRTAZAPINA ON DEPRESSIVE TEENAGERS WITH SUICIDAL TENDENCIES

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Descriptive investigation done in teenage patients who were received and attended in the Suicidal Area of the Lorenzo Ponce Hospital of Guayaquil, Ecuador between 01.07.03 and 31.12.07

Objectives: 1. To analyze the effectiveness on the use of Mirtazapina, on a dosage of 1.5 mg and 30 mg per day after 8 and 12 weeks of application on depressive teenagers with suicidal tendencies. 2. To analyze the incidence and severances on the secondary effects on the use of the Mirtazapina in this group of patients. 3. To determine the daily doses of Mirtazapina effective enough according to the subtype of depression presented by these teenagers.

Materials and Methodology:

- 1. 276 Medical records of depressive suicidal teenage patients who received Mirtazapina as monotherapy
- 2. Hamilton Depression Rating Scale (HDRS)
- 3. Scale for Suicide Ideation (SSI)

- 4. Clinical Global Impression (CGI)
- 5. SPSS 10.0
- 6. Multiple Statistical study, Independence of Variables Hypothesis test and Homogeneity Analysis.

Results

- 1. After 8 weeks, 56.6% of the patients with 15 mg of Mirtazapina per day, and 94,11% of the patients who received 30 mg per day, had greatly improved (HDRS)
- 2. The weight increase in the patients was minimal
- 3. There was no increase in sleeping hours
- 4. The dosage of 15 mg of Mirtazapina was effective for moderate and light depression by these patients.

Conclusion The use of the Mirtazapina in depressive teenagers with suicidal tendencies came out effective for the different types of depression, showing very few or almost none side effects.

EVALUATION OF THE ECOLOGICAL SUICIDOLOGY PROGRAM FOR INFANTO-JUVENILE PATIENTS

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Theoretical and Conceptual work on infanto-juvenile suicidal conducts and descriptive research done on infanto-juvenile patients of the Suicidology Area of the "Lorenzo Ponce" Psychiatric Hospital of Guayaquil - Ecuador.

OBJECTIVES:

- 1. Determine the effectiveness of the Ecological Program of Intervention of the Infanto-Juvenile Suicidology Area in patients who display any form of suicide conception who consulted for the first time at the "Lorenzo Ponce" Psychiatric Hospital of Guayaquil-Ecuador between the 01.07.03 and 31.12.07.
- 2. To determine the etiologic factors of this suicide conception and the most frequent psychiatric pathologies in this age group. 3. To determine the past pathologic history of relatives of this group.

MATERIALS

- 1. 276 Clinical charts of infanto juvenile patients who consulted between 01.07.03 and 31.12.07
- 2. Variable codification table

METHODOLOGY

- $1. \ Univariate, multivariate and hypothesis confirmation statistical study.$
- 2. SPSS 10.0

RESULTS

- 1. Physical and verbal intra-familiar abuse is the most frequent cause for suicidal conception in the group of studied patients
- 2. Most of the investigated patients presented/displayed more than a suicidal attempt in its history.
- 3. The most frequent past pathologic history of parents found in this population was Substance Dependency Disorder.
- 4. 117 of the 276 patients remarkably improved their individual psychiatric conditions after 8 weeks in the treatment program

CONCLUSIONS: The ecological program of Suicidology has demonstrated an effectiveness in its four years lifetime since it concerned all the ecosystemic interrelation contexts.

P-03-144

ANTIMICROBIAL-INDUCED MANIA: ANTIBIOMANIA CASE REPORT

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There have been increasing reports of Mania associated with administration of antibiotics. Some authors elected to name this syndrome "Antibiomania". Antimicrobial-induced mania is a rare but important side effect of antibiotics and it is frequently under-recognized. Reviewing this topic, including published and anecdotal reports the authors acknowledge that clarithromycin and cipropfloxacin are the most frequently associated with the development of mania. The mechanism by which antimicrobials induce mania is still unknown, thus it is considered to be idiosyncratic in nature. Based on a case report, the authors review the mechanisms and the management of antimicrobial-induced mania. A female patient, 18 years old, with no previous history of mental illness or substance abuse, was admitted for psychiatric evaluation with elevated mood,

extremely talkative, agitated, with the subjective sensation of increased energy and with flight of ideas and delusions. There was a clear relationship between the onset of psychiatric symptoms and clarithromycin treatment and initial signs of gradual recovery when the antibiotic was discontinued. The clinical remission was obtained after treatment with anti-psychotic and mood stabilizer, both discontinued during the follow up. The authors argue that a new onset of mania in adult patients without psychiatric history should prompt a clinician to search for reversible causes. Further research is needed to determine the incidence of antibiomania, the relative risk factors and the incidence of patients who continue to have persistent affective disorders after the initial episode of mania.

BIPOLAR DISORDER AND PREGNANCY: CASE REPORT

INSTITUTIONS

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OBJECTIVES: The postpartum period is an exceptionally high-risk time for recurrence of depression or mania for women with bipolar disorder. This study investigated the risk of recurrence of mood episodes among women with a history of bipolar disorder who continued or discontinued treatment with mood stabilizers during pregnancy and postpartum period.

METHODS: These case series comprised 13 women meeting the DSM IV-TR criteria for bipolar disorder, who became pregnant in our observation and therapy.

RESULTS: Nine (69.2%) of 13 patients were found to discontinue

any medications, two (15.3%) patients to continue antipsychiotic therapy and other two (15.3%) patients to continue carbamazepine. Only one (7.6%) patient had mixed episode during pregnancy but nine (69.2%) patients were found to have depressive, manic or mixed episodes in postpartum period.

CONCLUSION: Although some reports show that pregnancy carries a high risk, our results support that pregnancy is safe in women with bipolar disorder in terms of morbidity. However the risk of recurrence of episodes in postpartum period is significant.

P-03-146

THE EFFICACY OF SERTRALINE IN THE TREATMENT OF PSYCHOTIC AND NONPSYCHOTIC DEPRESSION

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Introduction: Sertraline is an antidepressant used in the treatment of depression. Our investigation is comparative study efficacy of Sertraline in both psychotic and nonpsichotic depressed patients.

Methods: In our study we analysed 78 patients treated with Sertraline within a 12 week period on the Clinic of Psychiatry. For diagnostic criteria we used MKB10 and Hamilton Rating Scale that was repeated in two week period. The patients were divided in two groups. N=32 patients with psychotic features and N=36 patients with nonpsychotic depression. Medication dosage was started at

 $50\,\mathrm{mg}$ daily raised up to $100\,\mathrm{mg}$ daily after one week period. If patients had not remitted we raised $50\,\mathrm{mg}$ every two weeks.

Results: Response3 rate was significantly higher in nonpsychotic depressive patients 75% than in psychotic depressive patients 42%. Nonpsychotic depressed patients responded earlier than patients with psychotic features.

Conclusion: Response rate in patients with psychotic depression to Sertraline therapy is lower than in nonpsychotic depressed patients. The psychotic features were a predictor of response independent on degree of depression.

THE ASSOCIATION BETWEEN BIPOLAR SPECTRUM DISORDERS AND HEAVY EPISODIC DRINKING

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AIMS: Heavy episodic drinking (HED) is a common harmful pattern of alcohol consumption. Bearing impulsivity in mind, the goal of this study is to examine the association between bipolar spectrum and HED in the general population.

METHODS: Data were derived from the Sao Paulo Epidemiological Catchment Area Study (N=1,464). 122 bipolar subjects were determined through CIDI 1.1 as DSM-III-R Bipolar Disorder (BD) I, -II and -NOS. The latter were subdivided as subsyndromic hypomania (SSH) and manic symptoms (MS). HED was defined as a pattern of 12-month alcohol consumption of \geq 5 drinks/drinking day for men and \geq 4 drinks for women. The frequency of HED was calculated and an univariate regression analysis was performed in respect of bipolarity and sociodemographic variables. Final model was achieved by means of multivariate logistic regression, through stepwise

backward elimination.

RESULTS: The prevalence of HED varied from 36.5% (BD) to 11% (non affective controls), with a decreasing gradient throughout the bipolar spectrum. BD was associated with a greater chance of HED (OR 4.4). Among bipolar women, this association was even stronger (OR 16.9). The mere presence of manic symptoms didn't predict HED. Being younger than 45 was the only significant sociodemographic predictor of HED (OR 2.6). Among men, neither bipolarity nor age reached statistical significance.

CONCLUSIONS: The significant association of HED with BD and SSH may play important implications for health policies and therapeutics. One should pay special attention to heavy drinking women since they have a greater chance of being bipolar.

P-03-148 POSTTRAUMATIC MANIA

INSTITUTIONS

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Objective: It is revised de concept of Posttraumatic Mania and it's analyzed de controversy about if precipitant cause trigger an underlying bipolar disorder or is a pure organic disorder

Methodology It's presented one case of posttraumatic mania in a 66 years old man whit neither personal psychiatric history nor familiar genetic predisposition. It is revised bibliographic documentation

Conclusions: it is estimated that about 7% of patients who suffer from a craniocerebral trauma present affective disorder, being less frequent the mania cases which are 10% of the posttraumatic affective disorder. There is little bibliography about this theme and it

is based on the description of patients and in small samples. The authors taking into account the current diagnostic manuals DSM IV-R y CIE 10 argue that the evaluated patient observed the criteria of a maniac episode of traumatic etiology

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RELEVANCE OF FAMILY HISTORY OF SUICIDE IN PRISONERS

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Aim: Findings from clinical and community studies have shown that subjects with a family history of suicidal behavior are at increased risk of both attempting and committing suicide. A family history of suicide has not previously been examined in prisoners.

Methods: A sample of 1179 prisoners were assessed with a psychiatric interview and psychometric tools through the Brown-Goodwin Assessment for Lifetime History of Aggression (BGLHA), the Barratt Impulsivity Scale (BIS), Buss-Durkee Hostility Inventory (BDHI), and Eysenck Personality Questionnaire (EPQ). Prisoners with a family history of suicide were compared with prisoners without a family history of suicide on clinical and personality variables.

Results: 5.9% of the whole sample had a family history of suicide.

Prisoners with a positive family history of suicide had significantly more frequent suicide attempts compared to the other group (36% vs 12%, p< 0.0001); they also had more often a previous history of convictions, a history of juvenile convictions, aggressive behavior in jail. They also scored higher on the scales for aggression (BGLHA), hostility (BDHI) and impulsivity (BIS), and had more frequently neuroticism features of personality on the EPQ.

Conclusion: Consideration of family history of suicide should be used in the assessment of prisoners as indicator of increased risk for suicidal behaviours, and possible issues related to psychopathological traits such as impulsivity and tendency to aggression.

P-03-150

THEORY OF MIND IN OBSESSIVE-COMPULSIVE DISORDER: COMPARISON WITH HEALTHY CONTROLS

INSTITUTIONS

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Introduction: Theory of mind (ToM) is the ability to represent one's own or another's mental states such as beliefs, intentions, desires, and knowledge. ToM impairments have been associated with clinical symptoms of many psychiatric and neurological disorders, including autism and schizophrenia. The aim of this study was to evaluate ToM abilities of patients with obsessive-compulsive disorder (OCD) and compare their results with healthy controls.

Method: 20 OCD patients and age, sex and education matched 20 healthy controls were compared according to their performances on ToM tasks (first and second order false belief, *hinting task* and "advanced" Tom tasks such as *double-bluffing*), Verbal Memory Processes Test, Weschler Memory Test, Stroop Test.

Results: Patients' performance was worse than healthy controls on all of the ToM tasks, but the results were significant for ToM total (p=0.009) and double-bluff total (p=0.000) scores. For all other neu-

ropsychological tasks, patients' performances were worse than healthy controls, but the results were significant for Visual Reproduction-immediate recall (p=0.003), Visual Reproduction-delayed recall (p=0.009), Verbal Fluency (p=0.003), Verbal Memory (p=0.033), Stroop 2 (p=0.004) and Stroop 4 (p=0.01). Patients' performance on ToM tasks was not significantly correlated with clinical features such as illness duration and severity according to YBOCS, as well as different pharmacological treatments (monotherapy/combination), number and class of medications used. No significant correlation was found between performance on ToM tasks and other neuropsychological tasks.

Conclusion: Patients diagnosed with OCD may show significant impairments on advanced ToM abilities and these deficits seem to be independent of general cognitive deficits.

AFFECTIVE DISORDERS IN PATIENT WITH ACUTE MYOCARDIAL INFARCTION

INSTITUTIONS

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Aims: an analysis of specific features of affective disorders and the effectiveness of complex therapy (cardiotropic drugs and anti-depressant (tianeptin) in patients after acute myocardial infarction Methods: psychopathological (Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Toronto Alexithymia Scale(TAS), Symptom Cheklist-90 -SCL-90, Holms-Rahe scales,) 36-item short-form health survey (SF-36), ECG, exercise stress tolerance during 6-month follow-up study.

Results: 108 subjects after acute myocardial infarction were observed. Affective disorders were found in 44(40,8%). Depressive episode in 29(26,9%) thereof 19 patients were on tianeptine treatment. Adjustment disorders, anxiety disorders, chronic mood disorders were observed in 15(13,9%). The statistical analysis has discovered that group with affective disorders had significantly greater mental stress compare to group without any affective disorders

(p=0,002). Patients with affective disorders had significantly lower health quality of life and higher alexithymia level (p=0,002). Patients with depression more often had post infarction angina pectoris (53,6% and 22,2%, p=0,017). A 6 month later angina pectoris were more frequent in group of patients with depression denied an anti-depressant therapy, the number of angina pectoris attack in this group were significantly higher as well a exercise stress tolerance was the lowest (p=0,036).

Conclusion: The presence of affective disorders in patients with acute myocardial infarction is associate with lower health quality of life. The tianeptin treatment not only impact beneficial on depressive syndrome but extend exercise stress tolerance and improve health quality of life. This data may be used for optimization of affective disorders therapy in patients after acute myocardial infarction.

P-03-152

DEPRESSIVE DISORDERS IN PALLIATIVE MEDICINE

INSTITUTIONS

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AUTHORS

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Objective: One of relevant tasks of palliative care is detection of states of physiological sadness typical for non-curable patients and disorders of depressive spectrum. This is why objective clinical assessment of mental state of patients acquires a special importance.

Methods and Material: Investigation included patients of unit Hospice with cancer pathology of IV clinical group and patients of unit House of nursing care with combined somatic pathology. Depressive disorders in patients of the hospital for palliative care were assessed with Hospital Anxiety and Depression Scale (HADS) and Geriatric Depression Scale (GDS-15). Total number of interviewed has constituted 100 persons, mean age 72,3±3,8 years. Inclusion criteria were as follows: ability to understand text of questionnaires and willingness to fill them. We excluded patients with aphasia, severe cognitive disorders, disturbances of conscience, poor hearing.

Results: According to ICD-10 criteria, depressive disorders have been revealed in 65 % of patients, including organic affective disorder in 32% of patients, recurrent depressive disorder in 16% of patients, dysthymia in 12%, and adjustment disorder in 5% of cases.

Conclusions: Thus, assessment with Psychodiagnostic scales has shown that used questionnaires are sensitive to revealing the disorders of depressive spectrum in these patients. There filling does not require great amount of time and allows obtaining qualitative assessment of severity of depression and anxiety without tiredness of patients. Attention to soul state of the patient improves psychological contact with medical staff, contributes to more comfortable stay in hospital.

THE EFFECT OF GROUP REMINISCENCE ON OLDER ADULTS' DEPRESSION IN SHIRAZ JAHANDIDEGAN CENTER, 2007

INSTITUTIONS

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AUTHORS

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Background/objective: Depression is prevalent among the elderly and can have serious negative outcomes in this age group. Researches show that psychotherapy may be beneficial in treating depression in the elderly. One type of psychotherapy is participation of the elderly in reminiscence groups which has proved to be cost-effective and relatively free from harmful effects. The purpose of this study was to assess the effect of group reminiscence on the depression of older adults in Shiraz Jahandidegan Center in Iran.

Material/methods: A quasi-experimental design was conducted, using purposive sampling. Forty-nine elderly participated in the study and were assigned to five groups. The selected elders participated in six group reminiscence sessions that were held twice weekly for

a three week period. A comparison was conducted with repeated measures of depression before, immediately after, and one month after the intervention. Geriatric Depression Scale-Short Form (GDS-SF) which consists of 15 items was used as study instrument.

Results: Analysis of data revealed a significant decrease in depression in the elderly subjects after the intervention and one month after the intervention (P < 0.001).

Conclusion: The results of this study showed that group reminiscence is a useful treatment for older people with depression. This intervention can provide a pleasant and supportive environment for the elders to work out challenges posed at this stage of their life cycle.

P-03-154

EXECUTIVE FUNCTIONS IN OBSESSIVE COMPULSIVE DISORDER

INSTITUTIONS

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Obsessive compulsive disorder (OCD) is a common psychiatric disorder amounting to significant losses in personal, financial, social, occupational and family domains. We attempt to quantify this

disability, by means of WHO-disability assessment scale, in different severity of OCD. The results, interpretations, and the possible explanation shall be discussed in detail in the presentation.

SIX-MONTH OUTCOME AFTER GROUP BEHAVIORAL THERAPY OR SSRI TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER: PRELIMINARY FINDINGS

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Background: Few studies address the long-term follow-up of standardized, first line treatments for OCD. This study aimed to investigate the influence of the type of first treatment received [group cognitive behavioral therapy (GCBT) or fluoxetine] on the six-month outcome of OCD.

Methods: Sixty-four patients completed a randomized open trial of GCBT (n=22) or fluoxetine (n=42) for 12 weeks. Non-responders (reduction in YBOCS baseline score lower than 35%) to group CBT received fluoxetine for another 12 weeks (n=13; one patient remained in GCBT), whereas non-responders to fluoxetine (n=30) received additional GCBT (n=2) or augmentation therapy with quetiapine or clomipramine (n=16) or remained on SSRI monotherapy (n=12) for another 12 weeks. Response was assessed by blind raters at weeks 12 and 24. Response rates were compared for the two first-treatment groups using the Mann-Whitney test and the qui-square test

Results: The average baseline YBOCS score reduction at week 12 was 22.24% for GCBT and 26.67% for fluoxetine (non-significant

difference between groups, p-value=0.376). At week 24, 42.8% of non-responders to group CBT who received additional fluoxetine and the only patient who remained on GCBT became responders. Among non-responders to fluoxetine, 10% became responders to SSRI monotherapy, 10% responded to augmentation therapy with clomipramine or quetiapine and 3.3% responded to addition of GCBT. Forty-five percent of the GCBT group and 35.7% of the fluoxetine group were responders after 6 months of treatment (p=0.493).

Discussion: Response rates were lower than those reported in randomized clinical trials, possibly due to the adoption of wide inclusion criteria. Having received GCBT or fluoxetine as the first treatment did not lead to different outcomes after six months. A larger follow-up study exploring the addition of fluoxetine to GCBT, as well as the augmentation of fluoxetine with either clomipramine or quetiapine, is currently underway and should clarify if these are effective alternatives for resistant patients.

P-03-156

ATYPICAL ENDOGENIC DEPRESSIONS: CLINICAL PICTURE, DYNAMICS, THERAPY

INSTITUTIONS

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Examined were 160 atypical endogenic depressive patients (36 males and 124 females) of 35.7±4 years' mean age. The group comprised 72 patients diagnosed with a depressive episode and 88 patients suffering from recurrent depressive disorder. The typing of 107 patients showed moderately serious depression, while in 53 patients depression was mildly serious. Studied were the socio-demographic characteristics, biomedical factors, constitutional predisposition, illness characteristics. The patients were divided into 4 groups of 40. The 1st group was prescribed sertralin, 200 mg as a daily dose; the 2nd group were treated with maplotilin, 200 mg as a daily dose; in groups 3 and 4 similar therapy was combined with 10 daily séances of endonasal infra-red laser radiation. The latter had the following parameters: wavelength - 0.89 microns; pulse capacity - 2.8 Vt; frequency of following of pulses - 3,000 Hz; exposition - 256 sec.

Combined antidepressant + laser therapy appeared more operative. Maprotilin application lead to faster symptomatology reduction, while sertralin caused less negative side-effects. The best therapeutic results were achieved with asthenic-depressive and larva-depressive patients; more therapy-resistant were hypohondriac and depersonalization-derealization disorders. A sooner therapeutic effect could be noted in the first depressive episode patients and low depressive disorder degree patients. The lower the affect strength and the greater the specific weight of the optional symptoms, the less successful the depression therapy. The less the illness duration, the greater the probability of drug resistance formation. The adequacy of treatment of the first depressive episode in many instances defined the further illness stereotype and the forecast.

RESULTS OF CEREBRAL MRI IN ATYPICAL ENDOGENIC DEPRESSIVE PATIENTS

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Examined were 70 patients (56 females and 14 males) suffering from atypical depressive disorders. Their mean age was 37.6±5. The studied group comprised 23 patients diagnosed with a depressive episode and 47 patients suffering from recurrent depressive disorder. 44 patients' typing showed moderately serious depression, and in 26 patients depression was mildly serious. In 59 patients (49 females and 10 males) revealed were pathological changes manifested as expanded lateral and 3rd ventricles, reduced frontal, orbital frontal, medial prefrontal, temporal and bregmatic cortex areas, ventral striatum, as well as gray and white matter of the hippocampus.

Evident reduction of the hippocampus volume in depressive patients (as compared to the group of sane probationers) after the first depressive episode reaches 10% for the gray matter and up to 25% for the white matter. The above cerebral changes were more frequent and frank in senior patients, who long suffered from the disease, in the patients with a large number of depressive phases in anamnesis, in the patients with chronic drug resistance, and in the patients with depersonalization-derealization and hypohondriac depressive disorders.

P-03-158

CHARACTERIZATION OF DEPRESSION COMORBID TO PTSD

INSTITUTIONS

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Aim: The aim of the paper is to determine the severity of depression which is comorbid to posttraumatic stress disorder and to determine the group of symptoms which are most prominent in depression comorbid to posttraumatic stress disorder (PTSD).

Method: 60 patients were assessed in the experimental and in control group using SCID for DSM-IV. The presence and the severity of the disorders were assessed by means of the following instruments: Clinician-Administrated PTSD Scale for DSM-IV, Montgomery-Asberg Depression Rating Scale and Hamilton Rating Scale for Depression. Differences between groups were evaluated using T-test and by means of the correlation analysis of the data.

Results: showed that depression which is comorbid to PTSD is of significant clinical severity. The group of symptoms: lassitude, ina-

bility to feel (p<0,001), suicidal thoughts (p<0,01) and inner tension (p<0,05) contributes mostly to the global severity of the depression which is comorbid to PTSD on MADRS instrument. The group of the symptoms: suicide and gastrointestinal symptoms (p<0,001), guilt, hypochondriasis, work and activity, anxiety psychic, agitation (p<0,01), and weight loss, genital symptoms and anxiety somatic (0,05) contributes mostly to the global severity of depression which is comorbid to PTSD on HAMD instrument.

Conclusion: Symptoms on MADRS instrument describe the nature of this type of depression. Symptoms of HAMD instrument indicate the development of the more severe forms of the disorder. Those results shed some light to the different patterns of brain activation related to comorbid depression occurring in the context of PTSD.

SEASONAL AFFECTIVE DISORDER IN SCHOOLCHILDREN

INSTITUTIONS

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Objective: To study specific weight of seasonal affective disorders (SAD) and subsyndromal SAD (sub-SAD) in schoolchildren. Materials and methods: 242 schoolchildren (88 boys and 154 girls) of Tomsk (West Siberia) at the age 15,2±1,5 years have been examined. As a tool of examination SPAQ-CA (Seasonal Pattern Assessment Questionnaire for Children and Adolescents) (Swedo S.E. et al., 1995) was used.

Results: In the course of screening examination of schoolchildren incidence of SAD has constituted 6,6% (n = 16 - 9 girls and 7 boys). Part of interviewed schoolchildren met criteria for sub-SAD (7,4% - 10 girls and 8 boys). Most frequently as the first month when schoolchildren felt "less energy" January was indicated (18,6%), were

"more irritable" - March (11,6%), felt "worst" - January (11,6%), In 35,5% of cases (23 boys and 63 girls) examined schoolchildren rated seasonal fluctuations of their way they felt as a problem. Mood as the most changeable for a year characteristic closely correlated with seasonal changes of level of energy, irritability, school problems, sleep and appetite.

Conclusions: Seasonal cyclicity in mood, general activity, and behavior and school progress in schoolchildren can be associated with photoperiodic mechanisms; detection of this seasonal cyclicity can be useful for early diagnosis and prevention of SAD in child-adolescent age; in indicated cases positive influence of bright-light therapy is possible.

P-03-160

AN OPEN STUDY OF LOW FREQUENCY TRANSCRANIAL MAGNETIC STIMULATION FOR TREATMENT RESISTANT BIPOLAR DEPRESSION

INSTITUTIONS

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Aims/Objectives: Bipolar disorder is characterized by periods of elevated mood and depression. Most of the time ill is spent in the depressive phase and therefore associated with the greatest disability and mortality. This study examined the efficacy of low frequency repetitive transcranial magnetic stimulation (IfTMS) in an open trial of 28 subjects with treatment resistant bipolar depression.

Methods: Low frequency TMS was delivered 5 days a week for 4 weeks, over an approximation of the right dorsolateral prefrontal cortex based on external landmarks. The rTMS was performed at 1Hz, and set at 110% of the motor threshold, determined by direct stimulation of the right motor cortex in the area that induced movement in the left abductor policis brevis. Subjects were assessed at the end of week 1, 2, 3 and 4 with Hamilton Depression Rating Sca-

le (HDRS), the Beck Depression Inventory (BDI), and the Clinical Global Improvement-severity (CGI-s) score.

Results: The average length of the current depressive episode was 2.7 years, with 14.6 prior medication failures. Fourteen of 26 had had ECT in the past. Baseline and end of week 4 (EOW4) scores were: HDRS 23.76 and 14.04 respectively; BDI 30.56 and 20.04 respectively; CGI-s 4.96, and 4.22; all of which were statistically significant improvements.

Conclusions: Given the clear marked treatment resistance of these subjects recruited for this study, these findings suggest that low frequency rTMS over the right dorsolateral prefrontal cortex may improve clinical symptoms over 4 weeks in subjects with depression that has failed aggressive pharmacotherapy treatment.

COMPARISON OF SERTRALINE'S EFFICACY AND TOLERANCE WITH THOSE OF CLOMIPRAMINE DURING THE TREATMENT OF OCD PATIENTS

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Aim: The study's aim was the comparison of efficacy and tolerance of the OCD patients treated with Sertraline toward those treated with Clomipramine.

Method: The study was focused on the inpatients and outpatients presented at Psychiatric Clinic, diagnosed with OCD during September 2005-March 2006. The criteria of being selected were randomization of those with > 20 points according to Yale-Brown Obsessive Compulsive Scale and > 4 points according to Clinical Global Impression Scale. There were two groups: first group was treated with clomipramine and the second with sertraline. Sertraline doses were 50 and 200 mg/day and clomipramine 100, 125 and 150 mg/day. The study was conducted during a period of 12 weeks including tree evaluations through YBOC scale and CGI.

Results: 91.8% of the patients completed the study. 18 were treated

with Sertraline and 16 with Clomipramine. Both treatments resulted with the same efficacy in treating the OCD symptoms. The patients treated with sertraline reported less side effects frequency and intensity and more tolerance than the patients treated with clomiprami-

Conclusions: Both treatments showed therapeutic efficacy in treating the OCD symptoms. Clomipramine caused more side effects and the number of patients dismissed from the study was higher in the group of clomipramine. Sertraline is as effective as clomipramine for treating the OCD but has more compliance and less side effects.

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P-03-162

ANALYSIS OF HEAVY METALS AND MINERALS IN DEPRESSIVE PATIENTS

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Objective: This study evaluated heavy metals and minerals with hair analysis, also evaluated severity of depressive symptoms. And we examined cross-sectional associations between heavy metals, minerals and depressive symptoms, severities, onset age and symptom duration

Method: Subjects were 62 patients that were diagnosed as depressive disorder, including major depressive disorder, dysthymic disorder and depressive disorder NOS. Heavy metals and minerals were examined through hair analysis with patient's scalp hair in occipital area. Inductively coupled plasma-mass spectrometry (ICP-MS) was used in hair analysis. We measured 10 heavy metals, including Hg, Pb, Al, Ba, etc. and 16 minerals, including Na, K, Ca, Mg, Zn, S, P, Cr, Mn, Co, Fe, Cu, Se, Li, V, Mo. And also, we calculated several ratio, for example Zn/Cu, Zn/Mo, Zn/Pb etc.. Demographic data was collected from interview and depressive symptoms were evalua-

te with Beck depression inventory-II (BDI-II), Hamilton depression rating scale (HDRS), SCL-90-R, Hamilton anxiety rating scale.

Results: Depressive patients showed significant low level in some minerals, such as Zn, Cu, Mo (p<0.05). And also, differences among each depressive disorder were existed in Na/K and Zn/Cu. But, No difference were observed between groups, in terms of symptom severity, duration and onset age.

Conclusion: This study suggests that low level of some trace elements may be related to depression. But, it is unclear that these findings may contribute to onset or result of depression. Anyway, analysis of trace element may be useful method in evaluation of depressive patients. And, dietary supplement of diminished elements may be helpful to treatment of depression.

CONDITIONS AND PSYCHOPATHOLOGICAL CHARACTERISTIC OF PATIENTS HOSPITALIZED IN PSYCHIATRIC HOSPITALS WHO COMMIT SUICIDAL ATTEMPTS

INSTITUTIONS

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Introduction: The problem of suicides, because of its social aspect, is the source of numerous researches. Suicidal attempts are more frequent in the group of patients hospitalized due to psychiatric disorders, while affective and personality disorders predispose to committing suicide attempts. In Poland, a male aged approximately 45, living in a village or small town, unemployed or working as a farmer or worker, committing suicide by hanging himself, is a typical suicide 4 to 5 times more often. Women more often commit unsuccessful suicide attempts using less drastic methods. An accurate analysis of the etiopathogenesis of suicides will allow to treat and prevent suicidal attempts more effectively.

Objective: The authors tried to established a sociodemographic profile of patients hospitalized in psychiatric hospitals who committed suicidal attempts; to establish the most frequent reasons and

methods of committed suicidal attempts and to evaluate the general level of aggression and autoaggression in the studied group.

Material and methods: The patients hospitalized in the J. Babinski Memorial Hospital in Lodz were enrolled in the study. The following methods were used: sociodemographic and medical (developed by the authors) surveys, Kelley's inventory, Moos's test, SCID-II, and the Inventory Psychological Aggression Syndrome (IPSA II).

Results: The majority of enrolled patients were males. The examined patients achieved high results in all aggression inventories, particularly in autoaggression and hostility towards themselves. 90% of the studied patients had personality disorders. Their inability to cope with stress effectively was also established. Detailed results will be presented in the publication.

P-03-164

DEMENTIA AND SUICIDAL ATTEMPTS: DISCUSSION REGARDING DLB AND FTD CASES

INSTITUTIONS

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Aims: In Japan more than thirty thousand people have committed suicide every year since 1998. One third of them are elderly people's cases. However, there are no case studies that include detailed description of attempted suicides with dementia.

Methods: Descriptive, psychopathological case studies of dementia. To protect the patients' anonymity, their details of life history are eliminated.

Results:

Case 1. A 75-year-old woman exhibited a delusional state and entered hospital. Her essential features were disturbed consciousness, auto-sosie and visual hallucination. One month after the hospitalization, she attempted suicide. She was diagnosed to have a dementia with Levy body (DLB) as a result of clinical examinations. Her behavior was considered to be due to the slightly altered consciousness.

Case 2. A 71-year-old woman, who had previously suffered from cerebral infarction, began to apologize to her husband without no rational reasons. Her apologies were stereotyped and accompanied by no mood swings. A week after the journey with her family members to the famous scenic spot, named Toujinbo, she committed suicide at a nearby river. Toujinbo is known as the place where many people drown themselves in a sea. After her admission, she was diagnosed to have a fronto-temporal dementia (FTD). Her behavior was considered to be due to simplism without mood-congruent thinking.

Discussion and Conclusion: Suicidal attempts of two patients are caused by not major depression, but the psychopathology of DLB/FTD. Psychiatrists should take

account of the psychopathology of dementia to provide appropriate preventions against suicides.

PSYCHOMOTOR DISTURBANCES IN BIPOLAR AND UNIPOLAR DEPRESSION

INSTITUTIONS

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Objectives: Psychomotor disturbances in depressive patients are bidirectional - toward retardation or agitation. They are usually assessed by means of clinical observation. In order to introduce more objectivity in recording and measuring psychomotor activity, we have applied a new approach using an internationally patented motion analysis system (1). The aim of the present study was to compare the proportions of psychomotor retardation or agitation in relation to bipolar or unipolar depression.

Methods: 30 patients - 15 with bipolar and 15 with unipolar depression and 30 healthy controls were examined by means of computerized ultrasound cranio-corpo-graphy (CCG) for objective quantification of psychomotor activity. A standard clinical assessment was also performed. The severity of depression was evaluated by Montgomery-Asberg Depression Rating Scale and that of anxiety - by Hamilton Rating Scale for Anxiety. Patients were additionally divided into two subgroups - with inhibited or disinhibited CCG-

patterns respectively, according to their velocity and spatial CCG-parameters.

Results: Both bipolar and unipolar depressive subgroups showed comparable clinical signs of psychomotor retardation or agitation but the majority of the bipolar subgroup exhibited mania-like CCG-disinhibition, being related to higher anxiety scores. Many bipolar patients presenting clinically with psychomotor inhibition, in fact showed CCG-disinhibition. This finding suggests that dissociation exists between clinical assessment and CCG-recording, the latter being more informative for the subjective state of the patient. Conclusion: Some of the bipolar depressive patients presenting clinically as retarded are in fact anxious and mentally disinhibited.

Conclusions for treatment approaches are drawn.

1. Claussen CF, Haralanov SH United States Patent 6,473,717/2002

P-03-166

SUICIDE IN PATIENTS WITH SCHIZOPHRENIA: RISK FACTORS IN SINGAPORE

INSTITUTIONS

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OBJECTIVE. Few studies were done that look at the risk factors for suicide for patients with schizophrenia in Asia. The aim of this study was to identify such factors in a sample of patients from the Institute of Mental Health in Singapore. The nature of their inpatient and outpatient treatment were also explored.

METHOD. This is a case-control study of 57 patients with schizophrenia who committed suicide from 2003-2004. Controls were 57 surviving patients with schizophrenia who were individually matched for age, gender and period of treatment.

RESULTS: Suicide was significantly associated with history of attempted suicide using lethal and non-lethal means, delusions (mainly persecutory), involuntary hospitalisation, defaulting treatment and side-effects (mainly extra-pyramidal side-effects) to medication. Periods soon after discharge and after an outpatient consult

were identified as high risk periods. One finding is that few patients with schizophrenia expressed suicidal ideas to healthcare workers prior to suicide. Stepwise conditional logistic regression showed that the factor that best predicted suicide in schizophrenia was history of attempted suicide using lethal methods (adjusted relative risk of 65).

CONCLUSIONS: Singaporean patients with schizophrenia share some common risk factors for suicide identified in Western studies but the lower prevalence of substance abuse and comorbidity in Singaporean cases was one notable difference. Side-effects and default of treatment continues to be a common problem when treating individuals with schizophrenia. Abnormal or inhibited expression of suicidal ideation in schizophrenia patients may account for such warning signs not picked up prior to suicide.

VISUAL ACUITY LOSS SECONDARY TO OBSESSIVE-COMPULSIVE DISORDER

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BACKGROUND: Self-mutilation behaviors can occur in various psychiatric disorders, but reports of self-mutilation in obsessive-compulsive disorder (OCD), particularly self-inflicted eye injuries, are very rare in the literature (1).

METHOD: The case of a 41 year-old single OCD patient who became almost blind due to compulsive manipulation of his ocular cavities is reported.

RESULTS: The patient presented cleaning and ordering/symmetry rituals since he was 12 years-old and, 17 years later, he began to present persistent doubts regarding the shape of his ocular cavities, associated with a repetitive urge to touch them in order to check the exact format of the bones and cartilages. He developed glaucoma in the left eye that lead to impairment in his optic nerve and complete visual acuity loss. In his right eye, the cornea was injured, also leading to important loss in visual acuity. Differential diagnosis with

tic disorders is discussed and the patient's treatment approach at the University's outpatient clinic over three months is also described. CONCLUSIONS: Although rare, severe and irreversible clinical complications like this can occur in OCD and may considerably worsen the individual's quality of life, also affecting family members. This report contributes to the important, but neglected discussion concerning severe self-mutilation behaviors in OCD, which may even characterize a specific subtype of this highly heterogeneous condition (2).

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P-03-168

GENDER-RELATED DIFFERENCES IN THE PHENOTYPIC EXPRESSION OF OBSESSIVE-COMPULSIVE DISORDER

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Objective: To evaluate possible gender-related differences in obsessive-compulsive disorder (OCD) clinical features in a large sample of Brazilian patients, because previous studies have shown differences in phenotypic expression between men and women, including mean age at onset of obsessive-compulsive symptoms (OCS), types of OCS, comorbid disorders, clinical course and prognosis.

Method: Three hundred and thirty OCD patients (DSM-IV criteria) assisted at three public Universities and at two private practice clinics were evaluated. The instruments used were: the Yale-Brown Obsessive-Compulsive Scale, the Beck Depression Inventory, the Yale Global Tics Severity Scale and the Structured Clinical Interview for DSM-IV Axis I Disorders (to assess psychiatric comorbidity).

Results: Fifty-five percent of the patients (N=182) were men, which were significantly more likely than women to be single and to pre-

sent sexual, religious and symmetry obsessions, and mental rituals, as well as early onset of OCS. They also presented more comorbid tic disorders and post-traumatic stress disorder compared to women, and a tendency to present more social phobia and lower income levels. Besides showing a significantly higher mean score in the Beck Depression Inventory, women were more likely to present comorbid simple phobias, eating disorders in general (anorexia in particular), impulse control disorders in general, compulsive buying and skin picking in particular. There were no significant differences between genders concerning OCD global severity, neither in the obsession or compulsion subscales.

Conclusion: The present study confirms some gender-related differences described in other countries and cultures, which may have important implications for studies of OCD etiology and treatment.

COMORBIDITY OF ANXIETY AND DEPRESSION AMONG MAJOR DEPRESSION PATIENTS

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Objective: About 80% of all psychiatric disorder diagnosed in the US population involved comorbid disorders and the most frequent are anxiety and mood disorders, and substance abuse. The aim of this study was to investigate the pattern of comorbidity among major depression patients.

Methods: The levels of anxiety, presence of chronic somatic illness or substance abuse, suicidal behaviour, cognitive impairment were evaluated among 50 patients with major depression. The levels of anxiety were evaluated using STAI, levels of depression with HAMD, cognitive impairment using Benton neurocognitive test.

Results: Major depression, chronic somatic illness and substance abuse were significantly more prevalent in major depression patients with high anxiety levels comparing with respondents with no anxiety increased levels. No significant relationship was observed between higher anxiety levels and cognitive impairment.

Conclusions: Major depression is often accompanied with other psychiatric disorders or symptoms. These association may result with social and occupational impairment, poorer response and higher risk of complications, such as suicidal behaviour.

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SCREENING FOR DEPRESSION AMONG PSYCHIATRIC NURSES IN GREECE'S LARGEST PSYCHIATRIC HOSPITAL

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AIMS: The aim of this study is to evaluate the incidence of depression among nurses in the stressful environment of the Psychiatric Hospital of Attica.

METHODS: In a study concerning the psychological status of psychiatric female nurses, 100 questionnaires were anonymously administered in December 2007. The questionnaire used was the Beck Depression Inventory II (BDI II).

RESULTS: From a group of 100 nurses, 43% were aged below 35, 35% were aged 35-45 and 22% were aged over 45. In the "below 35" age group, 46.5% scored normal, 18.6% scored for mild depression, 7% scored for moderate depression, while 46.5% scored "fake good". In the "35-45" age group, 31.4% scored normal, 28.6% scored for mild depression, 8.6% scored for moderate depression, 5.7% scored

for severe depression, while 25.7% scored "fake good". In the "over 45" age group, 31.8% scored normal, 31.8% scored for mild depression, 18.2% scored for moderate depression, while 18.2% scored "fake good". Psychiatric nurses younger than 35 score statistically significantly lower on BDI than 35-45 and over 45 year old nurses. Younger nurses also exhibited a significantly higher percentage of fake good scores.

CONCLUSION: Psychiatric nurses over 35 appear to exhibit a greater extent of work burden compared to the younger nurses' group, as measured by their BDI depression scores. The older nurses' increased frankness in questionnaire completion might indicate greater need to communicate their distress and greater trust towards their medical colleagues.

EFFECTS OF RISPERIDONE LONG ACTING INJECTION ON SUICIDAL IDEATION, VIOLENT BEHAVIOR, AND SELF-INJURY IN PATIENTS WITH SCHIZOPHRENIA: 18-MONTH INTERIM RESULTS FROM THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR) IN CZECH REPUBLIC AND SLOVAKIA

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Objective: To examine incidence of suicidal ideation, violent behavior, and deliberate self-harm after switching to risperidone longacting injection (RLAI) in patients with schizophrenia effectiveness ofon the incidence of suicidal ideation, violent behaviour, and deliberate self-harm in patients with schizophrenia enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) from Czech Republic and Slovakia.

Methods: e-STAR is an international, long-term, prospective, observational study of patients with schizophrenia who commence RLAI treatment. Data are collected both retrospectively for 1 year and prospectively every 3 months for 2 years. The treating physician evaluated whether there was a presence of suicidal ideation, violent behavior, and self-injury at baseline and prospectively at 3 monthly intervals. Pooled results presented are based on data from patients

who have completed their 18-month follow-up visit.

Results: To date, total of 1324 patients have been enrolled in e-STAR from the Czech Republic and Slovakia; 296 patients with at least 18-months of data available (97.3% still on RLAI) were included in this analysis. Of the 296 patients, 53.7% were male with a mean age of 37.6±12.1 years and a mean time since diagnosis of 9.6±9.0 years. Compared to baseline, significant reductions were observed in the occurrence of suicidal ideation (21.0% to 0.0%, p<0.001), violent behavior (16.5% to 0.3%, p<0.001), and self-injury (8.2% to 0.3%, p<0.001).

Conclusions: This 18-month interim analysis of open-label observational data suggests that incidence of suicidal ideation, violent behavior, and self-injury was significantly reduced from baseline in patients with schizophrenia treated with risperidone long-acting injection.

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PREVENTION OF ANXIETY DISORDERS IN PRESCHOOL CHILDREN: RESULTS OF A PILOT STUDY WITH ANXIOUS PARENTS

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Studies have showed that cognitive-behavior therapy (CBT) is the most effective treatment for children with anxiety disorders. However, a significant proportion of them do not respond or show only partial response. Prevention has been suggested as an effective way of reducing anxiety problems in children. However, very few study have examined its efficacy.

Objective: The objective of this study was to examine the efficacy of a CBT prevention program of anxiety disorders in young children (4-7 years old) that focus on parental psychopathology and parental behaviors.

Method: Parents were recruited from a sample of 50 parents. They completed a battery of questionnaires and took part to an interaction task with their child. The parents were selected by the Anxiety Disorders Interview Schedule. The program has the following

objectives: help the parents coping with their own anxiety, develop a positive parent-child relationship, help the parents using efficient educative practices (especially those related to the anxious behaviors of their child), and to decrease avoidance behaviors of the children. The intervention was conducted in groups of 5 parents and lasted 8 weeks. Immediately after the program, the parents completed the same measures.

Results: Preliminary results from a small sample of parents that completed the follow-up (N = 8) showed changes in their own lever of anxiety and significant changes in their parental behaviors, especially a decrease of over control and overprotection. But no changes were observed on the child anxiety.

Conclusion: Complete results will be presented and discussed with future directions suggested.

TREATMENT OF ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS: EMPIRICALLY-BASED INTERVENTIONS AND FUTURE DIRECTIONS

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Anxiety disorders are among the most frequent psychiatric conditions in children and adolescents, with prevalence rates from 10 to 22%. The first part of this presentation will focus on empirically-based treatments, such as cognitive-behavioral therapy (CBT) and pharmacotherapy.

Objective: This study was designed to test the efficacy of a family-based treatment of childhood anxiety.

Method: After screening 2667 children in schools, 148 families were administered a series of questionnaires measuring anxiety, depression, parental attitudes, parental psychopathology, etc. From this sample, 84 families were selected and assigned to a family-based treatment or to a control group. The comparison group did not receive the intervention but could receive treatment in the community. The families were French-speaking, mainly single-parent families, from

middle-class suburbs. The program consisted of 10 weekly two-hour sessions, in a group format of 5 to 8 families. Interventions with children included cognitive-behavioral strategies for coping with anxiety such as exposure, cognitive restructuring and relaxation. The parent sessions taught parents how to help their children cope with anxiety, how to cope with their own anxiety, and how to develop more effective parental skills.

Results: Results showed a decrease of anxiety, depression and externalizing symptoms in children of the intervention condition, as well as changes in parental behaviors such as overprotection. The 5 year follow-up indicated that parental behaviors such as overprotection have continued to decrease in the treatment group.

Conclusion: The discussion will examine some future directions in the treatment of anxiety disorders in children and adolescents.

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REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) AND ITS INFLUENCE ON PSYCHOPATHOLOGY AND COGNITIVE FUNCTIONS IN PATIENTS WITH DEPRESSIVE DISORDER

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Introduction: Repetitive transcranial magnetic stimulation (rTMS) is quite a new biological method for treatment of patients with depressive disorder. According to some studies rTMS could improve cognitive functions in these patients too, but our knowledge in this area is still insufficient.

Aim: The aim of this simple blind randomised study is to assess the ability of high-frequency rTMS to improve psychopathology and cognitive functions in patients with depressive disorder.

Methods: Forty male patients with depressive disorder were divided into two subgroups. One subgroup was treated with rTMS and the other subgroup with antidepressants of the third or fourth generation. rTMS was applied to the left dorsolateral prefrontal cortex. The stimulation frequency was 15 Hz and the stimulation intensity was 110% of the motor threshold. Each patient received 15 rTMS sessions and each session consisted of 1500 stimuli. The psychopathology was rated by HAMD-21 and MADRS and each patient

underwent complete neuropsychological examination (consisting of Raven's Progressive Matrices, TMT, CPT, CWT, testing of visual and auditive reaction times, WCST, VFT, WMS-III) before and after the treatment.

Results: Fourteen patients were responders (five of them achieved remission) in the rTMS subgroup. Thirteen patients were responders (six of them achieved remission) in the antidepressants subgroup. Results of neuropsychological tests showed that rTMS especially improved memory, thinking process and its flexibility, executive functions and verbal fluency.

Conclusion: Our simple blind study confirmed promising effect of high-frequency rTMS in influencing psychopathology and some cognitive functions in patients suffering from depressive disorder.

The study was supported by Ministry of Education of the Czech Republic (VZ MSM 0021622404).

INFLUENCE OF GENDER ON THE CLINICAL PRESENTATION OF GENERALIZED ANXIETY DISORDER (GAD), AND RESPONSE TO TREATMENT WITH PREGABALIN

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Aim/Objective: This retrospective analysis evaluated gender differences in the clinical presentation of GAD and response to treatment with pregabalin (PGB).

Methods: Data were pooled from six multicenter, double-blind, place-bo-controlled, 4-6 week trials of outpatients with DSM-IV GAD and a minimum HAM-A total score >18. Treatment response was analyzed for three fixed-dosage groups, 150mg/d, 300-450mg/d, and 600mg/d.

Results: The baseline presentation of GAD was similar for women versus men, respectively, in terms of mean (+SD) age (38.6+12.3 vs 39.4+11.5 years) and severity of concurrent depressive symptoms (HAM-D score, 13.7+4.4 vs 13.4+4.3); however, women had a modest but significantly higher mean HAM-A somatic factor score (11.5+3.2 vs 10.8+3.1; P<0.01). For both women and men, treatment with PGB resulted in significantly higher LOCF-endpoint improvement in HAM-A total score: Women: PGB-150mg, -10.7+0.82;

PGB-300/450mg, -11.8+0.68; PGB-600mg, -12.4+0.59 vs Placebo, -9.5+0.51 (P<0.0001 for all comparisons); Men: PGB-150mg, -10.8+0.81; PGB-300/450mg, -12.6+0.59; PGB-600mg, -11.6+0.51 vs Placebo, -8.7+0.47 (P<0.0001 for all comparisons). There were no between-dose differences in treatment response for either women or men in the recommended dosing range of 300-600 mg/day. CGI-I responder rates were significantly higher (P<0.001) on PGB versus placebo for both women (50% vs 35%) and men (53% vs 38%). There were no gender differences in attrition due to adverse events, or in proportion of severe adverse events.

Conclusion: Women and men with GAD showed similar clinical presentations, with the exception that women reported somewhat more somatic symptoms. Pregabalin was an effective and well tolerated treatment for GAD in both women and men.

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P-03-176

CRISIS THERAPY INTERVENTION IN PANIC DISORDER

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Objective: Crisis therapy is an instrument that could improve prognosis of panic disorder patients when it is applied in the hospitals emergency rooms [1]. As objective of our study we focused upon the efficacy of early psychotherapeutic interventions in patients diagnosed with panic disorder.

Methods: A group of 37 patients, 23 female and 14 male, mean age 37.5, diagnosed with panic disorder, received psychiatric assistance in the emergency room of our department. We used crisis intervention, with focus on relaxation methods, normalizing, assurance and explanation of cognitive- behavioural panic model [2]. We assessed these patients using Acute Panic Inventory (API) and Hamilton Rating Scale for Anxiety (HAMA) before the crisis intervention as well as after 48, 72 hours and after 7 days.

Results: The anxiety symptoms in patients with panic disorder decreased significantly after crisis intervention as API (-15.2 points) and HAMA (-5.4 points) scores showed after 48 hours. However, patients

who didn't enter in a structured psychotherapeutic and/or anxiolytic drug treatment after the initial intervention presented a gradually increases in anxiety level, with API and HAMA scores greater than treated patients (+10.2 and +7.6, respectively, at 7 days).

Conclusion: Patients with panic disorder receiving crisis intervention improved significantly, but they also should be supported by a medium to long term psychotherapeutic and/or anxiolytic treatment.

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AN OVERVIEW OF SUICIDE-FILICIDE BEHAVIOR REGARDING EIGHT CASES ASSISTED IN A MENTAL HEALTH INSTITUTE

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OBJECTIVE: Study of suicide-filicide cases checking demographic and clinical features to understand this phenomenon .

METHODS: A prospective trial of cases of suicide-filicide behavior seeing last 5 years regarding demographic and lawful files, also clinical diagnosis adjusted to DSM IV criteria.

RESULTS: We studied 8 mothers with suicide-filicide profile, 5 of them survived and their children died, while in other 3, mothers and children survived. Mother's age was between 18 to 38 years old. Only 2 mothers were married. 4 mothers had a high school degree, 3 primary school and one a university degree. Major Depressive Disorder was diagnosed in 5,1 of them with psychotic features, other with Bipolar Disorder, in the latest 2 diagnosis was acute Psychosis. In all cases, psychological abuse was showed, familial crisis, and home escape by partners. 3 mothers justified their attitude evoking child

suffering. In all cases method was poisoning. Age in died children was 2 to 5 years old, in survived 4 months and 8 years old. 3 filicides made a new suicide attempt because of guilty feeling, a hard stressor on judge's determination over child care, fear or shy

CONCLUSIONS: Common factors in suicide-filicide behavior in the study: young mothers, home crisis, all depressed worsened by partners' abuse or home escape, poisoning as the prevalent method and fear about the continuity on maternal care .A tragedy increasing in developing countries.

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P-03-178

PROJECT OF INTERVENTION IN CORONARY PATIENTS WITH AND WITHOUT MAJOR DEPRESSION FROM ARZOBISPO LOAYZA NATIONAL HOSPITAL, LIMA, PERU

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Aims - Know depressive major disorder (DMD) prevalence in coronary patients with or without IAM from HAL Cardiology External Consultation and Coronary Intensive Care Unit (UCICOR). - Follow two cohorts (patients with and without DMD) and offer psychiatric treatment for patients diagnosed of DMD. - Evaluate rates of IAM-IAM2 cohorts with and without DMD. Later, in cohort with DMD, compare whose receive treatment against whose refused or left it. - With the results, design a program for DMD prevention, detection and treatment for HAL coronary patients.

Material and methods: - Included: patients with coronary disease of ambulatory consultation and UCICOR, with or without DMD. Excluded: with another mental disease. - Clinical interview, application of measurement and diagnosis scales (MINI, depression section and Hamilton's scale for depression). Assignment to cohorts: with and without DMD's diagnosis, and with DMD, whose conclude or

not their treatment. - Pharmacological and psychotherapeutic treatment for patients with DMD. - UCICOR's report in case of revenue - Evaluation of exit after one year. - Comparison of the occurrence of coronary events between cohorts.

Results: We hope that patients without DMD will present a minor IAM-IAM2 rate that patients with DMD and, inside cohort with DMD, this rate will be minor in patients who conclude treatment.

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LONG-TERM TREATMENT OF DEPRESSION

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Aims/objectives: The course and short-term treatment of depression disorders have been extensively studied. Since there is a high risk of recurrences in depression disorders and given the fact that there is a wide range of patients showing residual symptoms even after an adequate initial response to treatment, it is still necessary to study middle-term and long-term treatment of depression.

Methods: In the present study we identify clinical trials aiming to evaluate the long-term treatment of depression. We searched for all published double-blind randomized clinical trials including an acute-treatment phase that, after achieving an adequate treatment response and/or therapeutical remission in patients diagnosed of major depression disorder, randomized these patients to a pharmacological treatment-maintenance period of at least 24 months. Research of the published literature until October 2007 was performed both in Pubmed and the Cochrane Controlled Trials Register database.

Results: 13 clinical trials, published between 1982 and 2007 were selected. Three showed a duration of 36- months (one of them with a 60-months follow up extension), one showed a 25-months and the remaining nine, with a 24-months follow up period. Among the used drugs we found: tricyclics antidepressants (Imipramine (3), amitriptyline, nortriptyline (2) or similar (desipramine, dotiepine); MAOI's (phenelzine); SSRIs (fluvoxamine/sertraline, sertraline and paroxetine) and SSNRI's (venlafaxine).

Conclusion: Data in this systematic review show that there are very few studies regarding long-term treatment of depression. Future clinical trials should include longer maintenance treatment periods that contribute to understand the treatment of chronic depression.

P-03-180

DEPRESSION AND GLOBALISATION: THE PERSONAL REPRESENTATION OF A POLITICAL PROBLEM

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Depression can be a life-wrecking, painful experience for sufferers and their families. Moreover the number of people suffering from depression has increased considerably in recent years. My talk will centre on my most recent book (published December 2007). The rebirth of the new right in the 1970's meant that in country upon country, markets were deregulated, state planning and power dismantled, welfare was cut and/or criminalised and full employment policies abandoned. Moreover the economic discourses of globalisation have shaped the way that we understand, represent and treat depression in the western world. We have focused too much on individualistic factors and neglected the social and political con-

text within which we all operate. The psychological sciences exist in a paradoxical territory where their systems of treatment also represent tacit support for the political system that creates such harmful circumstances in the first place. The focus on the psychology of the individual as this unit of investigation has been rewarded in the current economic and political climate. This work offers a critical synthesis of the way that changes in social inequality and poverty, in conjunction with an individualistic political and academic focus, have acted to create the conditions that will continue to make depression a profound and disabling health issue well into the 21st century.

THE EFFECTS OF SELF-CRITICAL PERFECTIONISM ON THE OUTCOME OF PROLONGED EXPOSURE THERAPY AND ABBREVIATED PSYCHODYNAMIC THERAPY FOR POSTTRAUMATIC STRESS DISORDER IN ADOLESCENT VICTIMS OF SINGLE-EVENT TRAUMAS

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We aim to explore the effects of self-critical perfectionism (SC) on the outcome of Prolonged Exposure therapy (PET) and Brief Psychodynamic therapy (BPT) for Posttraumatic Stress Disorder (PTSD) in adolescent victims of single event traumas. Previous studies have marked SC as a vulnerability factor for depression, for both adolescents and adults. Additionally, Blatt et al. (1) have shown that SC has an adverse effect on the outcome of brief therapy for depression. The effect was found for both cognitive behavioural and psychodynamic treatment methods. Moreover, SC has been identified as a vulnerability factor for the development of PTSD symptoms. So far, no research has examined the effects of SC on the outcome of interventions in anxiety disorders, in particular PTSD. In light of previous findings, we have hypothesised that SC would have an adverse

effect on the outcome of PE and AP in PTSD. Participants were 35 adolescents (mean age 14, range 11-18) diagnosed with PTSD who completed either PE (n=18) or AP (n=17) therapy. A preliminary analysis of the data has revealed an association between SC severity of PTSD, depression and general anxiety at the onset of treatment. However, SC did not affect any of the emotional distress indices at the end of treatment. These findings are discussed in view of the differences in treatment of anxiety vs. depression, adolescents vs. adults, and personality vulnerability on treatment efficacy.

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P-03-182

rTMS TREATMENT OF DEPRESSION - RESULTS UNDER NATURALISTIC CONDITIONS

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OBJECTIVES: Repetitive transcranial magnetic stimulation (rTMS) is increasingly used in clinical practice, especially for the treatment of drug-resistant depressive syndromes. A large number of controlled studies strongly suggest antidepressant efficacy of rTMS. However systematic observations of optimal stimulation parameters and clinical relevance under naturalistic conditions are still lacking. METHOD: Between July 2004 and June 2007 101 patients with drug resistant depression were treated with rTMS in the centre for noninvasive brain stimulation at the district hospital of Regensburg. 2000 stimuli of rTMS (40 trains with an intertrain interval of 25 seconds) with a frequency of 20 Hz and an intensity of 110% of the motorthreshold were applied daily from Monday to Friday over the left dorsolateral prefrontal cortex.

RESULTS: In 93 cases treatment was terminated as planned, in 8 cases it was terminated earlier for various reasons. No severe side effects were observed. In average patients received 16,2 \pm 6,5 treatment sessions. The average score of the Hamilton depression rating scale before treatment was 24,1 \pm 7,4, after treatment 15,7 \pm 8,3 .32 patients had an improvement of their Hamiltonscore of 50 % or

CONCLUSION: These results indicate, that rTMS represents a practicable, safe and well tolerated treatment option in clinical practice. Treatment effects are clinically relevant. However it has to be considered that the data come from a clinical observation under naturalistic conditions.

DIAGNOSIS OF PEDIATRIC BIPOLAR DISORDER: CLASSIC OR ATYPICAL?

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Background: Debate regarding the prevalence of pediatric bipolar disorder has focused on its defining features, specifically the mood component (irritable or euphoric) and the cycling pattern (episodic or chronic). The goal of this study is to examine symptoms profile, comorbidity and familiality based on these clinical correlates.

Methods: Subjects were youth (≤18 years) who satisfied DSM-IV criteria for bipolar disorder on structured diagnostic interview (KSADS) who had been consecutively referred to a family study of pediatric bipolar disorder. Subjects (N=107) were studied in regards to symptom profile, cycling patterns, functioning, patterns of comorbidity, and family history.

Results: We examined patterns of familiality based on combinations of mood state and cycling, examining those with euphoric mood (37%), irritable mood (91%), clear cycling pattern (12%) and chro-

nic symptom picture (88%: 12% rapid, 27% ultra-rapid, 1% ultradian, 7% episodes longer than 12 months, 41% one episode longer than 12 months). We found no differences (p<0.01) in symptoms, comorbidity, or familiality of bipolar disorder, whether stratifying by the presence of irritability (14% familiality) or euphoria (13% familiality). Grandiosity versus no grandiosity was associated with greater familiality of bipolar disorder, but this was also true of other criterion B symptoms. We found no differences in familiality when stratifying by episodic (11%) or chronic course (13%).

Conclusion: The clinical correlates of course (episodic or chronic) or mood presentation (euphoria or irritability) were not useful in defining a distinct subtype of pediatric bipolar disorder based on symptoms, comorbidity or familiality.

P-03-184

ACUTE STRES DISORDER AND POSTTRAUMATIC STRESS DISORDER AFTER MOTOR VEHICLE ACCIDENT: ONE YEAR FOLLOW UP STUDY

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Aims: Although traffic accidents are more common in developing countries than in the developed ones (1), prospective studies investigating the PTSD ratios are limited (2). We aimed to find out the PTSD ratios in people who have had a traffic accident, and the variables affecting this ratio.

Methods: 95 subjects were included in the study and were evaluated at 4 different times; in the beginning, after 3 months, 6 months and 1 year.

Results: During the first evaluation, 41.1% (39) of our participants had ASD. It is found the lover perceived social support (OR=0.0908, CL=0.834-0.989, p=0.027) and higher disosyasyon score (OR=1.332, CL=1.170-1.516, p<0.001) as significant predictors of ASD. After 3 months, 6 months and 1 year of the accident, we found PTSD (respectively) in 29.8%, 23.1% and 17.9% of the subjects. Although, limitation at work and social life after traffic accident was not related

to PTSD at 3 months (OR=122.43, CL:0.000-, p=0.999), limitation at work and social life predictors for PTSD at 12 months (OR=155.514, CL=2.321-104.22, p=0.019)

Conclusion: it was found that the development of PTSD at 3 months after traffic accident to be related ASD, peritraumatic dissosiatif scores and the social support scores. The persistence of PTSD at 12 months evaluation is related, to limitation work and social life, the lover social support scores.

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THE ROLE OF GENDER AND TRAUMA TYPE IN PREVALENCE OF PTSD IN A POPULATION LIVING IN A REGION WITHIN THE AREA OF CONFLICT: A "TURKEY" MODEL

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Aims: Studies conducted in this regard have reported that response to trauma differs, and different psychopathologies might develop according to gender (1). We planned to investigate the role of gender and trauma type in prevalence of PTSD and other psychopathologies in people who live within the area of conflict.

Method: In the conflict area, a list of 750 houses was produced by randomly choosing 50 separate sets representing the provincial center. Information about the demographic characteristics, traumatic experiences of the and PTSD 708 participants (women: 398, men 310) was obtained.

Results: Although men (52.9%) experience more traumatic life events compared to women (44%), there was no difference between genders regarding lifetime(men: 73.8%, women 72.6%) and current PTSD rates(female: 28%, male: 32.3%). While it was determined that, compared to women, men have higher rates of lifetime PTSD among those who experienced forced migration as a type of trau-

matic life event without additional trauma, we found that among those who experienced earthquake, lifetime PTSD rates were higher in women than in men. Among those who received death threat, and who experienced forced migration without additional trauma, PTSD rates were higher in men than in women.

Conclusions: According to our findings, it can be concluded that traumatic life experience can be determinative in relations between PTSD and gender, depending on gender-related social roles and some cultural characteristics.

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P-03-186

COMORBIDITY AND PSYCHOLOGICAL DIFFERENCES AMONG PATIENTS WITH ANXIETY DISORDERS

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Objective: The aim of this study is to determine differences between anxiety disorder subgroups in terms of anxiety sensitivity, state and trait anxiety, worry and disability levels and comorbidity.

Method: Drug free patients were diagnosed with MINI, a structured diagnostic interview. Those who had a principal diagnosis of one of the DSM-IV anxiety disorders were asked to fulfill a package of psychological tests (STAI, ASI, PSWQ, BDQ).

Results: There was a significant difference between groups according to ASI scores. Post hoc analysis revealed that patients with GAD (n=50) and PD (n=30) were more sensitive to anxiety than all the other groups except PTSD (n=8). There were no differences between GAD and PD groups nor between the other groups. Patients with

GAD had significantly higher scores both on state and trait anxiety than all the other groups (p<0,001) except OCD (n=31) and PTSD groups. Patients with GAD had significantly higher scores on PSWQ than the PD and AD-NOS (n=49) groups (p<0,05). In terms of disability there were no significant differences between groups. Comorbidity was highest in the GAD group (74%) while in the other groups it ranged between 12- 37,5%. Patiens who had a comorbid disorder had higher scores on ASI, STAI-T, STAI-S (p<0,001) and on PSWQ (p<0,05).

Conclusion: Anxiety sensitivity is high among GAD patients as well as PD patients but this might be because of the high comorbidity rates in GAD patients. Anxiety sensitivity, state and trait anxiety are prominent risk factors for comorbidity among anxiety disorders.

A COMPARISON OF THE STATE-TRAIT ANXIETY LEVELS OF PATIENTS WITH MULTIPLE SCLEROSIS AND NON-PATIENT INDIVIDUALS

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Objective: The study aims at comparing the state-trait anxiety levels of patients with multiple sclerosis and non-patients individuals.

Method: The sample of the research consisted of 80 patients and 80 healthy individuals who were registered at the Multiple Sclerosis Foundation and Ege University Faculty of Medicine Polyclinic for Neurology and either attended meetings at the foundation or applied to the polyclinic during March-April-May 2006. Having received necessary permission form institutions, patients and healthy individuals, the data was collected through Introductory Information Form and State-Trait Anxiety Inventory (1,2).

Results: While the state anxiety level of patients with multiple sclerosis was 51.20±3.0, the level of healthy individuals was determined to be 42.63±6.42. When the state anxiety levels of patients and healthy individuals are compared the difference between the scores

seemed statistically meaningful (p<0.001). On the other hand, the trait anxiety level of patients with multiple sclerosis was 47.16 ± 7.24 while that of healthy individuals was 49.06 ± 6.89 and the difference between the scores was determined not to be statistically meaningful (p>0.05).

Conclusion: It was concluded that the state anxiety level of the patient group was high and this result was caused by the existing health problem.

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P-03-188

CLINICAL AND IMMUNOLOGICAL CORRELATION AND TREATMENT OF ENDOGENIC DEPRESSION

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Inspite of introduction in clinics of modern anti-depressants, questions about the effectivity of treatment of depression remain relevant. The aim of the investigation was to assess the connection between the clinical state of the patients, indices of activity of neuro-immune, kinin and anti-oxidant systems. 105 patients with endogenic depression were examined. State of all patients according to criteria of DSM-IV corresponded to "major depressive episode". Serum immune complexes, activity of kinin systems and state of free-radical processes were determined before and after 4-week course of anti-depressive treatment. An increase of immune complexes by 98% at

patients with bipolar affective dysfunctions (ICD-10) was revealed and at patients with recurrent affective dysfunction the increase was 83% in comparison with the control group. During schizo-affective psychosis and schizophrenia the immune complexes were higher by 101% and 124% respectively. Activity of kallikrein and also of free-radical processes were increased in all investigated cases. Neuroimmune processes are suppose to participate in the pathogenesis of endogenic depression and to be important in it's effective treatment.

DOES THE ENDOGENOUS DHEA AND SDHEA INFLUENCE THE LEVEL OF PLASMA LIPOPROTEINS IN WOMEN WITH DEPRESSION?

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Introduction: There are some evidence that in depression the level of DHEA is lower, and of cortisol higher than normal [1]. It is suggested that high cortisol /DHEA ratio influences negatively the blood lipoproteins and cardiologic risk in depression; However in the epidemiological studies the low level of DHEA in men, but not in menopausal women is connected with increased cardiologic risk [2]..

The aim: assessment of cortisol, DHEA, and sDHEA blood level, and its correlation with the blood lipoproteins in depressive women in the course of the treatment with fluvoxamine with the special reference to age, stress, anxiety and depressive symptoms.

The method: 20 depressed women and 20 healthy control volunteers aged 18 - 65 years will be investigated - before and after 3 weeks of therapy with fluvoxamine. The blood level of cortisol, DHEA, S-DHEA and lipoproteins will be measured in dexamethason suppres-

sion test. The level of depression, and anxiety will be assessed with Hamilton scale. The Holmesa and Ray questionnaires for stress will be used.

Results: 14 depressive females and 6 controls were investigated. The preliminary results will be analyzed and presented

Statements: the investigation will be continued.

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P-03-190

PLASMA HOMOVANILLIC ACID IN BIPOLAR PATIENTS TREATED WITH OLANZAPINE AND LITHIUM AND FAMILY HISTORY OF PSYCHOSIS

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AIMS: To study the pattern of changes of plasma homovanillic acid (pHVA) in Bipolar I patients during the treatment with olanzapine and lithium. And to analyse if the family history of psychosis permits to distinguish a singular subgroup of patients.

METHODS: We have studied 46 (27 women and 19 men) Bipolar I patients with psychotic mania that have not received medication for, at least, eight days. Patients were treated with 10mg/day of olanzapine. On the fourth day the dose was increased to 20 mg/day. After a week lithium was added until achieve a lithemia of 0.6-1.0mEq/L. Clinical status of the patients was evaluated with the Young rating scale for mania. Blood was collected for pHVA after 13 hours of fasting, on the first morning after admission, and during treatment. RESULTS: Plasma HVA does not decreased after 28 days of the olan-

zapine plus lithium treatment (mean variation±SD, 0.66±5.58ng/ml), maybe due to the addition of lithium. Clinical improvement tended to positively correlate with pHVA levels on the 28th day. Then, we divided the patients into two groups: 25 patients with first degree relatives (FDR) with psychotic disorders (mostly bipolar: 95%), and the other group of 21 subjects with no FDR with psychosis, and the analysis showed that only in the patients with psychotic relatives this correlation was significant (r=0.472, p=0.017).

CONCLUSIONS: In Bipolar patients positive family history of bipolar disorder may constitute a good basis for sub-grouping these patients. In appropriate experimental conditions, pHVA can be a useful tool in psychiatry research.

SCHIZOPHRENIA & PSYCHOSIS

P-03-191

SURVEY OF RELATION BETWEEN POSITIVE AND NEGATIVE SYMPTOMS IN SCHIZOPHRENIC PATIENTS WITH HISTORY AND RISK OF SUICIDAL ATTEMPT IN EBNESINA HOSPITAL

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Objectives: To evaluate the relation between positive and negative symptoms in schizophrenic patients with history and risk of suicidal attempt.

Method: This case-control study was done on 65 Schizophrenic inpatients during the years 2006-2007 and 65 major depressive disorder patients as control group. Both of these groups were evaluated and compared on base of clinical assessments and California diagnostic tests and PANSS (positive and negative syndrome scale).

Results: There was significant relationship between positive symptoms in schizophrenic patient and both the California number test (r=0/708, p<0/0001) and history of suicidal attempt (r= 0/558, p<0/0001). Also there was significant and reverse relationship

between negative symptoms and both the California number test (P<0/0001, r=-0/529) and history of suicidal attempt (P<0/0001, r=-0/512). That means rising negative symptoms decrease the risk and history of suicidal attempt.

Conclusion: Regarding the results of this survey, schizophrenic patients with positive symptoms such as paranoid schizophrenia have more insight to their illness and probability of depression and increased risk of suicide. Schizophrenic patients with negative symptoms such as deficit Schizophrenia, have less insight to their illness and low probability of depression and risk of suicide.

Keywords: Schizophrenic Patients, Negative symptoms, Positive symptoms, Major depressive disorder, Suicide

P-03-192

RELIABILITY OF COMPLIANCE ESTIMATION BY THE PSYCHIATRIST, RELATIVE AND PATIENT: A COMPARISON WITH COMPLIANCE OBTAINED BY MEMS

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Aim: To evaluate the degree of agreement between compliance estimated by psychiatrist, relative and patient, and "real" compliance obtained by MEMS tool.

Methods: The study involved 74 outpatients diagnosed with schizophrenia according to ICD-10 criteria, having oral antipsychotic treatment, who consecutively attended our Mental Health Unit, between May and December of 2006. Compliance with oral antipsychotic was evaluated by MEMS (Medication Event Monitoring System), within a period of three months. Data concerning estimated percentage of compliance with treatment (as reported by psychiatrist, relative and patient) were recorded at baseline. Estimation was blind to the others. Agreement between estimations and 'real' compliance was evaluated by kappa coefficient.

Results: The mean estimated compliance rates by psychiatrist, rela-

tive and patient were 91.9%, 97.1% and 98.6% respectively. *Kappa* (k) coefficient for the psychiatrist estimation was 0.24 ('low agreement'), while relative and patient estimations showed a k coefficient of 0.069 and 0.082 respectively ('non agreement') (Landis & Koch, 1977). Compliance rates were significantly lower than those estimated.

Conclusions: Psychiatrist, relatives and patients overestimated the compliance. This finding has been reported recently (Velligan et al., 2006). Unfortunately, the ability of clinicians to recognize nonadherence is generally poor. Compliance estimation of patients and relatives is not generally reliable.

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QUALITY OF LIFE, SOCIAL FUNCTIONING AND SATISFACTION IN PATIENTS WITH DIAGNOSTIC OF SCHIZOPHRENIA IN CHILE

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Objective

To describe the perception of quality of life, social functioning and satisfaction of patients with Schizophrenia attending Public Mental Health Services in Chile.

Methods

336 patients were randomly selected in 8 clinic units, representative of de Public Mental Health of Chile (11.020 patients in treatment). Mental health professional, were trained for using the instruments with satisfactory interater reliability test; then they applied WHO Quality of Life-BREF (WHOQOL-BREF), Gröningen Social Disabilities Schedule (GSDS) and Communication Satisfaction Questionnaire (CSQ-8) between September 2002 to January 2003 to patients selected.

Results

 $63{,}19\%$ of patients interviewed were men with 41,5 years old average

age. The average time of disease was 17 years and 29% receive atypical anti-psychotics for at least 6 months. The general average of quality of life according WHOQOLBREF) was "some dissatisfaction": 3.11(range 1-5). The average of different areas varied between 2.85 and 3.47. Disability reported in terms of social functioning roles(G-SDS) was moderate; higher disabilities were for citizien role (2.05), social role(1.94) and partner role(1.93); lowest disability was for selfcare role(1.06)(0= no disability; 3 maximum). The average user score was 3.24: "satisfatied" (CSQ-8: 1 unsatisfactied-4 very satisfactied), for the care they received.

Conclusions

Patients with Schizophrenia have some degree of dissatisfaction with their quality of life, with diverse degrees of social disabilities. However, they declare to be satisfactied with the health care they receive.

P-03-194

COMPARATIVE STUDIES BETWEEN DIFFERENT KINDS OF GROUP PSYCHOTHERAPY OF SCHIZOPHRENIC AND BIPOLAR PATIENTS: REVIEW

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Objectives: The examination and evaluation of comparative studies, concerning the efficacy of different kinds of group psychotherapy of psychotic patients in the last 20 years.

Method: Electronic research through Medline was conducted, for the detection of articles related to comparison between different kinds of group psychotherapy with schizophrenic and bipolar patients, published in the English language, from 1986 - 2006.

Results: 11 studies were detected. The commonest comparison is between a psychotherapy of a specialized approach (like learning social abilities) and of a non-specialized approach (such as supportive group psychotherapy), with supremacy of the first. Two studies

concern comparison of the behavioral – cognitive model to psychoeducation, with supremacy of the first and one reports supremacy of a group for social abilities to another for occupational ones.

Conclusion: There is evidence of the supremacy of specialized approaches of group psychotherapy of psychotic patients towards nonspecialized ones, but more studies need to be done in the future for further confirmation. Differences in the process of these studies do not allow meta-analysis. Subjects that request further research and form future questions are if a group psychotherapy model of a specialized approach is superior to another as well specialized model and if some schizophrenic / bipolar patients respond better to a specific model

CRAZY OR LODESTAR? CULTURE INFLUENCE IN SOCIAL TOLERANCE OF MENTAL ILLNESS

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Objectives

To analyze culture influence in a case report of schizophrenia

To observe how culture modulates, integrates and justifies mental illness.

To discriminate psychiatric pathology against superstitions and beliefs, which requires contextualizing.

Method

Case study. Chronopathobiography Patient's artwork and manuscripts analysis Diagnostic and Therapeutic Approach

Literature Comparison

Results

Clinical Case

Woman of 30, with lonely and submissive childhood, becomes a rebellious teenager with substances abuse and purgative anorexia. Finally she settled in India, where her illness debuted. She is accepted as *guru-lodestar* and respected by local population. For her extravagance, she was brought to Spain and entered in psychiatry.

Symptoms and artwork

Speech and drawings convey the existence of mystical delusions related to Hindu mythology. She shows poor affectivity and uses hyper-

rational answers to justify her behaviour and delusion in traditional Hindu legends. Illness was compounded by cannabis abuse.

Diagnosis and treatment

Purgative anorexia, cannabis abuse and dependence, paranoid schizophrenia.

Due to absence of treatment adherence, Risperdal Consta* 50mg was elected. Day Hospital attendance and Social Skills Psychotherapy were also proposed.

Literature Comparison

Numerous cases described as saints or lodestars have proved mentally ill as San Simeon de Emesa, Diogenes of Sinope.

Conclusions

Patient immersion into Hindu culture was decisive as modulator of mystical-religious delusions of the case. Social tolerance of mental illness is shown as cultural factor which must be always assessed as diagnostic confusion factor. The need for treatment is related to kind of delusion and culture where appears.

References

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P-03-196

PSYCHOLOGICAL WELL-BEING AND FACIAL EMOTION RECOGNITION IN SCHIZOPHRENIA

INSTITUTIONS

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Aims: Literature suggests that schizophrenic patients are impaired in facial emotion recognition. The purpose of this study was to analyse if these deficits are related to psychological well-being and whether they tend to be more associated to positive or negative affect.

Methods: 30 participants with schizophrenia engaged in a facial emotion recognition experiment, which consisted of 30 morphed faces with different 6 emotional intensities of happiness, sadness, anger, fear and disgust. For each morph, participants had to decide which of the 5 emotions was being expressed. Psychological wellbeing was assessed through the Affect Balance Scale¹.

Results: There were found significant correlations between facial emotion recognition and general psychological well-being. Negative

affect was significantly associated with the total score of the facial emotion recognition experiment and with the recognition of happy and anger emotions.

Conclusions: Emotion recognition seems to be related to the experience of psychological well-being. Particularly, negative affect experiences seem to be partially regulated by mechanisms of recognition of other people's emotions.

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SUBJECTIVE WELL-BEING AND ITS CLINICAL DETERMINANTS IN OUTPATIENTS WITH SCHIZOPHRENIA

INSTITUTIONS

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Aims/Objectives: The aim of the current study is to investigate clinical determinants of subjective well-being in outpatients with schizophrenia.

Method: A hundred and four outpatients with DSM-IV diagnosis of schizophrenia participated in the present study. Their mean age was 40.8 (SD=12.7) years. They completed the Subjective Well-being under Neuroleptic drug treatment-Short form (SWNS). Clinical symptoms were assessed using the Brief Psychiatric Rating Scale (BPRS), the Calgary Depression Scale for Schizophrenia (CDSS), and the Drug-Induced Extrapyramidal Symptoms Scale (DIEPSS). Global functioning level was evaluated with the Global Assessment of Functioning (GAF). All subjects gave us written informed consent. Subjects were excluded if they presented with any organic central nervous system disorder, epile-

psy, mental retardation, and severe somatic disorder.

Results: The SWNS score correlated negatively with the dosage of anti-psychotics, the BPRS negative symptoms subscale score, and the CDSS score. The SWNS score had a positive correlation with the GAF score. The SWNS had no significant correlation with duration of illness, number of hospitalization, the BPRS positive symptoms subscale score, and the DIEPSS score. A stepwise regression analysis showed that the CDSS score was the most important predictor of the SWNS.

Conclusion: These results show that subjective well-being is influenced by depressive symptoms, suggesting that treatment for depressive symptoms might be important to improve patient's subjective well-being.

P-03-198

PROGNOSTIC VALUE OF AFFECTIVE SYMPTOMATOLOGY IN FIRST-ADMITTED PSYCHOTIC PATIENTS: A THREE-YEAR FOLLOW-UP STUDY

INSTITUTIONS

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OBJECTIVES

Many authors indicate that dimensional representation of psychotic symptomatology has proved to be a more powerful predictor of outcome than current categorical classification systems (1). Less is known about the prognostic value of affective symptoms in first-psychotic admitted patients.

METHODS

Data were gathered on 112 first-admitted psychotic inpatients. A longitudinal study was carried out with manic, dysphoric, activation and depressive dimensions as independent variables (2); dependent variables were obtained at a three-year follow-up (91 patients) using GAF, Strauss-Carpenter prognostic scale, number of hospitalizations, self-harm attempts and relapses. A logistic regression and a non-parametric test when necessary, were made out.

RESULTS

After adjustment for confounding variables, significant associations (p<0.05) were as follow:

- Depressive dimension with less number of hospitalizations and a better result in the GAF.

- Manic dimension with less number of self-harm attempts and better course in work adjustment (Strauss-Carpenter).
- Activation dimension and better work adjustment (Strauss-Carpenter).

CONCLUSION

- Not only psychotic symptoms but also affective symptomatology have prognostic value in psychotic patients.
- First-admitted psychosis should be a proper moment to evaluate affective symptoms.
- Dimension analyses could be better or at least complementary to the categorical classification.
- Depressive dimensions as well as manic and activation dimensions are related to a more benign course of illness.

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HYPERPROLACTINEMIA IN CHRONIC SCHIZOPHRENIC INPATIENTS

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Objectives

Hyperprolactinemia is a common finding in patients treated with antipsychotics. Through the reduction of gonadal hormone concentrations hyperprolactinemia is associated with sexual dysfunction, reduced bone density and osteoporosis as well as with hirsutism and loss of the protective effects of estrogen on cognitive and cardiovascular functions in women. Due to the ubiquity of prolactin receptors in the organism, it is possible that it could have more effects on patients. The aim of this study is to determine the prevalence of hyperprolactinaemia and its related factors in patients with chronic schizophrenia.

Methods

Levels of prolactin and different biological and anthropometric parameters were assessed in chronic schizophrenic inpatients from a psychiatric hospital (Hospital Psiquiátrico de Conxo, Santiago de Compostela, Spain).

Result

We studied 182 schizophrenics (65,9% men) with a mean age of 55,14 years (SD:15,25). Only 19,8% of the sample was treated with antipsychotic monotherapy. Hyperprolactinemia was found in 66,1% of women and 41,3% of men (50% of sample). High prolactin levels were significantly associated (p < 0.01) with number of prescribed antipsychotics and there were no association with age, years of illness, presence of metabolic syndrome (assessed by revised ATP-III criteria) and type of antipsychotic treatment (neuroleptics, atypical antipsychotics or mixed treatment).

Conclusion

Hyperprolactinemia has a high prevalence in schizophrenic inpatients in treatment with antipsychotics. The use of antipsychotic polypharmacy represents a risk factor for hyperprolactinemia. Further studies about the effects of maintained high levels of prolactin in schizophrenic patients are needed.

P-03-200

RISPOLEPT CONSTA TREATMENT OF RESIDUAL PHENOMENOLOGY IN PATIENTS WITH LONG-TERM SCHIZOPHRENIC DISORDER

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Aim of the work: to follow the efficiency of Rispolept Consta in chronic patients with long-term schizophrenic disorder in three levels: cognitive functioning, positive persistent hallucinatory-delusive phenomenon and deficiency signs.

Material and methods: in the research we included 30 patients diagnosed by the ICD 10 with Dg. F 20.5. They were from both sexes, randomly chosen, aged 30-60 treated in an out-patient clinic as well as in the Psychiatric clinic, Skopje. The patients were with long-term treatment with conventional neuro-therapy without any significant results. During the research we included the following psychometric

instruments: PANSS scale, BPRS, scale to evaluate cognitive functioning and SOFAS scale to evaluate social functional. The patients were evaluated in the beginning of the treatment and after 3 month treatment with Rispolept Consta in dosages for

amp. 37,5 mg i.m every two weeks period.

Results: Expected effects on the part of Rispolept Consta in patients with residual schizophrenia on cognitive, hallucinatory-delusive, behavioral field and positive effects for social functional, better therapeutically compliance and adherence.

EXAMINING PARENTAL BONDING IN A GREEK SAMPLE OF SCHIZOPHRENIC PATIENTS AND RELAPSE

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Aims/Objectives: Bonding between mother and child is described as a complex two-way process ensuring the needs of the child for nurture and protection. From its conception attachment theory was a theory of normal development as well as a theory of psychopathology. Parental bonding is linked with a variety of psychiatric disorders in adulthood. There is clinical evidence to suggest distorted parental bonding in schizophrenic patients in a variety of studies. The objective of the present study was to investigate the relationship between different types of maternal and paternal bonding in 30 patients with psychotic symptoms and their relapse status.

Methods: Information about maternal and paternal bonding was assessed by the Parental Bonding Instrument (PBI) and readmission to the hospital was considered as relapse.

Results: The results showed that schizophrenic patients who were

admitted more than once during a year reported significant differences in parental bonding compared to other patients. In particular, patients with a high relapse rate described their mothers and fathers to be less caring and more overprotective. It needs further research to investigate this fact.

Conclusions: It is important to identify if the patients perception of the family is distorted, due to the illness and it is important to identify to which extend PBI scales correlate with expressed emotion constructs. Moreover, the results suggest that patients with schizophrenia, unlike patients with other psychiatric illnesses, reported significantly higher paternal lack of care and overprotection. The importance of paternal behaviour in psychotic illness will be discussed.

P-03-202

INFLUENCE OF THE FAMILY FACTORS ON THE SUICIDAL BEHAVIOR OF THE SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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The aim of our research was exploring of the types, models and characteristic of the families with schizophrenic member as significant factors of the suicidal behavior.

The sample consisted schizophrenic patients, who passed the phase with the greatest risk in the development of illness, i.e. the first five years when suicidal behavior is mostly result of the productive symptomatology or insight (disorder awareness). Two schizophrenic groups were researched - with and without suicide attempts during approximately ten years history of disorder.

Our assumption was that family circumstances influences suicidal behavior, particular on the second phase of the illness, when family can represent significant suicidal or protective factor, especially within the depressive subtype (study of Acosta found two suicidal motivation subtypes among schizophrenic - psychotic and depressive).

Test battery was used to estimate family dimensions (Olson's test, Gradir questioner and Bol test).

Statistical analyses (logistic regression) founds that the following profiles are the most significant for the prediction of the suicidal behavior: Profile 1- Exchange, Hunger, Body, Belonging; Profile 2-Cohesion, Individuation, with the characteristics of Order.

Profile 1 indicates that diminishing of these variables increases the chance of suicidal behavior inside the group of schizophrenic without previous suicidal attempts.

Profile 2 indicates that increasing of the statistical significant family variables increase chance for the new suicidal attempts within schizophrenic group with the history of the suicidal behavior.

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PREMORBID PERSONAL DISORDERS OF PATIENTS, WHO IN THE FIRST TIME ACHED SCHIZOPHRENIA IN OLD AGE

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Searching development predictors of schizophrenia continue constantly. In connection with the universal tendency to ageing the population there was a necessity of studying premorbid features at sick of schizophrenia with debut after 45 years, as has served as the purpose of our research. As methods of research data was subjective and objective anamnesises, and the reduced multifactorial questionnaire of the person which questions were answered with relatives, according to their understanding of behaviour of the patient before the first displays of illness have served. 50 patients have been included in research in the age of from 46 till 68 years. During inspection patients were able to remission. 66% of patients are revealed disorder of person in the form of accentuation, other patients were harmonious persons up to illness. The authentic majority of patients had chara-

cter disorder on schizoid type (55%), on a share epileptiform accentuation 15% were necessary. At the others of 30% of patients are revealed premorbid features in the form of hyperthymic, unstable, hystero-paranoic, psychasthenic and mosaic accentuation. Deeper personal infringements it has not been revealed at one patient. It has not revealed an authentic difference in premorbid features at patients with various type of current schizophrenic process. It is established, that more often at late age the schizophrenia debut at persons with a disharmonious warehouse of the person in premorbid, in particular schizoid accentuation. It is impossible to exclude influence revealed personal features on becoming of negative frustration at sick of late schizophrenia.

P-03-204

RELIGIOUS COPING AMONG OUTPATIENTS SUFFERING FROM CHRONIC SCHIZOPHRENIA: A CROSS-NATIONAL COMPARISON

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Objectives: To assess country-specific religious affiliations and practices in patients suffering from chronic schizophrenia and to explore if religious coping varies by different social and cultural contexts.

Method: 115 outpatients from Geneva (Switzerland) and 121 from Trois-Rivieres (Quebec), aged 18-65, with a DSM-IV diagnosis of schizophrenia were randomly selected for a semi-structured interview.

Results: Despite of different socio-cultural and religious contexts, religion plays an important role in the daily life of 2/3 of the patients

in the two sample (62% vs 68%) and half of them use it to cope with their illness (42% vs 62%). Moreover, both populations reproduce to some extent the same patterns of religious coping: positive sense of self, meaning to their illness and life, comfort, control and support. Principal Component Analysis made on religious variables highlights a very similar factorial structure in both of them.

Conclusion: The clinical implications of religious coping are an important resource in both living contexts. It should be systematically explored for each patient in clinical practice to improve the outcome of schizophrenia.

A SYSTEMATIC REVIEW OF THE INCIDENCE OF BREAST CANCER IN SCHIZOPHRENIA

INSTITUTIONS

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Objectives

The relationship between schizophrenia and cancer has been reported on since 1909. Although few definitive results have emerged these studies have led to hypotheses that rates of cancer may be decreased or increased in schizophrenia patients. We undertook a systematic review of all published data since 1986 reporting incidence data on breast cancer cases in schizophrenia cohorts. We draw conclusions on the relative risk of breast cancer in schizophrenia patients and suggest further research.

Methods

Standard databases were searched for relevant studies using terms including; schizophrenia, neoplasms and breast cancer. Identified studies were reviewed and conclusions drawn as to the relative risk of breast cancer in schizophrenia patients.

Results

13 studies met the criteria for inclusion. 5/13 studies reported signi-

ficantly elevated risk of breast cancer and 1/13 decreased risk. 7/13 studies report no difference compared to controls. The magnitude and length of studies varied substantially and incident cases of breast cancer ranged 6-370. Cohorts included first-episode

patients to median age diagnosis of cancer 61 years. The 4 largest studies report consistent SIR (standardised incidence rate) 1.11 (1.00-1.22); 1.20 (1.05-1.38); 1.15(0.98-1.34) 1.19 and longest person-years follow up (288,755-126,659). The most recent study reports adjusted OR 1.42(1.02-1.95).

Conclusions

Some epidemiological studies with high numbers of breast cancer cases and follow up years suggest that breast cancer risk in schizophrenia may be increased by 20-42%. Further studies need undertaking involving large numbers of schizophrenia patients, with >100,000 person years of risk reporting incident risk by age cohort.

P-03-206

DENTAL ANXIETY AND PHOBIA IN PSYCHOTIC PATIENTS VERSUS NORMAL CONTROLS

INSTITUTIONS

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Aims/Objectives:

To study the levels of dental anxiety in schizophrenic patients and to compare with the normal controls. Also to analyze the dental phobia between both groups.

Methods:

Total sample population: 99 subjects

FirstGroup: 49 schizophrenic patients (ICD 10 Criteria)

Second Group: 50 normal subjects as controls

We administer the questionnaire of Dental Anxiety (Weiner et al, 1986) to all the subjects of both samples.

Results and Conclusions:

- 1 Dental anxiety and somatic anxiety are significantly related according to gender, being higher in women compared to me.
- 2 Dental and somatic anxiety are significantly higher in the control group compared to the psychotic patients.
- 3 Crisis of anxiety is significantly higher in the control group compared to the psychotic patients.
- 4 There are not differences in dental phobia between both samples.

References:

Weiner A.A; Sheehan DV; Jones KJ. (1986). Dental Anxiety-The development of a measurement model. Act. Psych. Scand. 73: 559-565.

ATYPICAL ANTIPSYCHOTICS: HOSPITALIZATIONS AND EXPENDITURES IN A MEDICAID COHORT

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Aims: To evaluate the risk of psychiatric hospitalizations and expenditures across atypical antipsychotics relative to ziprasidone in a Medicaid population with schizophrenia.

Methods: The 2001-2005 Thomson MarketScan Medicaid Database was analyzed to evaluate 12-month risk for psychiatric (ICD-9: 290. xx-319.xx) hospitalizations as well as overall psychiatric expenditures across atypical antipsychotics in adult patients aged ≥ 18 years with schizophrenia (ICD-9: 295.xx). The treatment cohorts were matched using propensity scores as weights in multivariate models. A logistic regression model was used to evaluate psychiatric hospitalization rates while adjusting for differences in patient demographic and clinical characteristics. Psychiatric expenditures were adjusted to December 2005 dollars and evaluated using a

generalized linear model.

Results: A total of 34,918 patients were included in the analysis. The percentage of patients with at least 1 psychiatric hospitalizati-

on ranged from 7.8% (ziprasidone) to 17.6% (aripiprazole). Compared with ziprasidone, the odds of a psychiatric hospitalization was comparable with olanzapine (1.06, p=0.53) and risperidone (1.21, p=0.05), but was significantly higher for aripiprazole (2.25, p<0.0001) and quetiapine (1.59, p<0.0001). Overall psychiatric expenditures (medication, inpatient, and outpatient costs) for ziprasidone (\$8979) were significantly lower than aripiprazole (\$11,823, p<0.0001), quetiapine (\$10,809, p<0.0001), and olanzapine (\$9425, p=0.03) and comparable to risperidone (\$9151, p=0.41).

Conclusions: This analysis indicates a comparable risk for psychiatric hospitalization with ziprasidone, olanzapine, and risperidone and a lower risk for ziprasidone versus quetiapine and aripiprazole in a Medicaid cohort with schizophrenia. Ziprasidone was associated with a lower risk for psychiatric hospitalization and lower psychiatric expenditures versus quetiapine or aripiprazole.

P-03-208

ZIPRASIDONE DISCONTINUATION RATES IN SUBJECTS WITH SCHIZOPHRENIA OR BIPOLAR DISORDER

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Aims: To evaluate the relationship between maximum dose of ziprasidone and time to discontinuation in clinical practice.

Methods: The 2001-2005 Thomson MarketScan Medicaid Database and the 2001-2006 MarketScan Commercial Claims and Encounters Database were analyzed for maximum ziprasidone doses achieved in patients with schizophrenia/schizoaffective disorder or bipolar disorder. Ziprasidone maximum dose groups were defined as low (20-60 mg/d), medium (61-119 mg/d), or high (120-160 mg/d). Outliers receiving >160 mg/d were considered separately. Time to discontinuation was evaluated across propensity score-matched dosing groups. Cox proportional hazard models were used to adjust for confounding when comparing the high- and medium-dose groups with the low-dose group.

Results: Data were available for 19,301 subjects with bipolar disor-

der, of which 27.0% received low-dose, 25.4% medium-dose, and 47.6% high-dose ziprasidone. Of those subjects with schizophrenia (n=26,629), 17.1% were receiving a maximum low dose of ziprasidone, 21.4% a medium dose, and 61.5% a high dose. Among the propensity score-matched dosing groups, the respective time to discontinuation for low, medium, and high dose was 85.0, 111.2, and 174.6 days within the bipolar cohort and 87.1, 117.8, and 195.7 days within the schizophrenia cohort (p<0.001 for all comparisons). The hazard ratios for discontinuing therapy were significantly lower for the medium- (0.81, 0.83) and high-dose (0.55, 0.58) groups relative to the low-dose group in schizophrenia and bipolar, respectively. **Conclusion:** Patients with schizophrenia or bipolar receiving zipra-

Conclusion: Patients with schizophrenia or bipolar receiving ziprasidone 120-160 mg/d experienced a statistically significant lower discontinuation rate compared with those receiving lower doses.

PREVALENCE OF GLUCOSE HOMEOSTASIS DISORDERS AND HYPERTENSION IN PSYCHIATRIC IN-PATIENTS

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Aim/Objectives: Several cardiovascular risk factors have been associated to mental diseases, namely schizophrenia and bipolar disorder, as well as to treatment with antipsychotic drugs. Metabolic syndrome, a constellation of truncal obesity, dyslipidemia, disturbed glucose metabolism and hypertension, or each of its components, is associated with an increased risk of cardiovascular morbidity and mortality. The aim of this study was to evaluate the prevalence and evolution of hypertension and disturbed glucose metabolism in psychiatric in-patients treated with antipsychotics.

Methods: This study, conducted from April 2006 to November 2007, included 36 patients recruited from an in-patient psychiatric clinic, aged 19-65 years, with heterogeneous psychiatric disorders. Fasting glucose and blood pressure were evaluated on admission and after 3 to 4 weeks of hospitalization. Diabetes was defined according to the IDF/ADA de-

finition and hypertension according to the ESC/ESH criteria.

Results: On admission, the prevalence of hypertension was 22% (n=8) and of diabetes/impaired glucose regulation 6% (n=2). The second evaluation performed at 3 to 4 weeks of in-stay presented a prevalence of hypertension of 31 % (n=11) and of diabetes/impaired glucose regulation of 11% (n=4). Twenty four patients had the diagnosis of schizophrenia, followed by the diagnosis of bipolar disorder in 10 patients and unipolar depression with psychotic features in 2 patients.

Conclusions: Hypertension and diabetes/impaired glucose regulation are prevalent in this group of patients. Our study revealed an increase in the prevalence of these metabolic parameters during treatment with antipsychotic drugs. Strategies to prevent and treat these abnormalities are very important during hospitalization.

P-03-210

THE PREVALENCE OF SOCIAL PHOBIA AND LEVEL OF ANXIETY IN PATIENTS WITH SCHIZOPHRENIA

INSTITUTIONS

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The aim of this study was to assess the prevalence and intensity of social anxiety among a group of patients with schizophrenia. Study group consisted of 15 patients with schizophrenia (6 men, 9 women).

Research method: To assess the prevalence of social phobia self-report Liebowitz Social Anxiety Scale was used (1). To assess the level of anxiety the State Trait Anxiety Inventory (STAI) self-evaluation questionnaire was used.

Results: Social anxiety was reported among 86.6% of patients with schizophrenia. 26.6% was noted with a subtype of isolated social anxiety, whereas 60 % had a generalized subtype of social phobia. Moderate intensity of social anxiety was presented by 16,6% of pati-

ents, quite significant by 20 % and severe and very severe by 33,2 % of respondents. In the group of patients with schizophrenia intensity of social phobia did not correlate with level of anxiety as state and anxiety as trait. Level of social anxiety did not depending on patients' age.

Conclusion: The prevalence of social phobia among patients with schizophrenia was relatively high.

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COMPLICATIONS DURING PREGNANCY AND DELIVERY IN ETIOLOGY OF SCHIZOPHRENIA

INSTITUTIONS

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Schizophrenia (or more precisely - the schizophrenia group) represents a complex neuropsychiatric syndrome whose etiology is still insufficiently researched. Among etiological factors that hold an important place in contemporary researches of this disorder, the most prominent are: Impact of altered genetic expression, viral infection and complications during pregnancy and delivery. We are still unable to precisely determine the etiological relationship between perinatal pathology and occurrence of schizophrenic process in late adolescence. Possible explanations, present in contemporary scientific literature, go into two different directions:

1. Deviant genetic expression, as well as the effect of other pathologic processes (e.g. viral infections), which create disposition for schizophrenia, also lead to a greater possibility for occurrence of gestation or perinatal complications.

2. Perinatal complications lead to cerebral hypoxia and oedema while some authors believe that the regions most susceptible to this pathological process are hippocampus and limbic alocortex because of their vicinity to incisura tentorii whose damages are related to schizophrenic psychosis for a long time.

Our paper comprises a retrospective study of 62 patients hospitalized at Female and Male Acute Ward of Psychiatric Hospital in Kotor, Montenegro, who were diagnosed with schizophrenia following the WHO's ICD 10 criteria. During the research we monitored the incidence of perinatal pathology within this inpatient population and noted the presence of nonfocal neurological signs ('soft neurological signs'). We attempted to determine the correlation between disease prognosis and this etiological moment which was pointed out by T. J. Crow in his hypothesis about type I and type II schizophrenia.

P-03-212

THE SIGNIFICANCE OF VIRAL INFECTIONS IN SCHIZOPHRENIA RELAPSE

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Ever since the making of first clinical descriptions of psychotic process and distinction of group of diseases which Kraepelin and Bleuler named Dementio praecox and Schizophrenia respectively, we are attempting to identify factors which cause this neuropsychiatric syndrome. Postulates of the role of viral infections hold an important place among theories on this subject matter. In this group there are several conceptual models (retroviral infection, current or active viral infection, past viral infection, virally activated immunopathology, etc). This paper represents a retrospective study of relapse in schizophrenia and schizoaffective psychosis who have been hospitalized at Female and Male Acute Ward of Psychiatric Hospital in

Kotor, Montenegro, during the first 10 months of current year. During this period 66 hospitalized patients were diagnosed with schizophrenia or schizoaffective psychosis, following the WHO's ICD 10 diagnostic criteria. In addition to classic somatic, neurological, and psychiatric examination, the hospital treatment encompassed diagnostic evaluations as well, which included a standard laboratory analysis. The following values were monitored: sedimentation rate, leukocyte count (lymphocyte and polymorphonuclears), value of fibrinogen in serum, and C-reactive protein, as well as their dynamics in relation to the actual mental state of the patient.

CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF SUICIDAL SCHIZOPHRENIA SPECTRUM IN-PATIENTS WITH A HISTORY OF SUBSTANCE ABUSE

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Objective: Comorbid substance abuse is an increasingly recognized problem among schizophrenic patients, with life time prevalence rates reported at between 16 and 60%. Substance abuse has consequences in terms of social functioning, aggressive behavior, non-compliance, and rehospitalization. The aim of our study was assessing the association of suicidal ideation with clinical and demographic characteristics among substance abusers schizophrenia spectrum in-patients.

Method: In a five years period, 50 ICD X schizophrenic, schizophreniform and schizoaffective disorder patients with comorbid substance abuse treated at Psychiatric Clinic Nis, Serbia, were assessed using clinical assessment of symptomatology using PANSS, Calgary Depression Scale .We also compared obtained results with controls (50 recently hospitalized schizophrenic non-abusers patients). At least half of the substance abusers were using alcohol or cannabis.

Results: The substance abuse group was younger, tended to have their first hospitalization at an earlier age and had a significantly higher severity of illness score on the PANSS, general psychopathology subscore (impulsivity item especially) and had attempted suicide more often. They had nearly twice as many hospitalizations and relapses in the 4 years prior to the study. On the other hand, the groups didn't differ on the PANSS total score, negative subscore and Calgary Depression score. Substance use was found to be a better predictor of relapse and hospitalization.

Conclusions:

High impulsivity could facilitate substance abuse as a maladaptive behavior in response to prodromal or relapse symptoms. Substance abused schizophrenic patients certainly represent a group of individuals who are in high risk of suicidal behavior.

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P-03-214

PREMORBID ADJUSTMENT AND EMOTIONAL RECOGNITION PERFORMANCE IN SCHIZOPHRENIA

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Premorbid adjustment is of particular interest in schizophrenia research because of the proposed neurodevelopmental nature of the illness. Premorbid functioning is related to numerous variables of interest, including negative symptoms, response to treatment, and cognitive performance. On the other hand, emotional recognition deficits have been reported in schizophrenic patients in addition to the well established deficits in attention, executive function, and memory. This study examined premorbid functioning during four age epochs (childhood, early adolescence, late adolescence, and adulthood) as predictor of emotional recognition performance in schizophrenia. The Cannon-Spoor Premorbid Adjustment Scale was used to examine schizophrenic patients. Emotional recognition performance was evaluated using a computer morphing technique to present the dynamic expressions. The task entailed the recognition

of a set of facial expressions depicting the six basic emotions (happiness, surprise, fear, sadness, disgust, and anger) presented in 20 successive frames of increasing intensity. Possible relations between emotional recognition performance and premorbid functioning were explored using Spearman rank correlations in the four age epochs. Results indicated greater emotional recognition deficits for the six basic emotions when premorbid adjustment was unfavorable in early and late adolescence. A relation between premorbid functioning and emotional recognition performance in childhood was found just for surprise and any relation in adulthood. The relation between poor premorbid adjustment in adolescence and emotional recognition deficits supports the neurodevelopmental hypothesis of the schizophrenia.

ABOUT CONCEPT OF SCHIZOTYPAL PERSONALITY DISORDER

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Aim of research: The aim of research is to define clinical features of schizotypal personality disorder and place of this state in schizophrenic spectrum.

Material and methods: The cohort of 27 patients with schizotypal personality disorder was examined with clinical psychopathological, experimental psychological and catamnestic methods.

Results: We separated out 2 groups of patients: 1) Patients with personality features according to diagnostic criteria of ICD 10 without any indication to clinical course and disease activity. Theirs mental state was stable and limited with only personality disorder without psychotic episodes in the past. They characterized as "strange", social isolated with unusual behavior, erased emotional reactions (11 persons) 2) Patients with stabilization of schizophrenic process and good remission of disease (minimal 5 years duration), characterized same personality disorders (16 persons). In this case schizotypal

personality disorders is acquired in the result of schizophrenia.

Conclusion: Thus, schizotypal personality disorder is not homogeneous form of mental disorder. It can be a kind of specific personality disorder of schizophrenic spectrum (like "pathos without nosos" (A.V.Snezhnevsky) with opportunity of developing of schizophrenia in future also as a result of stopped schizophrenic process and forming of personality disorder.

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P-03-216

EXECUTIVE FUNCTIONS AND MOLECULAR GENETIC STUDY IN SCHIZOPHRENIA AND PSYCHOTIC MAJOR DEPRESSION

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Objective:

- To identify cognitive impairment in schizophrenia and psychotically depressed patients using the WCST
- To assess polymorphisms of Interleukin 1 beta gene in both schizophrenic and psychotically depressed patients
- To show Scizophrenia and Psychotic depression being distinct psychiatric entities

Methods:

20 schizophrenic and 20 psychotically depressed patients were recruited randomly from the outpatient clinic of Alexandria University, aged between 18-50 yrs, diagnosed according to the DSM IV criteria and scoring 4 or more on CGI for severity. Both arms were subjected to Wisconsin Card Sorting Test WCST 128 computerized version , assessed for Interleukin 1 beta gene polymorphism at the position -511 and scored on the BPRS

Results:

- Groups were matched as regards age, sex and severity

- Number of WCST trials administered was 128 (SD 0) and 118.4 (SD 19.7) in schizophrenic and psychotically depressed patients respectively with significant difference (p<0.0001)
- Percentage of errors was 47.2 (SD 10.79) and 34 (15.2) in in schizophrenic and psychotically depressed patients respectively with significant difference (p<0.0001)
- Percentage of perseverative errors was 30 (SD 11.14) and 18 (9.97) in in schizophrenic and psychotically depressed patients respectively with significant difference (p<0.0001)
- Both groups showed no difference as regards distribution of different alleles (Chi = 0.53)

Conclusion:

- though performance on WCST revealed poor executive functions in both schizophrenic and psychotically depressed patients there was a significant difference between both groups. this difference was not replicated through assessment of the Interleukin 1 beta gene polymorphism at position -511.

VISUAL EVOKED POTENTIAL VEP AS COGNITIVE CORRELATE ASSESSMENT IN SCHIZOPHRENIA AND PSYCHOTIC DEPRESSION

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Objectives:

- to search whether psychotic major depression and schizophrenia reflect the same spectrum of disorders through a comparative study.
- to emphasise the VEP as an indirect tool for visual processing assessment
- to show Scizophrenia and Psychotic depression being distinct entities

Methods:

20 schizophrenic and 20 psychotically depressed patients were recruited randomly from the outpatient clinic of Alexandria University, aged between 18-50 yrs, diagnosed according to the DSM IV criteria and scoring 4 or more on CGI for severity. Both arms were scored on BPRS and subjected to Visual Evoked Potential to assess P100 wave in both left and right eyes.

Results:

- Groups were matched as regards age, sex and severity
- P100 on the Rt side was 104.55(SD 5.62)in schizophrenic patients compared to 95 (SD 5.27) msec in Psychotically depressed patients, P100 on the Lt side was 105.8 (SD 5.41) in schizophrenics compared to 95.85 (SD 5.4) msec in Psychotically depressed patients, the difference was statistically significant (p<0.0001)
- No linear correlation has been found between P100 on both left and right sides and BPRS score

Conclusion

The study revealed a significant difference between schizophrenic and psychotically depressed patients as regards P100 measured via Visual Evoked Potential, which may reflect a more severe impairment of visual processing in schizophrenic patients

P-03-218

AGREEMENT OF PATIENT AND CLINICAL RATINGS REGARDING SYMPTOM SEVERITY OF PSYCHOTIC ILLNESS

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Background: The usual way to measure the severity of psychotic illness and clinical change is via clinical rating scales. The extent to which clinical and patient ratings agree is not well known.

Objectives: To examine the agreement of patient and clinical ratings of severity of psychosis.

Methods: Data are from a two year open label single arm study of risperidone long acting injectable. Patients completed, independently of clinicians, the seven point Patient Global Impression of Severity (PGI-S). Clinicians completed the Clinical Global Impression of Severity (CGI-S) and the Positive and Negative Syndrome Scale (PANSS). Measures were contemporaneously administered seven times over two years to 50 patients. Data were analyzed using mixed effects models.

Results: There was a very significant linear association of PGI-S and PANSS total (f=13.7, p<.001) and the PGI-S and the CGI-S (f=17.3, p<.001). The adjusted mean (95% confidence interval) on the total PANSS for each PGI-S point was as follows: 'Normal, not at all ill' 44.3 (42.6; 46.0), 'Borderline mentally ill' 53.5 (49.9; 57.1), 'Mildly ill' 53.5 (49.7; 57.3), 'Moderately ill' 61.1 (53.3; 68.9), 'Markedly ill' 83.0 (57.8; 108.3). The adjusted mean and 95% confidence interval on the CGI-S for each PGI-S point was as follows: 'Normal, not at all ill' 1.43 (1.27; 1.58), 'Borderline mentally ill' 2.43 (2.10; 2.76), 'Mildly ill' 2.42 (2.06; 2.78), 'Moderately ill' 3.00 (2.25; 3.74), 'Markedly ill' 4.87 (3.02; 6.72).

Conclusions: Overall patients and clinical raters, blind to patient ratings, showed agreement on severity of psychosis.

NEUROPSYCHOLOGICAL ASPECTS OF COGNITIVE DEFICIT IN PATIENTS WITH FIRST EPISODE SCHIZOPHRENIA

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The cognitive deficit is recognized as a core characteristic of schizophrenia. There has been a wide debate about the nature, the time of onset and long-term process of the cognitive impairment in schizophrenia. It is not clear if the cognitive deficit is corresponding with the severity of the psychotic symptoms. The aim of the study was to compare the profile and stability over time of individual parameters of cognitive functions during the period of one year from the onset of schizophrenia depending on the course of the illness and to clarify the correlation between the cognitive performance in comprehensive neuropsychological test battery and the severity of the psychopathology in patients treated for the first episode of schizophrenia. The study included 30 patients with the first episode of schizophrenia according to ICD-10 and 15 after one year. Our

results are consistent with published opinions that cognitive deficit is an important symptom of schizophrenia and does not originate as late as in the process of the illness or as a result of pharmacotherapy and it correlates with severity of psychopathology and reactivity to treatment (remitters X non-remitters). It may be summed up that cognitive deficit showed a trend to improvement for one year after the first episode of schizophrenia, the tendency being more prominent in remitters. The differences between cognitive performance between remitters and non-remitters are, however, not very prominent in the early stage of schizophrenia.

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P-03-220

PATIENTS WITH SCHIZOPHRENIA AND AGGRESSIVE BEHAVIOR: TREATMENT WITH COMBINATION OF RISPERIDONE AND TOPIRAMAT

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AIM: to present results of the investigation of efficacy of combination of risperidone and topiramat in patients with schizophrenia and dominant aggressive behavior.

METHODS: the research comprised 30 patients with schizophrenia according to the DSM-IV-TR diagnostic criteria. Patients were admitted in Vrapce Psychiatric Hospital because of aggressive behavior during psychotic episode in the period from May to September, 2007. The Clinical Global Impression (CGI), Positive and Negative Syndrome Scale (PANSS) were used in order to assess patients' condition. The first assessment was made prior to initiation of the treatment. Patients were assessed daily during period of one week, and following assessments were performed on weekly basis during first month of treatment.

RESULTS: After one month PANSS total score significantly improved in 26 patients. The mean Clinical Global Impression severity score for 26 patients improved from markedly ill to mildly ill. Four

patients did not finish the study due to side effects (tremor, sedation, weight decrease).

CONCLUSION: Administration of combination of risperidone and topiramat was clinically beneficial for the patients with schizophrenia and dominant aggressive behavior.

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COMPARISON OF BODY FAT IN PATIENTS WITH SCHIZOPHRENIA AND NORMAL CONTROLS

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Aim: Obesity, especially central, and the metabolic syndrome are highly prevalent in psychiatric patients. They are mostly attributed to the use of antipsychotic medication and to lifestyle habits and constitute a significant health concern since they seem to be risk factors for rather serious medical conditions.

Material and Methods: The study sample included 105 patients suffering from schizophrenia (44 females-41.91% and 61 males-58.09%) aged 36.25±10.03 (range 19-69) and 156 normal control subjects (65 females-41.66% and 91 males-58.34%) aged 36.03±11.33 (range 19-68). Clinical diagnosis was made according to DSM-IV-TR criteria. Height, weight, waist circumference and number of cigarettes smoked daily were recorded. Duration of illness was calculated based on records concerning the age of first onset of psychotic symptoms. Body Surface Area (BSA) and Body Mass Index (BMI) were calcu-

lated as well as % body fat, with the use of LifeWise $^{\mathrm{TM}}$ Body Fat Analyzers No 63-1525.

Results: The ANOVA results suggested a significant main effect regarding diagnosis and gender as well as for their interaction. Scheffe post hoc test demonstrated significant differences between patients and controls regarding body weight (women only, p=0.002), waist circumference (men p=0.002, women p<0.0001), BMI (women only, p<0.001), BSA (women only, p<0.01) and % body fat (women only, p=0.033), with patients being more obese. The patients also smoked more cigarettes daily (men p=0.002, women p=0.016). Discussion: The results of the present study corroborate the increased prevalence of obesity in schizophrenic patients, especially female. The interpretation of this finding remains unclear.

P-03-222

ATTRIBUTIONAL BIASES IN SCHIZOPHRENIC PATIENTS WITH PERSECUTORY DELUSIONS

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Background and purpose: Persecutory delusions are the most common type observed in clinical practice and have recently become the focus of empirical researches. In a series of study mainly from Bentall and his colleagues, patients with persecutory delusions were shown to have a tendency to attribute negative events to external causes and positive events to internal causes which seems to be an extreme form of the self-serving bias. However, there aren't the consistent conclusions yet. Therefore, the aim of present research is to investigate if there is an attributional bias in the schizophrenic patients with persecutory.

Methods: A total of 60 subjects were recruited. There are fifteen individuals in each groups which are classified as schizophrenia with persecutory delusion, schizophrenia with non-delusion, depression and control. Using the translative overt attributional questionnaire

(CIPSAQ), the attributional style of all groups were measured and compared.

Results: In overt attribution, a t-test conducted on the scores of externalizing bias (EB) reveals significance in schizophrenic patient with persecutory delusions, but not the personalizing bias(PB). Four groups show no significant differences between group in any of the three attributions as either internal, personal or situational.

Conclusions: The study only partially demonstrated the overtly extreme self-serving bias in schizophrenic patients with persecutory delusions. As a whole, the study may not replicate those of previous studies in demonstrating excessively self-serving bias, but the tendency can be found. Other factors that influence the study and future implications were discussed.

SUPEROXIDE ANION PRODUCTION AND SUPEROXIDE DISMUTASE ACTIVITY IN BLOOD FROM SCHIZOPHRENIC PATIENTS

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Schizophrenia is a disease etiopathogenesis of which is not fully explained. There been many studies from independent centers presenting an essential role of reactive oxygen species (ROS) in schizophrenia pathogenesis.

The aim of work: Evaluation of capper - zinc superoxide dismutase (CuZnSOD) activity and evaluation of superoxide anion generation in whole blood in schizophrenic patients.

Material and methods: 19 people (14 men, 5 female) suffering from paranoid schizophrenia took part in the study. Control group consisted of 19 healthy people. Superoxide anion generation by granulocytes was indicated by Bellavite and coop. method. CuZnSOD acti-

vity in erythrocytes was indicated by Misra and Fridovich method.

Results: Statistically remarkable increase of superoxide anion generation was observed both at rest as well as at zymosane stimulation by whole blood granulocytes. No changes in CuZnSOD activity was observed in control groups.

Conclusion: Our results indicate that schizophrenic patients suffer from pro- and antioxidant balance disturbances in the direction of oxygenating processes. Participation of free radical reactions in pathogenesis is suggested.

Key words: superoxide anion, superoxide dismutase, schizophrenia

P-03-224

ACUTE PSYCHOSIS AS SINGLE DISCLOSURE MANIFESTATION OF MULTIPLE SCLEROSIS

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Introduction: Psychiatric disorders are common in patient with multiple sclerosis (MS). However, psychosis as debut of MS is rare and, even in these cases, is often associated with focal neurologic manifestations.

Case report:

We present the case of a 33 year-old woman with no prior medical history, nor substance abuse. The patient had been hospitalized twice in psychiatry; first at age 19 by a depressive episode and second 10 years later for behavioral disturbances in the context of a psychotic disorder. Cerebral MRI revealed then demyelinating images, that were no further study due to non compliance with ambulatory follow-up upon hospital discharge. Several days before current

hospitalization, in coincidence with her mother suffering an acute myocardial infarction, patient began to present nervousness, emotional lability, incoherent language, insomnia, perplexity, disorganized behavior and delusional ideation. After the start of olanzapine therapy, the patient had worsening evolution. Despite neurological examination was normal, a brain MRI showed multiple lesions in periventricular and corpus callosum white matter, suggesting demyelinating disease. According to the literature, these findings are well correlated with our patient's psychiatric picture. Due to risk for worsening psychosis corticosteroids were avoided, with clinical improvement after moving to risperidone.

TREATMENT OF SCHIZOPHRENIA IN A GALICIAN PUBLIC HOSPITAL

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INTRODUCTION: Poor compliance in subjects with schizophrenia has a high prevalence.

METHOD: Subjects included in the study were patients with schizophrenia consecutively admitted in a acute adult psychiatric ward in Santiago de Compostela from 1997 to September 2005.

RESULTS: Of the 308 patients (69% men), with age between 16 and 79 years (x=41,89 \pm 13,80 years),133 were treated only with oral neuroleptics drugs, 149 with conventional depot neuroleptics and 26 with long-acting risperidone. 60.2% patients were hospitalized in one or two occasions in that period of time, but 14,2% in \geq 5 occasions. Men had more admissions. 61,8% patients discontinued treatment against medical advice before the admission. Men were treated with more neuroleptic's dose than women. Patients with depot neuroleptics received more dose to the discharge (1578, 19 mg/

day of chlorpromazine vs 1021,58 mg/day in the Consta* group and 814,45 mg/day in the oral group). The average dose of long-acting formulations: $344,33\pm198.02$ mg/day of chlorpromazine (depot group> Consta* group: 1578.19 mg of chlorpromazine per day in the depot group, 1021.58 in the Consta* group and 814.45 in the oral group). Patients who had been hospitalized for a first episode or exacerbation of schizophrenia during maintenance treatment, received more neuroleptic dose than those who had discontinued treatment against medical advice.

CONCLUSION: Oral neuroleptics were the most used, and longacting formulations, particularly of conventional antipsychotics (depots) were usually reserved for patients with schizophrenia who were at high-risk of noncompliance. Patients treated with depot formulations tended to receive higher doses of neuroleptics than those prescribed oral medication alone.

P-03-226

CASE REPORT: PSYCHOSIS SECONDARY TO TRAUMATIC BRAIN INJURY

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Introduction: Traumatic brain injury can result in serious and disabling neuropsychiatric disorders.

Case Description: 50 year old, male, single, driver in a fire department. Admitted to the psychiatric ward for acute psychosis and suicidal ideation. At the age of 42, he fell from a fire truck, having a temporal head trauma. Since the accident, he began to "hear voices which made comments and said nasty things". Sometimes the voices woke him up during the night. Since then, he does not recall a day without verbal hallucinations. Subsequently he became suspicious and interpreted the voices as those of members of his family and colleagues, thinking that they envied and wanted to harm him. At the age of 49 he had a myocardial infarction, after which he became depressive and began suicidal ideation. Several months later, he came

to a psychiatric consultation and began treatment for a depressive episode with psychotic features (sertraline and olanzapine). Having shown no response, he was admitted for investigation. The head computed tomography didn't show any alterations. The electroencephalography (EEG) showed slow bilateral temporal activity. The neuropsychological testing (NT) showed marked memory and mild executive function impairments. The patient improved with olanzapine 20mg/day.

Discussion: This case shows the difficulty of differential diagnosis between late onset schizophrenia and psychosis secondary to traumatic brain injury. Based on the review of cases, we found that in secondary psychosis the most common EEG and NT changes are similar to those we found in this patient.

COMPARATIVE STUDY OF QING XIN CHONG JI I HAO IN TREATMENT OF SCHIZOPHRENIA

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Objective: To evaluate the add-on therapeutic effect of the self-dispense herb formula-Qing Xin Chong Ji-I combined with risperidone and olanzapine in the treatment of schizophrenia and to observe Qing Xin Chong Ji-I effect on reducing side effects of antipsychotics.

Method: All the subjects were diagnosed as schizophrenia according to the DSM-IV-R diagnosis standard and were randomized into 4 groups: the treatment group1 (Qing Xin Chong Ji-I combined with risperidone or olanzapine) and the control group1 without Qing Xin Chong Ji-I; the treatment group2 (Qing Xin Chong Ji-I combined with chlorpromazine, haloperidol or perphenazine) and the control group 2 without Qing Xin Chong Ji-I; The treatment lasted for 8 weeks. The Positive and Negative Syndrome Scale (PANSS) were used to evaluate therapeutic effects, and Treatment Emergent Side effect Scale (TESS) was used to estimate side effects respectively

before the treatment and at the 2th, 4th, 6th, 8th weeks after the treatment.

Result: The total scores, the scores of positive syndrome,negative syndrome and general syndrome of PANSS in the treatment group and the control groups were significantly different before and after 8 weeks (P<0.01). It showed that Qing Xin Chong Ji-I could reduce side effects of antipsychotics.

Conclusion: Qing Xin Chong Ji-I has add-on effect for risperidone and olanzapine in the treatment of schizophrenia, especially effective for the positive symptoms of schizophrenia. It can reduce the side effect rates of ant psychotics and has clinical value in the treatment of schizophrenia.

Keywords: Qing Xin Chong Ji -I Schizophrenia Efficacy Side effects

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COMPARATIVE STUDY OF QING XIN CHONG JI II HAO IN TREATMENT OF SCHIZOPHRENIA

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Objective: To evaluate the add-on therapeutic effect of the self-dispense herb formula-Qing Xin Chong Ji-II combined with risperidone and olanzapine in the treatment of schizophrenia and to observe Qing Xin Chong Ji-II effect on reducing side effects of antipsychotics.

Method: All the subjects were randomized into 4 groups: the treatment group1 (Qing Xin Chong Ji -II combined with risperidone or olanzapine) and the control group1 without Qing Xin Chong Ji-II; the treatment group2 (Qing Xin Chong Ji-II combined with sulpiride or clozapine) and the control group 2 without Qing Xin Chong Ji-II; The treatment lasted for 8 weeks. The Positive and Negative Syndrome Scale (PANSS) were used to evaluate therapeutic effects, and Treatment Emergent Side effect Scale (TESS) was used to estimate side effects respectively before the treatment and at the 2th, 4th, 6th, 8th weeks after the treatment.

Result: The total scores, the scores of positive syndrome,negative syndrome and general syndrome of PANSS in the treatment group and the control groups were significantly different before and after 8 weeks (P < 0.01). It showed that Qing Xin Chong Ji-II could reduce side effects of antipsychotics.

Conclusion: Qing Xin Chong Ji-II has add-on effect for risperidone and olanzapine in the treatment of schizophrenia, especially effective for the negative symptoms of schizophrenia. It can reduce the side effect rates of ant psychotics and has clinical value in the treatment of schizophrenia.

Keywords: Qing Xin Chong Ji -II Schizophrenia Efficacy Side effects

A WALK IN THE PARK: RECOVERY IN SCHIZOPHRENIA / TOURETTE'S

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Objective: to rehabilitate a 22 year old Maori male diagnosed with chronic schizophrenia and Tourette's/OCD. Referred to CCT, at age 21, he was regarded as mute with severe mobility impairments. After 6 months of establishing relationships we discovered his obsession with vampire movies and an enduring passion for rugby.

Family contact revealed that he had been a regional rugby representative prior to the onset of his illness at age eleven.

We hypothesised that by using a person-centred methodology, based on and re-introducing his earlier advanced rugby motor skills, we might motivate and assist him towards recovery. The method used to integrate his speech and movement was to reconnect with his prior rugby experience by training with him in a familiar environment, the rugby park, using what we called a W-T-P (Walk, Talk and Pass) intervention. His medications are clozapine, fluoxetine and folic acid.

After 6 months the results have been two-fold. He can talk fluently and describe his experiences coherently. He can walk, participate in community life and has started part-time paid work. Other clients of CCT have participated in similar W-T-P based activities and demonstrated similar gains.

We conclude that W-T-P interventions, (Walk, Talk, Pass), (Walk, Talk, Participate), (Work, Talk, Play) are successful person-centred recovery matrices for people with schizophrenia and Tourette's/OCD

P-03-230

A DOUBLE-BLIND RANDOMIZED PLACEBO-CONTROLLED STUDY FOR RELAPSE PREVENTION IN REMITTED FIRST EPISODE PSYCHOSIS PATIENTS FOLLOWING AT LEAST ONE YEAR OF MAINTENANCE THERAPY

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Objectives: Patients with a single episode of psychosis often expect medication discontinuation after a period of remission. Yet controlled studies regarding medication discontinuation are scarce. This double-blind randomized placebo-controlled study aims to investigate the efficacy of relapse prevention in patients who had maintenance treatment for at least 12 months after a single episode psychosis.

Methods: Following a first/single episode of DSM-IV schizophrenia and related psychosis, patients who were remitted well and on maintenance medication for at least 12 months (mean 22 months) were randomized to receive either maintenance medication (quetiapine 400mg/day) or placebo.

Results: 178 patients were randomized. Relapse rate was 30.3% in the maintenance group and 62.9% in the placebo group (log-rank

test, Chi-square=18.99, p<0.001). Significant relapse predictors were patients on placebo (hazard ratio, 0.349; CI, 0.202-0.601), having more pre-morbid schizoid and schizotypal traits (hazard ratio, 3.081; CI, 1.712-5.545), scoring lower in the logical memory test (hazard ratio, 0.913; CI, 0.86-0.969), having more blink rate (hazard ratio, 1.009, CI, 1.002-1.016) and diagnosed with schizophrenia (hazard ratio, 1.816; CI, 1.096-3.008).

Conclusions: New data on relapse risk were identified in remitted first/single episode psychosis patients following an average of 22 months of maintenance medication. Relapse rates even after this period were comparable to that after the first episode. Significantly, about 37% of patients did not relapse with medication discontinuation. The predictors identified could help to further inform the real-life decision regarding medication discontinuation.

PREPSYCHOTIC CONDITION IN SCHIZOPHRENIA

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It's known that positive and negative symptoms in a first schizophrenic episode haven't a prognostic value, and neither diagnostic or therapeutic variables.

It's not clear if premorbid adjustment could conditionate the development of illness in vulnerable people, or could predict diagnose or evolution of schizophrenia.

Using a data base of 50 schizophrenic patients, we correlated prepsychotic factors with personality, evolution, social and working environment, previous year stressors, familial psychiatric morbidity, type of onset, schizophrenic symptoms, etc... obtaining these results:

- 88% were single
- 42% depend economically on others
- 44% had previous schizoid personality
- 16% had familial antecedents of schizophrenia
- 42% had a processual evolution course of the illness

- 80% were treatment responders, but in follow up (9,2 years) only 48% were responders
- 12% evolutioned to defectual form of the illness

About previous backround 6 months before the onset of illness we have found:

- 32% and 24% were adequate in social and familial communication areas respectively. 22% had marked social withdrawal.
- 32% had bizarre hobbies, 20% defined themselves as "weird", 22% shy.
- 12% had school stressors, 6% military service, 8% familial conflicts. 8% changed residence, 4% lost a job or a relative, 6% had school or affective difficulties.
- 52% had no previous stressors.

We can conclude that patients with previous schizoid personality, insidious onset, processual course and poor evolution, seemed to be more vulnerable to the former stressors analysed.

P-03-232

THE EARLY RECOGNITION OF THE SCHIZOPHRENIA ONSET: DIAGNOSTIC AND THERAPEUTIC MANAGEMENT STRATEGIES

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Schizophrenia represents one of the major public health problems, having a great social and economy impact. Due to the onset at young ages, the disease interferes both with the completing of the education process as well as with the social and professional training of the individual.

Based on data gathered from specialty literature, in the Research Center from Socola Psychiatry Hospital Iasi, a retrospective study was carried out.

We studied the following **objectives**: 1. The frequency and the type of prodromal symptoms; 2. The interference with educational process and socio-professional activities; 3. The criteria that define the highrisk group for schizophrenia; 4. The time period between the onset of the prodromal symptoms and the diagnostic of schizophrenia.

The research **method**: the patients filled out a questionnaire with 20 questions regarding the onset of schizophrenia and also was applied the GAF scale.

The **results** obtained from this study confirmed that: the data from the specialty literature regarding the symptomatologic spectrum of schizophrenia is accurate; the inclusion criteria for high-risk for the development of schizophrenia group, the importance of the time interval between the onset of prodromal symptoms and the diagnostic of schizophrenia, as prognostic factor in the later outcome of the disorder.

Conclusion: the early recognition should allow as many persons with high-risk for the developing of psychosis as possible to benefit from the early adequate treatment initiation.

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A FIVE YEAR FOLLOW UP STUDY OF FIRST EPISODE PSYCHOSIS

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Aim:

The aim of this study is to evaluate the clinical and functional characteristics of a 5 year follow up of first episode psychosis admitted in the Psychiatric Clinic Timisoara in the year 2003.

Method:

A total of 35 first episode psychosis patients including, have been studed. Participants baseline demographic, clinical and functional characteristics and described, during the follow up period they have been assessed the psychotic process, dynamic with all diagnosis changes, and the important modifications in socio-professional and family functioning.

An actually (2008) clinical and functional evaluation has also been made using standardized instruments (BPRS, GAF).

Results:

At baseline only 16% of cases have the diagnosis of schizophrenia, whereas the full range of psychotic disorders are represented. Overtime only 47% of the cases remain on a stable diagnosis most of them from the schizophrenia diagnosis. The cumulative first relapse rate at 5 years initial recovery was 78%. Declines in functioning are present in most of the cases.

Conclusions:

Clinical and functional changes are a common feature for the first episode psychosis. Improving life standards of these patients relates for the future to a more detailed analyse of the psychotic dynamic process.

P-03-234

REAL CAUSES OF SOME SCHIZOPHRENIA-LIKE PSYCHOTIC DISORDERS: ATTEMPT AN MORE ETIOLOGICAL THERAPY

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The essentials should be some case reports with exact data of more precise etiological diagnostic in some Sch-like psychotic disorders.

The dominant approach are the etiopatogenetic approach and detection of: infective, toxic, metabolic, endocrinological, neurological, vascular, anatomic, real genetic, iatrogenic, and other well known causes of disturbances of CNS functions.

The second dominant approach is the targeted pharmaco- and psycho-pharmacotherapy not only the biochemical consequences, but the treatment of real causes of psychotic disturbances, too (infective-parainfective, inflammatory-immunologic, metabolic, toxic, endocrinologic, neurogenic, cerebrovascular, iatrogenic, ect.).

THE ROLE OF ABSTRACT REASONING IN EMOTIONAL PROCESSING IN SCHIZOPHRENIA

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Aims/Objectives

Most of the studies investigating emotional processing in schizophrenia have used facial affect recognition paradigms^{1,2}, whereas we introduced a cognitive task that requires more complex social and emotional judgments. We are interested in how the ability to compare and match stimuli of different emotional valence is related to symptomatology of the disorder and cognitive abilities in schizophrenic patients.

Methods

15 patients with schizophrenia and 15 control subjects were shown two pictures simultaneously, with negative, positive or neutral emotional content. They were asked to match the pictures according to their valence and then performed surprise recognition memory test. In addition, several neuropsychological test were administered.

Results

The group of patients was significantly less accurate than the group of controls, when positive or neutral pictures were combined with pictures of negative valence. The patients performed significantly worse in recognizing the novel picture combinations across all the combination categories. The group of patients had significantly lower scores on Halstead Category Test and Similarities (HAWIE-R).

Conclusions

The patients exhibited a negative bias when evaluating incongruent picture pairs, especially those containing neutral pictures, that are more flexible for interpretations¹. The tendency to make false recognitions of novel picture combinations might be due to the failure to use semantic structure embedded in the link between two visual materials. Additionally, as patients have shown impaired abstract-flexibility and concept learning, it may be the case that not only impaired affect recognition, but also deficits in abstract reasoning, may lead to delusions and misinterpreting banal events as significant.

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P-03-236

STUDY OF SUGGESTIBILITY IN PERSONS WITH SCHIZOPHRENIA

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Aim: Study of suggestibility in persons with schizophrenia.

Target groups: The experimental group was formed out of 56 users (36 females and 20 males) of our Psycho-social Rehabilitation Center. Their age varied from 18 to 68. The control group was composed of 37 students of a Psychological faculty (30 females and 7 males). Their age fluctuated from 18 to 24.

Method: As a method of study we used Barber's Creative Imagination Scale. To subjects of the experimental group this method was applied from 2 to 5 times, during 6 months.

Main results: In the experimental group the subjects have been distributed in the following way: (0) *lack of suggestibility* - 12.68%; (1) *weak of suggestibility* - 20.56%; (2) *average of suggestibility* - 13.8%; (3) *high of suggestibility* - 24.51%; (4) *very high of suggestibility* - 28.45%. In the control group we have obtained the following percentage dis-

tribution of subjects: (0) lack of suggestibility - 6.76%; (1) weak of suggestibility - 17.18%; (2) average of suggestibility - 22.25%; (3) high of suggestibility - 27.89%; (4) very high of suggestibility - 25.92%. We also have studied changeableness of suggestibility during 6 months in the experimental group: invariable indices of suggestibility were shown by 27.95% of subjects; 37.26% of subjects had slight changeableness; suggestibility was considerably changed in 26.09% of subjects; and radical change was obtained in 8.7% of subjects.

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ATYPICAL ANTIPSYCHOTICS AND SOCIAL FUNCTIONING IN SCHIZOPHRENIC PATIENTS

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OBJECTIVES: To study the influence of antipsychotic therapy type in relation to social functioning. The study was designed to examine connection between social functioning and antipsychotics in a group of schizophrenic patients, also according to the gender, education and duration of illness.

METHODS: Patients (N=123), living in supportive accommodation, with diagnosed schizophrenia according to ICD 10 criteria were included in the investigation. 31.7% of patients, 26 females and 13 males, were on atypicals (olanzapine, risperidone, clozapine). The Social Functioning Scale according to Bellack has been used for the assessment of social functioning in the study. We used the descriptive analysis, regression analysis, discriminatively analysis and group of centroids for statistical evaluation of data.

RESULTS: There is no difference in social functioning between patients on atypicals and patients treated by typical antipsychotics. Results have shown the better social functioning of women in compare to males. Also, the education and duration of illness were not in relation to social function.

CONCLUSIONS: Although there were not difference in social functioning in two groups of patients treated by different type of antipsychotics, we observed a positive trend of better social functioning in group of patients who takes atypicals. The importance of that positive trend has to be checked in larger sample of patients to make further conclusions. The better social functioning of women was in concordance with the results of other investigators.

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ATTENTIONAL NETWORKS IN SCHIZOPHRENIA: INFLUENCE OF TYPE OF MEDICATION AND DURATION OF DISEASE

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Aims: This study examined the three attentional networks: alertness, orienting and executive control in a group of young schizophrenic patients mainly treated with stable dosage of Neuroleptics, with recent onset of the disease.

Methods: 27 patients with schizophrenia (PS) are matched for age and years of study to 27 healthy controls(C).

An adapted version of the Attentional Network Task (ANT-I) was used, which explores simultaneously and independently the attentional networks particularly alerting (sound vs no sound), orienting (valid, invalid or no visual cues) and executive system (through the sensitivity to conflictual stimuli with congruent vs. incongruent visual flanckers).

Results : PS compared to C displayed a greater alerting effect (F[1,52]=11,4; p=0.OO1), had a longer overall reaction time (RT) (F[1,52]=2.92; p<0.001), did not exhibit any difference regarding conflict effect (F[1,52] =1,5; p=0,28) and errors (F[1,52] =2,93; p=0,09). Concerning orientation, the group of PS showed a difficulty to detect contrast between valid and invalid cue (F [2,104] =6,2; p=0,003).

Conclusion: Our study confirms recent findings about a relative preservation of reactivity to an alerting cue and of the Executive Control Network in schizophrenia. In addition, Neuroleptics would not have a deleterious effect on these attentional networks.

THE SELF-ASSESSMENT SCALE OF COGNITIVE COMPLAINTS IN SCHIZOPHRENIA

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OBIECTIVES

The aim of the present work was to develop a scale to evaluate the subjective experience of cognitive dysfunction of patients with schizophrenia and to conduct a validation study of the scale.

METHODS

The authors constructed the Self-Assessment Scale of Cognitive Complaints in Schizophrenia (SASCCS) based on a questionnaire covering several cognitive domains: memory, attention, executive functions, language and praxia. The SASCCS is a 21-item, Likert-type scale which is easy and simple to use. This scale was inspired by the Subjective Scale to Investigate Cognition in Schizophrenia (1) and was established based on the cultural and linguistic context of Tunisia.

We planned to evaluate the psychometric properties of the SASCCS in a population of 105 Tunisian Arabic dialect-speaking outpatients meeting the DSM-IV diagnostic criteria for schizophrenia or schizoaffective disorder. Patients were assessed by the Positive and Negative Syndrome Scale, the Calgary Depression Scale and the

Global Assessment of Functioning Scale. Cognition was evaluated by a neuropsychological battery.

RESULTS

Preliminary analyses on 60 patients showed a good internal consistency for the global score (alpha de Cronbach = 0.83). Validity of the internal structure was evaluated through a principal component analysis which identified seven factors that accounted for 66,6% of the total variance.

CONCLUSION

We present a work in progress: Validation of the SASCCS will be completed through an enlargement of the sample and an exploration of the pattern of correlation between subjective scores and objective cognitive assessment.

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P-03-240

PSYCHOTIC EPISODE, EPILEPSY AND TUBEROUS SCLEROSIS COMPLEX-A CASE REPORT

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Tuberous sclerosis complex (TSC) is an autosomal dominant neurocutaneous disorder resulting in multisystemic hamartomatous lesions, diagnosed mostly in childhood. The clinical findings and severity of TSC are highly variable.

Objectives/methods: presenting a case of TSC associated with seizures and paranoid psychotic episode, diagnosed at the adult period of life.

Results: patient (39), having seizures from the age of 7, was admitted because of more frequent seizuring, anxiety and hypertension. Seizures were partial and partial with secondary generalization. One year prior to admission, patient experienced a paranoid psychotic episode treated successfully with small doses of flufenazine.

During somatic examination typical skin lesions were found (facial angifibromas, hypomelanotic maculas, Shagreen patches).TSC was

definitely diagnosed after extensive exploration (blood analysis, EEG, internist, dermatologist, ophthalmologist, pulmonal roentgen, cranial CT and MRI, cardial and abdominal ultrasonography, psychological exploration). Typical cortical and subcortical nodules in brain, renal and hepatic, cystic and nodular formations were found. Psychological examination showed subnormal intelligence. With combined anticonvulsive therapy (carbamazepine, phenobarbiton, diazepam) better control over seizures was attained.

Conclusions: Earlier diagnosis of TSC leads to better prognosis. Detecting obvious cutaneous stigmata is useful in suspecting of TSC in adult patients with seizures and subnormal intelligence. Psychotic episodes are rarely reported complications of TSC. This case is a reminder for neuropsychiatric complications of neurocutaneous genetic disorders.

THE EFFECT OF CHANGE IN CLINICAL STATE ON EYE MOVEMENT DYSFUNCTION IN SCHIZOPHRENIA

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Eye movement dysfunction (EMD) has been considered a candidate neurophysiological marker for the study of genetic liability in schizophrenia. In this respect it is crucial to confirm a trait versus state dependence of these measures. Twenty patients with DSM IV schizophrenia were assessed using a battery of oculomotor tasks in the acute phase of their disorder without being treated with antipsychotic medication and then again in a remission phase under treatment with antipsychotic medication. The saccade latency in the saccade task, the error rate and antisaccade latency in the antisaccade task, and the frequency of unwanted saccades in the active

fixation task were stable in time both in the group level and within each individual, showing no relation to the significant improvement in different psychopathological dimensions of these patients. The root mean square error, gain and saccade frequency in the pursuit task were not stable over time although again this instability was not related to the changes in psychopathological status of these patients. Finally the saccade frequency in the active fixation task with distractors was not stable in time and was sensitive to changes in specific dimensions of psychopathology.

P-03-242

EFFICACY AND TOLERABILITY OF SWITCHING TO ZIPRASIDONE IN PATIENTS WITH SCHIZOPHRENIA

INSTITUTIONS

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Aims: Some patients with schizophrenia switch medications due to lack of efficacy or intolerable side effects; improvement in symptoms and side effects following a switch must be assessed.

Methods: In a 12-week, open-label, baseline-controlled, flexible-dose switch study, adult outpatients with schizophrenia experiencing suboptimal efficacy or tolerability issues were switched from haloperidol (n = 99), olanzapine (n = 82), or risperidone (n = 104) to ziprasidone (80-160 mg/d; dosed twice daily with food). The primary efficacy evaluation was BPRS score at week 12. Safety evaluations included change from baseline in movement disorders (SAS, BAS, AIMS) body weight, prolactin, and fasting lipids levels. Statistical tests were 1-sided, noninferiority comparisons with correction for multiple comparisons (0.025/3 significance level), for primary efficacy end point, or 2-sided (0.05 significance level), for secondary end points.

Results: BPRS scores improved significantly compared with all 3 preswitch medications at week 12. Mean change from baseline (SD) for patients switched from haloperidol, olanzapine, or risperidone was -11.3 (16.3), -6.3 (14.2), and -9.9 (13.2), respectively (p < 0.0001 vs baseline). Movement disorders, measured by SAS, BAS, and AIMS, improved significantly for subjects switched from haloperidol or risperidone. Change in weight (kg \pm SD) from baseline was 0.4 ± 3.97 , -2.0 ± 3.99 (p < 0.001), and -0.6 \pm 3.21, respectively.

Conclusions: Patients switched to ziprasidone demonstrated improvement in symptoms and movement disorders, with a neutral weight effect. Ziprasidone is an appropriate switch option for patients experiencing suboptimal efficacy or poor tolerability with their current treatment.

ASSESSMENT OF DYSFUNCTIONAL WORKING MODELS OF SELF AND OTHERS IN SCHIZOPHRENIC INPATIENTS

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Objectives:

Dysfunctional cognitive schemata may influence individual vulnerability to schizophrenia. To measure dysfunctional working models of self and others Dysfunctional Working Models Scale (DWM-S) was developed by Perris and collaborators. The aim of the study was to assess the dysfunctional working models of self in schizophrenic inpatients.

Methods:

Sixty inpatients with schizophrenia or schizoaffective disorders were rated with PANSS, Calgary Depression Scale, Hamilton Anxiety Rating Scale and InterSePT Scale for Suicidal Thinking. Patients completed self-report questionnaire DWM-S as well as State-Trait Anxiety Inventory. In addition forty inpatients with depression and anxiety disorders completed DWM-S.

Results:

The mean age of the patients was 36.1 ± 14.8 years, they had mean 13

 \pm 3,5 years of education. The mean duration of illness was 8,7 \pm 9,2 years. Mean DWM-S score was 125 \pm 34,5. We found positive correlation of DWM-S score with total PANSS score (Spearman R = 0,41, p<0,01) but there were no significant correlations with depression or anxiety measures. Scores of DWM-S in schizophrenic patients were significantly higher than scores among patients with depression or anxiety disorders (117 \pm 25,6 and 114 \pm 28,9; p<0,05)

Conclusions

The level of dysfunctionality of cognitive schemata was not influenced by: age, sex, education, and duration of schizophrenic illness. There was positive correlation of the level of dysfunctionality of cognitive schemata and severity of schizophrenia symptoms but not with any particular schizophrenic symptom dimension. Symptoms of anxiety or depression did not influence the DWM-S score.

P-03-244

EFFECT OF ZIPRASIDONE DOSE ON ALL-CAUSE DISCONTINUATION IN SCHIZOPHRENIA

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Aims: To examine the relationship between ziprasidone dose and all-cause discontinuation in patients with acute exacerbation of schizophrenia or schizoaffective disorder.

Methods: Data were analyzed for the first 28 days from 4 pivotal, randomized, double-blind, fixed-dose trials of patients with schizophrenia or schizoaffective disorder receiving ziprasidone (40-160 mg/day dosed bid with food) to examine the association between ziprasidone dose and all-cause discontinuation due to lack of efficacy and/or adverse events, relative to placebo. Differences in discontinuation were evaluated using Cox proportional hazard models and number needed to treat (NNT).

Results: Overall all-cause discontinuation for ziprasidone ranged from 26.9% for 160 mg/d to 40.9% for 40 mg/d compared with 49.5%

for placebo. The NNT for avoiding 1 additional all-cause discontinuation compared with placebo were 12 (40 mg/d, n = 186), 25 (80 mg/d, n = 154), 9 (120 mg/d, n = 125), and 4 (160 mg/d, n = 104). Zi-prasidone 120 mg/d and 160 mg/d were associated with significantly lower all-cause discontinuation rates vs placebo (p < 0.05); 160 mg/d was associated with a significantly lower all-cause discontinuation rate vs lower-dose ziprasidone (40-80 mg/d, p < 0.05). Lack of efficacy accounted for 51% of all medication discontinuations across ziprasidone groups, compared with 62% for placebo. Findings for overall discontinuation due to lack of efficacy are consistent with results for all-cause discontinuation.

Conclusions: Consistent with previous reports, higher doses of ziprasidone (120-160 mg/d) are associated with significantly lower all-cause discontinuation rates and more favorable NNT vs placebo.

AWARENESS, ATTRIBUTION OF SYMPTOMS AND EXECUTIVE FUNCTION IN SCHIZOPHRENIA

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Objective:

Awareness of illness in schizophrenia is a complex multi-dimensional function which includes awareness of symptoms and attributing them to mental illness. We aimed to study the correlation of these two dimensions to executive function.

Methods:

Stable outpatients diagnosed with schizophrenia or schizoaffective disorder were assessed (N= 21). Executive function assessment included Wisconsin Card Sorting Test (WCST) completed categories (CC) and perseverative errors (PE), stroop color/word interference task, and semantic and phonologic verbal fluency (VF). Additionally, we assessed premorbid IQ utilizing the Wide Range Achievement Test. Awareness and attribution of positive and negative symptoms was assessed utilizing the Scale to assess Unawareness of Mental Disorders (SUMD). We report the results of linear correlations.

Results:

Awareness of positive symptoms correlated with better semantic VF (r=-.63, p=.005). Awareness of negative symptoms correlated with better performance on the WCST-PE (r=-.48, p=.03) and stroop (r=.69, p=.02). Correct attribution of positive symptoms correlated with better performance on the WCST-CC (r=-.75, p=.003), WCST-PE (r=-.56, p=.05), and semantic VF (r=-.6, p=.03). Correct attribution of negative symptoms correlated with better performan-

WCST-PE (r=.56, p=.05), and semantic VF (r=-.6, p=.03). Correct attribution of negative symptoms correlated with better performance on the WCST-CC (r=-.5, p=.03) and semantic VF (r=-.46, p=.05). Symptoms awareness and attribution did not correlate with premorbid IQ.

Conclusion:

Awareness and attribution of positive and negative symptoms are significantly correlated with executive function. Attribution of symptoms maybe more closely linked to executive function.

P-03-246

CLINICAL, PSYCHOLOGICAL FACTORS OF POSTSCHIZOPHRENIA DEPRESSION

INSTITUTIONS

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Objectives:

To identify a phenomenon of loneliness, levels of depression and anxiety of patients schizophrenia disorders.

2. To allocate the role of the phenomenon of loneliness as the differentiation factor of therapy of patients with postschizophrenia depressions.

Material and methods:

85 patients were surveyed at the Republican centre of mental health in Bishkek city in the age of from 18 till 60 years with schizophrenia disorders, modified UCLA scale for the evaluation of the level of the loneliness, Standardized scales of the evaluate depressions and anxiety.

Results:

Patients with schizopformes disorders (control group) 32 people had less level of loneliness (39.8 (P<0.01)) in comparison with patients suffered from, schizophrenia (paranoic) (62,3 (P<0.01)). While the

intensity of hypothimic affect of patients with deep psychopathological disorders was higher (58,2 (P<0.01)), then one of patients with schizophrenia. Anxious level was middle and there wasn't found any verified differences.

Conclusions:

Phenomenon of loneliness is one of the clinical and psychological mechanisms causing development of postschizophrenia depressions

Phenomenon of loneliness is one of components of differential therapy of patients with deep psychopathological disorders.

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WELLNESS PROGRAM: A PROGRAM FOR MANAGING WEIGHT CONTROL IN SCHIZOPHRENIA: EXPERIENCES FROM THE CZECH REPUBLIC

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Objective: Wellness Program was implemented in January 2005 in the Czech Republic . We present the outcomes of 500 out-patients evaluated since January 2005 to May 2007

Methods: This program was delivered by trained psychiatric nurses in 10 sessions lasting one-hour, with the first eight sessions held weekly and the last two held monthly in consecutive groups consisting of 5-8 participants. We evaluated the influence of participation in this program on weight control. Weight and knowledge about nutrition and exercise were evaluated at the baseline and at the end of the program for both groups.

Results: Between January 2005 and May 2007 732 out-patients with schizophrenia-spectrum diagnoses entered the courses of the Well-

ness Program consecutively in the centers throughout the Czech Republic. For the analysis we included only those patients who participated at least 7x (N=500). Knowledge about a healthy life style was significantly improved by the end of program (tests about nutrition - 65% of answers were correct in the baseline, 79% by the end; tests about exercise - 68% at the baseline, 80% correct answers at the end). The participants were able to remember the facts about nutrition and exercise and were also able to use them in real life which was connected to their weight loss.

Conclusions: The Wellness Program was successfully accepted by the patients and it is popular. It leads to the improvement of the health of schizophrenic patients, decreases or keeps the body weight down and prevents social isolation and destigmatization.

P-03-249

RESPONSE TO INTRAMUSCULAR ZIPRASIDONE AS A PREDICTOR OF RESPONSE TO ORAL ZIPRASIDONE

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Aims: To determine the ability of an early response to intramuscular (IM) ziprasidone to predict the 6-week response to oral ziprasidone.

Methods: In a 6-week, multicenter, single-blind, randomized, flexible-dose study, patients with schizophrenia or schizoaffective disorder received IM ziprasidone ≤ 40 mg/d followed by oral ziprasidone 80-160 mg/d (n = 429) or IM haloperidol ≤ 10 mg/d followed by oral haloperidol 5-20 mg/d (n = 138); IM period was ≤ 2 days. We calculated the percentage of IM responders ($\geq 20\%$ change in BPRS score from baseline to last IM) who were oral responders ($\geq 30\%$ change in BPRS score from baseline to last observation in the oral phase).

Results: In total, 235 of 429 (54.8%) ziprasidone subjects and 77 of

138 (55.8%) haloperidol subjects responded to treatment at 6 weeks. 90 ziprasidone subjects (20.9%) were responders to IM treatment. Of these, 65 (72.2%) were oral responders at last observation (sensitivity, 27.7%; specificity, 87.1%). 17 haloperidol subjects (12.3%) were responders to IM treatment and 12 (70.6%) were responders at last observation (sensitivity, 15.6%; specificity, 91.8%). While there was no significant difference between the treatment groups (p = 0.55), there was a significant difference between the IM responders and nonresponders (p < 0.0001) with regard to prediction of oral phase response.

Conclusion: Response to IM treatment is a significant predictor of an oral response, supporting the clinical practice of continuing patients on the oral medication received in IM form.

SCHIZOPHRENIA AND LIVER DYSFUNCTION CAUSED BY PORTACAVAL SHUNTING

INSTITUTIONS

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The hypothesis is presented that a dysfunction of the liver, caused by portacaval bypass of a normal liver, is a predisposing factor in the pathogenesis of schizophrenia. In support of this hypothesis evidence is presented, showing a more than coincidental correlation of deviant biological findings in schizophrenia and cases of portacaval shunting. Thus, correlated deviations are observed in the expression of neurotransmitters and neuroreceptors, metabolic parameters, immune response and stress parameters as well as signs of neu-

rotoxicity with cerebral atrophy. Doppler sonographic investigations of the portal venous system should enable a non-invasive test of the hypothesis.

Reference:

Krøll J. Schizophrenia and Liver Dysfunction Caused by Portacaval Shunting. Current Psychiatry Reviews 2007; 3: 205-212

P-03-251

LACK OF COGNITIVE DISORDERS IN THREE SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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Aim: Different levels of cognitive functioning in schizophrenic patients may be linked to heterogeneity of this disease. In some studies there were described groups of schizophrenics with IQ within normal limits, and no cognitive deficits measured with tests like WCST were found in them. According to some authors, 25% of subjects suffering from schizophrenia are those, who present either mild or no cognitive deficits at all. Described here are three cases of schizophrenic patients showing no deficits measured by neuropsychological tests.

Methods: A Vienna Test System was used to measure working memory (CORSI Test), attention (COGNITRON Test), and reaction time (RT Test). All three examines patients were female, aged between 21 and 25 years. Their level of social functioning was relatively good, two of them were students, one of them already graduated from the

university. They experienced periodic exacerbations of positive symptoms, which did not have a high impact on their quality of life.

Results: In each of the above patients no deficits were found in the examinations with applied neuropsychological tests.

Conclusions: These results confirm the existence of "cognitively preserved" schizophrenic subjects. Further studies on larger groups should be done to describe this phenomenon. The results of these studies could be useful in the process of including cognitive functioning into the diagnostic criteria of schizophrenia. An interesting observation is, that all three described subjects were female, as it is known that there are differences in social functioning in schizophrenia between men and women.

PROCOGNITIVE EFFECT OF REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION IN DEPRESSION

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Background:. The potential of influencing individual parameters of cognitive deficit in depression by rTMS has not been explored in detail yet.

Methods: The group was formed by 20 men. Parameters of the stimulation: intensity of the stimulation 110% of motoric threshold, frequency of the stimulation (15Hz), continuation of the pulse set (10sec.), interspace among the sequences (30 sec.) and total numer of the applied stimuli (1500), length 3 weeks. Patients were examined by the set of neuropsychological tests, the interval test - retests was 4 weeks.

Results: We found out statistically significant improvement in the part of A of TMT, in VFT, in all index numbers of WMS and in categories of perseverative errors and responses in WCST. In other tests there were not any increase of the achievement statistically signifi-

cant. Only in the CPT test there appeared by some patients moderate decrease of the achievement. We found out statistically significant improvement in the part of A of TMT, in VFT, in all index numbers of WMS III. and in categories of perseverative errors and responses in WCST. In other tests (part B of TMT) there were not any increase of the achievement statistically significant. Only in the CPT there appeared by some patients moderate decrease of the achievement. Conclusion: With regard to number of examined patients we can not generalize our findings though we can regard this research as a benefit for the exploration of the problematics of positive, procognitive effect of rTMS.

No. Project MSM0021622404

P-03-253

SOCIAL AND PHYSICAL ANHEDONIA IN HEALTHY SIBLINGS OF SCHIZOPHRENIA PATIENTS COMPARED WITH POPULATION BASED CONTROL SUBJECTS

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Anhedonia, a reduced ability to experience pleasure, is one of the main symptoms of schizophrenia. Especially physical anhedonia may be an endophenotypic marker for schizophrenia, but the results have been conflicting (Kendler et al 1996). We set out to study whether well siblings of schizophrenia patients have elevated levels of social and physical anhedonia compared with controls in a population based study design.

Physical and social anhedonia scores (measured with the Social and Physical Anhedonia Scales) were compared in siblings with schizophrenia spectrum disorder (n = 91), their healthy (n = 75) and nonpsychotic siblings (n = 30), and control subjects (n = 67) with no personal or family history of psychotic disorder. All the study groups were from population based study samples. The scale scores between the groups were compared using analysis of covariance, with age and gender as covariates.

We found no statistically significant differences between nonpsychotic and healthy siblings and controls in levels of anhedonia. However, the ill siblings with schizophrenia spectrum disorder had significantly elevated anhedonia compared to all other groups.

The results suggest that social and physical anhedonia, as group level, do not differentiate subject with elevated vulnerability to schizophrenia from population controls.

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TO INVESTIGATE GENETIC PROFILE OF SCHIZOPHRENIC PATIENTS IN PAKISTAN

INSTITUTIONS

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AIMS: To study the association of SNPs markers with known genes(DTNBP1 and NRG1), estimation of D-serine(serine Racemase) in the urine samples of schizophrenic patients and control, metal analysis from blood samples, isolation of serine Racemase enzyme from human serum and biostatistical analysis by using of SNP Alyse for quantitative comparison between controls and schizophrenic patients

METHOD:

- a) DNA extraction from blood sample.
- b) PCR amplification.
- c) Agarose Gel electrophoresis.
- d) Isolation of serine racemase enzyme from serum.
- e) Metal analysis from blood sample.

RESULTS: As it is a 3 years project started in 2007 there are no results yet.

DISCUSSION: In previous studies to identify the genes predisposing for Schizophrenia and on the basis of twins and adoption studies it has been concluded that neurogenetic components in combinations with environmental factors play very significant role in the etiology of this disease. In this project we are planning to perform gene screening analysis in the Pakistani populations. In addition blood samples are going to be collected from single affected patients (patient with only one parent as carrier or sufferer) along with their parents.

CONCLUSION: Conclusions will be made after the completion of the project.

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P-03-255

CHANGES IN THE FUNCTIONAL PSYCHOSIS' CLINICAL PICTURE AFTER 10 YEARS COURSE

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By analyzing the functional psychosis cases recorded in a Case Register, on which yearly assessments have been performed, significant changes in the cases' diagnostic after 5, 10 and even 15 years since onset could be detected. In the TPTEFP = (Timisoara Project concerning the Typology and Evolution of Functional Psychosis), in Timisoara (Romania) have been recorded all new cases of functional psychosis in the area, diagnosed according to the ICD-10 and ICD-10 criteria (using the PSE-9 and PSE-10 SCAN assessment instruments). The 10 years summary (performed in 1999, on 456 cases still in evidence from the 774 recorded cases) and the 20 years summary

(performed in 207, on 756 cases in evidence from the 1720 cases recorded) show that: the diagnostic is relatively stable after 2 years of evolution, but not before; after 5 years of evolution, there is a certain stability present, but the swing between a diagnostic of persistent delusional psychosis, schizophrenia, schizoaffective disorder and bipolar disorder is still present at 25% of the cases, and at 10% of the cases after a 10 years evolution. The most instable is the short delusional psychosis disorder diagnostic that can change into anything, but most frequently into a diagnostic of bipolar disorder.

SCHIZOPHRENIA AND PERSISTENT DELUSIONAL DISORDER AS DISTINCT PATHOLOGY

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In the Timisoara Project concerning the Typology and Evolution of Functional Psychosis (TPTEFP), in which all regional cases of functional psychosis occurring in Timisoara (Romania) during 1985-2004 were recorded and yearly assessed, at the 2007 evaluation 756 cases were analyzed (of the total 1720 cases recorded). 50 cases of persistent delusional psychosis (according to the ICD-10 criteria for research) that maintained diagnostic for longer than 5 years have been identified. The characteristics mentioned in the ICD-10 criteria for this diagnostic were confirmed: adult age, paranoid delu-

sion focused on specific persons, few (mostly auditory) hallucinations present, the concomitant presence of depression, a relatively good social insertion. These cases were compared with 50 cases of schizophrenia and 50 cases that impertinently presented also first grade K.Schneider type symptoms. The research's results support the distinction between persistent delusional disorder and paranoia (= single theme centered, organized delusion) and schizophrenia. This clinical entity needs to be closer examined by researchers.

P-03-257

THE IRREVERSIBLE TRANSITION FROM SCHIZOPHRENIA TO BIPOLAR DISORDER AFTER A 5 YEARS EVOLUTION

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In the Timisoara Project concerning the Typology and Evolution of Functional Psychosis (TPTEFP), in which all regional cases of functional psychosis occurring in Timisoara (Romania) during 1985-2004 were recorded and yearly assessed at the 2007 evaluation 756 cases were analyzed (of the total 1720 cases recorded). The analysis revealed 37 cases with a diagnostic of schizophrenia or delusional psychosis at onset and during the first 3 years of evolution that have

later changed course to bipolar disorder, a diagnostic that has than been maintained for the next 5-10 years of evolution. Schizoaffective episodes have been present during the transition period. Cases of this type should be included in multicenter studies, as these cases, as well as the cases with schizoaffective disorder, imply special problems for the etiopathogenetic and therapeutic research.

FACTORS AFFECTING DEPRESSION OF THE SCHIZOPHRENIC PATIENTS

INSTITUTIONS

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Objective: Since depressive symptoms are prevalent, under-recognized and important problems in schizophrenia, this study aimed to investigate prevalence and factors of depressive symptoms in schizophrenics and compare those of inpatient schizophrenics with those of outpatient schizophrenics.

Methods: We studied 177 schizophrenic patients including 87 outpatients and 90 inpatients and performed BDI, ZDS, CDSS, HRSD, PANSS, KISP, ESRS.

Results: Depressive symptoms were common. 16.4% of patients had HRSD score of 18 or more. 28.2% of patient had CDSS score of 8 or more. With CDSS, 15.6% of inpatient and 41.4% of outpatient showed significant depression. Lower level of education, being unemployed, shorter duration of illness, residual, paranoid type and GAF score 50-59 group were more depressed. Depression scores by gender, age, religion, duration of illness and suicidal history were different between inpatient

and outpatient schizophrenics. Old female outpatients and young male inpatients should be evaluated and monitored for depression.

Conclusion: Severity of depressive symptoms was correlated with positive symptoms and level of insight but not with negative symptoms or extrapyramidal symptoms. Control of positive symptoms is important to improve depression and quality of life of schizophrenics. It is necessary to give more attention to depressive symptoms in patients with high level of insight.

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P-03-259

COMPARING EFFECTIVENESS OF SECOND-GENERATION ANTIPSYCHOTIC VS. FIRST-GENERATION ANTIPSYCHOTIC MEDICATIONS IN PATIENTS WITH SCHIZOPHRENIA-SPECTRUM DISORDERS

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Aim: This naturalistic and prospective study aims to compare the relative effectiveness between haloperidol, olanzapine, risperidone, and trifluperazine, in patients with first-episode schizophrenia-spectrum disorders.

Methods: Total of 275 patients participated in this study of 18 months duration; 79 on haloperidol, 14 on olanzapine, 141 on risperidone, and 41 on trifluperazine. Primary outcome measurement for relative effectiveness is the time to the discontinuation of study medications, with reasons for discontinuation as secondary outcome measurement.

Results: Ninety percent of patients discontinued their medications before 18 months: haloperidol (96%), risperidone (86%), olanzapine (86%), and trifluperazine (93%). The majority who discontinued was due to intolerability of medications' side effects (41%). Of these who discontinued, 48% of patients on first-generation antipsychotics vs. 35% of patients on second-generation antipsychotics discontinued due to intolerability of side effects(p=0.004). Olanzapine (25%)

had the lowest frequency of discontinuation due to intolerability of side effects vs. haloperidol (51%, p<0.001) and trifluperazine (42%, p=0.002).

Cox-regression controlling for baseline differences in patients' demographics, severity of illnesses and diagnoses, showed longer median time to discontinuation for risperidone (69 days) vs. haloperidol (30 days, HR=1.71, 95%CI=1.22-2.39, p=0.002) and trifluperazine (23 days, HR=6.61, 95%CI=1.25-35.12, p=0.03) and likewise for olanzapine (46 days) vs. trifluperazine (HR=3.40, 95%CI=1.07-18.20, p=0.04). Correction for multiple comparisons, however, required p<0.008 to be statistically significant.

Conclusion: A large majority of patients discontinued from their medications, of which, majority was due to intolerability of medications' side effects. Risperidone appeared to be more effective than haloperidol in having a longer time to discontinuation, whilst olanzapine had the lowest frequency of discontinuation due to intolerability of side effects compared to haloperidol and trifluperazine.

KRAEPELIN REVISITED: A DESCRIPTIVE STUDY OF PARAPHRENIAS

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AIM/OBJECTIVES

Paraphrenia is a psychotic disorder characterized for a betterpreserved affect and rapport than paranoid schizophrenia and for systematized delusions that are not encapsulated from the rest of the personality as in delusional disorder. Actually it is not recognized among current classifications of mental disorders. However, clinicians usually recognize this entity in his daily practice. Few researches on paraphrenia have been conducted in the past years. The aim of this paper is to describe the clinical and related variables from patients admitted to a psychiatric ward who were diagnosed of paraphrenia and discuss the validity of this clinical entity in the psychiatric nosology.

METHOD

We studied the clinical histories of all patients admitted to our hospital in the period 1998 - 2006 who received the diagnosis of paraphrenia (ICD-9 criteria) at discharge.

RESULTS

Sample was composed by 9 cases (5 men, 4 women) with age between 26 and 75 years (illness onset; mean age of 31 years). All patients presented multiple delusions. Harm delusions were the more frequently (88.9%) reported in our sample. Hallucinations were presented in 4 cases (auditory hallucinations in 3 cases). 44 % of patients had familiar history of psychosis. According with Kraepelinian nosology most of cases were classified as fantastic (44%) or expansive (33%) paraphrenia.

CONCLUSIONS

Paraphrenia is still a useful diagnosis to clinicians for a certain group of patients, not classifiable as paranoid schizophrenia nor delusional disorder.

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P-03-261

QUETIAPINE IN FIRST-EPISODE SCHIZOPHRENIA: A PHARMACOECONOMIC ANALYSIS

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Aims: to evaluate the cost effectiveness of Quetiapine (Q) in maintenance treatment of first-episode schizophrenia (ICD-10) vs Haloperidol (H) treatment.

Methods: A Markov simulation model has been developed for 1year treatment period with incorporated data from meta-analyses and original pharmacoepidemiologic study.

Results: The cost of Q treatment exceeds those of H more than 10 times (4,000 and 40,000 Roub 2004 / patient/ year, respectively). However Q demonstrated substantial economical advantages vs H from societal perspective caused by significantly increasing time of remission (22.4 vs. 66.6 days/year for Q- and H-treated subjects, respectively). The cost of additional remission day was 1021 Roub. The results were not robust in a sensitivity analysis, including variations in the cost of hospitalization, and/or the acquisition cost of Q.

and the value of the regional Domestic Product.

Conclusion: Choice of Q may be a cost saving strategy for subpopulation of patients in early stages of schizophrenia. Disproportionaly higher the wholesale cost of Q compared to the cost of mental health care in Russia essentially influenced on results. Clinical and economic flexible criteria should be developed as a guideline for appropriate prescribing in «real world» practice and evidence based treatment with Q in first-episode schizophrenia.

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GROUP PSYCHOTHERAPY FOR CHRONIC PSYCHIATRIC PATIENTS, RELATING PANSS & CGI SCALE

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In October 2007, team from Mental health center Kotor initiated group therapy for patients suffering from chronic schizophrenia, with the aim to improve their social skills and help them include in the community easier. The therapy is based on the principles and methods of Supportive and Cognitive-behaviour psychotherapy. The sessions are held twice a week and last two hours. The goal is to find out whether group therapy has any influence on the score in any item of PANSS scale, as well as to determine if and how much its effects is different with patient treated with "specific" antipsychotics, compared to group treated with "non-specific" antipsychotic. The test includes four groups of patient, two groups of 12 members and

two of 20 members, both sexes, age between 35-45, all with a diagnosis of chronic paranoid schizophrenia. The first 12-member is in group psychotherapy and are being given specific AP, the second 12-member group is also in group psychotherapy, but are being given non-specific AP, the first 25-member group are being treated with only specific AP, the second 25-member group with only non-specific AP. All patients had been evaluated on PANSS and CGI scale before the beginning of the research, the evaluation being repeated every month. We are planning to carry out this research until September, 2008, when the results will be processed.

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METABOLIC SAFETY ANALYSIS OF OLANZAPINE (LONG-ACTING INJECTION VS ORAL)

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Objectives: To characterize potential metabolic changes during treatment of schizophrenia in patients receiving olanzapine long-acting injection (OLAI) versus oral olanzapine in a large, double-blind, randomized study.

Methods: Male and female adult patients (ages 18-70) with schizophrenia were stabilized on oral olanzapine (10, 15, or 20 mg/d) for at least 4 weeks and then randomly assigned to either continued oral olanzapine treatment (n=322) or OLAI (n=599; 150 mg/2 weeks, 405 mg/4 weeks, or 300 mg/2 weeks) for up to 24 weeks.

Assessments included comparisons of mean and categorical changes from baseline (time of randomization) in metabolic measures (weight, body mass index [BMI], fasting glucose, and fasting lipids).

Results: Mean changes in weight, glucose, and most lipids were not

significantly different between treatment groups. Weight changes over time followed similar patterns and were not significantly different at endpoint between treatment groups. Incidence rates of weight gain $\geq 7\%$ or $\geq 15\%$, or of weight gain as an adverse event, were not significantly different between treatment groups. However, among patients considered obese (BMI ≥ 30) at baseline, only those receiving oral olanzapine showed significantly increased mean weight. In contrast, LDL cholesterol decreased significantly less among OLAI-treated patients. Nevertheless, incidence rates of potentially clinically significant changes in glucose and lipids were similar between treatment groups, regardless of baseline status, and rates of diabetes- or dyslipidemia-related adverse events, which were low in both groups, were not significantly different between treatment groups.

Conclusions: In general, metabolic changes during OLAI treatment appear similar to those during oral treatment.

OLANZAPINE LONG-ACTING INJECTION FOR MAINTENANCE TREATMENT OF SCHIZOPHRENIA

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Objective: To examine the efficacy and safety of olanzapine long-acting injection (OLAI) for maintenance treatment of patients with schizophrenia.

Method: Adult outpatients who maintained stability on open-label oral olanzapine (10, 15, or 20mg/day) for 4-8 weeks were randomized to OLAI 150mg/2wks (N=140), 405mg/4wks (N=318), or 300mg/2wks (N=141), or to a low reference dose of 45mg/4wks (N=144), or to oral olanzapine at their previously stabilized dose (N=322) for 24 weeks of double-blind treatment. The primary efficacy measures were cumulative rates of and time to relapse.

Results: At 24 weeks, 93% of oral olanzapine-treated patients, 95% of 300mg/2wks-, 90% of 405mg/4wks-, 84% of 150mg/2wks-, and 69% of 45mg/4wks OLAI-treated patients remained relapse-free. The 405mg/4wks and pooled 2-week dosing regimens were noninferior to oral olanzapine as well as to each other. All 3 higher OLAI

doses were superior to 45mg/4wks based on time to relapse (all p<.01). Incidence of weight gain $\geq 7\%$ of baseline was significantly greater for oral olanzapine (21.4%), OLAI 300mg/2wks (20.7%), 405mg/4wks (15.2%) and 150mg/2wks (16.4%), compared with OLAI 45mg/4wks (8.3%, all p<.05). There were no clinically significant differences between OLAI doses and oral olanzapine with respect to injection site reactions, laboratory measures, vital signs, ECGs, or EPS. Two patients treated with OLAI experienced sedation and delirium following accidental intravascular injection.

Conclusions: OLAI at doses of 150mg/2wks, 405mg/4wks, and 300mg/2wks was efficacious in maintenance treatment of schizophrenia for up to 24 weeks. The safety profile for these OLAI doses was consistent with that of oral olanzapine except for injection-related events.

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OLANZAPINE LONG-ACTING INJECTION IN ACUTELY-ILL PATIENTS WITH SCHIZOPHRENIA

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Objective: To examine the efficacy and tolerability of olanzapine long-acting injection (OLAI) for the treatment of acutely ill patients with schizophrenia.

Method: In this 8-week, double-blind study, 404 acutely ill adult patients were randomized to receive 210mg/2wks, 300mg/2wks, 405mg/4wks OLAI, or placebo/2wks. No oral antipsychotic supplementation was permitted. The primary efficacy measure was mean baseline-to-endpoint change in Positive and Negative

Syndrome Scale (PANSS) Total score.

Results: Mean baseline-to-endpoint decreases in PANSS Total scores were significantly greater for all OLAI regimens relative to placebo (-22 to -26 vs. -9 points; all p<0.001). The 300mg/2wks and 405mg/4wks OLAI groups separated from placebo on the PANSS Total at 3 days after starting treatment, and all OLAI groups separated from placebo by 7 days. Incidences of sedation and increased

appetite were significantly higher for 300mg/2wks OLAI relative to placebo (p<0.05). Mean weight gain (3.2-4.8 vs. 0.3kg, p<0.001) and incidence of weight gain \geq 7% of baseline (23.6-35.4% vs. 12.4%, p=0.002) were significantly greater for OLAI relative to placebo. Significant differences between OLAI and placebo were observed with mean changes in fasting total cholesterol (5.5-10.4 vs. -7.0mg/dL; p<0.015), and fasting triglycerides (17.6-30.3 vs. -9.4mg/dL; p<0.016). Injection site reactions occurred in 3.6% of OLAI patients vs. 0% for placebo (p=.073).

Conclusions: OLAI administered at 2- or 4-week intervals was significantly more efficacious than placebo for the treatment of acutely ill patients with schizophrenia without oral antipsychotic supplementation. Efficacy and safety findings were consistent with those seen in similar studies conducted using oral olanzapine.

OLANZAPINE LONG-ACTING INJECTION PHARMACOKINETICS AND DOSING DATA

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Objective: Pharmacokinetic and efficacy data for olanzapine longacting injection (OLAI) were assessed to determine dose correspondence relative to oral olanzapine.

Methods: Patients with schizophrenia (N=1065) on a stabilized dose of oral olanzapine for at least 4 weeks were randomized to double-blind treatment with OLAI or to continued treatment on their same dose of oral olanzapine for up to 24 weeks. Oral antipsychotic supplementation was not allowed. Cox proportional hazard models were used to calculate relative risk of relapse.

Results: OLAI doses of 150mg/2wks, 405mg/4wks, and 300mg/2wks produced 10th-90th percentile steady-state plasma concentrations (5-41, 8-51, 7-73ng/mL) similar to those for 10, 15, and 20mg/day oral olanzapine (13-48, 21-63, 21-85ng/mL). Steady-state concentrations were achieved after approximately 3 months of treatment.

The relative risk of relapse over 24 weeks indicated a correspondence between OLAI and oral dosing regimens. Patients stabilized on 10mg/day oral who were randomized to 405mg/4wks OLAI showed approximately equal risk as those who remained on a 10mg/day oral dose (hazard ratio [HR]=1.03). Patients

stabilized on 15 or 20mg/day oral who were randomized to 300mg/2wks OLAI showed lower or approximately equal risk relative to staying on oral (HR=0.68 and HR=1.13, respectively).

Conclusions: Pharmacokinetic and efficacy data suggest a correspondence between available oral doses and proposed OLAI doses. Data also indicate that patients can be switched directly from oral olanzapine to OLAI without oral supplementation and with a low risk of relapse if switched to an appropriate corresponding dose.

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SWITCHING FROM PRIOR ANTIPSYCHOTICS TO ZIPRASIDONE: EFFECTS ON WEIGHT AND METABOLISM

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Aims: A cohort of Italian patients was assessed to confirm decreases in weight and improvements in metabolic parameters resulting from a switch to ziprasidone from other antipsychotics.

Methods: In 2 similar 8-week studies, patients with schizophrenia not tolerating or responding to olanzapine, risperidone, quetiapine, or haloperidol were switched to open-label ziprasidone, 80-160 mg/d. Data from the 2 studies were pooled and mean change from baseline at Week 8 in weight and metabolic parameters were analyzed. Primary efficacy variables were changes from baseline in PANSS total and CGI-S at Weeks 1-8; a paired *t* test assessed statistical significance of change from baseline at each follow up visit (LOCF).

Results: 510 patients were randomized, 501 received ziprasidone. In

the pooled analysis, weight decreases (kg) at Week 8 were -1.70 (p <0.0001), -1.43 (p < 0.0001), -0.78 (p = 0.046), and -0.44 (p = 0.073) after switching from olanzapine, risperidone, quetiapine, and haloperidol, respectively. Corresponding changes in metabolic parameters were: body mass index (kg/m²), -0.61 (p < 0.0001), -0.49 (p < 0.0001), -0.27 (p = 0.034), and -0.13 (p = 0.129); total cholesterol (mg/dL), -16.13 (p < 0.0001), -9.83 (p = 0.005), -9.27 (p = 0.096), and -4.65 (p = 0.083); and glycosylated hemoglobin (%),-0.20 (p = 0.004), -0.11 (p = 0.049), -0.11 (p = 0.385), and 0.03 (p = 0.756). PANSS total and CGI-S scores improved significantly from baseline.

Conclusions: These data confirm that switching from other antipsychotics to ziprasidone leads to improvements in weight and metabolic parameters.

IMPAIRMENT OF EMOTIONAL EXPRESSION RECOGNITION IN SCHIZOPHRENIA: A CUBAN FAMILIAL ASSOCIATION STUDY

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Introduction: It is well established that SZ is associated with difficulties in recognising facial emotional expressions, but few studies have reported the presence of this deficit among their unaffected relatives. This study attempts to add new evidences of familial association on a test of emotion expression processing.

Methods: This study evaluated the performance of 94 paranoid SZ patients, 150 first-degree relatives of probands from multiplex SZ families, and 115 nonpsychiatric controls on a facial emotional recognition test using a computer morphing technique to present the dynamic expressions. The task entailed the recognition of a set of

facial expressions depicting the six basic emotions presented in 20 successive frames of increasing intensity.

Results: The findings indicated that SZ patients were consistently impaired for the recognition of the six basic facial expressions. In contrast, their unaffected relatives showed a selective impairment for the recognition of disgust and fearful expressions.

Conclusions: Familial association of selective facial emotional expressions processing deficit may further implicate promising new endophenotypes that can advance the understanding of affective deficits in SZ

P-03-269

CHARACTERISTICS OF ANTIPSYCHOTIC PRESCRIPTIONS PRIOR TO THE INTRODUCTION OF CLOZAPINE

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Introduction: In the last few years, evidence-based guidelines and international algorithms(1) have established that clozapine is the drug of choice to treat refractory schizophrenia and should be introduced after failure of two trials of six weeks each with different antipsychotics. However, certain authors have found a delay up to 5 years for the introduction of clozapine in countries such as the United Kingdom(2).

Objectives: To measure the delay period for the introduction of clozapine and to identify the characteristics of the treatment used prior to clozapine's introduction in the Institute of Psychiatry in Săo Paulo, Brazil.

Method: By using chart review we analyzed the treatment variables prior to the introduction of clozapine: (a)number of antipsychotic treatments (b)classes of antipsychotics used (c)adequacy of treatments regarding dose and length (d)number of treatments using only one antipsychotic drug (e)antipsychotic polytherapy and (f)to-

tal time elapsed until clozapine introduction. The Student's t test and the Logistic Regression were used for data analysis.

Results: We verified a theoretical delay in the clozapine introduction in 69.4% of the evaluated cases, especially amongst men. The use of this medication was delayed due non evidence based procedures such as the use of antipsychotics for longer periods than necessary, the combination of more than one antipsychotic (polytherapy) and prescription of the same antipsychotic at different moments. The delay was of almost one year(334 days).

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UNTREATED PARANOID SCH AS DETERIORATION FACTOR OF HARD FELONIES TO POPULATION OF FORENSIC PATIENTS

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Between psychiatric patients which are performing hard felonies, with the following diagnostics categories and felony characters during last 12 months in forensic ward of the Special psychiatric hospital, is became evident that 5 of 21 hospitalized patients are committed murder and all of them /TEMPORE CRIMINIS/ were in mentally incompetent condition because of mental sickness with permanent character - in other words, paranoid SCH psychosis. In 4 of 5 mentioned cases, sickness is first time diagnosed during a forensic psychiatric examinations leaded toward lawbreakers during an investigation; based on estimations of examinees' clinical status and their familiar and social dyisfunctionality it is concluded that the beginning of sickness dated long time before execution of subject felony but patients weren't been on psychiatric view and they have never been psychopharmacological treated. During the hospitalization these patients are ordinarily psychopharmacologic treated

which is brought to reduction of psychotic psychopathology and according to indicators - aggressively scale till significant degradation risk of auto and heterodestructive behavior. It's pointing on conclusion that absence of adequate medicamentosy treatment is brought to basic sickness progression and psychotic alienation from reality which cause destructive and homicidal act. Considering the biggest amount of chronic patients which are ailing of paranoid schizophrenia and which are ordinarily psychiatric treated, and in own life history they have never done any hard felony, although is talk about psychiatric sickness with permanent character; mentally disturbed persons cannot be considered as permanently tamable for environment or themselves.

Key words: untreated paranoid SCH, tenability

P-03-271

FRACTALS IN PSYCHIATRY: THE DISTURBANCE OF A "GOLD SECTION" BETWEEN OPPOSITE PAIRS OF EGO-DEFENSE MECHANISMS IN SCHIZOPHRENIA

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Aims/Objectives

Unlike the "normal" functioning of opened dissipative structures (like psychic functions are) governed by the laws of nonlinear chaos, psychopathological changes may occur in much more ranked and well-ordered patterns. To test this hypothesis, this study has applied Mandelbrot's [1] fractal geometry to a quantitative analysis of Egodefense mechanisms in schizophrenia.

Method

Kellerman's psychoevolutionary theory of emotions, ego-defense mechanisms and cognitive styles became the basic paradigm of this research. Life Style Index of Conte & Plutchik, and the Semantic Differential (SD) were used to measure the quantitative indices of Ego-defense mechanisms in patients with schizophrenia, somatoform disorders and healthy respondents.

Results

Comparative analysis of the intensity of Ego-defense mechanisms (EDM) in three groups of patients (60 patients with schizophre-

nia, 100 healthy respondents and 80 patients with somatoform disorders) confirmed that EDM tension is much higher (p<0.001) in schizophrenia in comparison with healthy and neurotic respondents. The analysis of graphical EDM portraits confirmed the more symmetrical and well-ordered structure of EDM graphics in schizophrenia in comparison with healthy respondents and patients with somatoform disorders. Further computations revealed that while the quantitative indices of paired EDM in healthy respondents are in a ratio similar to the famous 1, 618 "golden section rule", the ratio is disturbed in schizophrenia.

Conclusion

The fractal analysis of EDM graphic portraits seems to enhance the predictive power of psychiatric prognosis for the further directions of development of schizophrenia.

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THE 15-YEAR OUTCOME OF IRAQI PATIENTS WITH SCHIZOPHRENIA IN BABYLON, IRAQ

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Objectives: to explore the differential outcome of schizophrenia in Iraq. In a 15-year follow up study, 298 patients with first-onset schizophrenia in 1986-1987 were recruited from all subjects who had been consecutively visited the psychiatric service in Merjan Hospital in Al-Hilla city, Iraq. Of these, 84 were excluded, 214 were included in the study. The pattern of outcome were assessed by a pre-designed questionnaire based on ICD-10

Results: A 150 males and 64 females with average age of onset as 24.8 years. Forty three subjects were untraceable, and 12 subjects committed suicide, 11 subjects with alcohol dependence, 8 subjects with clear learning disability, 7 subjects with organic brain diseases, and 3 subjects with epilepsy. All of them were excluded in the analysis. More than 47% of subjects at final assessment had good or

partial symptomatic and psychosocial outcome and nearly 53% had poor outcome. A hundred and twenty eight of the subjects suffered positive symptoms (87 males and 41 females) and 86 suffered negative symptoms (63 males and 23 females). Thirty patients (20%) of the male group showed good prognosis versus 31.3% of the female group. Furthermore, 54.7% of the male group were in bad prognosis group versus 48.7% of the female group.

Clinical implications: despite Iraq exposed to economic sanctions, its schizophrenia outcome was similar to that in developing countries. The existence of supportive family, strong religious beliefs, and strict committed regimen for active follow-up treatment may be important contributory factors to better outcome.

P-03-273

IDENTIFICATION OF SPEMATOGENESIS-RELATED GENES IN A PATIENT WITH SCHIZOPHRENIA

INSTITUTIONS

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Aims: Mobile elements can move around the human genome. They perturb construction and expression of neighboring genes, thus leading to a genomic instability and causing various diseases. Their behaviors are usually suppressed by methylation systems, but these systems can be very unstable in a stage of neuronal development or under stressful conditions. As to schizophrenia, genomic instability and aberrant methylation are being observed. Thus, we speculated that in low or aberrant methylation, the behavior of mobile elements might be affecting the gene responsible for schizophrenia. Based upon this hypothesis, we investigated the novel insertion sites of mobile elements in a patient with schizophrenia to identify risk genes. Screening assay was carried out on one of the well-known human mobile elements, retroposon Alu.

Methods: We screened for the patient-specific Alu insertion in geno-

mic DNA from one pair of case-parent trios for schizophrenia using Alu-specific PCR with microarray.

Results: We have identified patient-specific mutations in three spermatogenesis-related genes.

Conclusions: The patient-specific mutated genes which might be the risk genes for schizophrenia were selected in this study. Spermatogenesis-related genes are known to contribute to the diverse cellular processes in somatic cells, such as apoptosis, differentiation, and transcriptional regulation. Our results may provide an explanation for various biological characteristics and risk factors for schizophrenia.

This study was done under the approval of the Ethical Committee for Genetic Research, Teikyo University School of Medicine.

ASSOCIATIONS BETWEEN PSYCHOTIC-LIKE EXPERIENCES AND SUICIDAL IDEATION AND SELF-HARM BEHAVIORS AMONG JAPANESE EARLY TEENS

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Objective: It is widely known that the risk of suicide is higher in cases of psychotic disorders in comparison to the general population. Recent epidemiological studies have reported that psychotic disorders are continuous with common psychotic-like experiences in general population. This study is aimed to examine the associations between psychotic-like experiences (PLEs) and suicidal ideation and self-harming behaviors in a general population of adolescents.

Method: PLEs were studied using a self-rating questionnaire in 5073 Japanese junior-high school students aged 12-15 years. Suicidal ideation and self-harming behaviors were also studied using a self-rating questionnaire. Symptoms of depression and anxiety were evaluated using the 12-item General Health Questionnaire (GHQ-12).

This study was approved by the ethics committee of Mie University School of Medicine.

Results: Psychotic-like experiences were strongly and independently associated with both suicidal ideation (OR = 2.4, 95% CI 1.6 - 3.5) and self-harming behaviors (OR = 3.7, 95% CI 2.4 - 5.7) after controlling the effects of age, gender and GHQ-12 scores. In addition, the severity of PLEs was significantly related to both suicidal ideation and self-harming behaviors (Cochran-Armitage trend test; p < 0.001).

Conclusion: Psychotic-like experiences in a general population of early teens seem to be related with the factors which may associate with suicidal behaviors. This should be taken into account for suicide prevention researches.

P-03-275

JAPANESE VERSION OF BONN SCALE FOR THE ASSESSMENT OF BASIC SYMPTOMS, ITS RELIABILITY AND ITS VALIDITY

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Background: Basic symptoms are self perceivable neuropsychological deficits which continue for decade. Huber and Gross completed it and Klosterkotter regroups 5 clusters with cluster analysis.

Objectives: The aim of this research is to show reliability and validity of BSABS Japanese Version which has 5 clusters which include 52 items: Cluster1; thought, kanguage, perception and motor disturbance, Cluster2; Impaired bodily sensations, Cluster3; Impaired stress to normal stress, Cluster4; Disorders of emotion, affect and memory, Cluster5; Emocional reactivity, disability to maintain social contacts.

Methods: We evaluated with BSABS 105 inpatient in University Hospital. 65 patients have the diagnosis of schizophrenia with DSM-IV and 40 are not schizophrenic but have some psychotic symptoms with a definition of DSM-IV and have decreased social function. We examined, first, interraters reliability, secondly, correlations of

5 clusters by using Spearman's correlation confident, Finally, diagnostic validity(specificity and sensibility) of 5 clusters with ROC curves.

Results: Interrater reliability is high as follows: In 49 items of 52, Cohen Kappa statistics is higher than 0.7. With Spearmann's rank, correlation of each clusters are high, in addition, Cronbach á statistics are 0.788. Statistical description of the ROC curves are as follows: Areas under ROC curve of cluster1 is 0.714, that of cluster 2 is 0.561, that of cluster3 is 0.711, that of cluster4 is 0.739, that of cluster5 is 0.638

Conclusion: Japanese Version of BSABS has a sufficient reliability and validity for evaluating symptoms of schizophrenia. The results of ROC curves suggest that cluster3 has the highest diagnostic validity to differentiate schizophrenia from other mental disorders with psychotic symptoms.

PHYSICAL HEALTH AND PSYCHOFARMACOLOGICAL TREATMENT IN SCHIZOPHRENIA

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We studied the initial health condition of 50 schizophrenic patients (DSM-IV TR diagnostic criteria) treated with antipsychotics and the variation after a 90 days follow up. We analyzed the biological constants, weight, CMI, blood tests (glucose, urea, uric acid, creatinine, cholesterol, triglycerides, total lipid levels, bilirubin, ALT, AST, GGT, sodium, potassium, chlorum, CPK, amylase and thyroid function),

basic urine, thoracic X-Ray and EKG. We evaluated the side effects of the antipsychotics using the UKU scale and GCI. Subtype of illness, adherence to treatment and clinical evolution are correlated with the physical health and the side effects.

The results are discussed.

P-03-277

ANALYSIS OF THE QUESTIONNAIRES ABOUT LIFE QUALITY OF PATIENTS WITH PARANOID SCHIZOPHRENIA

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Purpose: Knowing patients' opinions about their feelings about disease and the influence of schizophrenia on their life.

Materials and methods: The article presents the results of studies on hospital patients suffering from paranoid schizophrenia (during the examination the patients did not demonstrate the psychotic symptoms). Authors wanted to know the patients' opinions about the changes made by mental disease in their life (family life, daily life, school, work). Fifty patients had to answer 23 questions, in a part of them answers were YES or NO, but in the main patients had to

write a few sentences about their impressions of their life situation and problems concerning emotions (happiness, fear, trust, love, friendship, loneliness), religion (faith, sins, suicide thoughts) and treatment.

Results and conclusions: Less than half of the patients recognized themselves as ill people, but were not able to show the moment in their life, which could have caused the disease. At the same time half of patients' relations with their families got worse, but they were looking optimistically in the future.

QUALITY OF LIFE ASSESSMENT IN PATIENTS WITH SCHIZOPHRENIA AFTER PSYCHIATRIC TREATMENT: SHORT FORM-36 BASED STUDY

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Objective: To evaluate the quality of life(QOL) of patients with Schizophrenia(SPR) and to compare QOL among atypical antipsychotics medication group and conventional antipsychotics medication group, we report a retrospective analysis of consecutive 41 patients with SPR who were treated between 2005 and 2008.

Methods: Patients with ICD-10 F20 schizophrenia were included. 41 patients with SPR took inventory of epidemiological questions. A questionnaire concerning recent symptoms and the Short Form 36(SF-36) QOL instrument were presented to patients and were assessed. Also medication lists of patients were examined.

Results: Mean scores of health status were higher in high income and

atypical antipsychotics medication group. The relationship between familial support and social functioning, mental health, general health were revealed significantly.

Conclusions: Therefore we reviewed evidence that kinds of antipsychotics and socio-economic condition are associated with health status in this study, and that the strength of the familial support was a important to maintain health.

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OUTCOME OF THE SERTINDOLE COHORT PROSPECTIVE (SCOP) STUDY: ALL-CAUSE MORTALITY

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Background: Many schizophrenia patients do not respond to the available drug therapy, and among those who do, significant adverse reactions often compromise therapeutic success. Sertindole is an efficacious atypical antipsychotic with good tolerability and is currently launched in approx 30 countries. A known dose-dependent QT prolongation gave rise to a cardiac safety concern, therefore a post-marketing surveillance study, SCoP (Sertindole Cohort Prospective), was initiated.

Aim: To compare the safety of sertindole in the treatment of schizophrenia with that of the widely used antipsychotic risperidone.

Methods: This was a prospective, randomised, partially blinded, active-controlled, multinational trial. The study was conducted under normal conditions of use (i.e. inclusion criteria were deliberately broad) to ensure high external validity. The primary endpoint,

all-cause mortality, is a measure highly resistant to bias. An Independent Safety Committee has been classifying the events, using blinded data, and providing advice to the Independent Management Committee overseeing the trial.

Results & Discussion: The SCoP study is one of the largest post-marketing surveillance studies ever conducted in schizophrenia research. Initiated in 2002, it was decided to end the study in September 2007. The decision to end the study was based on data, indicating that its continuation was unlikely to provide significant additional primary endpoint information. At this stage the study had enrolled 587 investigators, around 9,885 patients and accrued approximately 15,000 PYE over 5 years at 594 sites in 38 countries. Primary endpoint results, all-cause mortality, will be presented.

BODY MASS INDEX MISREPORTING IN PATIENTS WITH SCHIZOPHRENIA

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Background: The misreporting of height and weight and, consequently, of the body mass index (BMI), has been associated with age, sex and medical disease status in the general population. The correlates of BMI misreporting in psychiatric disorders has not been investigated yet. We examined the prevalence of BMI misreporting in patients with schizophrenia and the factors associated with it.

Methods: We recruited 111 patients with schizophrenia who were hospitalized in two acute psychiatric wards or were accommodated in several residential structures (hostels, apartments, boarding houses) of the Psychiatric Hospital of Attica. Objective and self-reported (sBMI) BM indices were calculated after the patients reported their height and weight. Patients were divided into three groups according to the accuracy of BMI reporting (over-, under-reporters and

correct reporters). Demographic, metabolic and clinical characteristics of the patients were also recorded.

Results: In 22.5% of patients sBMI>BMI, in 44.1% sBMI<BMI, while in 4.5% sBMI=BMI. The mean age of each group was 49.36 (SD=13.51), 53.9 (SD=13.56) and 34.6 (SD=14.1) years, respectively. Under-reporters were older compared with over- and correct-reporters (p=0.01). The three groups did not differ in terms of their gender, other demographic, metabolic or clinical characteristics.

Conclusions: The patients with schizophrenia of our sample underreported their BMI. A regular BMI assessment, based on objective measurement rather than subjective reporting is needed for schizophrenia patients.

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THE VIEW OF MENTAL HEALTH PROFESSIONALS AND PATIENTS WITH SCHIZOPHRENIA ABOUT SMOKING AND SMOKING CESSATION

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AIMS: To investigate the attitudes of patients with Schizophrenia and mental health professionals (MHP) to smoking and smoking coestion

METHODS: A questionnaire was distributed to 207 MHP (77 psychiatrists and psychiatric residents, 99 nurses, 31 psychologists) working in the Psychiatric Hospital of Attica. A second questionnaire was given to 116 patients suffering from DSM-IV schizophrenia, hospitalized in an acute ward or living in psychiatric residential structures.

RESULTS: 74.1% of patients were smokers with 33.7% of them smoking more than 2 packets/day. 58.1% of patients have tried to quit in the past, while 48.8% would like to quit now and 36% to participate in a smoking cessation program. 68.6% of MHP (75.3% of

psychiatrists, 63.4% of all smokers), believe that a smoking cessation program would be useful for patients with schizophrenia, with most favoring both pharmacological and psychotherapeutic methods. However, 44% of participants believe that smoking has a therapeutic role in these patients and 46.9% offer them cigarettes (68.7% of nurses, 32.5% of psychiatrists). Finally, 84.1% of MHP and 43.3% of patients (35.9% of smokers) agree with the perspective of a partial smoking ban in psychiatric units, with the creation of a special 'smoking room' in each unit, although 71.5% of all professionals believe that the clinical picture of these patients will become worse in case of a total smoking ban.

CONCLUSIONS: Half of the schizophrenic patients of our sample are willing to quit smoking, while most MHP support a smoking cessation program and a partial smoking ban in psychiatric units.

DIABETES AND INSULIN-RESISTANCE IN A SAMPLE OF CHRONIC SCHIZOPHRENIC INPATIENTS

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Objectives

Recently the interest for the medical comorbidity of patients with schizophrenia has increased. The metabolic syndrome has been the focus of several investigations because of its association with elevated rates of mortality and conditions such as type 2 diabetes mellitus and cardiovascular disease. Increased abdominal adiposity and, strongly associated with it, insulin resistance, play a key role in the development of the complete metabolic syndrome. The aim of this study is to determine the prevalence of disturbances in glucose metabolism and its related factors, in patients with chronic schizophrenia.

Methods

Different metabolic and anthropometric parameters (fasting glucose, fasting insulin, triglyceride levels, HDL-cholesterol, BMI, waist circumference, blood pressure) were studied in chronic schizophrenics from a psychiatric hospital (Hospital Psiquiátrico de Conxo, Santiago de Compostela, Spain). Insulin-resistance was evaluated by the HOMA method.

Results

We studied 182 schizophrenics (65,9% men) with a mean age of 55,14 years (SD 15,25). Only 19,8% were treated with antipsychotic monotherapy. 14,8% had the diagnosis of diabetes, 44,8% presented hyperglycemia (fasting glucose > 100mg/dL) and 6,6% hyperinsulinaemia. A significant association (p< 0.01) was found between insulin-resistance and BMI, waist circumference, triglyceride levels and diastolic blood pressure. High insulin-resistance was also significantly associated with low levels of HDL-cholesterol. No relation was found between insulin-resistance and age, years of evolution or type of antipsychotic treatment.

Conclusion

Insulin-resistance appears to be associated with the severity of the parameters that define the metabolic syndrome. Future studies are needed to identify and understand the mechanisms by which medication or the course of the disease can cause insulin-resistance.

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INCREASED SERUM LEVELS OF CCL11/EOTAXIN IN SCHIZOPHRENIA

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Background: A series of inflammatory and immune alterations has been described in schizophrenia. Chemokines are a subgroup of cytokines that play a major role in the recruitment of determined subsets of leukocytes into tissues. To date no study has evaluated whether levels of chemokines are altered in patients with schizophrenia.

Objective: To evaluate serum levels of CC and CXC chemokines of schizophrenic patients and age- and gender-matched controls.

Methods: Forty male institutionalized schizophrenic patients (mean \pm SD age, 52.3 \pm 9.9) and 20 asymptomatic matched controls were recruited for this study. Severity of symptoms was assessed using BPRS, PANSS and AIMS. All patients were under typical antipsychotic treatment. Serum levels of chemokines were measured by ELISA.

Results: There was no statistical difference in serum levels of CCL2, CCL3, CCL24, CXCL9 and CXCL10 between controls and patients. Serum levels of CCL11 were increased in schizophrenic patients when compared with controls. Serum levels of chemokines were not correlated with the length of disease or hospitalization and the severity of involuntary movements, positive and/or negative symptoms. Conclusion: CCL11 is a ligand for CCR3, a receptor expressed preferentially on Th2 lymphocytes, mast cells and eosinophils. Higher serum levels of CCL11 in schizophrenia reinforce the view that this disease may be associated with a Th1/Th2 imbalance with a shift toward a Th2 immune response.

COGNITIVE IMPAIRMENTS IN SCHIZOPHRENIA: EVIDENCE DERIVED FROM THE PORTUGUESE ADAPTATION OF THE WAIS-III

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Aims: Neurocognitive impairments are commonly considered a core feature of Schizophrenia. The aim of this study was to compare the performance between schizophrenic patients and healthy matched controls in different cognitive measures derived from the Portuguese adaptation of the Wechsler Adult Intelligence Scale 3rd Edition (WAIS-III).

Methods: Sample consisted of 37 Portuguese patients diagnosed with schizophrenia and 37 normal controls, matched for the following categories: age, education and geographic region. All subjects were assessed with a neurocognitive battery which comprised both verbal (Arithmetic, Vocabulary, Digit Span, and

Letter-Number Sequencing) and performance subtests (Picture Completion, Digit Symbol - Coding, and Symbol Search) from the WAIS-III. Controls were part of a broader study designed to adapt the WAIS-III to Portugal.

Results: Patients performed significantly worst than controls in most of the subtests. The only exception occurred with the Vocabulary subtest, in which no significant differences were found. The subtests in which schizophrenic patients showed the most pronounced deficits were Picture Completion, Arithmetic and Digit Symbol - Coding.

Conclusions: The results confirm the presence of generalized cognitive impairments in Schizophrenia. These deficits appear to be more prominent in performance tests than in verbal tests. The inexistence of impairment in the Vocabulary subtest should be carefully examined in further investigations. However in the project Measurement and Treatment Research to Improve Cognition in Schizophrenia the cognitive dimension Verbal Comprehension was excluded for being considered to be extremely resistant to change.

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IS EMOTION RECOGNITION A POSSIBLE MEDIATOR BETWEEN BASIC NEUROCOGNITION AND PSYCHOSOCIAL FUNCTIONING IN SCHIZOPHRENIA?

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Aims: Social cognition has been proposed as one possible mediator between neurocognition and functional outcome in Schizophrenia. Social cognition is a broad construct including different domains such as emotion processing, social perception and theory of mind. In this study we will focus on emotion recognition in order to analyse the associations between cognitive skills, facial emotion recognition and psychosocial functioning and to determine if emotion recognition mediated the relationship between cognition and psychosocial functioning.

Methods: 30 Portuguese patients diagnosed with Schizophrenia were selected to participate in the study. Participants were assessed on a test battery derived from the Working Memory and Processing Speed indices of WAIS-III and through a facial emotion recognition experiment. Life Skills Profile (LSP) was used to determine psychosocial functioning. Given the large number of parameters to be esti-

mated we created a composite score of neurocognition based on the mean *z*-transformed scores of the cognitive measures.

Results: Neurocognition, emotion recognition and psychosocial functioning were significantly intercorrelated. Through the causal steps method developed by Baron and Kenny we observed that controlling for the mediator (emotion recognition) the association between neurocognition and psychosocial functioning decreased. Sobel test revealed that emotional recognition better mediated the Communication dimension of LSP than the total LSP score.

Conclusions: There was found some evidence to support emotion recognition as a mediator of psychosocial functioning. Communication was better mediated by emotional recognition than general psychosocial function, since the latter include other areas of function such as self-care skills, which are not dependent of social interaction.

REMISSION IN PSYCHOTIC CHRONIC PATIENTS: DIFFENTIAL PROFILE IN THE USE OF LONG-ACTING INYECTABLE ANTIPSYCHOTICS

INSTITUTIONS

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Aims/Objectives: The aims of this project is to investigate whether there is a significant difference in the rate of remission, as defined by Dr. Andreasen et al., in group of patientes treated by either Long-Action Injectable Risperidone(LAI Risperidone) or conventional depot: Flufenazine decanoate or zuclopentixole decanoate. Analyze the status of antipsychotic monotherapy and/or polytherapy based on the treatment received

Methods: 46 schizophrenic patients diagnosed according to the ICD 10 (International Classification of Diseases) were assigned 3 different treatments: 1) 21 patients treated with long-acting injectable Risperidone (LAI Risperidone), 2) 8 patients treated with Flufenacine decanoate and 3) 17 treated with Zuclopentixole dacanoate. 24 months of follow up. Remission Criteria (Andreasen *et al.*, 2005), Global Clinical Impression (CGI-I) and Global Activities Evaluation (EEAG) scales were measured.

Results: Patients treated with LAI Risperidone experienced a statistically significant increase in the rate of remissions (p<0.05) and the rate of patients under a monotherapy treatment (p<0.01) all compared to the group pf patients who received the conventional depot either Flufenazine decanoate or Zuclopentizol decanoate.

Conclusions: Long-acting risperidone can increase substantially the level of remission in schizophrenic patients. Long-acting risperidone injection enhances the use of antipsychotic monotherapy.

These circumstances would improve treatment compliance, enhance compliance and lead to a better quality of life and better outcome.

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PSYCHOSOCIAL REHABILITATION OF CHRONIC PSYCHOTIC PATIENTS ACCORDING TO THE CLUBHOUSE MODEL

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Aims: This paper represents analysis of long-term psychosocial rehabilitation methods and effects on patients with chronic psychotic disorder.

Method: The Clubhouse model was accepted in Day hospital of Military Medical Academy twenty years ago. Patients attend Club's gatherings every Wednesday in the same place. The rehabilitation programme was being organised and led by a psychiatrist, psychologist, social worker and a nurse. Therapy consists of individual and group psychotherapy; psychoeducation of patients and their family members as well as occasional art therapy and group drawing analysis. Group therapy is one our long, with an average number of twelve patients. Most commonly used techniques are supportative psychotherapy, psychoeducation and some elements of cognitive-behavioural therapy. One of the group therapy characteristics is the

patients' initiative for selecting the group session topics.
Results: Analysing those topics, we have come up with the most popular subjects for the patients: coping with stress, emotions, characteristics of patient's personality, psychotic symptoms, interpersonal communication and quality of life. Even so, the patients have shown

communication and quality of life. Even so, the patients have shown the biggest interest for quality of life, personality and emotions, and the smallest for symptoms.

Conclusion: The psychosocial rehabilitation applied has the prevention of psychotic disorder relapse for its goal. It is also helping patients to have better insight into their illness, expand psychosocial activities and achieve better quality of life. This type of psychosocial rehabilitation has had very good effect on patients due to low rate of relapse, especially on those patients who were regular visitors to the Club.

ATYPICAL ANTIPSYCHOTIC USE IN A PATIENT WITH EKBAUM SYNDROME

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Introduction

Ekbaum syndrome, also known as delusional parasitosis (DP), is a rarely seen disorder; which is characterized with a persistent belief that one's own body is infected by worms, insects or parasites. DP can be seen due to an underlying psychiatric or physical disorder (secondary DP), as well as without predisposing factors (primary DP). In this report, we present a case of a patient with secondary DP

Case Report

A 55 year old woman, with a known diagnosis of paranoid schizophrenia for 30 years, was hospitalized with complaints of having insects in her face and hair. Her blood screening and cranial MRI was found to be normal. The initial SANS and SAPS scores were 58 and 61 respectively. She was consulted to dermatologist because of the lesions on her hands due to repeated hand washing, in consequence of her belief that insects are scattered on her hands. Risperidone 2-12 mg/day was used for 3 weeks, but since there was no significant change on her clinical state, her drug was changed to amisulpride and the dose was increased to 1200 mg/day. At the follow up, the persistent belief of the patient about having insects on her body, had disappeared completely.

Discussion

We think that this case is of particular interest, since it is the first one to report the successful treatment of DP with amisulpride. In recent studies atypical antipsychotic drug administration is being emphasized in the treatment of DP, because of the seratonin receptor blockage effects.

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CHARACTERISTICS AND SYMPTOM PROFILE OF NON ORGANIC PSYCHOTIC DISORDERS IN MID LIFE

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Aim: To determine characteristics and symptom profile of psychotic disorders in middle aged patients attending psychiatry clinics of Ahmadu Bello University Teaching Hospital

Methods: 160 patients with non organic psychotic disorders above forty-five years were admitted into the study. Socio-demographic questionnaire, BPRS, SANS, SAPS, MMSE and AIMS were used to elicit presence of psychotic symptoms, Negative and Positive symptoms, cognitive changes, Abnormal Involuntary movements and generate ICD-10 diagnosis respectively.

Result: A total of one hundred and sixty subjects were studied, 61% were females (61.3%), mean age was 49.8±5.6, 70% were married, 63% had polygamous marriage, 85% had children, 55% were employed, and 65% adhered to medications. 58% had schizophrenia 17.5% had bipolar affective disorder, 8.8% had depressive disorder and 7.5 had persistent delusional disorder. Delusions were most common psychotic symptoms, delusions of reference and persecu-

tions were the most common type of delusions. Auditory hallucinations were most common type of hallucinations. Subjects manifested both positive and negative symptoms, schizophrenic subjects manifested negative symptoms more than others. Cognitive decline was not common but social impairment was more in subjects with schizophrenia.

Conclusion: Schizophrenia still represents the most common functional psychotic disorder that presents to the hospital in midlife and the outcome is better in this part of the World.

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RELAPSE PREVENTION AND EFFECTIVENESS IN SCHIZOPHRENIA WITH RISPERIDONE LONG-ACTING INJECTABLE (RLAI) VERSUS QUETIAPINE

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Aims: To investigate if risperidone long-acting injectable (RLAI) provides better efficacy maintenance over 2-years, as measured by the time-to-relapse, in comparison to oral atypical antipsychotic quetiapine.

Methods: In this open-label, active-controlled, multicenter, 2-year trial, patients with schizophrenia or related disorder were switched from stable treatment with oral risperidone, olanzapine, or oral conventional neuroleptics to randomly-assigned RLAI or quetiapine. Symptomatically stable patients on a stable dose of an antipsychotic for ≥4 weeks were enrolled. Subjects were evaluated with the Positive and Negative Syndrome Scale among other evaluations at baseline. Primary efficacy evaluation was time-to-relapse. Safety evaluations included adverse events (AEs) monitoring, Extrapyramidal Symptom Rating Scale (ESRS), clinical laboratory tests, and vital signs.

Results: A total of 710 subjects were randomized. Mean time sin-

ce psychiatric diagnosis was 10 years. Reasons for switching included: AEs and insufficient efficacy with negative, positive, or general symptoms. Baseline demographics were similar between treatment groups. Relapse occurred in 16.5% treated with RLAI and 31.3% with quetiapine. Risk-of-relapse was significantly reduced in subjects treated with RLAI compared with quetiapine (P<0.0001). RLAI and quetiapine were well-tolerated. Weight gain affected <10% of subjects treated with either RLAI or quetiapine. Extrapyramidal AEs occurred for 10% with RLAI and 6% with quetiapine. ESRS total scores decreased similarly after switching to either RLAI or quetiapine. Possibly prolactin-related AEs were more common with RLAI than oral atypicals.

Conclusion: Subjects enrolled in this relapse prevention trial were typical of patient samples with schizophrenia or related disorders. Relapse risk was significantly reduced in patients treated with RLAI. Both RLAI and quetiapine were well tolerated.

P-03-291

CELIAC DISEASE AND SCHIZOPHRENIA

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Aim:

Some reports indicated a possible relationship between celiac disease and schizophrenia with improvement of psychotic symptoms after a gluten-free diet. The purpose of the present study was to assess the prevalence of celiac disease in a group of Tunisian schizophrenic patients in comparison to a control group.

Methods:

Eighty nine schizophrenic outpatients diagnosed according to ICD 10 criteria, as well as 78 age and sex matched control subjects were included in the study. All patients and controls gave their informed consent. History of abdominal pain, chronic diarrhea as well as the presence of microcytic anemia was checked in all patients. Besides, IgA and IgG antitransglutaminase antibodies (ATG) were assessed in all patients and controls. Antiendomysium antibodies

(AE) were assessed every time ATG were positive.

Results:

History of abdominal pain was found in 30 schizophrenic patients (33.7%), chronic diarrhea in 19 cases (21.3%) and microcytic anemia were present in 5 cases (5.6%). Three patients (3.4 %) had IgA ATG, only 2 amongst them were IgG ATG positive. As for controls, 2 (2.6%) presented IgA ATG and no IgG ATG were detected. There were no significant difference in the prevalence of ATG between patients and controls. No AE were found, thus excluding the diagnosis of celiac disease in both groups.

Conclusion:

Like in other studies, the present results do not support association between celiac disease and schizophrenia.

EFFECTS OF ATYPICAL ANTIPSYCHOTICS ON SERUM LIPIDS IN PATIENTS WITH SCHIZOPHRENIA

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Objective: Lipid disorders are common in the general population. However, little information is available regarding the prevalence and incidence of lipid disorders in patients with serious mental illnesses. Recent reports suggest a temporal association between lipid disorders and the use of atypical antipsychotics. The objective of the present study was to investigate serum lipid changes in patients with schizophrenia or related disorders who received treatment with atypical antipsychotics.

Methods: This was a 6 months prospective study, which was active controlled, in patients with DSM-IV schizophrenia, who were drugfree before hospitalization. Tests included nonfasting total cholesterol, HDL, LDL fractions and triglycerides, which were determined from blood in the same hospital laboratory. The data was performed at baseline and at weekly intervals during the study.

Results: The results we receive show a great effect of atypical antip-sychotics on serum lipids. Decrease in all fractions of serum lipids was observed, with pick on 3 months after start point. Also, there were small differences in liability for serum lipids between different antipsychotic agents.

Conclusion: Atypical antipsychotic medication is associated with a great risk of metabolic abnormalities such as dislipidemia. This is potential risk of cardiovascular diseases and diabetes.

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P-03-293

THE FRONTAL ASSESSMENT BATTERY (FAB) COMPARED TO THE STROOP TEST IN SCHIZOPHRENIA

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OBJECTIVE: Frontal lobe dysfunction has been considered as a core feature in schizophrenia. For the evaluation of this impairment, time-consuming neuropsychological batteries are needed. Recently, Dubois et al (2000) presented a short battery ("Frontal Assessment Battery"-FAB) for assessing frontal lobe function in patients with neurological disorders. To evaluate the clinical usefulness of this battery (FAB) in patients with schizophrenia, we performed both FAB and Stroop Color Word Test (SCWT), which is suggested to be a classical task of executive function.

METHOD: 60 schizophrenic patients and 30 sex and age-matched controls were included. FAB, SCWT and Mini Mental State Examination (MMSE) were performed in both groups. The FAB scores were compared with the performance in SCWT and correlated with education level, age and duration of disease.

RESULTS: No difference in the MMSE scores between two groups was found. The FAB global score was significantly lower in the schizophrenia group compared to controls. In the patients group, the conceptualization and the inhibitory control subscores were negatively correlated with mistakes in color-naming task. The FAB total score, the mental flexibility and the programming subscores were negatively correlated with latencies in color-naming, color-reading and in color-word interference task of SCWT. Negative correlation between the FAB scores and the age and duration of disease was also evident.

CONCLUSION: The FAB is likely to be a useful and brief battery for assessing frontal lobe function in schizophrenia, as result from the comparison with SCWT.

THE FRONTAL ASSESSMENT BATTERY AT BEDSIDE (FAB) IN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVE: Frontal lobe deficits have often been reported in patients with schizophrenia. Recently, Dubois et al (2000) reported a short bedside cognitive and behavioral battery ("Frontal Assessment Battery"-FAB)¹ for assessing frontal lobe function in patients with neurological disorders. We hypothesized that cognitive functions of frontal lobe in schizophrenia could be evaluated with this battery.

METHOD: 60 patients with schizophrenia and 30 sex and age-matched controls were included. We performed FAB and Mini Mental State Examination (MMSE) in both groups and we correlated the scores of six subtests and the total FAB score with handedness, education level, age and duration of disease.

RESULTS: The FAB global score was significantly lower in the schizophrenia group compared to controls. There was negative correlation between the FAB scores and their age and duration of illness in the schizophrenia patients. Correlation between FAB scores and MMSE scores was taken into account in both groups.

CONCLUSION: The FAB is likely to be a useful and brief battery for assessing frontal lobe function in schizophrenia patients.

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P-03-295

EFFECTIVENESS OF LONG ACTING INJECTABLE RISPERIDONE IN PATIENTS WITH FIRST-EPISODE SCHIZOPHRENIA

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Objectives: Schizophrenia is a chronic disorder usually characterized by relapses alternating with periods of full or partial remission. First-episode schizophrenia usually respond well to treatment. but relapse is frequent during the first years of the illness and may be associated with clinical deterioration. To reduce relapse and rehospitalization rates, new long-acting injectable antipsychotics may be needed in some patients with first-episode schizophrenia. therefore, we examined whether long-acting injectable risperidone could reduce relapse rate among outpatients with first-onset schizophrenia.

Methods: we conducted a prospective study of 49 subjects with first-episode schizophrenia. We nonrandomly assigned 21 patients with first episode schizophrenia to long acting risperidone group and 28 patients to oral risperidone group. Relapse Rate, Medication Adherence, Brief Psychiatric Rating Scale (BPRS), Clinical Global

 $Impression (CGI) and \ General \ Assessment \ of \ Functioning (GAF) was assessed.$

Results: Long acting risperidone group showed lower relapse rate compared to oral risperidone group (1-year relaspe rate: 19% Vs 48%; 2-year relapse rate: 23% Vs 87%). Medication compliance was higher in long acting risperidone group than in oral risperidone group (85.7 \pm 21.2 Vs 54.5 \pm 32.1 %). Cox proportional survival analysis showed that medication compliance was most significant predictor of first relapse in first episode schizophrenia.

Conclusion: We suggest that long acting injectable risperidone could be more effective in maintaining medication adherence than oral risperidone and The most significant predictor of relapse is noncompliance in first episode schizophrenia. Large multicentered trial is needed.

ITAREPS: A NEW TOOL FOR RELAPSE PREVENTION IN SCHIZOPHRENIA

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ITAREPS presents a mobile phone-based telemedicine solution for weekly remote patient monitoring and disease management in schizophrenia and psychotic disorders in general. The programme provides health professionals with home telemonitoring via a PC-to-phone SMS platform that identifies prodromal symptoms of relapse, to enable early intervention and prevent unnecessary hospitalizations. Its web-based interface offers the authorized physician a longitudinal analysis of the dynamics and development of possible prodromes. Previous one-year clinical evaluation of the programme effectiveness in 45 patients with psychotic disorder showed significant 60% decrease in the number of hospitalizations. This work presents data from a two-year mirror-design follow-up evaluation

of the programme's clinical effectiveness in 73 patients with psychotic illness. There was a statistically significant 77% decrease in the number of hospitalizations during the mean 396,8 \pm 249,4 days of participation in the ITAREPS, compared to the same time period before the ITAREPS entry (Monte Carlo, exact test, 2-tailed, Z=4,86, p = 0.00).

The ITAREPS presents a novel approach towards relapse prevention. The programme offers affordable solution to face the challenges of frequent rehospitalisation and relapses in patients with schizophrenia and psychotic disorders in general.

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REHOSPITALIZATIONS AMONG SCHIZOPHRENIC PATIENTS

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Aims: Schizophrenia is one of the most frequent mental diseases. The probability of being taken ill with this psychosis among the whole population is 1 %. Frequent hospitalization of schizophrenic patients prevent them from normal and effective functioning in a society [1]. Conducted research had an aim to isolate and define the risk factors of re-hospitalization among schizophrenic patients.

Methods. In the research, the authors used their own questionnaire which provided the demographic, social and medical data. The research were based on archival case histories of schizophrenic people who were the patients of a mental hospital. The research was conducted among 65 people (27 women, 38 men) who were hospitalized more than 15 times in the schizophrenic treatment.

Results. Psychiatric rehospitalizations In schizophrenia are conditioned not only by medical factors connected with the disease itself,

but also by demographic and social factors.

Conclusions. 1) The decisive role in rehospitalization of schizophrenia patients plays a small availability of alternative psychiatric care in the patients' dwelling place as well as the lack of regularity in the continuation on treatment after leaving the mental hospital. 2) Patients' family status, relationship with family and friends and the level of acceptance and understanding of their disease decline the risk of rehospitalization. 3) The greatest risk of rehospitalization is among people from the lowest class - lonely, young men with primary or vocational secondary education, having no permanent employment.

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EFFECTS OF CHRONIC ANTIPSYCHOTIC TREATMENT ON SCHIZOPHRENIA-LIKE BEHAVIOUR ELICITED BY NEONATAL RETROVIRAL PROTEIN ADMINISTRATION

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Objectives: The neurodevelopmental hypothesis of schizophrenia (SCH) is based on the interactions of candidate genes with environmental insults during pregnancy. With regard to the effects of maternal infectious processes on the manifestation of SCH in early adulthood, this study was aimed at (a) the late behavioural consequences of early neonatal exposure to retroviral glycoprotein (gp120) and capsid protein (CA) and (b) evaluating chronic antipsychotic treatment on the psychosis-like behaviour induced by these protein [1]. Methods: Male rats were injected (i.p.) with gp120 or CA between postnatal day (PD) 4 and 8. Adult rats were assessed in terms of the prepulse inhibition (PPI) of the acoustic startle response (ASR) and of locomotor activity. Sixty-day-old rats were treated with haloperidol (HAL; 1 mg/kg) and/or with clozapine (CLZ; 20 mg/kg) added

to the standard diet for the next 30 days. Results: Unchanged locomotor activity was observed in both experimental rat groups, but a PPI impairment was found in both gp120- and CA-treated rats. HAL significantly depressed locomotor activity in all tested groups. A higher amplitude of ASR was found with both HAL and/or CLZ treatment in the gp120 group. A reduction in PPI deficiencies was documented in the group treated with gp 120/HAL.

Conclusions: Neonatal administration of retroviral gp120 and CA alters the PPI of ASR in adult rats and this negative effect can be attenuated by chronic (per os) treatment with HAL and/or CLZ. Reference:

1. Tomonaga K. Trends Mol Med , 2004; 10: 71-77. Supported by grant IGA MHCR No. NR8797-4.

P-03-299

TREATMENT OUTCOMES OF RISPERIDONE LONG ACTING INJECTION (RLAI) IN SCHIZOPHRENIA: 18-MONTH RESULTS FROM THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR) IN CZECH REPUBLIC AND SLOVAKIA

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Objective: To evaluate clinical and functioning outcomes of risperidone long-acting injection (RLAI) treatment in patients with schizophrenia enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) from Czech Republic and Slovakia.

Methods: e-STAR is an international, long-term, prospective, observational study of patients with schizophrenia who commence RLAI treatment. Data are collected retrospectively for 1 year and prospectively every 3 months for 2 years. Clinical outcomes were measured by Clinical Global Impression-Severity (CGI-S) scale and patient functioning was assessed using Global Assessment of Functioning (GAF) scale. This interim report is based on data from patients who have completed their 18-month follow-up visit.

Results: To date, total of 1324 patients have been enrolled in e-STAR from the Czech Republic and Slovakia; 296 patients with at least 18-months of data available

(97.3% still on RLAI) were included in this analysis. Of the 296 patients, 53.7% were male with a mean age of 37.6 ± 12.0 years and a mean time since diagnosis of 9.6 ± 9.0 years. Mean CGI-S score significantly decreased from 4.6 ± 1.1 at baseline to 2.9 ± 1.0 at 18 months (p<0.001). Proportion of patients with not ill/very mild/mild illness increased from 13.5% to 75.6% and that of patients with marked/severe/extremely severe decreased from 48.8% to 6.3% (p<0.001) compared to baseline.

Meanwhile, patient global functioning has significantly improved as the mean GAF score increased significantly from 49.9 \pm 15.2 at baseline to 73.8 \pm 14.5 at 18 months (p<0.001).

Conclusions: Significant improvements in disease severity and functioning from baseline were observed during 18-month treatment with risperidone long-acting injection in patients with schizophrenia.

CLINICAL FACTORS RELATED TO COGNITIVE FUNCTION IN PEOPLE WITH SCHIZOPHRENIA

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Aims/Objectives: The aim of the present study is to investigate the relationship between cognitive function and clinical variables in people with schizophrenia.

Methods: The subjects were forty-nine stabilized outpatients with schizophrenia (DSM-IV). Their mean age was 39.7 (SD=11.7) years. All subjects gave written informed consent to participate in the research. Cognitive function was evaluated using the Brief Assessment of Cognition in Schizophrenia (BACS). Clinical symptoms were assessed using the Positive and Negative (PANSS), the Calgary Depression Scale for Schizophrenia, and the Drag-Induced Extrapyramidal Symptoms Scale (DIEPSS). Spearman rank correlations were calculated to examine the relationships between the BACS measures (Verbal Memory, Working Memory, Motor Speed, Verbal Fluency, Attention, and Executive Function) and clinical variables.

Results: Dose of neuroleptics was significantly correlated with Verbal Memory score (r=-.36, p<.05) and Executive Function score (r=-.30, p<.05). The PANSS negative syndrome scale score was significantly correlated with Verbal Memory score (r=-.41, p<.01), Working Memory score (r=-.40, p<.01), Attention score (r=-.46, p<.01), and Verbal Fluency score (r=-.47, p<.01). In addition, the DIEPSS score was significantly correlated with Verbal Memory score (r=-.40, p<.01), Working Memory score (r=-.42, p<.01), Attention score (r=-.50, p<.01), Verbal Fluency score (r=-.45, p<.01), and Executive Function score (r=-.29, p<.05).

Conclusion: These results suggest that cognitive function might be influenced by extrapyramidal symptom, negative symptom, and dose of neuroleptics in people with schizophrenia.

P-03-301

PHARMACORESISTANCE OF MEN IN CLINICAL EPISODES

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Objective: To determine the prevalence and conditions of pharmacoresistance (PR) of schizophrenic men in clinical episodes.

Material: 100 schizophrenic male patients aging from 17 to 49 (mean age 24+2). The first episode of paranoid schizophrenia (PS) was diagnosed in 54 cases, schizo-affective disorder (SA) in 46 cases. PR signs were registered in 42 cases, PR in 30 cases (PS 55.5%), and SA in 12 cases (26%).

Results: PR manifested itself as reaction deficiency not less than in 3 successively prescribed neuroleptics, as a minor or unstable therapeutic effect, as frank by-effects, as pseudo-remission. The psychotic

state duration prior to the care period was 1 month to 4 years, due to which 43% of the patients were formerly repeatedly treated as outpatients and inpatients. Inadequate therapy at various treatment stages was revealed in 27 cases. The therapy included: resistance overcoming, reduction of the episode. Qualitative and stable remission (catamnesis making more than 1 year) was obtained in 87% of cases. Conclusion: The risk of pharmacoresistance of schizophrenic men in clinical episodes is high; its conditions and causes may be classified into pathogenetic and iatrogenic. Pharmacoresistant schizo-

phrenia may be treated with positive results.

CLOZAPINE AUGMENTATION STRATEGY IN SCHIZOPHRENIA

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Aims/Objectives: Since the introduction of the newer atypical antipsychotics in the nineties, the prevalence of antipsychotic polypharmacy in patients with schizophrenia tripled suggesting inadequate efficacy or treatment resistance. This was paralleled by a tenfold increase in costs over the period 1993-2003 without, however, a clearly demonstrated improvement of efficacy. Remarkably, the prescription of clozapine did not increase. These trends are reflected by the number of publications about the rationale for augmentation strategies in case of lack of responsiveness to clozapine.

Methods: A systematic search of the literature was performed into augmentation studies with clozapine.

Results: Over the past decade about 40 open studies have been published in which clozapine was augmented with another antipsycho-

tic, mostly risperidone or amisulpride. Of these cases reports, nearly all described a positive outcome. Seven controlled studies have been published using augmentation of clozapine with sulpiride (n=1), amisulpride (n=1), amisulpride and quetiapine (n=1) and risperidone (n=4), including 266 schizophrenic patients, partially unresponsive to clozapine prescribed in a daily dose of 400-550 mg. In only 3 of these studies the plasma concentration of clozapine was measured that ranged from 400-800 $\mu g/l$. None of these studies showed a relevant improvement. In one study with sulpiride a decrease on the BPRS of 21 % was noted after 10 weeks of combined treatment.

Conclusions: The results are flawed by the lack of information on the plasma concentrations of clozapine in most of the studies. There is no database to conclude that augmentation of clozapine with other antipsychotics is clinically relevant.

P-03-303

AUDITORY HALLUCINATIONS AND THE CORTICAL RESPONSE TO AUDITORY STIMULATION AND SPEECH IN SCHIZOPHRENIA: AN ELECTROPHYSIOLOGICAL IMAGING STUDY

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Gamma band frequencies have been associated with the sensory encoding and processing of auditory information, with auditory hallucinations (AHs) being associated with excessive gamma. This finding may reflect a hyperconnectivity, which in turn could be associated with excessive processing and impaired sensory integration. Many imaging studies have implicated also the superior temporal cortex (STC), the anterior cingulate cortex (ACC) and the prefrontal cortex (PFC) in AHs. This study used gamma band oscillations to examine source density (GSD) in 12 hallucinating (HP) and 12 non-hallucinating (NP) patients (and 12 controls) during passive recording conditions. Furthermore, as a number of studies have suggested that hallucinations worsen in the presence of speech, GSD was also examined in response to external speech presented during

background noise and silence conditions. Low resolution electromagnetic topography (LORETA) analysis was used to estimate GSD and its distribution in the cortex. In the silence condition, HPs exhibited less GSD in the left temporal regions, including the STG. Conversely, NPs exhibited less GSD in the right temporal regions. In the speech only condition, HPs showed greater GSD in the medial and superior frontal regions (bilaterally) and in the right anterior and posterior cingulate cortices. NPs exhibited greater GSD in the left inferior and superior parietal regions, in the speech without noise condition only. Because gamma synchrony establishes the neural communication necessary to "bind" sensory components into a unified percept, our findings suggest that the hallucinations may be influenced by binding within two separate neurocircuitries.

EFFECTS OF COGNITIVE REHABILITATION ON VERBAL MEMORY IMPAIRMENT IN SCHIZOPHRENIA: ELECTROPHYSIOLOGICAL CORRELATES

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Improvements of cognitive and social functioning have been reported in patients with schizophrenia participating in rehabilitation programs (1). This study was aimed to evaluate verbal memory performance in schizophrenic subjects, before and after a cognitive rehabilitation program, and the associated electrophysiological changes.

Twenty-one subjects (14 males), with mean age (±SD) of 35.8 (±5.6) years, were enrolled. All of them received a DSM-IV diagnosis of schizophrenia and underwent a six-month rehabilitation program. Event-related potentials were obtained from 30 electrodes, while subjects were engaged in a continuous word recognition memory task, in which they were asked to press two different buttons when "old" (already recognized) or "new" words were presented. Amplitude and latency measures for N1 (80-350 msec), P3 (250-550 msec) and N4 (400-700 msec) components were obtained. Extensive psychopathological and neuropsychological evaluations were also carried out.

Mean correct hits rate was 52.37%, errors and omissions rates were 24.44% and 23.19%, respectively. Mean (\pm SD) reaction time for correct hits was 750.94 (\pm 182.07) msec. Preliminary multivariate analyses of variance showed, at baseline, greater N1 amplitude (F1,20=5.01; p<0.03) and latency (F1,20=8.67; p<0.01) for "new" stimuli, with respect to the "old" ones. Only for the recognized words, N1 latency correlated positively with verbal fluency (r=0.46; p<0.05) and N1 amplitude correlated negatively with depression (r=-0.55; p<0.05) and motor slowing (r=-0.52; p<0.05).

Our data suggest that subjects with schizophrenia pay greater attention to newly presented verbal stimuli and that changes in verbal memory and attention may influence their symptoms and social functioning.

1. Velligan D.I., et al. Schizophr Bull, 2006; 32(3):474-485.

P-03-305

INFLUENCE OF RELIGION ON SEXUAL SELF-PERCEPTION AND SEXUAL SATISFACTION IN PATIENTS SUFFERING FROM SCHIZOPHRENIA AND DEPRESSION

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It is well documented that religion has an impact on mental health. However, scientific research regarding the influence of religion on sexual experiences and sexual self-perception in mental health patients and healthy people is very scarce. Therefore, our goal was to research how and in what measure religious views of both mental health patients and healthy people influence their sexual functions and sexual self-perception.

Research was conducted on 100 patients suffering from schizophrenia and 100 patients suffering from depression, while 100 healthy individuals served as the control group. In order to research the aspects of sexual self-perception we used Bezinovic's questionnaire and Arizona sexual experience scale (ASEX) to research the aspects of sexual intercourse.

Results show that roman-catholic patients suffering from schizo-

phrenia experience greater sexual satisfaction than eastern-orthodox or atheist schizophrenic patients. Among patients suffering from depression of differing religious views there were no significant differences regarding sexual satisfaction or the aspects of sexual self perception. Furthermore, there is a significant difference among healthy individuals when taking into consideration religious views. We established that Muslims have a significantly stronger sexual drive then atheists, roman-catholic or eastern-orthodox individuals. Compared to roman-catholic and eastern-orthodox individuals, she better consciousness of their own sexuality. Religious views have an influence on sexual functioning and sexual self-perception in both mental health patients and healthy individuals. Further research on a bigger sample of participants - not only of those religious denominations covered in this research, but also of those less present in our society - is needed.

THREE- YEARS REHOSPITALIZATION RATES OF PATIENTS DISCHARGED WITH HALOPERIDOL OR RISPERIDONE OR CLOZAPINE

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Based on previous review we hypothesize that second generation antipsychotics are superior to conventional antipsychotics for preventing rehospitalizations. Hence, the aim of this study was to observe 3-year rehospitalization rates of patients with schizophrenia discharged on a regimen of haloperidol, risperidone, or clozapine. Data were collected from charts and hospital database. Survival curves were estimated by the product-limit formula and Cox regression models was used to analyze covariates. A total of 96 patients entered the selection and at 3 years follow-up the percentage of patients remaining discharged were 74% for haloperidol, 59% for risperidone and 84% for clozapine. There were no significant differences in readmission rates among the three groups. Age, gender, age of onset of symptoms, length of illness, number of previous hospitalizations,

length of hospitalization and length of follow-up were not associated with the risk of rehospitalization. The results demonstrate lower rehospitalization rate for clozapine than haloperidol, and lower rate for haloperidol than risperidone. Conclusions drawn from this study must be tempered according to the limitation of the methodology used. Patients were not randomly assigned; the comparison involves clozapine, a drug defined for treatment resistant schizophrenia and at the time of the study risperidone was used for patients who haven't previously responded to conventional antipsychotics and it is possible that such were also treatment resistant, thus representing a more severe population. Nevertheless, all covariates and those thought to have impact on time to readmission were not related to the risk of being readmitted in the Cox regression model.

P-03-307

MARS - USEFUL COMPLIANCE SCALE FOR SCHIZOPHRENIC PATIENTS

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The aim of this study was to examine psychometric properties of the polish language version of Medication Adherence Rating Scale (MARS) – new compliance scale constructed with the aim of greater validity and clinical utility (Thompson K., Kulkarni J., Sergejew A.A. Reliability and validity of a new Medication

Adherence Rating Scale (MARS) for psychosis. Schizophr Res 2000, 5; 42: 241-247).

60 inpatients with ICD-10 schizophrenia were assessed on MARS, DAI-10, UKU and PANSS. Patients were divided into two groups - those with MARS total score $<\!7$ were classified as non-compliant. There were no differences between compliant and non-compliant group in age, education, and duration of illness, number of hospitalizations.

Non -compliant group had higher score on uncooperativenes (G8)

and lack of insight (G12) items on PANSS (3.59 \pm 1.24 vs 2.57 \pm 1.17 and 4.96 \pm 1.34 vs 3.87 \pm 1.21 respectively; p<0.002). And lower score on DAI-10 (13.9 \pm 2.4 vs 16.8 \pm 2.4; p<0.0001). MARS total score correlated negatively with excitement factor of PANSS (r= - 0.39, p=0.002).

Polish version of Medication Adherence Rating Scale (MARS) has good reliability, validity and it is a useful tool for clinical assessment of compliance in schizophrenic patients. Psychometric properties of MARS are better then Drug Attitude Inventory (DAI-10).

PAIN IN SCHIZOPHRENIA

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Psychiatric literature contains many reports of unexpected pain reactions in schizophrenia. Clinicians have observed, that most patients with schizophrenia appear to be relatively insensitive to physical pain and bodily discomfort. In surgical literature we can find reports of schizophrenia patients with atypical pain reaction during extremely painful acute medical conditions. There are suggestions that analgesia in schizophrenia may lead to the misdiagnosis of potentially serious health problems. Yet, the phenomenon of pain

insensitivity in schizophrenia remains unclear. To explore this issue, we examined pain sensitivity in 20 inpatients with ICD-10 schizophrenia and healthy adults using the Cefar Painmatcher, electric pain stimulator. There were no differences in general characteristic between patients with schizophrenia and control group. Patients with schizophrenia showed elevated pain thresholds and pain tolerances to electric stimulation.

P-03-309

SMOKING IN SCHIZOPHRENIA - RELATIONSHIP TO PSYCHOPATHOLOGY AND SIDE-EFFECTS

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There is an increased interest in smoking among patients with schizophrenia. It was suggested that frequency of smoking may be associated with positive and negative symptoms as well as may be a self-help strategy in dealing with side-effects of medications.

The aim of our study was to examine the relationship between smoking and psychopathology and side-effects in a sample of 60 patients with ICD-10 schizophrenia, hospitalized due to exacerbation of psychosis. Psychopathology was assessed with PANSS, side effects were

measured with UKU. Smoking status was determined and Fager-strom test was administered to all smoking subjects. 58,3% patients were smoking and 36,6% were smoking more than 10 years. There were no differences between smokers and non-smokers on PANSS total as well as positive, negative and depressive factors of PANSS. The only difference was excitement factor were smokers scored higher (p<0.02). There were no differences in side effects between two groups.

EFFECTS OF WEIGHT LOSS ON OBESITY-RELATED QUALITY OF LIFE IN SCHIZOPHRENIC INPATIENTS

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Objectives: The purpose of this study was to assess the effect of a weight reduction program designed for schizophrenic inpatients and to compare these patients with a randomized control group. The effects of the weight loss were assessed especially with regard to obesity-related quality of life.

Method: Fifty-one obese schizophrenic inpatients were enrolled in a 12-week, randomized weight reduction program. Thirty-two patients were randomly assigned to an intervention group in which they received weight management program. Nineteen patients were allocated to a control group in which they received usual clinical inpatient treatments. Body weight, body mass index (BMI) and quality of life scales such as Short Form of Medical Outcome Study (SF-36), Korean version of Obesity-related Quality of Life Scale (KOQOL) were evaluated during 12-week period. All assessments were done at

baseline, week 4, 8 and 12.

Results: Sixteen of 32 (50%) patients in intervention group and 12 of 19 (69.4%) patients in control group completed this study. We found significant differences in weight (p<.05) and BMI (p<.05) change from baseline to endpoint between intervention and control groups. After completion of the weight management program, there were significant differences on the Physical Component Summary of SF-36 (p<.05), total scores, (p<.05), Psychosocial Heath (p<.01), Physical Health (p<.05) and Diet subscales (p<.05) on the KOQOL between intervention and control group.

Conclusion: The weight reduction program was effective for weight reduction in schizophrenic inpatients. In addition, it showed the improvement of the obesity-related quality of life.

P-03-311

PREVALENCE AND CHARACTERISTICS OF METABOLIC SYNDROME IN SCHIZOPHRENIC INPATIENTS

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Objective: This study was aimed to investigate the prevalence of metabolic syndrome (MS) and associated characteristics in schizophrenic inpatients.

Method: In this cross-sectional study, 214 inpatients with schizophrenia or schizoaffective disorder defined by DSM-IV criteria were included. Prevalence of MS was assessed based on the Asian-Pacific Criteria of National Cholesterol Education Program (NCEP, Adult Treatment Protocol, ATP-III).

Results: Prevalence of MS was 22.9% in our sample. Metabolic syndrome was associated with male sex, but not with duration of illness, current use of antipsychotic medications. Compared with patients

without metabolic syndrome, patients with metabolic syndrome had higher risk for cardiometabolic morbidity. Of the individual cardiometabolic risk factors, waist circumference (65%) and HDL-cholesterol (54.7%) were more common than triglyceride (29.4%), blood pressure (8.9%) and blood glucose (5.1%).

Conclusion: Although prevalence of MS in schizophrenic inpatients was common in our sample, it was not quite high than general population in Korea. But, it should be critical part of clinical management of schizophrenic patients to assess of the presence and monitoring of the MS.

DISCRIMINATION EXPERIENCES AND STIGMA OUTCOMES OF IN-PATIENTS WITH SCHIZOPHRENIA

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Aims: Social stigmatization is a severe burden for people suffering from severe mental illnesses, especially from schizophrenia which is negatively associated with violent behavior and unpredictability. Nevertheless, quantitative data to what extent patients with a diagnosis of schizophrenia actually feel stigmatized in their everyday life is yet rare for Germany.

Methods: In the framework of the INDIGO-Study group (International Study of Discrimination and Stigma Outcomes in Mental Health, Thornicroft et al. 2007), an instrument has been developed for the assessment of discrimination experiences (DISC, Discrimination and Stigma Scale). The instrument comprises 51 items about discrimination experiences in different life domains and reactions to having a diagnosis of schizophrenia. The German version of the DISC was conducted with N=46 in-patients with schizophrenia.

Results: Important domains of stigma experiences are the social life (friendships, family), the workplace (finding or keeping a job), and mental health staff. The majority of the interviewed (61 - 76 %) stated that they react with anticipatory self-restraint (e.g., they stopped themselves from looking for close relationships) on the fact of having a diagnosis of schizophrenia.

Conclusions: Stigmatization and discrimination experiences are widespread in in-patients with schizophrenia in Germany. Further endeavors of antistigma work are needed to improve their situation, as projected within the German Alliance for Mental Health.

References

Thornicroft G, Rose D, Kassam A, Sartorius N (2007). Stigma: ignorance, prejudice or discrimination? Br J Psychiatry 190: 192-193

P-03-313

COGNITIVE IMPROVEMENT OF SCHIZOPHRENIC PATIENTS UNDER QUETIAPINE: A PRELIMINARY SINGLE-TRIAL ERP ANALYSIS

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The study aimed to explore by means of single-trial event-related potentials (ERPs), whether and how the medication change from older neuroleptics to quetiapine in schizophrenic patients leads to a significant cognitive enhancement. This single-trial ERP analysis allowed investigating attention and memory processes in single patient before and after treatment.

Thirteen schizophrenic patients (mean age: 40.1 ± 13.5 y) were followed up for 16 weeks and assessed for changes of clinical symptoms and ERP-components P300 representing target detection processing and N400 indexing context integration in word recognition processes.

The mean scores of PANSS, MADRS, Bf-S, SCL-90 and CGI-S at the end of study (week 16) showed significant improvements com-

pared to the baselines (week 0) (p < 0.05). Three subjects had to be excluded from the ERP recording sessions because of excessive blink artefacts and movements. Regarding the P300 components of the target detection, there were significant increases of amplitudes in 5 of 10 patients (50%) at week 16 comparing to week 0. Regarding the N400 components of the word recognition, there were significant increases of amplitudes in 4 of 10 patients (40%) at week 16 comparing to week 0. No extrapyramidal symptoms as well as akathisia after quetiapine treatment were reported during the study.

These preliminary data suggested that quetiapine improved context integration and target detection processing in these patients. This technical procedure may help to differentially assess cognitive enhancements in each single patient.

BLOOD LYMPHOCYTES EXPRESS AN INCREASE OF DNMT1 AND DECREASE OF GAD 67 MRNA IN SCHIZOPHRENIA

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INTRODUCTION: Postmortem human brain studies suggest that in schizophrenia (SZ), there is a dysfunction of telencephalic GABAergic neurons that is characterized by the overexpression of DNA-methyltransferase1 (DNMT1), which is likely responsible for epigenetic promoter hypermethylation and the related downregulation of reelin and GAD_{-re} genes.

tion of reelin and GAD ₆₇ genes. **OBJECTIVES:** The goal of this study is to compare in peripheral blood lymphocytes (PBL) the expression of DNMT1 and GAD67 mRNA, in control and schizophrenia patients (SZP)

METHODS: In PBL, DNMT1 and GAD67 mRNAs were measured using quantitative competitive RT-PCR and the values were compared to the housekeeping gene glyceraldehyde-3-phosphate dehydrogenase (G3PDH) mRNA.

RESULTS: The level of DNMT1 mRNA showed an increase greater

than 2 fold (p<0.02) in the PBL of SZP (n=18) compared to NPS (n=16), whereas the levels of GAD67 mRNA were decreased by 30-40% (p<0.04) in the PBL of SZP (n=10) vs NPS (n=10). These changes are not influenced by age, gender, race and antipsychotics. Frequentlly, SZP are heavy cigarette smokers, we studied whether smoking affects DNMT1 expression. The higher levels of DNMT1 mRNA in SZP vs. NPS were present in both smoking and non-smoking groups. However, in the group of SZP, there was a trend for the few patients who had a heavier current cigarette smoking habit (>15 cigarettes /day) to have lower DNMT1 mRNA levels compared to those who smoked fewer cigarettes or to non-smoking SZP.

CONCLUSIONS: Measurements of DNMT1 and GAD 67 mRNA content in lymphocytes should be investigated as a potential peripheral marker for the diagnosis of SZ.

P-03-315

CLINICAL REPORT OF MATRICS CONSENSUS COGNITIVE BATTERY (MCCB) FROM CHINA

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Objective: To evaluate psychometric properties of MCCB (MAT-RICS Consensus Cognitive Battery)Chinese version.

Methods: 122 inpatients with schizophrenia who diagnosed with DSM-IV (84 males, and 38 females), received MCCB test and retest in 4 weeks.

Results: (1) Test-retest reliability of Category Fluency (CF), Trail Making-A (TMT), Symbol Coding (SC), Continuous Performance Test-Identical Pair (CPT-IP), Digital Span (DS), Spatial Span (SS), Hopkins Verbal Learning Test-R (HVLT-R), Brief Visual Memory Test-R (BVMT-R), Neuropsychological Assessment Test (MAZES) and Managing Emotion (ME) before and after 4 weeks were 0.75, 0.6, 0.85, 0.71, 0.73, 0.75, 0.62, 0.78, 0.71 and 0.68 respectively. Test-retest reliability of MCCB total score was 0.88, p<0.001; (2) Practice

effects of CF, CPT-IP,DS, HVLT-R, MAZES and ME are not significant(p>0.05), while TMT, SC, SS and BVMT-R have certain practice effect. Floor effects appear in SS (1.28%), and MAZES (1.72%), while ceiling effects in DS (0.85%); (3) Internal consistency: All subtests of MCCB appear significantly correlated with MCCB overall scores, p<0.001;(4)Tolerability and practicability are fine. Average administration time of MCCB is 58.2 minutes, with completing rate of 98%. For subjective rating in BVMT-R, inter-rater reliability among 8 testers is 0.97; (5)Differences between A/B alternate forms of HVLT-R, BVMT-R and MAZES are not significant (p>0.05).

Conclusion: MCCB may become a promising standard and sensitive clinical tool for assessing neuron-cognitive function in schizophrenia in China.

MENTAL HEALTH, SOCIAL PSYCHIATRY & MENTAL HEALTH ISSUES

P-04-001

IMPARTING SPIRITUAL IDEAS IN TREATMENT MAY HELP FOR FAST AND SUSTAINED RECOVERY IN PSYCHIATRY

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Objective: In majority of cases of treatment of psychiatry disorders, specially those of depression and anxiety related disorders, they are long, pharmacotherapy dependant, and sometimes not free from recurrence or exaggeration at times. Some other unique therapy are in quest to fill the gap to a reasonable degree which makes the suffering soul in peace and tranquility and the psychiatrist hopefully away from drugs indefinitely. Spirituality-a 4th dimension of health is less explored arena, in this aspect, which suitably amalgamated with a supportive therapy by the psychiatrist can cut the treatment period, bring an idealistic insight & bring the remission quickly, prevent relapse in future. Spirituality here means 'an divine sphere in owns inside that may be

Called "Soul", and unfolding an inside that you are not different or alone from the supreme'. "I" and "thou" is inseparable, a part of universal divinity resolves their isolation and makes them relapse free.

Methods: In 150 patients attending Calcutta Pavlov Hospital comprising 3 groups of 50 each suffering from Anxiety Disorders, Anxiety depressive disorders (mixed), Dysthymia were included in a cluster. Each 25 patients of the 3 groups were given drugs only, and rest 25 of similar mach patients from 3 groups received both drug and & weekly session on spiritualities applied application in own understanding. They were followed up each months interval for one year and then 3 monthly for another 2 years.

Results: Initial response were almost same in 2 g, on ongoing follow up both recovery and remising were high in spiritual touch up gr. Relapses were low.

Conclusion: Spirituality in therapy may help in recovery and wellbeing, in majority of psychiatric patients.

P-04-002

MODEL FOR EVALUATING THE LEVEL OF DEVELOPMENT OF COMMUNITY MENTAL HEALTH SERVICES

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Objective: To design a model for evaluating the degree of implementation of community mental health services in Chile.

Methods:

- a) Stratified proportional multilevel sample, for 8 psychiatric units: 339 randomly selected patients, representative of all users(11020) of public mental health services of Chile
- b) Construction of a development index of community psychiatry health services, based in three indicators: -Quality of structure -Level of development and functioning of community mental health net -Quality of process and flow of users
- c) Design and application of Questionnaire and 30 day follow up in ambulatory health care system. d) Indicators are reduced to similar scale 0 (minimum) to 1 (maximum) to be able to compare them and to establish the final index.

Results: The structural quality was between 0.42 and 0.86; develop-

ment and functioning was between 0.49 and 1 and process and flow between 0.35 and 1. Different units evaluated were arranged from higher to lower degree of development of community mental health

Discussion and conclusions: The article describe the implementation of a model for evaluating the degree of development of community mental health services. It was necessary first to establish a conceptual framework for defining fundamental dimensions that determine the model, then to develop a method for the evaluation. Theoretical and practical difficulties are discussed. Qualitative aspects, which could explain differences in level of development of community mental health services studied are discussed; some elements for improving the model are commented. Even this investigation shows the reality of Chile, the model could be adapted for being used in other countries.

GLOBALIZATION AND MENTAL HEALTH: NEWS AND VIEWS

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At the last few years there is massive change in the ways of communication all over the world and this change led to a lot of similarities between originally different cultures. Globalization may be defined as a process in which the traditional boundaries separating individuals and societies gradually and increasingly recede. This shift of human affairs from the restricted frame of the nation-state to the vast theater of the world not only is affecting trade, finance, science,

and the environment, it is also changing the nature of mental health challenges facing people all over the world . in This symposium the faculty will discuss the impact of globalization and changing culture on definition of mental health , mental health care system, diagnosis and management of psychiatric disorders and what we have to do to practice psychiatry in the shadow of these dynamic changes of culture.

P-04-004

PSYCHOTROPIC MEDICATIONS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS -INDICATIONS AND TOLERABILITY

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There is a high prevalence of psychiatric symptoms in patients with Systemic Lupus Erythematosus (SLE); however information regarding their treatment is limited. Objectives: to describe the use and tolerability of psychotropic medications among patients with SLE treated in a primary care setting.

Methods: retrospective review of medical records. All patients fulfilled the Revised Criteria of the American College of Rheumatology and were prescribed psychotropic medications at some point during their illness. The following data was recorded: demographics, psychiatric diagnosis, presence or absence of neuropsychiatric lupus, prescribed psychotropic medications, duration of treatment, impact of treatment, adverse reactions, reason for discontinuation.

Results: among the 152 cases reviewed, the female/male ratio was 142/10, with African-Americans being the best represented group (37%). 44 (28%) patients received psychotropic medications. Selective Serotonin Reuptake Inhibitors were most commonly prescribed (20%). Twenty patients received more than one medication; six patients received three or more. No patient received maximum thera-

peutic dose despite reporting residual symptoms. Adverse reactions were common but moderate.

Conclusion: 28% of patients with SLE treated in a primary care setting are prescribed psychotropic medication, however their treatment is not optimized. Further research is needed to clarify if increased sensitivity to medications plays a role in the lack of treatment optimization.

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ADVANTAGES OF THE AUTONOMOUS - SELF-RULING NETWORK OF COMMUNITY-BASED PSYCHIATRIC SERVICES COMPARED TO THEIR DEVELOPMENT RUN BY A PUBLIC GENERAL HOSPITAL

INSTITUTIONS

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The Psychiatric Hospital of Petra Olympus (PHPO) is the first Greek psychiatric hospital that closed its chronic wards (2004). It has transformed into an autonomous Network of community-based psychiatric services in the Central-North Greece. Today, it is in liaison with the primary health care services in its catchment's area and with medical services of the local public general hospital. The proposed policy changes in mental health care provision after the closure of public psychiatric hospitals in Greece with the administrative accession of the psychiatric services into the local general hospital will have a negative effect on the quality of the services provided to people with psychiatric problems in the catchment's area. Psychiatric patients need services that offer integrated care, in the way it is provided by a therapeutic team. They strive for well organized ser-

vices, and a network of services that assesses their individual needs and applies a holistic approach on their care. Usually, the general hospital approach of a psychiatric patient is emphasized on therapy but not on primary prevention of the mental health disease, sensitization of the general population, stigma, or family psycho education. The current Network of community-based psychiatric services of the PHPO, which can be extended in the future with new services, covers effectively many of the psychosocial needs of the population of its catchment's area. We believe that there are important advantages in the function of this Network contrary to the development of psychiatric services administrative accessed in the local public general hospital.

P-04-006

PATIENTS' SATISFACTION FROM THE USE OF COMMUNITY MENTAL HEALTH SERVICES

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Background: Estimating the satisfaction of psychiatric patients is considered to be one of the most important indications of quality of the psychiatric care provided.

Material and methods: In this survey, 168 psychotic psychiatric patients participated. Eighty-four of those resided in one of the Residential Care Facilities (RCF) of the Psychiatric Hospital of Petra Olympus, Greece, whereas 84 were clients of the Community Mental Health Center (CMHC) of Katerini. To estimate their satisfaction from the mental health services provided, the participants completed the Greek version of the Verona Service Satisfaction Scale-54 (VSSS-54). Their functioning (use of the Global Assessment / Functioning Scale - GAS/GAF), psychopathology (use of the Positive and Negative Syndrome Scale - PANSS), quality of life (use of the Quality of Life Scale - QLS),

and their socio- demographic characteristics were also estimated.

Results: The total mean score of the VSSS-54 of the RCF residents was 4.12 ± 0.50 and of the CMHC clients was 4.34 ± 0.40 (p=0.002).

Conclusion: Both groups of patients recorded high percentages of satisfaction from the services provided. CMHC clients were more satisfied. Using multiple regression analysis it was found that 56.3% of the variability of RCF residents' scores in VSSS-54 was interpreted by QLS, female gender, years of care by current psychiatric service, PANSS-negative (positive association), PANSS-total, GAS/GAF, and age (negative association), whereas, in CMHC clients, only a marginally significant 10.5% of the variability was interpreted, mostly through their education status and the diagnosis of schizophrenia.

THE ATTITUDES OF NURSES TOWARDS DEPRESSION AND DEPRESSIVE PATIENTS

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Aim: To determine and compare the attitudes of mental health nurses and general hospital nurses towards depression and depressive patients.

Method: 100 nurses, 70 of which working in a mental health hospital and 30 of which working in a general hospital for at least one year were interviewed. Questions about sociodemographic status and attitudes toward depression and depressive patients were asked by a questionnaire. Results were analyzed by chi-square test and t-test. **Results:** The mean age, the total working time and ratio of married ones was higher in the mental health hospital nurse group. The general hospital nurses did not see depression as a disorder but rather regarded it as a condition everyone can fall from time to time and thought that depression was due to social problems where-

as the mental hospital group saw depression as a mental disorder.

Both groups had positive attitudes towards depressive patients. They

stated that depressive patients could live in public and that they could work and get married with a depressive patient and that they could have a neighbour with depression.

Conclusion: The attitudes of nurses towards depression was much better compared to their attitudes towards schizophrenia which had been determined previously in the same group with another study. (1) This shows that different psychopathologies can cause different attitudes to develop in nurses.

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P-04-008

PSYCHODRAMA AND SOCIAL FUNCTIONS IN PATIENTS WITH CHRONIC PSYCHIATRIC DISORDERS

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Goal: To present sociotherapeutic benefit for the social skills of the psychodrama techniques in patients with chronic psychiatric disorders.

Materials and Methods: 30 patients diagnosed with F.20, F.33 and F31 by ICD-X were treated in long term as outpatients as well as inpatients were involved in the research. At this time they are treated at the daycare hospital center with maintenance pharmacotherapy

and once a week psychotherapeutic process (psychodrama). Patients were evaluated according to PANSS and scale for evaluation of the social skills. Evaluations were done at the beginning of the treatment, after 1 and 3 months.

Results: Patients that beside pharmacotherapy participated in the psychodrama had significant improvement in their social functioning regardless of the actual clinical condition.

EPIDEMIOLOGICAL REALITIES AND "TRUE" POINT PREVALENCE OF SCHIZOPHRENIA IN POLY-ETHNIC CONGLOMERATION OF SIBERIA

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It is postulated that prevalence of endogenous psychoses including schizophrenia is approximately similar in the world. On the territory of Siberia concomitantly 36 different peoples live, more than 300 ethnic communities with sparse composition in ethnic and cultural plan little brought together, but geopolitical positioning of subjects of this territory allows in known sense considering living here peoples as a uniform system of ethnic groups. Originating from priority assessment of full number of schizophrenic patients, we have identified a theoretic number of patients: in West Siberia, this magnitude has constituted near 315000, in East Siberia respectively - 174000 and in Far East - 146000, across Siberia as a whole this magnitude is

near 635000. Real number of persons receiving treatment-counseling assistance and being under dispensary observation constitutes respectively 16,5%; 17,8% and 15,2% of therapeutic assessment. It is believed that only 20% of seeking for assistance at psycho-neurological dispensaries needs medical assistance and the rest needs social problems resolution, medico-social activities etc. If indicated corrections are accepted so currently specialized psychiatric assistance in Siberia and Far East is accessible to significant number of patients in need for it and does not depend on ethnocultural peculiarities of the population.

P-04-010

A CLINICAL STUDY OF CHILDREN AND ADOLESCENTS PRESENTING TO PSYCHIATRIC EMERGENCY SERVICES

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Introduction: Over the past two decades there have been reports of increasing trend in children and adolescents presenting to psychiatric emergency services. Lack of access to community-based services is often hypothesized as the primary reason for this increase. There have been virtually no Indian studies on the clinical profile of these patients.

Objectives: To study the socio-demographic & clinical profile of children and adolescents presenting to psychiatric emergency services in a tertiary care general hospital setting.

Methodology: 42 children and adolescents presenting to psychiatric emergency services in a tertiary care general hospital setting were studied over a period of 22 months. A clinical interview was done with a structured proforma with the patients and attendants.

Diagnosis was made on the basis of ICD -10 DCR. Rosenn's classification was used to classify the presenting symptoms on the basis of acuity of problem.

Results: 85%

of the sample was adolescents. 76% were females. The average number of cases was 1.9 patients per month. Majority of the patients presented with "pseudoemergencies" according to Rosenn's classification. Dissociative/conversion spells were the most common presentation.

Conclusion: Pseudoemergencies constitute majority of children and adolescents presenting to psychiatric emergencies reflecting the lack of access to less urgent services in the community.

WE ASSUMED THE SAME EVIDENCE IN THE DEPRESSIONS, THAT FLUCTUATE IN RELATION TO THE GRADIENT ATMOSPHERIC, AND IN THE PSYCHOSES

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This research has been handled on file data of second term of 2007 about on call activity of psychiatric medical guard of Mental Health Center (Mental Health Center of Citta di Castello, 8 Municipalities male 36457 female 38269 tot population resident 74735: 2004 data Citta di Castello City Council Statistical Department property, first Municipality). Because of our particular law 180 we haven't a psychiatric hospital as a reference (from 1980 Italy has no more psychiatric hospital). Then the treatment of the patient in emergency in general hospital the depression act on the ionic channels destabilizing the homeostatic equilibrium. In schizophrenic patient's brain were beside alterations of the dopamine and glutamatergic system and consequently the damage of the cortex-mesolymbic pathways. It can be

also this phenomenon linked to the ionic exchange in the neuronal membranes that could render reason of the fluctuation of psychosis It is now accepted that neurogenesis occurs and new neurons arise from a resident population of neural progenitor cells that are maintained throughout adult life. Synapse regeneration in adults could lead to aberrant but functional connections. Atypical connections and adult S cells axons, or novel synapses induced following brain injury failed to electrical restored function making Including a brief revue .key word stem cell neurogenesis atypical connections synapses regeneration olfactory bulb, hippocampal, entorhinal cortex, astrocities.

P-04-012

RELIGIOSITY AND INTERNALIZED STIGMA IN PATIENTS WITH SCHIZOPHRENIA

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Aim: to assess internalized stigma and its relations to religiosity in a population of patients with schizophrenia.

Methods: Sixty seven patients with schizophrenia (59 men and 8 women) mean age 33,7 SD 9,5 years were included. Stigma was assessed with 29-item Internalized Stigma Mental Illness inventory (ISMI) that has five subscales: Alienation; Stereotype Endorsement; Perceived Discrimination; Social Withdrawal and Stigma Resistance, rated on four possibilities Likert scale: (1-strongly disagree to 4-strongly agree). Religiosity assessment included: general religiosity (1-not religious to 4- very religious), religious upbringing (yes /no), religious community support (1- no support to 4 -very strong support), religious coping with the illness (1- very helpful to 3-not helpful at all).

Results: Age was significantly and positively correlated with ISMI

(r=0,267), subscales Alienation (r=0,245) Stereotype Endorsement (r=0,368), and Social Withdrawal (r=0,284). Religiosity was not associated with ISMI or to any of its subscales, controlled for age. Religious upbringing was associated with subscale Perceived Discrimination (t=2,002; df =65; p= 0,049). Those that had religious upbringing perceived more discrimination. Support of religious community was not associated with ISMI. Religious coping was associated with ISMI (F=3,65; df=2/63; p=0,031), subscales Discrimination (F=9,46; df=2/63;p=0,001) and Social Withdrawal (F=3,41; df=2/63; P=0,039) controlled for age showing that those who stated that religiosity helped them partly, felt more stigma than other two groups (not helpful at all and very helpful).

Conclusion: in patients with schizophrenia internalized stigma is associated with some aspects of religiosity.

ASSOCIATION OF PSYCHOLOGICAL SYMPTOMS WITH MONTHLY INCOME

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Research conducted up to now point at connection of the lower monthly income with depression, anxiety disorders, and generally weak health condition. The aim of this research was to analyse the connection of psychological symptoms with monthly income of the employees in companies which were in process of privatisation.

Methods: In this research involved were 258 workers from seven companies which were in privatisation process from Tuzla Canton. Brief Symptom Inventory (BSI) was used for this research along with general questionnaire with sociodemographic data, and income and work place data. Data extracted were processed with descriptive statistics.

Results: The average age of analysed group of workers was 45.06±9.46 years, and average monthly income was 227.6±137.8 euros. The hi-

ghest number of workers (80.2%) had under average monthly income in Federation of Bosnia and Herzegovina (309.33 euros). The workers with monthly income bellow average had on a BSI scale increased somatisation, anxiety, paranoia, interpersonal sensibility, and hostility. The significant negative correlation between income rate, and expression of psychological symptoms on BSI scale was confirmed (r = -0.184, P = 0.002). The female workers with lower level of education, which were not married, and which were subtenants had lower income rate and more expressed psychological symptoms on BSI scale.

Conclusion: On the basis of the results it was found that social-economic factors such as monthly income, and the total family income, education level, marital status, and sex may be predictors for psychological distress.

P-04-014

PSYCHIATRIC MORBIDITY IN OUTPATIENT CARE OF MENTAL HEALTH SERVICES

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The pillars of contemporary organizational approach of mental health were mental health centres which were linked to other services in the community into a unique network of mental health services. The aim of this research was to analyse psychiatric morbidity in outpatient care of mental health services during the period of one year.

Method: This research included analysis of psychiatric morbidity in three Mental Health Centres (CMHC) and one neuropsychiatry dispensary in the area of Tuzla Canton for 2007. The number of residents which these mental health centres covered with their service was: 52697 CMHC Gracanica, 51551 CMHC Lukavac and 45 000 CMHC Srebrenik, and 26000 were covered by neuropsychiatry dispensaries in Banovici. Data about mental disturbances, age and sex structure of patients were extracted from medical documentation.

Results: Significantly higher number of residents, older then 18, sought help in outpatient care services which cover the area with fewer number of residents (p<0.05). Concerning psychiatric morbidity, the lowest number of patients with schizophrenic disorder (3.7%) was in Gracanica CMHC, while the highest percent of such patients was in Lukavac CMHC (20.2%). The highest number of patients with depressive disorder was in CMHC Gracanica (41.7%), and the lowest in CMHC Srebrenik (15.7%). There was no significant difference between services in a number of patients with PTSD, anxiety disorder, and disorders related to addiction.

Conclusion: The most frequent mental disturbances in outpatient care settings were depression, anxiety disorder, and PTSD.

DISASTERS WORKERS, RELIGIOUS COPING AND EMOTIONAL INTELLIGENCE

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Religious coping is expressed as benefit from religious beliefs and practices, for cope with problems and stressors in life. Emotional intelligence defined as the ability to perceive emotions, to access and generate emotions to assist thought, to understand and monitor emotions in themselves and other. As well as victims, disaster workers are also at increased risk of psychopathology. The aims of this descriptive study were to determine religious coping and levels of emotional intelligence, and its related factors. 187 Red Crescent volunteers (f =104, m=83 & mean=21.14 sd=3.36) from 13 city of Mazandaran convince were randomly selected. Bar-on MMEmotional Quotient Inventory and Religious coping Inventory were used. 44.9%, 5.3%, 5.3% and 7% of volunteers had adequate, under - developed, extremely under-developed and atypically impaired emotional capacity, respectively. Also, The Findings revealed 11.8%, 75.4%

and 12.8% had high, moderate and low religious coping, respectively. Significant correlation found between religious coping and total Emotional Intelligence r=0.27 and 5 subscales of Emotional intelligence; Intrapersonal r=21%, Interpersonal r=41%, Adaptability r=23%, Stress Management r=26% and General mood r=27%. The implications of these findings are for using EI and religious coping as a predicator for vulnerability to traumatic stress among disaster workers.

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P-04-016

INVESTIGATION OF MENTAL SYMPTOM LEVELS OF NURSES

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Objective: This study was designed to determine mental symptom levels of nurses and also to see whether background variables were related with their mental symptom levels.

Method: This descriptive study's sample consisted of 360 nurses who worked in one of the government hospitals in Turkish Republic of Northern Cyprus. Data were collected by using Nurses' Description Form and Symptom Check List-90-Revised (SCL-90-R) (1). As mentioned in the literature, over the 1.00 point of Global Symptom Index (GSI) mean score shows high level of mental symptoms (2). Data were evaluated using "t" test and ANOVA.

Results: GSI mean score of nurses were 1.11 ± 0.66 . The higher mean scores of the SCL-90-R subscales' were found as following; obsessive-compulsive symptoms (1.21 ± 0.73), somatization (1.20 ± 0.64), paranoid thinking (1.17 ± 0.80), hostility (1.14 ± 0.82), interpersonal

sensitivity (1.10 ± 0.73) . Nurses' sociodemografic findings as age, perceived economic status and nurses' working characteristics as department, number of nurse, ratio of patient, professional position, work year as a nurse, work hours per week, level of job satisfaction were found effective on GIS mean score.

Conclusion: It seems that nurses carry risk for their mental health and health care organizations.

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MEDIA STAFF'S OPINIONS ABOUT MENTAL ILLNESSES IN TURKEY

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Background: It is known truth that the prejudgments built up against the mental illnesses by the society effects the health staff's treatment and care applications negatively.

Aims: This research was planned to investigate the media staff's opinions about the mental illnesses.

Methods: The descriptive research was held by 73 people working in written and visual media from December 2007 - January 2008, in Izmir. Data were collected depending on individual announcement with 2 questionnaires forms after taking necessary permissions. The high point taken from Beliefs Toward Mental Illnesses Scale (BMI) shows the negative belief about the mental illnesses (Max:105).

Results: 63% of the participants are men, 52% of them are single and their mean age is 33.78±10.64. The media staff whose 46% works in editorial office and 34% works as correspondent work 61.50±20.84 hour in a week on an average. The BMI average point of the media staff is 52.30±18.17. In the study held by Çam and Bilge in Turkey,

the BMI average point of the society was found as 59.98±16.17 (1);in another study held by Çam and Baysan-Arabaci, the BMI average point of the nursing students was found as 49.98±15.96(2).

Conclusion: It can be said that media staff have more positive beliefs about the mental illnesses in comparison with the society, but they have more negative beliefs in comparison with the nursing students that is a more professional group.

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P-04-018

ACUTE INPATIENT CARE: RADICAL CHANGES, RADICAL RESULTS

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Aim: To assess the impact of radical changes to the way in which acute inpatient care is delivered to a population of 450000 in rural central Norfolk.

Method: In September 2006 a new system of acute inpatient care was introduced. This included a dedicated inpatient consultant psychiatrist, regular daily ward rounds, and enhanced roles for non-medical staff. A number of different outcomes measures were used to evaluate the effect the changes to the care system. These included length of stay, bed occupancy, violent incidents, absconsions, deliberate self harm incidents.

Results: Data was obtained on 2236 consecutive admissions from April 2002 - December 2007 of which 403 were admitted after the changes introduced in September 2006. These demonstrated dramatic impacts including 75% reduction in deliberate self harm, 50% reduction in bed occupancy, and over 50% reduction in violent incidents.

Conclusion: The impact of the service changes introduced was dramatic and has led to a sustained measurable improvement in both ward environment and outcomes. This has direct benefits to patients, staff and has also reduced costs.

MAKSHIVIM - AN INTERACTIVE ONLINE PROJECT TO PROMOTE RECOVERY & SOCIAL INCLUSION OF PERSONS WITH PSYCHIATRIC DISABILITIES

INSTITUTIONS

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Makshivim is an Internet-based project for people with psychiatric disabilities. Through the project, participants chat with each other and/or with a professional guide to achieve one or more of the following goals: To raise awareness of mental illness and ease societal and self-stigma To practice social and communication skills To find friends from the consumers population with common experiences and interests To organize courses of study To find rehabilitative jobs and jobs in the wider community The program's moderator online guides are consumers themselves and serve as instructors for courses set up by the program.

Rationale

People with psychiatric disabilities deal with a range of difficulties, including public, institutional, and self-stigma, difficulty adhering

to formal, community-based rehabilitation services, and high unemployment. This may lead to social isolation and loneliness. In Makshivim the consumers can build social ties with peers, while still maintaining anonymity

Uniqueness

This is the only project of its kind that makes rehabilitation through the internet, and after 2 years of operation and one year formally, it has already proven that consumers - who want to live in a maximally normative way - need a forum for free and independent interaction without confining themselves to the mentally ill community.

Summary

This is a Internet social-rehabilitative project, which serves a population that experiences pervasive social isolation.

P-04-020

CHARACTERISTICS OF HIV+ PATIENTS TREATED IN A PSYCHIATRIC EMERGENCY DEPARTMENT

INSTITUTIONS

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Purpose: Knowledge about the characteristics of patients using psychiatric emergency services is expanding. However, to date the prevalence of HIV infection among patients treated at psychiatric emergency departments is not known, and neither are the characteristics of HIV+ patients seen in this setting. Thus, the aims of this study are: (1) to estimate the prevalence of HIV infection among patients utilizing psychiatric emergency services in a large, urban, level 1 trauma center; and (2) to describe demographic and clinical characteristics of HIV+ versus HIV- patients in such a setting.

Methodology: Data were collected over a ten-year period for patients who had visited a large, inner city psychiatric emergency department. Information on HIV infection and demographic and clinical characteristics was obtained from the medical record. To accurately present the prevalence of HIV infection among patients

treated at the Psychiatric Emergency Department, we calculated the infection prevalence, as well as the clinical and demographic characteristics, per visit.

Results: Almost 2% (1.8%) of Psychiatric Emergency Department Visits were by HIV infected patients. HIV infected patients were more likely to be male, African-American or race other than Caucasian, African-American, Asian-American or Native-American, and homeless. These patients were also more likely to be Demented, Suicidal, Abusing Substances, or coping with Borderline Personality Disorder.

Conclusion: These findings have wide public health implications in considering both the increased needs of this patient population and utilization of psychiatric emergency services.

SOCIAL SERVICES FOR PSYCHIATRIC CLIENTS: WHAT CAN PILSEN MUNICIPAL AREA OFFER?

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The aim of the lecture/ presentation is to inform about the social services for psychiatric clients in the municipal area of the City of Pilsen. This municipal area has about 200.000 inhabitants. During the last 10-15 years, considerable development of social services for psychiatric clients has been put into life. These social services are independent on the psychiatric health care system which takes care of in- and outpatients. A lot of non-profit organisations care about psychiatric patients with the aim to integrate them into the society. The integration has several aspects such as interpersonal relationships, social life, working skills, culture and hobbies. These organisations offer a broad spectrum of activities e.g. sheltered workshops,

educational courses, cultural programmes, meals and housing. They cooperate with health care organizations, educational or religious institutions and voluntary organizations. They get their financial support from local resources and the European Union. By raw estimation these organizations in Pilsen municipal area offer services to 250 clients

The establishment of the above mentioned social psychiatric organizations offering social services for clients confirms that foreign models of such a care could be used in countries where they are not rooted. It is remarkable that there are mostly young people with university degrees involved in carrying out services for the clients.

P-04-022

TIME OF DAY AT REFERRAL TO ACUTE CARE AND DIAGNOSIS

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Introduction: Patients are referred to acute psychiatric care at all times during the day, and a substantial part are referred outside office hours. This applies to both compulsory referrals and referrals at the free will of the patient. There is a scarcity of research into this time related area. The diagnoses of patients referred may influence when patients are referred. Method and material: A one year cohort of patients referred to the acute care unit was investigated using the hospital computerized register, which contains socio - demogra-

phic and clinical information plus information on the exact time of referral. Results: 1323 patients were referred, slightly more women than men, the age distribution was from 18 to 88 years. 52% arrived within office hours, 39% in the afternoon and early night and 9% later at night. 19% of the resident stays ended within 24 hours. Further results will be presented as a poster in Prague in September

COPING MECHANISMS AND POST-TRAUMATIC STRESS SYMPTOMS IN GREEK FIREFIGHTERS

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Large areas in the Peloponnese were devastated by wildfires in August 2007. Firefighters were on duty for several days without sufficient rest. Due to this disastrous event 3 firefighters and 40 other people were killed. One month later, a group of mental health clinicians from the University Mental Health Research Institute (UMHRI) and the 1st Department of Psychiatry of the University of Athens visited the disaster area in order both to provide psychological support and to investigate the psychosocial consequences of this catastrophic event. 102 firefighters were interviewed using several questionnaires, among them Eysenck's Personality Inventory¹ and the Albert Einstein College of Medicine Copying Styles Questionnaire (AECOM - CSQ) ². 18.6 % of the firefighters who took part in the operation were found to have PTSD according to ICD-10 crite-

ria. Logistic regression showed that seasonally employed firefighters who presented with higher neurotic personality features and used the mechanism of minimization to a greater degree were more likely to develop early PTSD. It seems that copying mechanisms might influence the development of post-traumatic stress symptoms.

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P-04-024

MULTIPLE MEDIA ADDICTION- AN EMERGING PROBLEM IN DEVELOPMENTAL PSYCHIATRY

INSTITUTIONS

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Introduction: The Internet, modern electronic media and online gambling have changed adolescent socialisation in the last decade. Although some researchers still do not see this social and technological problem as an aspect of dependency, there is a need for clinical useful classification and diagnostic criteria.

Method: Research on published classification systems such as ICD-10, DSM-IV, on medical and psychological databases and single publications on the topic from 2000-2007.

Results: There is no consistent possibility to diagnose or classify a distinctive subgroup of patients with severe dependency problems

concerning the electronic media. DSM-IV and ICD-10 provide the well known categories of impulse control disorders, gambling or dissocial behaviour only covering a part of the individual problems. There is only one useful published classification not researched upon yet.

Conclusion: With the increasing impact of electronic media even on children, there is a need of specialised developmental oriented classification systems to distinguish clearly between phasic behaviour patterns in adolescents and different severe disease processes maybe summarized as multiple media addiction (MMA) .

GENEVA'S INTERNATIONAL ORGANIZATIONS HEADQUARTERS: DO THEY ATTRACT TRAVELERS IN NEED OF MENTAL HEALTH CARE?

INSTITUTIONS

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Objectives: Several international organizations have headquarters in Geneva and are thus hypothesized to attract both people seeking help for human right abuses and pathological travelers. A previous study showed that the latter category, albeit small, represent an identifiable cause of psychiatric hospitalizations in the local public psychiatric hospital (1). The present survey aimed at examining this question from the Organizations' perspective rather than from the hospital's point of view.

Methods: Medical, administrative and security officers belonging to 17 different Organizations were interviewed by one of the authors. Questions covered a one-year period (September 2005 to September 2006).

Results: Over a one-year period, 297 visits considered as inappropriate were recorded. Visitors were in majority male (60%), aged above 40 years (80%) and lived alone (90%). Twenty percent came

from Switzerland, 40% from European countries and 40% from other areas of the globe. Psychotic symptoms, mainly delusions of persecution, grandiosity and ideas of influence, seemed to underlie almost 90% of these visits. The international vocation of Geneva was invoked as a reason for choosing this destination.

Conclusions: It is important to distinguish people seeking help for human right abuses from pathological travelers, since responses should of course be different. However, both categories of visitors can represent a non-negligible work load for International Organizations' medical services.

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P-04-026

ANALYSIS OF THE PROFILE OF PATIENTS SUBMITTED TO BARIATRIC SURGERY IN THE SURGERY WARD OF THE SANTA CASA DE SÃO PAULO

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Introduction: Surgery is the elected treatment for patients with a body mass index equal to or over 35, because only 1% of these patients can lose weight through conventional treatments. In the long run, the success of the surgical treatment does not depend on the procedure, but on the patient's adaptive capacity.

Aim: To analyze the profile of patients who have had surgery at the Santa Casa de São Paulo.

Method: Analysis of the following variables: gender, age, schooling, body mass index, pre-surgery weight variation and associated diseases in 265 patients both male and female who have undergone Capella type Gastroplastic surgery between 1999 and 2004 who are now in multidisciplinary monitoring in this institution. **Results:** 13,6% were male and 86,4% female. As for age, 20,5% were between

the ages of 20 and 29 years, 37,3% between 30 and 39, 29,4% between 40 and 49, and 13,7% were above 50 years. Regarding schooling, 36,2% had completed middle school, 29,4%, had completed high school and 14,3% had completed university. The body mass index varied between 35-39 (10,1%), 40-44 (24,5%), 45-49 (24,9%), 50-54 (18,4%), 55-59 (10,9%), 60-64 (5,6%), 65-69 (5,2%), over 70 (0,3%). The pre-surgery weight variation consisted on the greatest weight equal to 220 Kg and smallest weight equal to 84 kg. 56,7% of the sample did not present associated diseases.

Conclusions: Mostly women, with ages between 30 and 50 years and schooling with middle school complete; with a body mass index between 40-50 and with no associated diseases.

COPING STRATEGIES USED BY NEPHROPATHIC AND HEPATOPATHIC CANDIDATES TO TRANSPLANT

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Introduction: Nephropathic and hepatopathic candidates to transplant present physical and psychosocial difficulties and need coping mechanisms that can guarantee the treatment's success and reduction of the emotional strain.

Aim: To describe the coping strategies used by the nephropathic and hepatopathic patients being evaluated for transplant.

Method: 9 nephropathic patients, 4 female and 5 male, with an average age of 51 years; and 9 hepatopathic patients, 1 being female and 8 male, with an average age of 54 years, all in pre-transplant evaluation, answered to the Ways of Coping with Problems Scale (EMEP).

Results: The coping strategies focused on the problem that use behavior directed to handling and solving related to treatment as well as re-meaning of the disease were used by 22% of the nephropathic patients and 44,5% of the hepatopathic patients. The strategies focused on the emotion that are related to blaming others or self-blaming, moving away from the problem or expression of negative emotions were not used by any of the two groups. The strategies focused on the search for religion/imaginative thoughts were used by 45% of the nephropathic patients and 44,5% of the hepatopathic patients. Finally, the strategies focused on the search for social support that can be defined by the search of a social and family net to deal with the disease and treatment was used by 33% of the nephropathic patients and 11% of the hepatopathic patients.

Conclusion: The groups present different strategies to deal with the disease, treatment and search for transplant.

P-04-028

CORRELATION BETWEEN PHYSICAL IMAGE AND SOCIAL SKILLS IN WOMEN WHO ARE AWAITING BARIATRIC SURGERY

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Introduction: Obesity is a chronic disease of multifactorial etiology. The interference of psychological factors can also be observed, especially those related to a negative physical image, which can cause as consequences: feeling of inadequacy as a human being, inadequacy in a few social interactions and low self-esteem.

Aim: To evaluate the Physical Image and the possible inter-relation of it with these patients' social skills. **Method:** 20 female patients with an average age of 40.65 years, were evaluated with the Physical Image Questionnaire - Version for Women (BSQ) and with the Social Discomfort and Aloofness Scale (SAD). These patients presented an average weight of 122.45 kg and a body mass index average of 47.803 kg./m.

Results: Of the 20 patients who took part in the research, 95%

demonstrated a change in Physical Image, 10% of those with a small alteration, 50% with a moderate alteration and 35% serious alteration. Regarding the Social Skills, 60% of the patients presented a good ability for them and 40% presented low ability in the social skills, however, the correlation between Physical Image and Social Skills was not significant.

Conclusions: Most of the patients presented a different Physical Image and all those who presented difficulties in social interactions demonstrated a serious alteration in physical image. This data suggests that the manner in which these patients interact in the social environment does not only depend on the quality of their physical image, but also on internal aspects of their personality.

EMOTIONAL ASPECTS INVOLVED IN THE TREATMENT OF BOTOX APPLICATION IN HEMIPLEGIC PATIENTS CAUSED BY CEREBROVASCULAR ACCIDENT (STROKE).

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Introduction: After a cerebrovascular accident, the patients present various adjustment difficulties, including the non acceptance of physical limitations and incapacities. The visibility of physical difficulty is one of the main conflicts, leading to a social isolation and personal devaluation. Hence, the will to solve these frustrations trough treatments is constant.

Aim: To evaluate the level of expectancy facing the treatment proposed by the Concentrated Espasticity Assistance done by the Rehabilitation staff of the Santa Casa de São Paulo.

Method: Semi directed interviews with 19 patients before and after the application of chemical neurolysis (botox) were carried out, where the patient was allowed to talk about feelings and thoughts

regarding treatment. **Results:** The results pointed to the need to evaluate the level of expectancy towards this treatment, seeing that all the patients presented idealized expectations, which can create feelings and behavior that can compromise the results, such as non adherence to treatment and, in future, intense frustration levels. The presence of anxiety and depression symptoms shown by the patients expresses the difficulties in accepting physical limitations. **Conclusion:** The need for psychological monitoring during the process was verified, so that these expectancies may be made adequate, allowing the individual to deal with treatment and its results in a realistic manner.

P-04-030

EVALUATION OF THE DEGREE OF SATISFACTION OF THE PRE-SURGERY EXPECTATIONS IN PATIENTS SUBMITTED TO THE OBESITY SURGERY

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Introduction: Thanks to the great difficulty that this patient has in losing weight and maintaining it after achieving the ideal weight, it is expected that the obesity surgery (as a promise of slimming guarantee) awakens high expectations in the obese person. These not always realistic expectations may not be met in the post-operative period.

Aim: To assess the degree of satisfaction of expectations regarding the results of weight loss in morbid obese patients submitted to the obesity surgery.

Method: 40 patients who underwent the obesity surgery were evaluated and monitored for at least one year, with ages between 25 and 67 years, 34 female and 06 male. The protocol for the routine evaluation of this institution's psychological consultation was used for this study. The variables analyzed were the expectations regarding

professional life, appearance and aesthetics, emotional, social and family relationships, health and leisure.

Results: The expectations were prioritized in the following order: 1st Health, 2nd Appearance and Aesthetics, 3rd Professional Life and Emotional Relationships, 4th Social Relationship, 5th Family Relationship and 6th Leisure. As need for improvement in order of priority, the following were mentioned: Health with 55%, Appearance and Aesthetics 17,5%, Professional Life with 17,5% and Emotional Relationships with 10%. The other variables (social relationship, family and leisure) were seen as a need for secondary improvement, and it was also reported that these variables were significantly dependent on improvement of the first.

Conclusion: The expectations expressed were significantly achieved by patients submitted to the obesity surgery.

CHARACTERIZATION OF THE CONSULTATIONS CARRIED OUT BY THE TEENAGER AND CHILDREN'S PSYCHOLOGY IN THE PRIMARY HEALTH ATTENTION

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Introduction: The Barra Funda School Health Center has to promote health according to prevention precepts as its aim. However, we noticed that the demands of this equipment are adverse to the Primary Attention proposal. **Aim:** To characterize the population and demand of those who use the Health Center for thought and comparison with other equipment, aiming towards the creation of more efficient proposals.

Method: To go through 68 files of patients with ages between 03 and 17 years who went through teenager and children's psychological triage from August 2006 until February 2007.

Results: 28% of those who use the service are between the ages of 03 and 06 years; 34% between 07 and 10 years and 38% between 11 and 17 years, 72% of them male and 28% female. The study showed

that 44% of the patients come to the Psychology Service with a specific school complaint; 22% with a family demand; 20% with various complaints; 13% with organic complaints and 1% with a complaint of violence. In other words, a significant number of children and teenagers come directed by the school seeking a psychological evaluation for learning and behavior disorders, especially hyperactivity.

Conclusions: The highest percentage of complaints regards school problems, which suggests the need for a new investigation about educational, social and family matters. We noticed the importance of psychoprophilactic interventions in the family circle, seeking to avoid that a great number of emotional factors significantly harm the teenagers' and children's learning process.

P-04-032

CHARACTERIZATION OF THE INTER-CONSULTATION REQUESTS BY THE ADULT PSYCHOLOGICAL CONSULTANCY SECTOR OF THE SANTA CASA DE SÃO PAULO

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Introduction: The Psychological Consultancy in the General Hospital is an important intervention model in the health area. Professionals from various specialties may request a psychologist's opinion when they identify emotional problems interfering in the treatment of the hospitalized patient.

Aims: To characterize the psychological inter-consultation requests received by the Adult Psychological Consultancy Sector between 2002 and 2006, comparing them throughout time.

Method: 715 consultation requests regarding adult patients. The data was obtained retrospectively in register protocols of the consultation requests, in institutional reports and previous studies. The following were investigated: origin of the request, category of the requesting professional, reason for request, patient's gender and age.

Results: The consultation requests were made by doctors (82,8%),

and mostly came from the Medical and Orthopedic Clinics (44,76%), followed by the Surgery and Psychiatry Clinics (23,50%). There was a greater frequency of patients between the ages of 15 and 35 years (42,42%), 55,94% female. Depression (27,55%) and unadjusted behavior in the emotional point of view were amongst the most frequent reasons for a request for psychological evaluation.

Conclusion: The frequency of depression and suggestive behavior of adjustment disturbance was high. The systematic register adopted as practice allows the evaluation and follow-up of the relationship with the service users. The constant demand suggests that the Psychological Consultancy Sector is an assisting resource for the institutional specialties and an important aspect in the construction of complete care in the health area.

IMPLANTATION AND CHARACTERIZATION OF A PSYCHOLOGY SERVICE IN THE GENERAL HOSPITAL

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Introduction: The implantation of a Psychology Service in a General Hospital with 180 beds implicates in a systematization of acting in the institution as a whole, seeking multidisciplinary interaction and identification of demands. Hence, the Interconsultation Model has proven itself adequate.

Aim: To characterize the interconsultation requests received by the Psychology Service during the implantation in a General Hospital, from April/2006 to May/2007. To identify the requests' main demands and applicants. Method: 52 consultation requests regarding hospitalized patients. The data was obtained retrospectively in registration protocols of the consultation requests, as well as from institutional reports. The following were investigated: gender, age, social status and patient's diagnosis, psychological demand observed and requesting staff.

Results: A total of 52 evaluation requests, 77% being adult patients. 75% female with diagnosis of: adjustment disturbance (50%), depressive state (32%), suicide attempt (15%) and difficulty to adhere to treatment (3%). Male (25%), with a diagnosis of: difficulty to adhere to treatment (65%), adjustment disturbance (30%) and anxiety disturbance (5%). Regarding the Pediatric patients (23% of the total), the following cases prevailed: domestic violence (50%), adjustment reactions (35%) and parent orientation (15%). The main requestants were: Medical Clinic (46%), Pediatrics (23%), Social Service (20%) and Gynecology/Obstetrics (11%).

Conclusion: The Interconsultation model allows the identification of demands and the insertion in the multidisciplinary staff, favoring the creation of strategies to optimize the assistance during the implantation of the Psychology Service.

P-04-034

INFLUENCE OF PHYSICAL IMAGE IN THE EVERYDAY LIFE OF LARYNGECTOMEE PATIENTS IN THE FIRST POST-SURGERY YEAR

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Introduction: Studies point out that as time goes by, the laryngectomee recreates his/her ideals of physical image, confronted by the real condition of being aphonic, of presenting a tracheotomy. Others suggest that there is no adjustment but a passiveness regarding the condition. There are losses in roles and the body's ideal image, but, to have survived such a stigmatized disease as is cancer is an extremely valued point.

Aim: to identify the influence of physical image in the everyday life of complete laryngectomees (LT) in the first post-surgery year.

Method: Prospective descriptive transversal study, with a laryngectomee with at least six months and maximum one year of post-surgery. We used a protocol created for this finality and the drawing of the human figure (Buck, 2003).

Results: We evaluated 10 patients, all male. The age group varied between 40 and 75 years. Regarding the professional impact, 40% retired after the complete laryngectomy and 60% presented a loss in social relations compared to before the sickness, however, they referred that they accepted the new condition and were glad to be alive. The main complaint was regarding communication, 70% mentioned difficulty in more refined contact in the psychosocial relation and 80% presented good adjustment to physical image (including dealing with tracheotomy).

Conclusion: There was an impact especially in communication, causing a certain psychosocial damage. However, the patients developed a good adjustment regarding physical image in the late post-surgery.

INTERDISCIPLINARY TRIAGE MODEL IN PRIMARY HEALTH ATTENTION

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Introduction: This proposal presents groups of triage in mental health (Psychology and Psychiatry) with the participation of the Social Service.

Aim: To optimize the welcoming time of new cases for the mental health Service. With this model, we expect a greater organization in conduct, making the monitoring and/or forwarding of cases easier. Method: The triage was interdisciplinary, relying on a psychologist, psychiatrist and social worker, and was done once a week at different times, in group, with an established number of six vacancies per time. The patients, 47 of them, were seen in group at the first moment and after the complaints were sorted and the professionals discussed among themselves which would be the most appropriate conduct for each patient and the feedback was given individually.

The participants would leave with their specialty consultation already done and/or forwarded/scheduled to the specific place.

Results: In a sample of 47 patients, 11 left the triage with two or more indications for the psychology, psychiatry and social service specialties, which meant 23,4% of the cases. The adoption of this model also brought an optimization of the patient's time in the Service

Conclusion: Diagnoses and indications to specialists took place in a more adequate and objective manner. We thus had a more organized movement of these users and guaranteed a greater assertivity of the Service. This shows the importance of joined practice by health teams, taking the population's demand into account.

P-04-036

MULTIDISCIPLINARY GROUP WITH FAMILIES OF PATIENTS ADMITTED IN THE ADULT INTENSIVE CARE UNIT

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Introduction: The Intensive Care Unit is a clinic destined to care for patients with serious illnesses and who need intensive care. The death stigma is extremely present in this context, due to the patients' serious clinical state. The *setting* of the Intensive Care Unit is a triggering factor for psychopathological changes in the patient, family and members of the staff, causing depression, anxiety and fear. For the family, the diagnosis of a serious disease is, many times, a factor of intense psychological breakdown, making it clear that the family needs a differentiated look from the health team. Hence, the interdisciplinary action provides benefits to all the involved parts, seeing that the feeling of shelter, trust and security manifest themselves in both the family and the patient, improving their relation with the disease process, hospitalization and treatment.

Aim: To evaluate the effect of the multidisciplinary group with families of patients admitted in the ICU, looking at their own level of anxiety.

Method: Application of the Beck Anxiety Inventory (BAI).

Results: 76% of the family members demonstrated greater confidence in the staff and greater comprehension of the patient's general condition and the need for the stay in the Intensive Care Unit, minimizing the degree of anxiety after coming to the group.

Conclusion: Feelings of anxiety and anguish when facing the situation of admission in the ICU were minimized by group intervention. Besides this, there was an improvement in the relation and communication between family members and staff.

OBESITY AND DOWN'S SYNDROME

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The obesity comes increasing too much in the last few decades however, the epidemic still little is studied in people with Down's syndrome, whose situation propitiates a bigger development of the illness. Objective: to identify the existence of overweight and obesity in adolescents with Down's syndrome and establish relations with eating habits, hormonal alterations, practices of physical activities and emotional behavior. Had participated in this study 40 adolescents with Down's syndrome between 10 and 19 years of both sex and their respective mothers. Results: In relation to the weight, 20% with overweight and 40% with obesity. The eating habits had demonstrated that 40% eat more than the majority of the people, in the opinion of their mothers. The compulsory search for foods was

related by 65% of the interview. The overweight and the obesity had been took of alterations of thyroid in 50% of the cases, of cardiopathies in 57,5%, familiar historic of obesity of 27,5% in fathers and 31% in the mothers and the practical of physical activity in 62,5%. The mothers had chosen as predispositions factors of the overweight and obesity in their children the fact to have Down's syndrome and the adolescents demonstrated to have idea of what it is necessary to make to lose weight and make distinction between healthful and not healthful foods. Conclusions: the combination of diverse factors can interfere with the presence of the excess of weight in the population with Down's syndrome.

P-04-038

PSYCHOLOGICAL ASPECTS FACING DIAGNOSIS AND HOSPITALIZATION OF HIGH-RISK PREGNANT WOMEN

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Introduction: Many physical and emotional changes take place during pregnancy accompanied by anxieties, fears and fantasies, but it is in a high-risk pregnancy that they become aggravated. High-risk is defined by everything that exposes the pregnant woman and the conception to physical, psychological and social aggravations. The woman may present difficulty of emotional adjustment, and feelings of guilt and helplessness are frequent.

Objectives: This study had as its objective to identify the emotional reactions facing the diagnosis and hospitalization of high-risk pregnancies.

Results: 86 psychological attendances were held. Regarding diagnosis, 34% of the patients reported feelings of anxiety, surprise, fright and fear; 27% reported feelings of abandonment and helplessness facing sickness; 24% expected the diagnosis because of previous

pregnancies, but with negative feelings and 15% failed to express in words which were the feelings triggered. Regarding admission to the hospital, it was found that 64% reported negative feelings (anguish, anxiety, fear and sadness), and 36% described the hospital with positive feelings (refuge, protection and care).

Conclusion: We noticed that the diagnosis of a high-risk pregnancy can lead to a disorganization of thought and feelings and pregnant women show themselves lost and disoriented, intensifying defense mechanisms such as denial, rationalization and regression. As for the admission, we noticed the presence of negative feelings, often projected towards the institution and the staff, as something threatening to the continuity of gestation. The psychological monitoring and integrated assistance can help in the psychological reorganization and re-signification of the pregnancy.

PSYCHOLOGICAL ASSISTANCE IN OBSTETRICAL WARD WITH PATIENTS IN PREMATURE CHILDBIRTH

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For mothers of babies born prematurely, the puerperium tends to be seen as a time of acute crisis, anxiety and stress, with many questions and feelings that trigger intense feelings of depressive guilt. The difference between the real and imaginary baby is quite pronounced.

Objective: to create a space for the expression of the pregnant women's subjectivity, an area in which feelings, emotions and reactions facing premature childbirth were accepted, for discussion and comparison of the real premature baby and full term baby.

Method: This study was conducted in an obstetrical clinic ward through individual psychological consultations with 14 patients. The verbal expression of feelings related to pregnancy, with the future baby, love life with companion and family were stimulated.

Results: The psychological assistance provided emotional support

to the mothers facing the imminence of premature birth. We noticed the restructuring process of the pregnant women and the putting off of the moment of birth. 11 patients managed to take the pregnancy to the gestational age deemed appropriate. Only 3 patients gave birth in advance and demonstrated a high degree of anxiety in the puerperium.

Conclusions: The psychological assistance in the ward shows itself effective in the moment of intense anguishes and anxieties facing childbirth, helping in the pregnant woman's psychological reorganization. The importance of psychoprophilactic intervention can be seen in the pregnant puerperal cycle, avoiding many factors to configure in the pre-term birth.

P-04-040

RESIDENT DOCTOR'S EMOTIONAL REACTIONS TOWARDS A PATIENT IN PALIATIVE TREATMENT

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Theme of death and such a theme frequently generates feelings of omnipotence in the doctor.

Aim: To identify which are the resident doctor's main emotional reactions and attitudes towards terminal patients.

Method: This study had residents of General Surgery as participants. A standardized questionnaire created by the researcher was used. The format of the study was descriptive transversal.

Results: 28 questionnaires were distributed and out of these, 13 were answered. 69% of the researched residents talked about the prognosis with patients, but 91% of these make use of help from the family members. The main feelings experienced by the residents are impotence and sadness (23% each), indicating that, for them, death represents failure. In cases where patients or family members

ask the resident for a procedure to cure the disease, we noted feelings of impotence (18%), anguish (22%) and pity (22%), due to difficulty when dealing with the situation. Most of the residents (73%) answered that they would tell the patients in palliative treatments who asked about their prognosis the truth. They affirm that the patient knowing or not depends mainly on each one's structure of personality (31%) and the importance of their preservation of independence (49%). The main requirement, according to the residents, is the cultivation of the doctor-patient relationship, necessary when dealing with patients (39%).

Conclusions: The study indicates difficulty in most of the participants in dealing with the theme and communication of death to their patients, family members and themselves.

THE INFLUENCE OF MOURNING IN THE ORGAN AND TISSUE DONATION PROCESS

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The need of family consent for donation in a delicate moment places mourning as one of the intervening factors of this process.

Aim: To describe the influence of the experience of mourning in the family decision towards organ and tissue donation.

Method: Bibliographic survey about the themes: organ donation, mourning, family.

Results: Donation can have different meanings for family members: comfort, satisfaction, honor, pain, among others and is inevitably associated to mourning. Therefore, it can represent an increase in stress for the family members, but may also mean comfort. According to literature, families of donors have an inadequate comprehension about the definition of brain death, so the institution's support

throughout the process is necessary, giving them information and opportunities to visit the donor, before and after donation. To monitor family members offering emotional support from the moment of diagnosis and after, when consent for donation has been given, prevents the mourning process to negatively influence the donation and later, on the experience of becoming a donor.

Conclusion: It can be seen that the increase in donors depends on a look that goes further than the technical issues of the organ donation process, taking into account the social approach, ethical perspective and psychological comprehension of the moment of mourning where donation is considered, and especially, respect to the potential donors' and families' right to independence.

P-04-042

TWO DECADES OF KIDNEY PRE-TRANSPLANT PSYCHOLOGICAL EVALUATION: PATIENT'S PROFILE

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Introduction: The psychological evaluation of the adult kidney transplanted analyzes the emotional condition to deal, adjust to the new life condition and adherence to treatment.

Aim: To track data obtained through the receptors' kidney pretransplant psychological evaluation protocol. **Method:** 100 receptors' psychological protocols were analyzed (1990 - 2007).

Results: 54% of the patients were female and 46% male. 65% did not have any psychopathological records previous to renal pathology, however, along with the renal pathology, 79% presented adjustment reaction. 61% presented good intellectual resources, comprehension regarding transplant was good for 58%. The dialysis treatment was done by 93%, with 86% of total adherence. Total adherence to diet took place in 59%, partial in 39% and was not followed by 2%. 72% adhered completely to the reduction of liquid ingestion, 24% parti-

ally and 4% did not adhere. The patients with a potential live donor were 32% of the sample, and there was a satisfactory connection between them in 87,5%. The dead organ donor was considered by 68% of the patients. The information about the transplant was adequate for 44%. The expectations were positive for 82%. 63% presented specific fears facing the transplant. The emotional resources were considered satisfactory in 50%. The psychological opinion saw that 10% of the patients were not considered suitable for transplant, 52% suitable and 38% suitable but with need for monitoring during surgical period.

Conclusion: Data related to the patient's profile are important to predict how he/she will deal with the treatment proposed and consequently, adhere to it.

TWO DECADES OF PSYCHOLOGICAL EVALUATION OF POTENTIAL KIDNEY DONORS

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The psychological evaluation of potential donors has as its aim to observe the emotional dynamics, psychological functioning and both the manifest and latent reasons for donation. To verify the presence of emotional and financial coercions is made necessary due to the negative repercussions that could be caused by these behaviors in the post-transplant period for both receptors and donors.

Aim: To track data obtained in the pre-transplant psychological evaluation protocol of potential kidney donors.

Method: 34 potential donor protocols were analyzed (1990 - 2007). **Results:** The group of potential donors was 62% female and 38% male. 76% of these did not have psychopathological records. The intellectual resources were considered good for 76% of them. The quality of life was satisfactory for 53%, regular for 41% and unsa-

tisfactory for 6%. The connection with the receiver was evaluated as satisfactory in 88% of the cases and regular in 12% and the emotional implications observed for the transplant situation were considered without unreal expectations for 85%. Regarding the expectations about transplant, 79% were predominantly positive. The emotional state relative to transplant was considered without evidence of a non-adaptive emotional state for 47%, adjustment reaction in the context of transplant for 32% and non-adjusted reaction in the context of transplant for 21% of the donors. Hence, the emotional resources presented by the donors were satisfactory for 71%, leading to a favorable psychological opinion towards donation for 70% of the donors; 12% were considered suitable, but with a recommendation for handling during surgical period and 18% were not recommended.

P-04-044

THE VALIDITY OF THE CGI SEVERITY AND IMPROVEMENT SCALES AS A ROUTINE OUTCOME MEASURE

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Objective: The Clinical Global Impression Scale (CGI) is established as a core metric in psychiatric research. This study aims to test the validity of CGI as a clinical outcome measure suitable for routine use in a private inpatient setting.

Method: The CGI was added to a standard battery of routine outcome measures in a private psychiatric hospital. Data were collected on consecutive admissions over a period of 24 months, which included clinical diagnosis, demographics, service utilisation, and four routine measures (CGI, HoNOS, MHQ-14 and DASS-21) at both admission and discharge. Descriptive and comparative data analyses were performed.

Results: Of 786 admissions in total, there were 624 and 614 CGI-S

ratings completed at the point of admission and discharge, respectively, and 610 completed CGI-I ratings. The admission and discharge CGI-S scores were correlated (r=0.40), and the indirect improvement measures obtained from their differences were highly correlated with the direct CGI-I scores (r=0.71). The CGI results reflected similar trends seen in the other three outcome measures

Conclusions: The CGI is a valid clinical outcome measure suitable for routine use in an inpatient setting. It offers a number of advantages, including its established utility in psychiatric research, sensitivity to change, quick and simple administration, utility across diagnostic groupings, and reliability in the hands of skilled clinicians.

FACILITATING ADJUSTMENT OF COGNITIONS AND EMOTIONS (FACE©) IN BIPOLAR AND ADHD ADULTS

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Background: Recent findings into cognitive-executive and emotion regulation deficits in adults with Bipolar Disorder and/or ADHD facilitate understanding of how these difficulties may affect quality of life and contribute to addictive responses to stress. Such insights, however, largely remain to be implemented into practice.

Method: This paper integrates findings from the current neuroscientific database into the FACE®-model, which translates the above insights into a systematized multidisciplinary program. Using a mixed-method bottom-up and top-down design, practice implementation of this model is illustrated with cases of consecutively admitted adults' open access to a first-line mental health centre in suburban Paris over a three month course.

Results: Consistent with previous application to Bipolar/ADHD youth and their parents, clear-cut intervention improvements come forward within a relatively brief time span from the current FACE©-service implementation with adults. All clients presently investigated

consulted primarily for single or multiple types of substance abuse. Therapeutic progress foremost includes programme adherence among long-time treatment-resistant clients. Benefits also appear largely ascribable to adequately addressing untreated underlying disorders, chiefly including Bipolar Disorder, ADHD and childhood trauma, into the therapeutic paradigm. Caregiver and patient self reported (Achenbach's ABCL/ASR) benefits further include increased insight in and mastery over cognitive-emotional regulation, facilitating control of addictive responses to stressful situations.

Conclusions: Application of the FACE®-program, by actively engaging the client in a scientist-practitioner model along with rigorously implementing evidence-based assessment and intervention, appears to systematically foster therapeutic adherence and outcomes. Further research and practice implications for larger scale and longer-term outcome evaluations are outlined.

P-04-047

VIOLENT BEHAVIOR AND VICTIMIZATION OF PERSONS WITH SCHIZOPHRENIA - REVIEW OF STUDIES

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Objective: Patients suffering from schizophrenia commit violent acts more frequently than general population. On the other hand they are also more likely to be victims of a violent behavior. Recent research proved that they were more likely to be victims of a violent crime than to be arrested for one. The purpose of this study was to analyze how many studies investigated violence committed by psychiatric patients and how many studies investigated violence towards patients witch schizophrenia.

Methods: A detailed PubMed analysis (key words: 1. schizophrenia violence, 2. schizophrenia victimization) was performed and relevant studies were reviewed.

Results: Totally we founded 818 studies for keywords schizophrenia and violence and 52 studies for keywords schizophrenia victimization. From those 870 studies 244 studies provided relevant information regarding violence or victimization or both in patients with

schizophrenia. Almost Γ (n=176) of all relevant studies (72%) measured violent behavior committed by schizophrenic patients, while only 23% (n=55) measured violence behavior towards schizophrenics. Only 5% (n=13) studies studied both - violence committed by patients and violence towards those patients.

Conclusions: While the majority of studies analyzed violent behavior of schizophrenic patients, only few studies investigated violence and abuse that schizophrenics experience from the community.

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MENTAL HEALTH SERVICES AND INDIGENOUS ISSUES IN CONTEMPORARY POLYNESIA

INSTITUTIONS

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Increasing incidence of mental illness is growing global concern, but is especially problematic among indigenous peoples in modernized/modernizing societies. Psychiatric research and practice, public mental health systems, and other social service programs have made significant efforts to address the burden of psychiatric disorders. But they have not sufficiently incorporated cultural awareness, social support, and consumer-congruent explanatory models, which are especially important in indigenous mental healthcare. This paper investigates the incidence and nature of mental illness, and the programs which address it, in contemporary Polynesia. Special

attention is paid to the situations of Hawaii and New Zealand/Aotearoa as having high rates of mental illness and numerous treatment institutions, and these are contrasted with smaller and less developed nations in the Western Pacific. The issues around these discrepancies provide examples for understanding more global mental health disparities, especially for marginalized indigenous peoples. Some culturally-specific programs for indigenous mental health are described and their value in responding to the populations' unmet needs and illuminating flaws in psychiatric theory and practice is elaborated.

P-04-049

THE EFFECT OF DEPRESSION ON AN HIV INTERVENTION AMONG FEMALE COCAINE USERS

INSTITUTIONS

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Psychiatric illnesses, especially depression, may affect a person's ability to respond to behavioral interventions. In a study of high risk crack cocaine using women, recruited from street based community outreach, we had the opportunity to evaluate the effect of DSM-IV depression on changes in HIV risk behaviors. Women were randomized into the NIDA standard vs. an enhanced, behavioral, peer-delivered intervention and followed at 4 and 12 months. High response rates were achieved at each wave. The sample of 304 women, who completed all 3 waves, were stratified into 3 groups: those who currently met criteria for depression and those who never did.

Lifetime, but not currently depressed, were excluded. Depressed women differed from never-depressed women on race, sex trading, but not arrest history, homelessness, marital status and education. Depressed women, compared to never depressed women, were more likely to meet criteria for alcohol dependence, ASPD, and PTSD. Interactions between depression status and assigned intervention at 4 and 12 months will be analyzed to assess the effect of depression over time on number of crack days per month and number of sexual partners. HIV interventions should take into consideration the mental health status of respondents, in the community.

COLLABORATIVE CARE IMPLEMENTATION IN MENTAL HEALTH SYSTEM

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OBJECTIVES: To describe the implementation of collaborative care in mental health system in Florianópolis, a state capital in southern Brazil.

METHODOLOGY: Experience report.

RESULTS: The family health policy, current model of primary care in Brazil, is composed of interdisciplinary teams that act in regionalized form, with defined population under their responsibility. The challenge is to implement beyond borders with the goal of effectiveness. Inside this perspective, a reorganization of the Mental Health system was started. The action of mental health professionals were disarticulated, only in sub-specialized ambulatories, with great waiting lists without risk evaluations and without continued care. Since 2006, the mental health system has been reorganized based on necessities of primary care. Regular meetings between mental health

and family health teams have been legitimized, where the cases and strategies of action are presented and evaluated, with advantage it offers in their practice and professional education. It becomes a shared attention, allowing continuity a care and ensuring appropriate treatment.

CONCLUSIONS: Collaborative care is an integrated to approach health care in which primary care and mental health providers partner to manage the treatment of persons with mental health problems. This model allowed risk evaluation, end of waiting lists, and increased access to mental health professionals, bringing better security to primary care professionals dealing with mental health. Obstacles that still need to be addressed are the great resistance of the professionals to work collaboratively and human resources reduced.

P-04-051

INTEGRATING PSYCHIATRISTS WITHIN PRIMARY HEALTH CARE

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OBJECTIVES: To discuss the role of the psychiatrist in primary care.

METHODOLOGY: Experience report.

RESULTS: Originally, graduate medical education in Brazil was based on the individualized clinic and hospital-based care, with little integration with other health professionals. However, the change in the health care system and the Psychiatric Reform gave preference to the decentralization of health services and to community-based care, which urged the re-evaluation of the psychiatrist role. In Florianópolis, southern Brazil, the psychiatrists used to practice in specialized ambulatories with no contact with other professionals of primary care. There were long waiting lists and no risk evaluations. As a consequence, the model of attention was redesigned based upon

the National Health Department's recommendations, with family health centers as the main coordinators of care. Psychiatrists then begin to work within the collaborative care model, giving support to family health teams' demands whilst restructuring its own practice. In this model, new strategies for intervention, admissions and evaluation are adopted. The referral method, which tends to favor fragmentation and irresponsibility, was substituted by the notion of co-responsibility.

CONCLUSIONS: Such changes have propitiated the union between health care providers and the organization of referral system to mental health care based on risk evaluation and coordinated work. It also favored the continuous education and inter-disciplinarian work, as well as bringing the psychiatrist closer to the community.

REORGANIZATION OF THE MENTAL HEALTH SYSTEM BASED IN FAMILY HEALTH POLICY

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OBJECTIVES: Describe the experience in planning a new technical-assistance model in mental health care, with the various obstacles and opportunities in the reorganization of the mental health system

METHODOLOGY: Description of experience.

RESULTS: The mental health system of Florianópolis, the capital of Santa Catarina state in Southern Brazil underwent a process of remodeling in mental health care after the detection of its fragmentation, with mental health professionals working in an isolated form and the need for integration with primary care based on Family's Health Strategy. The process consisted of different stages: approach, proposal, construction and evaluation in conjunction with the heal-

th care providers. The main strategies were: organization of the mental health care based on the Family Health Team (FHT), in regionalized form, with collaboration between Family Health and Mental Health Teams (MHT); coordination of the different mental health resources (FHT, MHT, Centers of Psychosocial Care and hospitals); design of treatment protocols and reorganization of the pharmaceutical care; and the offering of psychological support groups for the FHT. CONCLUSIONS: Besides being a slow process with conflicting positions between different social actors, this restructuration is providing a unification of the different heath resources and the adoption of integrated interventions, resulting in better health care for the population.

P-04-053

MENTAL HEALTH SERVICE IN SHORTAGE CONDITIONS AND CRISIS - THE LAST CALL FROM CUIAVIA-POMERANIAN REGION IN POLAND

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The crisis of mental health service (MHS) within all Poland regions is seen in: - low level and even deepening every year lack of human resources in every MHS profession - insufficient indices in in-patient MHS (approx. 3.5 beds per 10 thousand inhabitants) - the only bankroll rule of MHS is "payment for service" - collapse of outpatient non-private MHS - the waiting list appoints visit up to 100 days - short outlay proportion for MHS (for psychiatry: approx. 3% of total health service funds) - insufficient financing of MHS providers (procedures are underpay -below reimburse) - decay of money absorptive and time consuming services (e.g. psychotherapy, family approach)

Crisis: 1 Jan 2008 - the breakdown of MHS in the Region - enforcement of EU Directive of doctors' employment time. Attempts of trade unions of medical professions to improve their SES ("to earn more than a half of average salary in Poland") Prognosis: - substantial limitation of accessibility to MHS, discontinuation of treatment - significant lose in quality of MHS - increasing of medical professions diverge from MHS (emigration and to other professions) - government and local authorities quit onus for MHS - MHS evolution stunts (transitions from traditional, "big hospital/asylium" model to community psychiatry is impeded) This is the last call to introduce systemic changes.

DO YOU FIND IT HUMAN TO LET THE PEOPLE SUFFERING FROM PSYCHOSIS AND ANOSOGNOSIA WITHOUT MEDICAL TREATMENT?

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Since the 17th century the approach the mentally ill has still been changing Tendency to protect the mentally ill tends to release them from the jails to the psychiatric hospitals. The human effort to protect the ill from the conditions in the overcrowded and poor, not sufficiently funded psychiatric hospitals, tends to release the patients to the outpatient care. But the outpatient care is usually not ready for this and more over rather a great part of the ill suffers not only from psychosis but also from anasognosia. The reformers of psychiatry either do not know, or they are disregardful that the chance to cure the mentally ill expertly, though not voluntarily, will disappear. In services offer which is not sufficient this necessitates to homelessne-

ss and criminalization of the mentally ill. The aim of the paper is to compare the situation in some countries which go on different ways and achieve different results. The best results has been achieved in such countries which are proposing the goals from the economic point of view achievable and the planned changes will not cease halfway, when the care for a big number of the mentally ill is not ensured. The projects of changes of the psychiatric care organization must be evidence based and not ideology based, they must be prepared with regard to secure all the real needs of all the patients including those suffering from anosognosia, and this must be assured by sufficient funding of the whole project.

P-04-055

PSYCHIATRIC HOSPITALIZATION OF CHILDREN AND ADOLESCENTS IN A PRIVATE GENERAL HOSPITAL

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Aims: to describe characteristics of 41 children and adolescents admitted to an acute treatment psychiatric unit in an 18 months period, discuss results, and analyse benefits and weaknesses of this modality.

Method: 262 patients were admitted, 15.45% of which were under 18 years of age, whose case notes were reviewed.

Results: 18 were girls and 23 boys. Mean stay was 3,58 days. Main reasons for admittance were suicidal behavior (29,3%), psychomotor agitation/ acute conduct disturbance(24,4%), psychotic behavior (12,2%). At discharge, 43, 9% were diagnosed as suicidal, 1/3 of which suffered depression. Psychosis were documented in 22%, emotional disorders in 19,5%. 46, 3% had abnormal personality development. Family dysfunction was present in 53,15%. Psychopharmacologic treatments were prescribed in 63, 4% of the patients:

atypical antipsychotics 58, 5%, mood stabilizers 24,3%, benzodiazepines 24,3%, SSRIs 12,2%. All patients received psychotherapeutic, family and psychosocial interventions.

Discussion: This treatment model is the first implemented in Chile in the private sector. In a short stay, it was possible to control and stabilize severe psychiatric pathology, perform precise diagnoses and intensive treatment. The unit was evaluated as technically efficient by the administration and joint evaluation commission. Due to high demand of medical-surgical beds, low reimbursement by insurance companies and marginal profits, it was decided to reconvert the unit, maintaining psychiatric hospitalization when necessary.

This results are discussed in the framework of literature reports.

STUDY PERSONALITY CHARACTERISTIC, MENTAL HEALTH, PSYCHOSOCIAL STRESSOR AND COPING SKILLS OF FIRST YEAR MEDICAL STUDENT OF SHIRAZ UNIVERSITY OF MEDICAL SCIENCE AT 2006-2007 ACADEMIC YEAR

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Background: it has been long recognized that the practice of medicine is stressful and that medical students are prone to psychological problems. The aim of this study was to determine the personality characteristics, mental health, stressors and coping skills of first year students of Shiraz University of medical sciences.

Materials and Methods: this is a descriptive study, 102 first year medical students were randomly selected. They were subjected to fill demographic questionnaire, General Health Qustionnaire-28, psychosocial stressors Questionnaire of Medical student, coping strategies - Revised Questionnaire and NEO-FFI.

Results: analysis of data revealed that 42.2% of medical students

were suspected to suffer from a variety mental disorder. Medical students who came from region 3 howed more anxiety than other regions (p<0.014). Male medical students used significantly more problem focused coping skills that females (p<0.03) female medical students used significantly less useful coping skills than male students. Female medical students received high score in Graduate subscale of psychosocial stressors Questionnaire than male students (p<0.001). Personality characteristics did not show any differences between males and females.

Conclusion: this finding suggests further psychological evaluation and adequate counseling services to promote medical students mental health.

P-04-057

ARGUING FOR NEED FOR ETHICS OF "UNCERTAINTY" IN AN ERA OBSESSED WITH CERTAINTY

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INTRODUCTION The treatment of patients with mental disorders has traditionally suffered from a paternalistic social and political attitude with little respect for autonomy. In this era of neuroscience, where we are challenging old concepts of psychiatric taxonomy, diagnosis and related treatment, still this remains the case. We advocate monotherapy for distant disorders, but we practice polypharmacy for comorbid disorders and personality states, giving often inadequate reasoning for such practices.

METHODS Through thorough research of main medical databases and web search engines relevant data was scrutinized independently.

RESULTS In spite the fact that a definition for mental disorder and certainty about diagnosis continue to be elusive issues, we are

extremely deterministic concerning treatment modalities. The apparent gap between insufficient empirical evidence and the need for a decisive practice creates many ethical considerations which, till now, are focused on promoting "security" for the practitioner and the patient

CONCLUSION Apparently that is the right avenue to pursue but in our view the gap still remains and, in the end of the day, with what it is concerned most is the maintenance of an "infallible" medical paternalism anxious to protect a presumed intrinsic goodness. We propose that a research for an ethical framework should also take into consideration "uncertainty" as the only "safe" ground for practice exposing the gap and filling it with genuine intellectual honesty.

IS THERE A NEED FOR STRUCTURED ASSESSMENT OF COMPETENCE OF TREATMENT DECISION?

INSTITUTIONS

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Aims Although treatment decision is respected in patients with physical illnesses, that's not the case with mentally ill patients. Competence to decide for their own treatment is decided by the assessing psychiatrist without clear rules, influenced mainly by the compulsory status of the admission and the absence of unambiguous guidance.

Methods In depth literature research of medical and law databases have produced relevant articles. Further research with web search engines revealed extended arguments regarding these issues. Two researchers have independently done research and assessed all data before reaching consensus about the appropriate data.

Results There is a common understanding that compulsory admission presupposes diminished capacity for decision making. Though

most of the times this is considered to be true, it is not always the case and often the capacity of the patients for making decisions is underestimated. This in part is due an inherent prejudice of the physician towards the cognitive and emotional abilities of the patient. Furthermore, the initial assessment is taken quite always as granted, framing in that way a rigid interaction between psychiatrist and patient concerning the treatment plan.

Conclusions The capacity of decision making of the mentally ill patient, whether or not being compulsory admitted, should be assessed in a more holistic and systematic approach and become part of the standard practice. The structured approach could improve also dissemination and approval of analogous decisions to all relevant parties, such as service users, carers and legal services.

P-04-059

DO MENTAL HEALTH SERVICES MEET USERS' NEEDS?

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Objective: Clients' satisfaction with mental health service is one of necessary conditions of good treatment outcomes. The aim of the study was to investigate satisfaction with treatment and it's dependency of users' needs and their subjective quality of life.

Methods: The sample of 174 out-patients with schizophrenic, affective, anxiety, eating and personality disorders were assessed with the Brief Psychiatric Rating Scale (BPRS), the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS), Manchester Short Assessment of Quality of Life (MANSA) and the Client's Scale for Assessment of Treatment (CAT).

Results:

- 1. The mean result of CAT was 8,2 [SD=1,5] and the half of patients assessed their satisfaction with treatment between 7,2 and 9,2 (on 1-10 scale). Persons with eating and personality disorders were the least satisfied with services.
- 2. The highest numbers of met/ total needs were connected with

health and unmet needs with social area. Total unmet needs of persons with schizophrenic, eating, personality and affective disorders were significantly higher than among patients with anxiety disorders.

- 3. Persons with personality, affective and eating disorders had significantly lowest subjective quality of life.
- 4. Satisfaction with treatment had negative correlation with unmet needs (mostly health and service needs), intensity of depressive/ anxiety symptoms and positive correlation with subjective quality of life.

Conclusions:

- $1. \ \mbox{Social}$ needs were the most often unmet from patients' point of view.
- 2. The higher unmet needs and more intensive symptoms of depressive/anxiety were, the less patients were satisfied with treatment and the lower they assessed their quality of life.

PREVALENCE OF ADJUSTMENT UPHEAVAL RELATED TO MOBBING IN THE PSYCHIATRIC LABOR EVALUATION OF THE EMPLOYEES OF THE JUDICIAL POWER OF THE PROVINCE OF BUENOS AIRES, ARGENTINA

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In a total of 3940 Psychiatric Evaluations, the Adjustment Disorder constitutes the psychiatric pathology that most frequently appears in the interviews of employees in psychiatric examination in disorders with more than 30 days of evolution and in conditions of labor absenteeism. It is to emphasize that in these evaluations, stories associated to labor harassment prevail, without being associated to an increase of efficiency or effectiveness in the labors. In this study we detected that this psychological harassment is occasioned not only from the chiefs to the subordinate personal, but also among mates. We also found that certain hierarchy personnel are also harassed by specific groups of employees. In the evaluated group we found that

the associated psychiatric disorders to mobbing were: Adjustment Disorder (32.5%) Mixed States of Anxiety and Depression and Generalized Anxiety Disorder (21, 7%), and Depression (21, 9%). One of the tests used in this study group was the Rorschach, which made it possible the analysis, differentiation and validation of the Adjustment Disorders specially stress tolerance. It also discriminates among personality features - stable characteristics - and symptoms or behavior reactions that are caused by environmental stress. The above mentioned Test may be useful in the analysis of the correlation between Adjustment Disorders and Personality Disorders.

P-04-061

THE RECOVERY STANDARDS MANUAL: BEST PRACTICE MENTAL HEALTH RECOVERY GUIDELINES

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The Recovery Movement in the United States is part of a larger social movement among individuals with serious mental illness focusing on empowerment and self-determination. The American Psychiatric Association has adopted recommendations for its members to "contribute to the development of best-practice guidelines that describe a range of approaches that support recovery goals." This presentation focuses on an example of best-practice practice guidelines developed by a group of multi-disciplinary practitioners and

recovering consumers to support the recovery of individuals with severe mental illness. A review panel provided additional support and critique in the development of the Recovery Standards Manual and included nationally recognized advocates in the recovery movement. The Recovery Standards Manual action-guidelines, developed for recovery-oriented practitioners, are presented with definitions for each guideline, their strategic importance, and specific activities to support their implementation with patients.

URBAN YOUTH VIOLENCE AS A MENTAL HEALTH ISSUE: KILADELPHIA: AN AMERICAN CITY

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Youth violence in the United States has emerged as a major concern for communities. There is some evidence of a relationship between serious mental disorders and violence in adolescents or young adults in the general population. Youths exhibiting multiple, persistent violence were more likely than were their nonviolent peers to have such other problems as substance use, nonviolent delinquency, academic problems, and poor mental health. The designation of youth violence as a public health issue complements the more traditional status of the problem as a criminal justice concern. Studies suggest that of the one million youth who come into contact with the juveni-

le justice system, as many as 60% of those incarcerated may have a mental health disorder and as many as 20% may have a severe disorder. Kiladelphia is the name that, in some circles, is being given to Philadelphia, PA after the murder rate jumped to 406 killings in 2006, and almost 400 in 2007. 85% of those killed were African American youths. This presentation will look at the current trends in the city with youth violence, and the corresponding statistics around the lack of mental health care provided to them leading to their acts

P-04-063

ATTITUDES TOWARDS PSYCHIATRY IN THE MEDICAL SETTING

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The stigma attached to mental illness in Egypt is one of the greatest obstacles to the psychiatry field as a whole and the medical student's career choice in psychiatry. We propose that medical students and staff hold a negative attitude towards psychiatry and mentally ill patients. This in turn affects the psychiatry students' career choice and the medical services offered.

Aim/objectives This work aims at measuring the attitude of medical staff and medical students to the psychiatry field and mentally ill patients. Furthermore, we aim at acquiring knowledge to further revise the undergraduate psychiatric clinical course in the medical school, and to further advance the liaison psychiatric consultation.

Methodology The study will take part at the faculty of medicine, Cairo University Hospital, Egypt. The study population will inclu-

de medical students divided into two subgroups each one contains 100 students. First subgroup is 1st year medical students and 6th year students. The second subgroup is medical staff. 50 members will be recruited. The observation period will span over a period of 5 months. All the subjects will be asked to anonymously complete a questionnaire. This questionnaire is constructed to cover the following dimensions: attitudes towards psychiatric services and treatment, causes of mental lilness, human rights of mentally ill patients, stigmatization of mentally ill patients, psychiatric career choice and attitudes towards psychiatrists. The study-specific questionnaire was developed through in-depth interviews and then constructed and run a pilot study on.

Results & Conclusion Work in progress

THE LACK OF WORK, AN IMPORTANT CAUSE OF SUBJECTIVITY, WHICH MAY LEAD TO PSYCHIC ALTERATIONS AND FURTHER PSYCHOPATOLOGICAL SYMPTOMS

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The work is recognized as it founds an individual and social significant function, support of psyquism. Given the significant representation of the known inscript in the psyquism and pulsional balance, and subliminal channel. This investigation tries to make an updated description about the disturbances in the psyquism and psychic pathologies, associating subjective suffering to the involuntary loss of the labor activity and to know the different beliefs, valuation and conformation of the identity responding to this problematic, within people of different classes and age range. The sample is constituted by 400 Ss of different social and educative levels, sorts and ages,

being in labor age and next not to retire. The measure in this general sample is a semistructured survey that includes sociodemographic standards and indicating items (DSM) of clinical symptoms, syndromes and psychosomatic diseases that are hoped to be found in the blanc population. In a subsample of 20 Ss, deeper interviews were made to release specific qualitative data to the training targets. The corelational descriptive data will work with program SPSS/PC and it will be integrated to the qualitative analysis. The methodology that it will be used is descriptive with qualitative and quantitative data.

P-04-065

THE CHALLENGE TO CHANGE THE RELATIONSHIP BETWEEN PATIENTS AFFECTED BY SERIOUS MENTAL ILLNESS AND MENTAL HEALTH PROFESSIONALS

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AIM: EMILIA Is a sixth frame-work European Project that is aimed to improve social inclusion of mental health service users by challenging the conventional roll of usersand professional. The implementation of EMILIA is the move towards the empowerment of the users, the recognition of their expertise in the field of mental health and the use of this knowledge to help mental health institutions learn and develop. EMILIA introduces the concept of the user as an expert.

METHODOLOGY: The innovative aspect of this Project is that users participate as researchers and teachers while at the same time forming part of the study group. Based in the methodology of Life Long learning; LLL, a group of patients, staff and family members

undergo a training programme designed by EMILIA: social network support, recovery, families, employers/employees, with the aim of recognising the user as an expert.

RESULTS: The Project is two years old and after a year and a half research and training design phase the first training modules have just started with users, staff and families. Various changes have occurred in order to convert conventional mental health care centres into learning organisations. Base-line studies were undertaken and will be repeated through the Project to measure this shift.

CONCLUSIONS: The EMILIA Project requires a change in perspective and attitudes among mental health professionals, users and family members to allow for the empowerment of users.

FACTORS CONDITIONING PATIENTS' KNOWLEDGE ABOUT THEIR DIAGNOSIS IN THREE PSYCHIATRIC SERVICES

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Introduction: This study aimed to discover possible factors conditioning patients' knowledge about their diagnosis at three psychiatric services (Emergency Unit, Outpatient Clinic and Psychosocial Care Center - NAPS). Methodology: We interviewed 125 mental patients and their companions at each of the three services, located in Ribeirăo Preto (n= 750). In the multivariate analysis, gender, civil status, education, family relationship, complaint, serious diseases, treatment, earlier hospitalizations and age were studied in relation to the dependent variable Agreement among diagnoses informed by patient, companion and records. In the logistic regression, the variables were maintained with coefficients different from (á = 0.05). The Odds Ratio was used for comparison. Results: Agreement levels

at the services were: 22.4% (EU); 26.4% (NAPS) and 24.8% (Outpatient Clinic). Logistic regressions presented significant effects according to the Chi-Square test. Knowledge about medical diagnosis was conditioned differently at the three services. The following variables displayed significant prediction power: Age, Gender, Education, Earlier Hospitalizations, Severe Illnesses and Treatment.

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P-04-067

NURSE ACTIONS IN MENTAL HEALTH SERVICES IN BRAZIL AND PARTICIPATION IN MULTIDISCIPLINARY TEAM

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This study aimed to present the profile of professionals who act in mental health services in São Paulo, state focusing on the nurse's practice. Questionnaires and semi-structured interviews were performed with 114 professionals of three hospital psychiatric and five extra-hospital services. The results indicate teams with nurses (31%), physicians (29%), psychologists (16%), social workers (11%), occupational therapists (7%) and other professionals (6%). Female gender is predominant (73%), age between 24 and 68 years old. Of these professionals, 46% attended to specialization courses in mental health and 33% are specialized in other areas. All of them perform individual assistance in the development of therapeutic practices, 55% attend in group and 75% attend families. Of these, 43% work alone or with another professional, predominantly in 41% with soci-

al workers. Nurse's actions focus on the patient's observation (41%), taking notes of behavior (40%), administering medication (38%), physical comfort and vital signs (35%). Therapeutic interactions are also involved (33%), recreational activities (27%) and observations of the patients' sleep patterns (23%). The management function in the units were performed by 26% of the nurses; other professionals summed together 28% of those who managed the Unit. It is concluded that nurses are more represented in teams and their activities involve interaction with the mental patient, consolidating the interpersonal relation practice. In addition, the nurse is collaborator in the mental health teams with other professionals, in the assistance to families and groups of patients, and is also manager of mental health units and of team of auxiliaries.

ADHERENCE TO ANTIRETROVIRAL TREATMENT: MOTIVATION ASPECTS

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It is now possible to achieve extreme reductions in the numbers of viral particles in the peripheral blood of HIV-positive patients undergoing treatment. However, the strict therapeutic regimens required, the number of pills, adverse events and the stigma of a disease that requires the patient to introduce pill-taking into his/her lifestyle brings into question one aspect of mental health, which is motivation to do that which is being proposed. We investigated the influence of each of the components of the adherence trilogy: information, motivation and behavioral abilities, as risk factors in a population of HIV-positive/AIDS patients undergoing antiretroviral treatment in the city of Salvador, Bahia, Brazil. Methods: An intervention study was carried out by introducing motivational assistance into the routine recommendations for the treatment of patients who were

initiating antiretroviral (ARV) therapy. Seventy-six treatment-naive patients, who had been selected to initiate ARV therapy, were included. These patients were divided into two groups. Group A, in which the regular routine of the institution was followed, received information on the disease and its treatment; patients in group B had the same routine, but they were also followed-up fortnightly and given motivational intervention. Evaluations of viral load and CD count before and following treatment were used to measure adherence. Results: There was no significant difference between the two groups. Conclusions: As the rates of non-adhesion were at the lower limits of the ranges reported in the literature, it would appear that providing motivation and information can be of help to the patient.

P-04-069

PRACTITIONERS' REALITIES: ISSUES, PROBLEMS AND STRATEGIES IN THE SUPERVISION OF MENTAL HEALTH PROFESSIONALS

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Bernard and Goodyear (2004) define clinical supervision as an intervention provided by a more senior member of a mental health profession to a more junior member of that profession. This relationship is: evaluative, extends over time, and has the simultaneous purposes of: enhancing professional functioning of the more junior person, monitoring the quality of professional services offered to the client and serving as a gatekeeper of those who are to enter the particular profession. Many mental health professionals experience problems obtaining effective, ethical supervision. These problems

may be linked to the failure of educational and community-based setting to provide supervision training. Based on data gathered from mental health professionals, in Illinois within the United States, with more than five years clinical experience, this session will explore their concerns related to their experiences as supervisors, supervisees, and administrators. Additionally, this session will explore models of supervisee and supervisor development, ethical issues in supervision and the training needs of supervisors.

THE VALUE OF LIFELONG LEARNING AS A RECOVERY RESOURCE

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This research has emerged out of the EU's Empowerment of Mental Illness Service Users: Lifelong Learning and Action (EMILIA) project which has as two main goals: increasing empowerment and social inclusion.

Aims/Objectives The main aims of this research were to seek out the value of a three part training course for mental health service users from the perspective of the trainers. The research sought to find out what the students gained and also what the trainers - who were also mental health service users - derived from the training. Furthermore suggestions for improving training for service users were sought.

Methods Qualitative analysis of trainer's focus groups and reflective reports was conducted based around the principles of grounded theory.

Results The results showed that both trainers and students gained greatly from the training. The students gained in terms of their recovery, leadership skills, self-awareness, social inclusion, empowerment, self-confidence, and future orientated motivation. The students came to recognise and accept the fact that they do have particular individual strengths and that they are part of a larger movement of people who are recovering. The trainers expressed the fact that they felt great pride in the success, growth and progress along the journey of recovery shown by their students. The trainers also felt that they were enriched by the experience.

Conclusion Lifelong learning is an important and integral part in the recovery of mental health.

P-04-071

INVESTIGATION OF EMPATHIC TENDENCY PERCEPTIONS ACCORDING TO SPIRITUAL DIMENSIONS OF TURKISH NURSING STUDENTS

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Objective: Empathy is one of the main components of the therapeutic relationship. One of the factors which effects empathic tendency is the individual's spiritual dimension. Therefore in therapeutic relationship nurses need to be aware of their own psychosocial, emotional and spiritual dimensions. This study was conducted to investigation of empathic tendency perceptions according to spiritual dimensions of Turkish nursing students.

Method: The sample of the research consisted of 400 students of Ege University School of Nursing in Turkey in the academic year 2006-2007. Data was collected with the questionnaire form developed by researchers in line with the related literature (1) and Empathic Tendency Scale (2). Data were analyzed using student t test and ANO-VA.

Results: Empathic Tendency Scale mean score of students was 68.22±7.76. There was a significant difference between belief status

(F=3.75, p<0.05), worship status (F=8.23, p<0.01), perceptions of relationship with God (F=19.40, p<0.01), perceptions of life (F=3.65, p<0.05), perceptions of death (F=7.35, p<0.01) and Empathic Tendency Scale mean score of students.

Conclusion: According to findings, spiritual dimension affects the students' emphatic tendency. Therefore, in nursing education, spiritual awareness process should be taken into consideration in order to increase the empathic tendency of the students.

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VARIOUS MENTAL HEALTH SERVICE DELIVERY MODELS USED IN EARTHQUAKE AFFECTED POPULATION IN GUJARAT, INDIA

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Objectives: 1. To identify various mental health delivery models used in the earthquake affected areas of Gujarat, India 2. To study the public perception about their usefulness and acceptability.

Methods: A severe earthquake (6.9 on Ritcher Scale) rocked the state of Gujarat, India in 2001. As a part of a multi-site study of mental health morbidity and service needs in the earthquake affected population, various service delivery models were identified from the primary and secondary sources of information in three districts of Gujarat viz. Ahmedabad, Bhuj and Rajkot. Primary information was obtained using qualitative research techniques like In-Depth interviews, Key informant interviews, and Focused group discussions in the affected communities and the help seeking behaviour of patients identified in epidemiological survey in the area. Various secondary data sources included health care settings, and scientific reports and

documents of various organizations working in the field. Data were analyzed using qualitative analysis.

Results: A variety of service delivery models were used by different agencies to provide mental health services including awareness camps, community outreach clinics, telephonic helpline, mobile health clinics, mental health camps, counseling services, community support groups and group activities, religious/spiritual healing and Yoga services. The majority of these models were perceived by the people as useful and acceptable, albeit within specific contexts and for specific purposes.

Conclusion: Mental health services could be provided using multiple service delivery models which need to be deployed judicially to different contexts, populations and range of mental health problems in the aftermath of disasters.

P-04-073

FACTORS INFLUENCING PSYCHIATRIC HOSPITALIZATION FROM SHORT STAY WARD, NIMHANS

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Aim: In India, the mental health services are available only in large cities & the number of psychiatric beds available accounts to 0.25 per 10,000 population.[1] thus, all efforts must be directed at ensuring optimal utilization of the limited resources. This may be true for most developing countries. This study aimed to delineate the factors influencing the dispositions of the patient and the clinical decision making process at the emergency ward.

Methods: This was a comparative study of prospective nature wherein two groups from short stay ward (ssw)-(a) 50, consecutive patients hospitalized & (b) 50 consecutive patients discharged & treated as out-patient; were compared & followed up for the three months to study their clinical status & psychosocial adjustment during the intervening period by using schedules for clinical assessment in neuropsychiatry and global assessment functioning scale.

Results: The admitted group was more likely to have past history of mental illnesses & psychiatric hospitalization; positive family history of mental illnesses; poor drug-compliance; impaired over-all psychosocial functioning; diagnosis of psychosis(53%),esp. affective psychosis; severity of symptoms, esp. psychotic symptoms, suicidal ideation & violent behaviour. socio-demographic variables, patients' familiarity with Nimhans' employee & the referral letter weren't related with the admission decision.

Conclusion: It is the clinical status of the patient, not the sociodemographic factors which determines his disposition.

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This study is a part of the MD thesis submitted to the Banglore University in 1992 under guidence of Prof. K. N. Srinivas.

THE INVESTIGATION OF THE HUMOR'S EFFECT ON THE HEALTHY LIFESTYLE BEHAVIORS

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Background: Humor is an important fact to provide homeostasis. It has a great importance in protecting the health and advancing it(1). It is important to investigate the nursing students' opinions about the humor, who will be the nurses in the future, and to search the effect of their opinions on the healthy lifestyle.

Aims: This research was planned in order to investigate the opinions of the nursing students about humor and the effect of this opinions on healthy lifestyle behaviors.

Methods: The describing research was held with 291 students educating in 2.,3. and 4. classes at Ege University, School of Nursing from March until April, 2006. Data were collected with 2 questionnaire form. The "Healthy Lifestyle Behavior Scale" consists of 6 sub-groups and each sub-group of the scale was evaluated independently. Data were evaluated by the number-percent dispersion and correlation analysis.

Results: The students whose mean age was 25 and 32.0% of whom worked as nurses stated that humor helped communication and also 25% of the students stated that humor made the jobs done more enjoyable and more productive. Also, 64% of the students underlined that a lesson including humor must be in the nursing education. It was assigned that the students use of humor were related to their "realization of themselves", "having the responsibility of health", "nutrition", "stress management", and "interpersonal support" situations

Conclusion: It was assigned that the students' situation of using humor were effective on the healthy lifestyle behaviors.

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P-04-075

STATE OF MENTAL HEALTH IN UNEMPLOYED PEOPLE IN CONTEXT OF SOCIOCULTURAL DYNAMIC

INSTITUTIONS

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Investigation of patho- and sanogenesis of social-stress disorders requires more detailed study of mechanisms of interaction in system "person - social situation" with distinguishing situational and personal variables as well as parameters characterizing their mutual influence.

Objective: To reveal substantially significant macro-social compounds of the situation of forced unemployment we have conducted comparative analysis of state of mental health of unemployed people in interrelationship with some social-demographic indices in 1993 and 2004. As baseline data, we used results of screening-examination of 184 persons, officially recognized as unemployed by public employment service of Tomsk in 1993 and 224 persons, having status of unemployed in public employment service of Tomsk in 2004.

Conclusions: For period from 1993 till 2004, decrease of level of mental health at the expense of enhancement of number of persons with clinically pointed out forms of borderline neuro-mental pathology is noticed. Trend toward "ageing" in all groups of mental health what reflects more harsh requirements of employers to age of potential employees. 3. Basic cause of unemployment currently is his/her own decision of the employee and not reduction of staff or liquidation of the enterprise what was typical for period 1992-1993. Unemployment for this period gradually looses character of extra-personal, incontrollable situation. 4. Subjective assessment of problems of unemployment testifies to decrease of "traumatic character" of unemployment for persons with signs of mental health disturbance. This is one of the indirect proofs of "selectivity" concept in the problem of interrelationships of unemployment and mental health at present.

A CHILD WITH DOWN'S SYNDROME WAS BORN. HOW SHOULD IT BE SAID?

INSTITUTIONS

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Trisomy 21 is the most common and best known of all malformation syndromes. The birth prevalence of trisomy 21 is generally 1:650 live birth. Certain signs leads to suspicion of the diagnosis already before the certainity given by cytogenetic test in few days. As a matter of fact new-born child with Down's syndrome involves not only the child itself but also the parents as well as the whole family. It is not only concerned about to fix the diagnosis but based on the knowledge of the family to schedule who, when and how should announce it to the parents confidentially. The way which the parents are said the fact is very important for the future of everyone involved. The parents come through a psychic crisis that is identical with phases

reacting to the death of beloved person: shock, refusal, adaptation, reorientation. The way of a notification can help then to overcome the situation more easily or can traumatisate them for a very long time and influence the development of the child secondary impaired through painful experiences of the parents or even abandoned. Parents are very sensitive to every word and tender to every support and compassion given to them. The staff has to undertake responsibility and inform parents about the birth of the child with handicap. It is necessary to prepare the interview properly. It is necessary to deal with the parents as with adults, who are able to face the situation with using the proper help and support.

P-04-077

RELATIONSHIP BETWEEN MANAGERS' HUMAN SKILLS AND TEACHERS' JOB SECURITY

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Aims/Objectives: The purpose of this research is a study of the relationship between managers' human skills and teachers' job security. Methods: Research method is correlation. For this purpose, 292 managers were selected by using the random sampling method. Sample size estimate with use Kerejci and Morgan table. In this research two questionnaires were used: managers' human skills and teacher's job security. Face and content validity of questionnaires were established using a panel of experts. In present study five hypotheses was tested. To analyze data, coefficient of correlation and, test have been used.

Results: Results of research showed that: 1) There is a significant relationship between managers' human skills and teachers' job security

(r=0.453, p<0.05). 2) There is difference between managers' human skills in male and female (t=3.648, p<0.05). 3) There is difference between teachers' job security in male and female (t=1.982, p<0.05). 4) There is a significant relationship between managers' human skills and teachers' job security among male (r=0.31, p<0.05). 5) There is a significant relationship between managers' human skills and teachers' job security among female(r=0.623, p<0.05).

Conclusion: This research indicated that managers' human skills have role in teachers' job security. Teachers' job security and managers' human skills are difference in male and female.

Key Words: Managers' Human Skills, Teachers' Job Security

AN INTERVENTION PROGRAM FOR IMPROVING THE ACCEPTANCE OF CHRISTIANITY AND INCREASING THE PURPOSE IN LIFE AMONG COLLEGE STUDENTS

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Objectives: This is a preliminary study in evaluating the effectiveness of the Christianity Small Group (CSG) based on small-group dynamics on improving the acceptance of Christianity and increasing the purpose in life among college students.

Methods: Sixteen pre-screened college students with low purpose in life were divided into two groups through randomization process: one self-designed 32-hours program (CSG, n=8) and the other an encounter group (n=8), both were lead by the author. The effectiveness was evaluated by a self-designed 35-item questionnaire named Christianity Attitude Scale (CAS). Pre- and post- tests for the scores of the CAS were compared between and within the two groups using multivariate analysis of covariance (ANCOVA).

Results: A very high internal consistency (Cronbach á = 0.98) of the CAS was revealed in the use among college students. In addition, the two main outcomes, i.e., acceptance of Christianity (F=27.03, p<0.01) and the purpose in life (F=30.30, p<0.01), were significantly higher for subjects in CSG than those in encounter group.

Conclusion: The CSG is an effective program in improving the acceptance of Christianity and increasing the purpose in life among college students. Clinicians or counselors may take spirituality or well-being factors into account in the counseling for college students.

P-04-079

OBSTACLES IN WORK OF COMMUNITY MENTAL HEALTH CENTERS - EXPERIENCES FROM BOSNIA AND HERCEGOVINA

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In period after the war (1992 - 1995) in Bosnia and Herzegovina, the reform of mental health services was carried out, which considered implementation of community mental health centre's (CMHC), division into departments, and interdisciplinary work (1, 2). The aim of this research was to analyse the obstacles in work of CMHC, during the period 1997-2007.

Methods: Three CMHC from the area of Tuzla Canton which covered approximately equal number of residents, and had approximately equally structure of urban and rural area have been analysed. The work of CMHC has been analysed with aspect to structure of the team, area capabilities, available resources in the community, and community needs. The data were gathered on basis of a questionnaire, which was composed for this research.

Results: During the nine year period of the CMHC existence 939.6±21.5 patients with mental disorders have been treated yearly on average in all three centres. The highest number of patients belonged to the age of 18-65. Regarding the structure of team, in all three CMHC, teams were incomplete; and the working space capacities were inadequate. Organizational link with primary health care presented main obstacle in realisation of preventive programs, and resocialization programs of patients with schizophrenia.

Conclusion: The main obstacle in functioning of Community Mental Health Centres was the organizational belonging to Primary Health Centres' where the access was oriented on diagnosis.

ENFORCED DISAPPEARANCES AND COMPLICATED GRIEF

INSTITUTIONS

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Objective; to determine incidence of complicated grief in the families of enforced disappearance in the conflict torn Kashmir valley .Complicated GRIEF is a recently identified symptom complex marked by continued separation distress and bereavement related accompanying traumatic distress .Methods A total of 100 family members who were recruited from a workshop conducted by department of psychiatry and MEDICEN SAN FRONTIERS with family members of enforced disappearances were screened Results

COMPLICATED GREIF was very prevalent , 79% screened positive for complicated grief , PTSD was present in 30% of screened , 41% met criteria for major depressive disorder, 38% neither met criteria for major depressive disorder nor PTSD ,even though everybody who met criteria for PTSD had major depressive disorder as comorbidity .Conclusion COMPLICATED GRIEF is a important diagnosis in this subgroup of population and results into significant distress and dysfunction and hence warrants attention

P-04-081

STRESS, ANXIETY, SOMATIZATION AND DEPRESSION IN IT/ITES PROFESSIONALS

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Objectives: To assess distress, anxiety, depression, somatization in professionals working in the IT/ ITES sectors and correlate with sociodemographic variables.

Methods: 100 IT/ ITES professionals were identified randomly from consenting companies selected without any bias, and administered the scaled version of General Health Questionnaire - 28 items scale (GHQ-28) and a self administered survey form to collect demographic data, total professional experience, history of any medical illness, medications, smoking or alcohol use.

Results: Common problems noted were feeling constantly under strain (28%), unable to enjoy daily activities (22%), edgy, bad tempered (19%), not satisfied with asks (18%), and not feeling in good health (16%). Symptoms of anxiety, were noted in 13%. Depressive features were less common. Significantly more persons

were distressed in certain companies (p<0.05) and significantly more

married persons reported distress (p<0.05). Somatic symptoms were significantly (p<0.001) more often reported by women. Features of severe depression which were significantly more often reported by women were, feeling life not worth living (p< 0.002), thoughts of making away (p<0.005) and idea of taking one's life (p<0.02). 36 % subjects scored above the cutoff score of 4 and could be considered as probable psychiatric cases.

Conclusions: Occupational mental health needs adequate attention in IT / ITES companies as the rate of psychiatric morbidity of 36 % is higher than that reported for general population in India. The findings suggest a need of health promotion activities in the IT sector.

Acknowledgements: Lundbeck India, Bangalore

THE HELPING WORKERS' ATTITUDES TOWARD ATTRIBUTING BLAME AND HELPING INTENTIONS IN DOMESTIC VIOLENCE

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Objectives: This study is to examine the correlation among and prediction of attitudes toward attributing blame, affective reactions and helping intentions among the helping workers.

Methods: This study uses the Helping Intention Scale and the Domestic Violence Blame Scale, including victim, perpetrator, societal, and situational factors. It is conducted in a purposive sample of helping workers (N=421) from 23 governmental centers for domestic violence prevention in Taiwan. The valid response rate is 56.1% out of 715 questionnaires.

Results:

1. Significant gender, experiences, and training differences are found in attitudes toward attributing blame: (1) Males are more likely to have Victim Blame than females; (2) Those with prior experience of violence in their original family or with domestic violence trainings are more likely to have Societal Blame than their counterparts.

- 2. Significant correlations among attitudes about attributing blame, affective reactions and helping intentions are found, among the sets of canonical factors, affective reactions could explain 9.6% of the helping intentions through the set of canonical factor, naming "Commiserating with an unpleasant man-Making peace with no divorce" (ń=.40) in Taiwanese contexts.
- 3. Attitudes toward attributing blame could predict helping intentions directly or indirectly, i.e., the higher the Victim Blame and the sympathy for the perpetrator, the more the tendency to support the abused women to return home (9.0%).

Conclusion: When counseling the abused women, helping workers' attitudes toward attributing blame and affective reactions predict their helping intentions. In addition, the findings of this study emphasize the importance of domestic violence education.

P-04-083

A COMPARATIVE STUDY OF SOCIODEMOGRAPHIC, CLINICAL AND SERVICE RELATED VARIABLES IN PSYCHIATRIC PATIENTS ATTENDING AN OUTPATIENT FACILITY IN A TERTIARY CENTRE VS. PSYCHIATRY EXTENSION CLINIC IN A RURAL AREA

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AIMS AND OJECTIVES: 1. To study and compare the sociodemographic, clinical, general health, functional level, quality of life, economic burden, family burden and psychiatry service satisfaction in two outpatient psychiatric clinic populations, one in a University-based General hospital (tertiary centre) and the other in a rural extension clinic (primary centre). 2. To elucidate any possible advantages/ disadvantages of psychiatry outpatient services in the two settings mentioned above.

METHODS: Patients attending OPD at the two centers were taken up for the study using randomization. Seven different scales including WHO QOL BREF, DUKE health profile, GAF and CGI (S) were administered to assess various clinical, QOL, illness burden and service parameters

RESULTS: Results show that the rural patients are older (p = 0.006),

more severely ill (p= 0.003) having longer duration of illness (p = 0.001) compared to tertiary centre. Also they have lower level of functioning (p=0.001), poorer QOL (p= 0.015), poorer general and mental health and the families are more burdened with illness (p = 0.001) than their counterparts visiting tertiary centre. Interestingly, the same level of quality of care, is being perceived by both patient populations. But the accessibility is better (p= 0.001) and waiting period (p = 0.001) is less for rural centre patients. Rough cost estimates show that besides low operating costs, extension clinic saves time and money of already overburdened rural patients.

CONCLUSION: Despite study's limitations, it appears that rural patients benefit from the extension clinic. The poorer illness variables, increased burden and low operating costs favour the continuation of such extension clinics.

THE IDENTIFICATION OF RISKS FACTORS AND INTERVENTION STRATEGIES IN PRIMARY INSOMNIA REGARDING IN ROMANIAN POPULATION

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In our modern society more and more people are suffering from the daily stress that by time leads to hypnotic disturbances. Improving sleep quality prevents developing other co-morbidities, maintaining the mental health of population. With the help of this information, we considered realizing an observatory study on 60 people suffering from insomnia, with age 30-70 from Iasi, Romania.

The **objectives** of our study were: 1. identifying insomnia interference with social and professional life; 2. underlying the risk factors for developing insomnia; 3. improvement of symptoms after education and sleep hygiene practice; 4. identifying psychiatric co-morbidities

Method: Our data were obtained corroborating information from the clinic interview and the one from the sleep diary that each person has fill it in during a two weeks.

The **results** have shown the followings: the feminine population is 1.5 times more frequent affected by insomnia then men; from them 75% have reported the coexistence of disturbing sleep behaviors of their partners (snoring, alcohol use, etc). 83,3% of them admitted chronic consume of caffeine during afternoon. 6.6%have had a psychiatric diagnostic and 85% admits watching TV or reading or even just talking to their partner while in bed. Sleep hygiene program, which was accepted by 98,3% of participants has shown an increase of life quality.

Conclusion: More researches are required considering insomnia, so that the risk factors that determine it can be better identified.

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P-04-085

ARENT GROUPS: A SUBSTANCE USE PREVENTION PRACTICE AND THE PROMOTION OF MENTAL HEALTH

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Objectives

The Counselling Center provides drug abuse prevention services which promote mental health, and are part of broader health education. In this context, parent groups are carried out to support parents in their parental and conjugal role by the empowerment of their personal and social skills, and to enable them form opinions and attitudes that facilitate family relationships.

Method Each group consists of 8 to 10 parents, includes 8 to 10 two hours weekly meetings, is co-ordinated by one or two specialists, and parents have the opportunity to express thoughts, exchange views and share their difficulties in raising children.

Results Parents are encouraged to share their fears and anxiety, acquire better awareness of themselves and others, handle effectively relations with their children and improve communicative skills.

Topics concerning the emotional development of children, communication in the family, relationships among parents, children and siblings, expression and understanding of emotions, and the handling of difficult situations are elaborated in the group by the use of experiential techniques. The meetings include also information on addictive substances and clarification of myths around drugs.

Conclusion Family is related with many protective factors (strong bonds, care and support, boundaries) and with risk factors (chaotic family environment, inadequate parental role, indifferent up-bringing), which are connected with drug use and vulnerability to psychopathology. The change of parents' attitude through experiential learning, which is promoted by the use of a group-centered model, can be effective in the process of prevention within the framework of broader programmes.

OCCUPATIONAL STRESS AND CHANGES IN THE MENTAL HEALTH OF EMPLOYED JAPANESE MALES OVER A ONE-YEAR PERIOD

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Objective: To investigate occupational stress in relation to changes in the mental health of employed Japanese males over a 1-year period

Methods: Subjects were 366 males employed at a manufacturing company in Nagasaki Prefecture. The study was conducted from August to October of 2005 and 2006. In both years, the mental health of all subjects was evaluated using the General Health Questionnaire 12 (GHQ-12). Deteriorated mental health was defined as a total GHQ-12 score of 4 or higher. Changes in mental health one year after the initial test were classified into the following four types: "maintained health", "improved health", "exacerbated health" and "continued poor health". Furthermore, the Brief Job Stress Questionnaire was used to simultaneously assess job stressors, psychological stress reactions, and modifiers (job support, spousal support,

job satisfaction, and family satisfaction). Consent to participate was obtained after subjects received an explanation of the study objective and methods. For statistical analysis, the four types were compared in relation to time and job stress scores using X^2 tests.

Results: For the improved health group, job stressors, stress reactions, and modifiers generally improved. For the exacerbated health group, job stressors and psychological stress reactions exacerbated, and in particular, changes in modifiers increased stress. For the maintained health group, job support was adequate; however, for the continued poor health group, spousal support was lacking, thus elevating psychological stress.

Conclusion: Changes in the mental health of employed Japanese males were ascertained over a one-year period, and changes in modifiers appear to influence occupational stress.

P-04-087

BARRIERS TO INTEGRATION OF MENTAL HEALTH WITH PRIMARY CARE IN INDIA

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Background Mental health care is a grossly neglected area in India due to a variety of factors including acute shortage of trained mental health professionals. The objective of the National Mental Health Programme in India is to ensure availability and accessibility of minimum mental health care for all in the foreseeable future. One of the important strategies of the programme currently being implemented all over the country is integration of mental health care with existing health services by providing appropriate task oriented training to the primary care staff

Objectives: As part of a larger review of the progress of implementation of the National Mental Health Programme, the "training in mental health" for different categories of health care personnel was audited

Methods: Training related data was obtained from 21 states through

a mail questionnaire survey. During the site visits to all the centres carried out as part of the larger review, in-depth interviews of state level programme officers were carried out using a semi-structured schedule.

Results: Although the programme was adequately funded, only a minority of centres could train the targeted numbers of staff. Most centres could not carry out any follow up after the initial training. No meaningful continued 'on-the-job' training or refresher programmes could be organized. A wide variety of impediments and bottlenecks for the successful implementation of the programme were identified

Conclusion: There is a need to review and modify the content, curriculum and delivery of mental health training of primary care personnel in India

PARTICULARITIES OF DISTRESS EXPRESSION AMONG MEDICAL UNIVERSITY STUDENTS

INSTITUTIONS

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Actuality Present days education in medical schools represents a complicated, dynamic process, including high level mental strain, time shortage, information overloading, strong control and planed timetable. Important component of specialist's preparation have to be: timely diagnostics of neurotic and adaptation disorders among students on different levels of education.

Aim of research: Study psychiatric dysfunctions among students on different levels of education in order to develop a program of preventative help.

Study objectives:

- 1. Conduct a research of psychiatric dysfunctions among medical school's students.
- 2. Verify reliability degree of SCL-90-R and possibility of using it in practice by mental health specialists in Kazakhstan.
- 3. Study revealed groups with different level of psychiatric dysfunctions

- 4. Find out risk factors that influence development of psychiatric dysfunctions.
- 5. Develop a program of specialized preventive help for students on different levels of education.

Study material: By complete sampling were studied 300 Kazakh National Medical University students, 110 men and 190 women, average age 23.

Results: On this part of study the first and the second study objectives have been completed. Statistical analysis of SCL-90-R determined left side (positive) distribution asymmetry, what corresponded to the prevalence of negative responds on the questions of the psychopathology existence. Average results PSDI index corresponded to $1,05 \, (\pm)0,24$.

Conclusion: Assuming dispositional stile of distress expression among students, it is necessary to complete this research with more questionnaires, clinical and psychopathological study.

P-04-089

REVIEW OF SOCIOTHERAPY IN SPECIAL PSYCHIATRIC HOSPITAL GORNJA TOPONICA

INSTITUTIONS

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Nowadays sociotherapy does not treat only patients with mental disorders but it also comes more and more into so-called healthy layers of a society in which a mental patient lives. Every rehabilitation method, and so the sociotherapeutic one, does not rehabilitate only the part of a patient personality which is ill, but it tends maximally to engage also his/her remaining healthy power. The aim of a modern stationary hospital is not to tread a patient at hospital, but first of all, to return him back to a society. Psychiatric stationary hospitals change their structure, sociotherapeutic teams are made,

mental patients undertake their responsibilities, they do their social obligations, i.e. elements and customs from the life, which are valid in a healthy society, go into a psychiatric hospital. The aim is a gradually solving the appearance of "hospitalism" or "asylum syndrome" and to introduce an "open door" system. Releasing symptoms of a disease is only the first sign of a therapy, while the final task is a complete reintegration of patients with mental disorders into small and wide social community, what can be achieved by well-planned and organized sociotherapy.

WHICH COMPONENTS OF CARE ARE IMPORTANT FOR RECOVERY OF LONG TERM MENTALLY ILL PATIENTS? PROJECT DEMOB.INC, RESULTS IN THE CZECH REPUBLIC

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Aims: This presentation describes part of the first phase of the pan-European DEMoB.inc project (Development of a European Measure of Best Practice for People with Long Term Mental Illness in Institutional Care) which aims to develop a toolkit for the assessment of the quality of care, treatment, living conditions and human rights of people living in psychiatric institutions in Europe. As part of this project, a Delphi exercise was carried out in each of ten countries to assist in identifying the most important domains of care for inclusion in the toolkit.

Methods: Delphi exercises were carried out with 10-15 members of four expert groups (service users, mental health professionals, carers and advocates). Participants were chosen to represent a range of experiences, expertise and perspectives. All groups were asked to

consider the most important factors which promote recovery for people with long term mental health problems residing in institutions of various kinds (hospital wards, community based settings). Respondents' views were collated through three rounds of the Delphi exercise. Responses were obtained through post or email.

Results: Presentation of details of respondents, overview of the domains and specific items that were identified as being most important to recovery in the Czech Republic.

Conclusion: The overview of components of care which were considered to be important for recovery by respondents in the Czech Republic Delphi exercise is presented. Results are undoubtedly influenced by a development of psychiatric care in the Czech Republic and also by social, political and cultural context of the country.

P-04-091

TRANSPERSONAL APPROACH TO HEROIN ADDICTION

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An increased frequency in depression, anxious and psychosomatic disorders, spread of chemical and non chemical addictions are the primal indicators which evidently prove serious inner disagreements and problems of the humans and mankind in general. Such problems often hard to solve in the normal state of consciousness, which in many cases causes alcohol or drug abuse and experiments with psychoactive substances; yet, they can be solved during transcendental or a transpersonal experiences, which can be attained during specially developed spiritual practices and psycho techniques synthesizes and integrated by our specialists: breathing psycho training; a complex of meditative psycho techniques based on the integral yoga by Shri Aurobindo; the "Dervish Dance", based on the ancient Sufi ritual; a group mantra chanting "AUM"; psycho - hygie-

nic training called Lapidopsychotherapy, in which we used a stones as an transfer objects; relaxation training and the Vow of Silence for 48 hours. These, very well arranged techniques provide maximally positive results in the process of very intensive, short term therapy. The objective of the 7th sky is the achievement of psycho energetic personality transformation, mental rehabilitation, self discovery, discovery of inner potential resources and discovery of creative abilities

Results of psychological testing of 150 patients with heroin addiction shows increased levels of self-integration (ideal and real self-conception), improvements in cognitive sphere. That proves a good potential of the program used in the complex addiction therapies.

IRRITABLE BOWEL SYNDROME: GENERAL PSYCHOSOMATIC PROBLEM IN THERAPEUTIC AND PSYCHIATRIC PRACTICE

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Objective: To study peculiarities of psychopathological manifestations of irritable bowel syndrome (IBS) depending on character of functional disturbances in patients with neurotic and affective disorders.

Methods: In Borderline States Department we examined 72 patients (52 female and 20 male; $44,28\pm5,32$ years) with IBS previously observed by gastroenterologist without effect from somatotropic therapy. We used clinical-psychopathological, experimental-psychological methods of investigation. Diagnosis of IBS was made according to Roman Criteria II.

Results: We revealed clinical-psychopathological peculiarities of IBS in patients depending on current mental state and character of functional disturbances of gastrointestinal tract. 35 patients (48,61%) with affective disorders (depressive episode of mild degree was observed in 15 patients, middle degree in 12, severe - in 8).

Comorbidity of depressive symptoms and IBS was characterized by constipations, abdomenalgias that were notable for monotony, uniformity, and uncertainty of pain sensations. 23 (31,94%) patients were diagnosed as having neurotic, stress-related and somatoform disorders (anxious-phobic in 8 persons, adjustment disorders according to type of reaction to stress in 12, mixed anxious and depressive disorder in 3). Disturbances of function of intestine manifested by migrating pain syndrome, flatulence, and diarrhea combined with negative symptoms. In 7 patients (19,45%) hypochondriac symptoms (senestopathic, cancerophobic, cardiophobic, and conversion symptoms) prevailed. In 60% of cases, clinical symptoms of IBS are connected with psychotraumatic situation. Polymorphism of mental disturbances associated with disturbances of thick intestine, persistent psychological disadaptation of patients predetermines obligatory interaction of specialists of therapeutic and psychiatric profile for treatment and rehabilitation of IBS patients.

P-04-093

RELATIONSHIP BETWEEN TEMPERAMENT, EFFECT OF PAST TRAUMA AND CURRENT STATUS OF ANXIETY IN SOUTH KOREAN FIRE OFFICERS: PRELIMINARY STUDY

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Aims The objective of this study was to evaluate of correlation among temperament, character, current effect of past trauma, and current status of anxiety in fire officers in South Korea.

Methods A total of 43 professional fire officers was included in the study. (Mean Age 37.95±7.07 years) For the effect of past trauma and current anxiety status, we used the Impact of Event Scale - Revised (IES-R), State-Trait Anxiety Inventory (STAI), and Beck depression inventory (BDI). Indeed, Korean version of Temperament and Character Inventory (TCI) was examined to evaluate temperament Results There was no difference in socioeconomic and educational background. There were unique correlations between novel-ty-seeking profiles of TCI and IES-R Scores (r=0.345). Intrusions subscales (r=0.358) and hyperarousal subscales (r=0.443) of IES-R were also correlated with novelty-seeking. The character dimension was associated with STAI and BDI, especially self-directedness was

most powerful profiles with STAI, both state-anxiety (r=-0.613) and trait-anxiety (r=-0.713). BDI was related with harm-avoidance, persistence profiles of temperament dimension and self-directedness, self-transcendence profiles of character dimension.

Conclusions This preliminary data suggest that novelty-seeking behaviors may be one of risk factors for posttraumatic stress symptoms. Self-directedness profile of character dimensions could represent a strong influence on current anxiety and depressive symptoms, although other temperament and character profiles might give effect of current mood symptoms

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CLINICAL EFFECT AND COST BENEFIT FROM PSYCHOSOCIAL REHABILITATION SERVICES OF COMMUNITY MENTAL HEALTH CENTER

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Objectives: To evaluate clinical and economic benefit from the public services of community mental health center.

Methods: Subjects for clinical analysis were 159 clients who entered rehabilitation programs of community mental health center of Yongin city. Global Assessment of Functioning Scale (GAF) and Brief Psychiatric Rating Scale (BPRS) were checked at entry and every six months during the first 30 months. Subjects for cost-benefit analysis were 99 clients who entered the rehabilitation programs of the same community mental health center. Cost-benefit from the rehabilitation services of community mental health center during the first 2 years was calculated by several variables such as invested budget, changes of mean length of hospitalization and monthly earned incomes, etc.

Results: Mean GAF score was elevated from 52.97 to 54.77 during

the first 12 months. But the changes during the total 30 months were not significant. Changes of BPRS score were not statistically significant. Calculated cost benefit was 183 percent of invested public budget after 1 year, and it was elevated to 405 percent of the invested budget after 2 year. And both results were statistically significant.

Conclusions: Rehabilitation services of community mental health center are economically beneficial.

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P-04-095

CARICATURE AND PSYCHOANALYSIS

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AIMS Psychoanalysis is a well-known and has been rapidly outspreaded theory in Psychology and Psychiatry theories. The only instrument of Psychoanalysis is language. Jokes, lapses and indirect speches are very important in this theory. From that point, the usage of Psychoanalytic terms in daily life from its' prevalence in humour in Turkey was searched in this study.

METHODOLOGY A descriptive research was done and the homour magazines which were published between 1980-2005 was scanned. This journals are Girgir, Leman and Penguen 546 of Girgir, 404 of Leman and 165 of Penguen was scanned.

THE RESULTS At the end of the scanning, 245 caricature which has psychoanalytic terms was found. The data was assessed by putting them in some special categories. These categories are; Psychology, Psychoanalysis, Psychologist and Psychiatrist, Getting back to

uterus and the trauma of birth, Getting back to childhood, Drive, Unconscious and Conscious, The conflict of Oedipus, Theorists, Assosication, The Phases of Development, Neurosis, Couch, Libido, Hypnosis, and Ego. The usage of Psychoanalytic terms in humour was found as very common. However, the another finding of our research is the each of the terms which belongs to Psychoanaytic theory are sometimes lossing their original meaning in daily life speeches.

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METAHABILITATION: A TRANSPERSONAL AND SPIRITUAL APPROACH TO PTSD

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Aims/Objectives: Traditional psychiatric rehabilitation programs for PTSD in war refugees and military veterans are built almost exclusively and fallaciously on the etic, biomedical understanding of mental crisis. Important factors of illness such as spirituality, self-concept, self-motivation, perceived benefits, and self-transformation have been by large neglected with negative consequences for the therapeutic outcomes [1]. This workshop proposes a paradigm shift in the theory and practice of trauma rehabilitation by integrating the emic side of patient's experience and calling for a higher metamorphosis of the fragmented old self-concept.

Methods: The workshop introduces the participants to a novel transpersonal model of psychosocial rehabilitation: Metahabilitation. Organizing constructs: Reuben Hill's ABC->X Theory, Health Belief Model, Transtheorretical Model of Change, Theory of Reasoned Action, Theory of Planned Behavior; Roy's Adaptation Model, Behavioral Activation Therapy, Narrative Constructivist Therapy, Campbell's Hero's Journey, Mindfulness.

Results: The workshop will present the brain neuro-network of fear and survival, the neurophysiological correlates of spiritual unitive experiences; religious modulators of PTSD including healthy and unhealthy religious value orientation, spiritual assessment instruments like SAI, FICA, and HOPE, and the integration of transformative spirituality in the overall PTSD treatment.

Conclusion: Workshop participants will be able to use the Metahabilitation model in their clinical work with civilian and military patients traumatized by war or terrorism.

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P-04-097

ASSESSMENT OF AVERAGE MENTAL HEALTH SERVICE LOAD ACROSS SECTORS IN THE URBAN SETTINGS: A REPORT FROM INDIA

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Objectives: To assess the average service load in different sectors of tertiary specialist mental health services and primary care general health services.

Methods: Comprehensive mapping of the specialized mental health services in 3 cities was carried out in order to get a panoramic view of the existing situation, understanding of the pattern of utilization of services and mapping of all general health services at the primary care level, as well as the average mental health service load, in terms of the estimated proportion of the cases with psychiatric disorders, from amongst the newly registered cases. The latter was extrapolated to the population for the entire city. The research activities were carried out in 3 cities in identical fashion, with uniform tools and methods.

Results: Analysis of average monthly service load in specialist mental health services across the sectors revealed the government sector carrying nearly $2/3^{\rm rd}$ of the service load in two of the three cities. The service load in the non-governmental organizations (NGO) sector was found to be uniformly low across the sites. The government sector carried a relatively small proportion of service load in the primary care general health services; wherein the private sector was carrying a large proportion of the service load (40-60%). The non-formal sector providers carried about $1/3^{\rm rd}$ of the service load. **Conclusion:** The findings have important implications for policy planning in urban areas in terms of reorganization of various sectors for making the mental health services more equitable with regards the average service load.

THE ROLE OF CRISIS RESOLUTION SERVICES IN THE SECONDARY PREVENTION OF PSYCHOSES

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The work to improve the secondary prevention of psychoses has mainly two aims: to find strategies for earlier detection and to develop treatment methods and programs that are tailor-made for patients in the early phases of schizophrenia. Recent investigation of duration of untreated psychosis (DUP) has demonstrated that although individuals generally receive treatment within 6 months of symptom onset, others remain untreated in the community for 1-2 years (Birchwood et al, 2002). Understanding the service impediments to early detection may be an essential prerequisite for attempts to reduce these potentially deleterious treatment delays. In the UK most Early Intervention Services are unable to provide true secondary prevention, but only, at present, to treat people in the midst of their first major episode such that they have a decreased

progression of the illness. We have noticed some encouraging preliminary results with the intensive home-treatment team (CRHT), and noticed unexpected potentials of this part of the Services for true secondary detection and intervention for people in the prodromal stages of psychosis. There are wide variations between regions and Trusts with different resource levels and different planning. Nonetheless an interesting, preliminary, recent study in the London boroughs of Camden supports the hypothesis of crisis resolution teams as "earlier than early" intervention services, also highlighting the clinical implications in averting admissions and achieving a pragmatic balance of community and hospital care. The author suggests that this may be a new and challenging topic of research in the field of prevention and pathways to care.

P-04-099

A STUDY ON THE SERVICE PRIORITY AND STANDARD PERFORMANCE OF COMMUNITY MENTAL HEALTH CENTERS IN KOREA

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In Korea, community mental health center(CMHC) is an important infrastructure of national mental health service system. Although everyone can agree with the importance of CMHC as a key unit of national mental health system, there are many debates about what and how the CMHC should do. The objective of this study was to define service priority and standard performances of CMHC. This study was carried out by the Delphi - method. Forty experts of community mental health were participated in this study.

The major results are as follows:

- 1) Based on a general increase and strengthening the quality of mental health services to serious mental illness, we can expand to other candidates such as child & adolescent, depression, aged people and so on with rational priority setting process.
- 2) Standard performance of CMHC

- screening and primary mental health services for early psychosis, child & adolescent, depressed people and aged persons
- specialized mental health services for the serious mentally ill people, depressed people, child and adolescent
- education and consultation for the serious mental illness, child and adolescent, depression and suicide high risk group
- crisis intervention for the high risk group of suicide and serious mental illness
- public relations and community organization for the reintegration of mental illness into society

We expect these results can be applied to national mental health service guideline for the standardization of community mental health centers.

REINTEGRATING PSYCHIATRIC PATIENTS TO FAMILY PRACTICE CARE

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Aim: To reintegrate patients from a tetiary psychiatric hospital, the Institute of Mental Health (Singapore), to family practitioners in Singapore who traditionally do not see psychiatric patients with serious mental disorders in their clinics.

Methods: Family practitioners were contacted and doctors keen to do so were given a refresher course on psychiatric care. There were also given sessions to sit in with Consultant Psychiatrists to hone their skills and enrolled into the partnership programme subsequently. Careful selection criteria for stabilised patients were established for referral. Close support was provided for both patients and doctors with 24 hour help lines available for both groups. A survey was conducted at the end of the first year to establish the overall satisfaction of both parties. Satisfaction ratings were based on a 4 point scale of

excellent, good, fair and needs improvement

Results: Ratings of good or excellent were above 70% for almost all the criteria rated for. These included ratings of coordination of care, availability of assistance of the case manager and liason coordinator and overall satisfaction with the delivery of the programme.

Conclusion: This is the first time a programme has been established in Singapore where traditionally Family Practitioners do not follow up psychiatric patients with serious mental disorders. The success of the programme is encouraging and has been adopted at the Ministry level to embark on a larger scale programme to the rest of the country as part of the initiatives of the National Mental Health Blueprint.

P-04-101

THE IMPACT OF DEPRESSION ON THE HEALTH RELATED QUALITY OF LIFE IN KOREAN PATIENTS WITH CARDIOVASCULAR DISEASE

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Objectives: The aim of this study were to evaluate psychosomatic characteristics and quality of life (QOL) in patients with cardiovascular disease and to examine the impact of depression on the health related quality of life in Korean patients with cardiovascular disease.

Methods: We enrolled 149 patients with cardiovascular disease from Wonkwang University Hospital and divided into two groups according to the subscale of Depression in Personality Assessment Inventory (PAI). We compared anxiety, aggression and health related quality of life between depressed and non-depressed group. Anxiety and aggression were measured by the PAI scale and quality of life (QOL) was measured by Short-Form 36 Health Survey-Korean Version(SF-36-K).

Results: The baseline clinical cardiovascular characteristics were not

different between the two groups. The prevalence of anxiety, aggression, depression were 17.4%, 13.4% and 28.9%. Anxiety was significantly higher in depression group than in non-depression group. Health related quality of lifes were significantly decreased in related to depression and severity of depression. A correlation analysis showed that health related quality of lifes were significantly negative correlated depression.

Conclusions: This study showed that the prevalence of depression in Korean cardiovascular disease patients might be high. The health related quality of life of patients with cardiovascular disease is significantly decreased in depression group. There was a negative relationship between depression and health related quality of life in patient with cardiovascular disease. The psychosomatic intervention will be needed in these patients

THE QUALITY OF LIFE IN PEOPLE WITH MENTAL ILLNESS WHO ATTENDED COMMUNITY MENTAL HEALTH PROGRAMS

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Aims: This study was conducted to investigate the current status of the QoL in people with mental illness who attended community mental health services. The authors also intended to identify the factors associated with the QoL.

Methods: The subjects were 1400 persons with mental illness who attended the community mental health programs of Gyeonggi province in Korea. Assessment tool of QoL was WHOQOL-BREF. The authors used descriptive analysis and analysed the data with Pearson's correlation, and multiple regression.

Results: Mean score of overall QoL was 5.90 out of 10.0. Overall QoL was related with age(r=-0.090, p<0.01), marital status(r=-0.111, p<0.01; single>married), duration of attendance(r=0.067, p<0.05). Physical health was related with age(r=-0.114, p<0.01), education level(r=0.127, p<0.01), marital status(r=-0.149, p<0.01). Psychological status was related with age(r=-0.100, p<0.01), education level(r=0.107, p<0.01), marital status(r=-0.141, p<0.01). Social

relationships domain was related with age(r=-0.064, p<0.05), marital status(r=-0.087, p<0.01). Environment domain was related with age(r=-0.115, p<0.01), education level(r=0.162, p<0.01), marital status(r=-0.136, p<0.01).

Conclusions: The quality of life in people with mental illness who attended community mental health programs in Korea showed moderate level. It was associated with age (young>old), education level(high>low), marital status(single>married), duration of attendance(long>short). The results of this study will be used as a baseline data when assessing the effectiveness of the community mental health services.

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P-04-103

MENTAL HEALTH OF BRAZILIAN YOUTH ON THE STREETS

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Objective: The purpose is to explore the hypothesis that "the 'choice' for the streets is a search for mental health by Brazilian poor children".

Method: Analyze the history of a 17-year-old male exemplifies aspects of his mental health, psychological suffering and social risks experienced by the disaffiliated youth. The material was collected through field diary entries and patient registry. Field of study was set on the Psychiatry Institute of the Federal University of Rio de Janeiro, in 2006, within the research project School evasion, drugs, and criminality: the byways of adolescence.

Results: The narratives of this case study bring an important asset to reveal this young man's subjectivity through his own voice. It was possible to verify the constant search for mental health on the streets to escape from psychological suffering in the family. Otherwise, the social risks are present in the lack of public polices. Work in psychosocial rehabilitation can be an important therapeutic strategy for the social reafiliation.

Conclusions: The different forms of "invisible" violence - such as the random assignment of the children by the shelters, and the lack of: family living, recognition of rights and mental health policies coverage - results in the increase of social violence. The streets, differently, are not only a place of transit, but a way of life, a survival space, a possibility to create bonds and find mental health, even though the abducted and analysed narratives show us the psychological suffering and social risks.

PARALLEL TRADE AND PUBLIC HEALTH: RISKS TO VULNERABLE PATIENT POPULATIONS

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Background: The European Commission has identified safety issues associated with parallel trade in pharmaceuticals.

Methods: Assessment of parallel trade rules and counterfeit drug incidence in the EU and means to protect the populace from fake drugs.

Results: Parallel trade, particularly through the Internet, has allowed virtually unfettered patient access to drugs without provider oversight and criminal element introducing fake drugs into the drug

supply. Legal efforts have had limited success in stemming this result. Both create dangers to vulnerable patient populations, particularly mental health patients who may obtain excessive amounts of drugs or be left completely untreated.

Conclusion: Vulnerable patient populations are at risk under the current system of parallel trade and the Internet. Mental health professionals must educate patients and be aware of the risks associated with the current infrastructure of drug access.

P-04-105

DESCRIPTIVE STUDY OF THE BASELINE CHARACTERISTICS OF PATIENTS FROM THE COMMUNITY MENTAL HEALTH TEAM (CMHT), SINGAPORE

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Aim: This cross-sectional study examined the baseline characteristics of patients from CMHT. The differences between the two groups of the program, Assertive Care Management (ACM) vs Standard Care Management (SCM), were highlighted.

Method: A total of 82 patients participated in this study. Patient's demographics and baseline measurements such as Brief Psychiatric Rating Scale (BPRS), Global assessment of Function (GAF), Life Skills Profile (LSP) and WHOQOL-Bref were collected.

Results: There were 41 patients in each group. In total, 78.0% were Chinese, 11.0% Malays and 11.0% Indians. 40.2% were males. Mean age was 44.2 (SD=10.0). Schizophrenia (74.4%), Schizoaffective disorder (6.1%) and Bipolar Disorder (4.9%) accounted for 85.4% of the diagnoses. Between ACM & SCM, there was no significant difference in their baseline demographics, daily prescribed chlorproma-

zine-equivalent dose and BPRS score. Analysis of covariance controlling for age, diagnosis, gender, race, type of program (ACM vs SCM) and daily chlorpromazine-equivalent dose for baseline measurements showed the following: ACM patients had 1.12 (p<0.001) more admissions and 67.56 days (p<0.001) longer length of stay compared to SCM. ACM patients scored significantly better for the LSP Withdrawal (1.62, p=0.02) and Self-care (0.96, p=0.03) subscale and the WHOQOL-Bref Psychological (8.39, p=0.01), Social Relationship (10.71, p=0.002) and Environment (8.39, p=0.01) subscales.

Conclusion: At baseline, ACM patients appear to have better psychosocial status and quality of life compared to their SCM counterparts despite a higher rate of hospitalization. This may be related to the help seeking behavior in the ACM group and may explain why they have better results from rehabilitation.

THE KNOWLEDGE FOR THE PROFESSION OF PSYCHIATRIST IN TIRANA

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Objective: To investigate the level of knowledge for the profession of psychiatrist in Tirana city.

Methods: We designed a questionnaire about the knowledge for the profession of psychiatrist. 324 persons of different social and educational levels from different squares of Tirana completed the questionnaire. They answered in a written way to this questionnaire.

Results: We found that 64.5 % of them know that psychiatrists are medically qualified, 32.1 % of them that the psychiatrist is necessary less than 10 years to be trained. 55.5 % of people say that the psychiatrist and the psychologist are the same; 39.4 % say that the neurologist and the psychiatrist are the same and 30.5 % say that

the psychiatrists and social workers are the same profession. 44.3 % didn't know that psychiatrists use tablets, 37.8 % didn't know that psychiatrists use injections and 74.8 % didn't know that psychiatrists use electroconvulsive therapy. 65.1 % say that the psychiatrists use counseling, 39.5 % of persons didn't know that the psychiatrists treat the mental disorders, 58.7 % say that they will go to the psychiatrist with the recommendation of general practitioner, 45.5 % by the recommendation of the relatives, 26.7 % by the judge, 31.2 % by the police and 50.0 % by themselves. 41.2% first will go to the cleric for mental problems.

Conclusion: Our finding suggests that it is necessary to do more for right information about the role of psychiatrist and mental health.

P-04-107

RECOVERY AND PROGRESS CLINIC; A PILOT STUDY IN THE REALM OF NEW WAYS OF WORKING IN GENERAL ADULT PSYCHIATRY

INSTITUTIONS

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AIM: To develop a new RAP (Recovery And Progress) Clinic to facilitate the transfer of care from secondary to primary care of the patients identified by a consultant attitude survey deemed suitable for management in general practice

METHOD: An initial audit conducted in the north west of England identified out of the potential 260 patients that 42 (17%) could be managed in primary care. 20 pts selected out of the 42. An invitation letter developed by service user and management group invited them to the RAP clinic. A literature search was conducted to develop the theoretical framework for the RAP clinic sessions. 8 Sessions each 1 hour long and 1 month apart developed. (Session 1 attitudes,

 $2~{\rm goals},\,3~{\rm relapse}$ indicators, $4~{\rm protective},\,5~{\rm recap},\,6~{\rm close}$ confidant, $7~{\rm joint}$ gp. $8~{\rm formal}$ discharge)

RESULTS: 5 Consultants and 1 staff grade interviewed about out patient clinics and 260 pts considered in total 42 identified for ongoing management by gp 20 selected to enter RAP clinic 16 Refused and preferred immediate automatic discharge to GP 4 engaged

CONCLUSION: Small sample size due to reluctance to actually engage in the RAP clinic which demonstrates the challenges of this pt group. RAP clinic framework promotes recovery model of mental health. The pts who engaged found it useful and the GP's were very engaging in joint assessments as it aided discharge preparation and continuation of care.

BLOOMING INDIA - YOUNG & HEALTHY

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India until recently was considered to be a conservative and culture bound country. This perception is fast changing and we are emerging as one of the fastest developing nations This progress and change has also reached our adolescents, who are at the crossroads which lead to a lot of confusion and problems to them and their elders. Blooming India is a community development initiative, sponsored by the Rotary club of Aarch City Madras - Rotary International District 3230, targeting the adolescent population of India. It is aimed at equipping the adolescent with the right tools to deal with these

various distractions and upheavals he will face during the adolescent phase, which until now has not been emphasised in our country. We began by addressing 13yr olds of grade 8 in various schools and educating them on the physical, emotional and psychological aspects of adolescence and education was imparted based on the prevailing local religious/cultural aspects. They were also educated about the right sources to approach in times of need. The teachers and parents were also addressed. We will also be covering the middle and older adolescents on the same parameters.

P-04-109

THE MAIN DIRECTIONS FOR REFORMING OF THE PSYCHIATRIC SERVICE IN UKRAINE

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According to official statistical data 2.5% of populations of Ukraine need psychiatric care. Along with this it is occurred a growing of incidence of mental disorders (in 1.2 times per 100,000 during last 15 years). Among patients registered at psychiatric institutions 60.1% are patients of efficient age, 21.8% are children and adolescents. We register also an increasing amount of disabled patients (in 2 times as compared with 1990). Causes of such a situation are as follows:

- spreading of stigmatization;
- insufficient legal basis to regulate activities of the psychiatric service;
- poor integration of the psychiatric service into a primary medical-

sanitary network;

- obsolete structural and functional organization of the psychiatric service;
- insufficiency of appropriate staffs (a poor involvement of medical psychologists, psychotherapists, social workers);
- insufficient financial support for this medical area and unreasonable schemes for usage of means.

In order to overcome the above mentioned causes the Conception of the State Object Complex Program for development of mental health in Ukraine for 2008-2012 was worked out on initiative of the Ministry of Health of Ukraine.

LIFE EVENTS, SOCIAL SUPPORT AND MENTAL HEALTH SERVICE USE IN BALTIMORE ECA COHORT

INSTITUTIONS

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Objective: The network-episode model provides a framework to understand mental health service (MHS) use. Current research on the effect of life events (LE) on MHS use is mostly cross-sectional. This study aims to find the association between specific LE experienced over the past year, and MHS use, given the type of social support (SS) available.

Method: The Baltimore Epidemiologic Catchment Area (ECA) study gathered mental health related information from a cohort of 3481 subjects over four waves between 1981-2005. For this study, data from the last two waves will be analyzed using a longitudinal (GEE) model to look for the association of different LE on MHS use. The direct and indirect effect of SS will be studied.

Results: Initial analysis showed that SS affected use of MHS following divorce. General health services use increased with number

of relatives. Having >6 relatives compared to none was associated with more MHS use (OR=3.4, 95%CI 1.4, 8.2), after adjustments including depression. Being in touch with a friend for only a few times per week compared to daily, reduced psychiatric service use (adj OR 0.5, 95%CI 0.3, 0.9).

Conclusions: Accessing MHS following a divorce varied according to types of SS. The study will further analyze the effect of different LE on MHS use, allowing for the direct and indirect effects of SS.

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P-04-111

THE ROLE OF MENTAL DISORDERS AS MEDIATORS IN THE PATHWAY BETWEEN LIFE EVENTS AND MENTAL HEALTH SERVICES USE

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Aims: The aim was to assess the role of common mental disorders as mediators, in the pathway between life-events and mental health services use in the Baltimore Epidemiologic Catchment Area Study.

Methods: Population-based data on mental health was gathered in 1993 and 2004. Data were analyzed to assess the effect of depression, generalized anxiety, panic, alcohol use disorders (as assessed by DSM IIIR) and GHQ20 score >=4, as mediators, in the pathway between 8 different life-events experienced within the last year of the interview, and mental health service use within the last 6 months. Confounders were adjusted in multiple logistic regressions conducted for mediation analysis. All possible combinations of life-events, mental disorders and service use were analyzed.

Results: Depression and alcohol use disorders mediated the effect of life-threatening illness and use of mental health service use within

general health setup. High GHQ scores mediated the effect of life-threatening illness and cumulative effect of all 8 life-events on accessing mental health services within a general health setup. High GHQ scores also acted as a mediator in the pathway between divorce/separation and cumulative effect of 8 life-events on psychiatric services use. Other combinations of life-events and services use, including informal services, were not mediated through any mental illness.

Conclusions: Generally use of mental health services is thought to be due to mental illness. The public health implications of using mental health services after a life-event without necessarily being mentally ill, as found here, is discussed.

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CASE MANAGEMENT - ADVANTAGES OVER TRADITIONAL APPROACH

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The aim of this paper is to evaluate current treatment method for chronic psychiatric patients and to find an appropriate approach which is to be implemented by Mental Health Center.

Method used in this paper consists of comparative analysis between data obtained from psychological and psychiatric clinical assessment and data obtained from patients' treatment satisfactory level report. Research included 20 patients under case management treatment and 20 patients treated exclusively by traditional, institutionalized psychiatric method. Data were then processed with \mathbf{X}^2 test.

The results show that there is no statistically significant difference in

treatment satisfactory level reports between the two chronic patients groups. Regarding the psychological and psychiatric clinical assessment data, the results show statistically significant difference in these two groups and imply the advantage of Case management method regarding social involvement of these patients as well a reduction of hospitalism effect.

Conclusion: Case management program has more long term advantages in comparison to the institutionalized program due to better social involvement of beneficiaries and hospitalism effect reduction

P-04-113

COMPARISON OF ANXIETY AND DEPRESSION IN NOMADS VERSUS VILLAGERS OF QASHQAI TRIBE

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Aims/Objectives: nomad populations in Iran, have hard living situation, but there is little research regarding the mental health of them (1, 2). This study investigated the prevalence of depression and anxiety in nomads versus villagers of Qashqai tribe.

Methods: 95 people of nomads from Ashori family of Qashqai tribe selected randomly as case group. Control group were 86 people of villagers from same family. Assessment tool were Hamilton anxiety rating scale and Beck depression rating scale. The results were analyzed using qui square test.

Results: The depression rate were 66% in nomads (29.5 % mild and 36.5 % moderate and severe), and 15.3% in villagers (8.2% mild and 7.1% moderate and severe). The difference is statistically significant. The anxiety rate in nomads were 56.8 %(38.9% mild and 17.9 % moderate and severe) and in villagers 12.7 %(7 % were mild and

5.7% were moderate and severe). This difference is statistically significant too. In both groups depression and anxiety rate were more in married, uneducated and female subjects than singles and males. **Conclusions:** Depression and anxiety rates in nomads were more than those in villagers and these rates are higher than the national rates. These rates were more in married, females and in those with

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low education.

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PSYCHOACTIVE SUBSTANCE USE AND HIV RISKY SEXUAL BEHAVIOUR AMONG STUDENTS OF THE UNIVERSITY OF MAIDUGURI BORNO STATE NORTH EASTERN NIGERIA

INSTITUTIONS

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Aims and objective: To determine the prevalence of psychoactive substance use. To assess the interrelationship and socio demographic correlates of psycho-active substance use and HIV related sexual behaviors. To proffer recommendations on how to reduce psychoactive substance- use and HIV related sexual behaviour

Methods: The study was cross sectional and multi stage sampling technique was used. The WHO student drug use questionnaire and UNAIDS general population survey module as modified was used for data collection. Strict confidentiality was ensured

Results: 230 students completed the questionnaire of which 200 was analysed. The mean age and standard deviation of respondents was 24.3 and 4.0 years respectively while 71% of them were males. The life time prevalence of psychoactive substance use was 56.6%. The most commonly used psychoactive substances were Alcohol

(39.3%), Tobacco (25.0%), Cannabis (9.7). 49% of the students have had sexual experience. 41.2% and 38.5% of those who have had sex did not use a condom during the first and last sexual experience respectively. 38% of the students have multiple sexual partners. Alcohol use during last sexual experience was 12%. Male students were more likely to be using psychoactive substances (P<0.05). Students who were using psychoactive substances were more likely to have had sexual experience (P<0.001).

Concussion: This study provided evidence of a link between psychoactive substance use and risky sexual behaviour among the students and underscores the importance of integrating psychoactive substance abuse prevention policies with that of HIV/AIDS in Nigeria. Psychiatrists should be involved in the implementation of such policies

P-04-115

SPIRITUALITY AND DEPRESSION, QUALITY OF LIFE, AND COGNITIVE DYSFUNCTION IN THE AGED

INSTITUTIONS

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Aims/Objectives: This study was to examine the following hypothesis: those with higher spirituality 1) have lower depression scores 2) have higher quality of life scores 3) have less cognitive dysfunction scores

Methods: Relatively healthy adults, over 65 years of age, who live in the community in Gangwon Province, Korea (N=344; M=59, F=285) participated the study. A trained interviewer filled out several questionnaires; DUREL (Duke University Religion Index), Geriatric depression scale - shore form, Quality of Life score, MMSE-K (mini-mental status examination - Korean version). The blood sampling was drawn to evaluate cholesterol, fasting blood glucose, and amyloid-â protein 42.

Results: The mean age was 76.91±6.28 and most of them (96.8%) don't have jobs. Many of them (65.0%) have religions; Christianity 29.7%, Buddhism 16.6%, Catholic 14.2%, Shamanism 2.7%. Mean depression score was 9.84 and most of the subjects have depression; 28.5% with minor depression and 61.9% with moderate depression. Those who attend religious services frequently have lower depression scores and higher quality of life scores. Those who have religious activities regularly (at meeting places and/or alone at home) have less cognitive dysfunction, which are shown in lower MMSE-K scores.

Conclusion: Higher religious attendance was associated with lower levels of depression and cognitive dysfunction.

DELIBERATE SELF-HARM AND SELF-DISCHARGE: A VULNERABLE POPULATION

INSTITUTIONS

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Aim To study the characteristics of deliberate self-harm patients who leave accident and emergency departments without a psychiatric assessment.

Background review It is important that deliberate self-harm patients who attend accident and emergency departments receive a psychiatric evaluation that will minimise the risk of their future self-harm or suicide.

Method All patients triaged within Beaumont Hospital accident and emergency department with a presentation indicative of psychiatric disorder were studied over 12 months. The following were collected on each patient: demographic variables (age, gender, marital status), clinical variables (method of self-harm including associated factors, self-harm history, overdose agents used in self-poisoning, whether a psychiatric consultation occurred and outcome). Dates and times of presentations were recorded. Statistical analysis was performed

using SPSS15 statistical package.

Results 1,397 liaison psychiatry patients presented to the accident and emergency department over 12 months. 834 (60%) cases were deliberate self-harm, most commonly overdose (78% of the self-harm patients). Alcohol ingestion was associated with 353 (43%) cases of self-harm. History of deliberate self-harm was found in 444 (54%) of the deliberate self-harm patients. 152 (18%) of the patients presenting with deliberate self-harm left before being seen by psychiatry. 65 (5%) of these patients who left were single males aged 40 years or less. These characteristics are associated with increased risk of suicide.

Conclusions Deliberate self-harm patients who present to accident and emergency departments represent an important patient population. A more co-ordinated approach is required to reduce the future risk of self-harm or suicide occurring in this vulnerable group.

P-04-117

USERS AS TRAINERS: WHAT CAN USERS TEACH TO MENTAL HEALTH PROFESSIONALS: A PARTICIPATORY ACTION RESEARCH PROJECT

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Users are first-hand experts in their illness. This expertise has been always recognized, but keeping patients in a passive role as "clinical examples". The present communication shows the rationale and development of a training workshop addressed to mental health trainees whose teachers are persons with severe mental disorder.

Method: A qualitative method (participatory action research) Project has three steps:

- 1. Reaching the expertise field of patients. We use focus groups with users and carers.
- 2. Collaborative work with selected patients to develop a course based on the topics obtained from focus groups. This phase includes training of patients in training and communication skills.
- 3. Implementation of the course in a real setting, with qualitative evaluation of trainers and trainees.

Results: Topics elected by users (support to personal autonomy, relapse prevention, interest in the whole person) were developed for being used in a 4 hours workshop. Mental health workers in the research team act in a collaborative way.

Results are positive in terms of patients' empowerment and mental health professionals' experience.

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EFFECTIVENESS OF EARLY DETECTION AND TREATMENT FOR WORKERS WITH MENTAL PROBLEMS RELATED TO JOB STRESS

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Purpose Mental health at work is very important issue in Japan. The purpose of this study is to investigate effectiveness of early detection and treatment of the cases by internal EAP (employee assistance program) in the company comparing with outpatient clinic cases. **Method** Subjects were 162 EAP cases with mental problems visited

Method Subjects were 162 EAP cases with mental problems visited health care center in a manufacturing company and 113 outpatients visited psychosomatic units in 2 general hospitals. We compared the diagnosis, job stress, effectiveness of treatment and final outcome of both cases.

Results Depressive cases (43.4%) were significantly much more in outpatient cases compared to EAP cases (25.3%). Stressors related to job contents were significantly more in male workers than female

workers in both cases. An arrangement of work environment were done in 55.6% of EAP cases and effective in 90.0% of those, done in 20% of outpatients cases and effective in 65.2% of those. Finery, 79.9% of 162 EAP cases were completely cure, 10.5% were continued medical treatments, 1.9% steel in sick leave, 4.9% moved to other companies, 27.4% of 113 outpatients cases cure ,31.0% continued ,19.5% dropped out, 3.5% in sick leave, 17.5% moved, 22.1% changed hospitals.

Conclusion Final health outcome seems better in EAP cases comparing to outpatient cases, because early detection & early treatment and arrangement of work environment is easier in EAP cases.

P-04-119

THE CHARACTERISTICS OF THE PSYCHIATRIC OUTPATIENTS WHO WERE ABSENT FROM WORK IN JAPAN

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Introduction: Recently in Japan, the myth of the lifetime employment collapsed and the environment that surrounded the employees changed dramatically. As even a big company go bankrupt or come to do business integration, the company gave priority to efficiency and came to differentiate an individual by personal ability. Therefore the employees are exposed to stress and struggles in the environment that turned worse. So the increase of depression and suicide of the employees by the overwork are recognized as a social issue. It is said that the depression of the employees increases because the stress is increasing, but it is too simple to answer the cause. We thought it was significant to investigate actually what caused the employees maladjustment.

Method: We surveyed 44 psychiatric outpatients who were absent from work. They completed NEO-FFI, MPS, Rosenberg's selfesteem scale and the original question items. We also investigated age, sex, the type of job, times of change of job, support of family, employment form, workplace environment, GAF and psychiatric diagnosis.

Results: In MPS, "Doubt about Action" score (28.1±8.3) was high and the scores of others were not. In NEO-FFI, 'Neuroticism' score (31.7±6.6) was significantly higher than the controls (23.4±6.9) and 'Extraversion' score(20.5±6.7) was significantly lower than the controls(25.2±5.8).

Discussion: In Japan, the employees who have high perfectionism tend to be absent from work. High perfectionism employees seem to undertake too much job and be exhausted in complicated human relations in the workplace.

BUDDHIST TEACHINGS AND TECHNIQUES IN DISASTER RELIEF, A 3 YEAR FOLLOW-UP OF TSUNAMI VICTIMS

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On December 26th 2004, the nation of Sri Lanka experienced a devastating tsunami where at least 38,000 died, 15,000 were injured, and 483,000 were displaced. This catastrophe left thousands of families having to cope with an incredible trauma. As the predominant religion for the largest ethnic group, Theravada Buddhism offers individuals ways of dealing with existential questions and psychological trials. We will identify Buddhist concepts relevant to tragedy. We will review the disaster relief efforts and discuss whether Buddhist notions were incorporated into this process. We will interview psychiatrists, public health officials and Buddhist monks who live in Sri Lanka in a descriptive study. We will use a pre-identified set of questions exploring mechanisms of dealing with tragedy. These results will be reviewed. Finally, this workshop will describe Buddhist techniques of coping, primarily Vipassana meditation. The participants will receive basic instruction on meditation which can

be incorporated into their own clinical practices. In conclusion, we will explore the possibilities of making a model for future disasters in the U.S. Educations Objectives; by the end of the seminar, participants will: 1. Gain familiarity with basic Buddhist concepts 2. Be exposed to cultural variations in response to tragedy. 3. Learn simple meditation techniques.

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P-04-121

THE REFLECTIONS OF PSYCHOANALYTIC INFORMATION IN TURKEY

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AIMS: The aim of this study is to explain the place of psychoanalytic information in daily life. According to the Social Representations Theory (Moscovici, 1984, 1988, 2001) the combination of commonsense knowledge and the scientific knowledge reproduce a new form of commonsense knowledge. Social representations are formed in and through confrontation and transformation of scientific and commonsense knowledge (Moscovici, 2008). The psychoanalytic information has been recognized in daily life. Thus it is possible to mention the social representation of psychoanalytic information in Turkey. However there hasn't been any studies on the social representations of psychoanalysis in Turkey. Therefore the phenemenon has been examined.

METHOD: In this study nine daily newspapers published between the years of 1980-2005 has been analyzed by content analysis in order to understand the introduction of psychoanalytic information

in society. A survey has been used in order to identify the reflection of this introduction on individuals. The 73 itemed survey has been desinged in likert by researchers. It has been applied to 1080 people among ages of 20-60.

RESULTS: The results are being assessed.

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WHAT DO PATIENTS WANT TO KNOW? ANALYSIS OF THE QUESTIONS POSTED BY USERS OF AN INTERNET-BASED INFORMATION SERVICE ON PSYCHIATRY AND MENTAL DISORDERS

INSTITUTIONS

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Introduction: Over the last decade, several databases on health topics (both focused on professional and patient information) have become available over the internet. In spite of the widespread use of the internet to obtain information on health topics, few studies have addressed the patients need for information and their satisfaction with the information services available.

Objective: to analyse the demands of the users of an internet based psychiatric information service on the disorders which generate most questions and on the demands about each diagnosis.

Methods: Questions sent to the ABP Comunidade service over a one year period have been classified according to the user's data (sex, place of living among others), the mental disorder it was related

to and on the demand of the user.

Results: 66,6% of the questions were asked by women and 33,3%, by men. 20% of the questions were sent by patients and 23,3%, by relatives. The mental disorders which generated most questions were: Bipolar Mood Disorder (13,3%), Depression (10%), Addiction (8,3%), Panic Disorder (5%) and Schizophrenia (5%). The most frequent demands were: indication of and institution for treatment (30%), information on incidence, evolution and treatment (18,3%) and indication of literature on the subject (11,6%).

Conclusion: The internet might be an efficient mean to provied information on health topics. More studies are needed to evaluate if the information is adequate for the patients' needs.

P-04-123

ATTITUDES OF HOSPITAL WORKERS IN A NIGERIAN TEACHING HOSPITAL TOWARDS MENTAL ILLNESS

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Aims: The main aim of the study was the investigation of the attitudes of staff at the University of Benin Teaching Hospital, towards mental illness and to ascertain the effect if any of contact and demographic characteristics on these attitudes.

Methods: A total of 396 hospital staff (104 clinicians and 292 non clinicians) were interviewed with a questionnaire which was made up of two sections, one on demographic characteristics and the other an abridged 'Opinions about Mental Illness' scale. The opinion statements were on five factors (Authoritarianism, Benevolence, Mental hygiene Aetiology, Social Restrictiveness Interpersonal Ideology).

Results: Demographic characteristics in this case; age, gender and education played a significant role in attitude formation. Religion also had an effect on attitudes but to a lesser extent. The clinicians

had more positive attitudes than non clinicians, scoring lower on factors of Authoritarianism and Social Restrictiveness and higher on the Interpersonal Ideology factor. Amongst these clinicians, a comparison of psychiatric clinicians and non psychiatric clinicians, revealed more positive attitudes in psychiatric clinicians with statistically significant differences on the scales of Authoritarianism and Interpersonal Ideology.

Conclusion: These observations (clinical staff with more positive attitudes and psychiatric staff the most positive attitudes) might be a result of their education. In most medical schools and nursing programs in Nigeria psychiatry is an integral part of the curriculum. As for psychiatric personnel they have sustained contact with the mentally ill which could further influence their attitudes.

EMERGENCY PSYCHIATRIC CASES WITH COMORBIDITIES IN RURAL JAPAN

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Background: In Japanese psychiatric emergency service, increasing number of suicidal patients and elderly psychiatric patients with comorbid illnesses demands more effective liaison psychiatric service. But, the number of psychiatric ward in a general hospital is limited. As a result, some patients with physical illness tend to be transferred to a psychiatric emergency service without other specialized care.

Aim: We assess the number of cases referred from general hospital with physical comorbidities to clarify the most common liaison problem.

Methods: We picked up 42 cases who were referred from general hospital in 951 records of psychiatric emergency phone call(2005-2006 year ,Tochigi pref.) A retrospective case note review, looking at

psychiatric problems and complications.

Results: 24 cases in outpatient settings consisted of 14 (58%) cases of mood disorder, 17(70%) female patients. Mean age was 35.5 years old. The most common physical problem was injuries or drug overdosing by suicidal attempts (50%). 18 cases in inpatient settings consisted of 7 (41%) cases with substance abuse, 5 (28%) cases with schizophrenia. Mean age was 44.1 years old. As a comorbid illness, suicidal injury, alcohol withdrawal symptoms were common. Mean length of hospitalization was 31.6 days. 2 cases required to be retransferred to the general hospital.

Conclusion: A case with suicidal injury was the most common liaison psychiatric problem in this psychiatric emergency service.

P-04-125

PATIENT SATISFACTION WITH EMERGENCY DEPARTMENT: FACTORS INFLUENCING THE FUTURE CHOICE AND RECOMMENDATION

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Objectives: Patient satisfaction is an indicator of the quality of care provided by emergency department personnel. To identify factors associated with willingness to return to and recommendation of the emergency department to others a study was conducted using a valid (based on a qualitative study) and reliable questionnaire (Cronbach's alpha coefficient = 0.91).

Methods: The study was carried out in emergency department in five major teaching hospitals in Tehran, Iran (n=153). Patients who had been in emergency department at least for 10 hours, did not have significant cognitive problems, and were well enough to answer the questions were included in the study.

Results: 33% of the patients reported that they would not refer to the same emergency department again and 20% of the respondents expressed that they would not recommend the emergency depart-

ment. All five subscales and overall satisfaction were found to have a significant correlation with willingness to return to and recommendation of the emergency department to others (P<0.001). Physicians' care (including feeling responsibility, being skilled, giving information, being kind, respecting to patients, being compassionate, having interest in work, and not being negligent) had the strongest relationship with future emergency department choice and the recommendation of the emergency department to others (0.601 and 0.656 respectively) considering subscales.

Conclusion: The study findings indicate the importance of perception of satisfaction regarding willingness to return to and recommendation of the emergency department to others. The study emphasizes that physicians' care had the strongest correlation with the variables compared with other subscales.

PSYCHIATRIC INPATIENT SATISFACTION: FACTORS INFLUENCING RECOMMENDATION OF THE PSYCHIATRIC WARDS TO OTHERS

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Objectives: Patient satisfaction is essential for ongoing monitoring of quality of health care services, reflects the meeting of patients' needs and expectations, and is associated with recommendation of health care systems to others (1,2).

Methods: To identify factors associated with recommendation of the psychiatric wards to others a study was conducted using a valid (based on a qualitative study) and reliable questionnaire (Cronbach's alpha coefficient = 0.96) at 17 acute psychiatric wards in 8 different hospitals (n=140: 10% of capacity of acute psychiatric wards in Tehran, Iran) by trained researchers. Patients with subsided symptoms and signs who had been hospitalized at least for 10 days at the ward were included in the study.

Results: 30% of the patients reported that they would not recommend the psychiatric ward. All five subscales and overall satisfaction were found to have a significant correlation with recommendation

of the hospital to others (P<0.001). Nursing care (including compassion, explanation, respect to patients, kindness, attention to patients' demands or protests, skillfulness, interest in work, and patience) had the strongest relationship with the recommendation of the psychiatric ward to others (ρ = 0.758) considering subscales.

Conclusion: The study findings indicate the importance of perception of satisfaction regarding recommendation of the psychiatric ward to others. The study emphasizes that nursing care had the strongest correlation with the variable compared with other subscales.

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QUALITY OF CARE BEYOND THE WORDS OF PSYCHIATRIC INPATIENTS

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Objectives: Quality of care is not merely limited to clinical care, but it also includes patients' experiences regarding received care. A study was carried out to reveal quality of care beyond the words of psychiatric inpatients about their experiences at psychiatric wards.

Methods: A qualitative study was carried out at eight acute psychiatric wards in three teaching hospitals in Tehran, Iran. 28 patients whose symptoms and signs had subsided and who had stayed in hospital at least 7 days or previously experienced being hospitalized at a psychiatric ward were interviewed using purposive sampling and semi structured open-ended individual in-depth interview. Interviews went on until it was concluded that information was saturated. The data were then coded and classified on the basis of the area and subject.

Results: The findings of the study included different pivots need for improving some of which are as follow: Lack of policies and procedures or their implementation, the mission of the psychiatric ward/ hospital, offered facilities and services by psychiatric department to the patients, implementation of the construction standards of psychiatric hospital, taking care of the patients, psychiatry staff qualifications, their time, and availability, educating and training of the medical and non-medical personnel, patients' rights, psychiatric ward equipment, investigating complaints, safety and security precautions, procedures to assure the quality of psychiatric services, access to open and sports space, visiting regulations, discharge plan, and ...

Conclusion: The study findings indicate the necessity for a program to ensure quality of services delivered to the psychiatric inpatients.

RUMI'S TEACHING: PSYCHOTHERAPEUTIC DIMENSIONS

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At the beginning of the first story of Mathnavi, the Sufi poet Jalal al-Din Rumi says that Mathnavi is the analysis, psychoanalysis of our condition, of ourselves. Starting from this fact, through several illustrations this paper indicates the essential connections between Rumi's teaching and contemporary psychotherapeutic doctrines. This connection is expected and logic since each of these disciplines is dealing with the psychic life, intended to find the ways and methods to achieve health, serenity, complete fulfillment and self-actualization. The main elements of spiritual experience such as sense of wholeness, holiness, unity, objectivity and reality; a joy,

happiness, peace, bliss, positive change of attitudes and behavior, represent desirable ideals resulting from a good psychotherapeutic process. In this context, the Mevlevi Sufi teaching and practice can be a very interesting research field of modern psychotherapeutic theory and practice for it unites all those elements necessary for advancement along spiritual continuum and achievement of the highest levels of mental health and growth.

Key words: Jalal al-Din Rumi, Sufism, Psychotherapy

P-04-129

CAREGIVING EXPERIENCE FOR CHINESE CAREGIVERS OF PERSONS SUFFERING FROM SEVERE MENTAL DISORDERS

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Objective: to examine the appraisal of caregiving experience by relatives of patients suffering from sever mental disorders in Hong Kong

Methods: Relatives were assessed with the Chinese version of The Experience of Caregiving Inventory. Clinical correlates of the appraisal of caregiving were evaluated with the Brief Psychiatric rating Scale. Scale for assessment of Negative symptoms. and the Mastery Scale.

Results: 81 patients and 129 caregivers were recruited. there was

a positive correlation between positive and negative appraisal as measured by the Experience of Caregiving Inventory (r=0.32, p= 0.003). A regression analysis showed that negative appraisal was influenced by the Global assessment of function of patients 1 year prior to index admission, and the educational levels of the caregivers.

Conslusions: The caregiving experiences were affected by different factors. Interventions should focus on the specific needs of the families

REHABILITATION OF BOUNDARY MENTAL DISORDERS AT WITNESSES TECHNOGENIC FAILURES

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The purpose - revealing and rehabilitation post traumatic stress disorders (PTSD) on people after an air crash.

Objective: 236 persons becoming eyewitnesses of an air crash in item the Suha Balka on 22 August 2006.

Methods: Mississippi scale - scale PTSD.

Results: 118 pers. (50,0 %) are marked norm (PTSD were not fixed); at 71 pers. (30,1 %) are revealed separate attributes PTSD; at 47 pers. (19,9 %) are diagnosed presence PTSD. Among 118 per., who separate attributes and presence PTSD are marked, 45 pers. (38,1 %) were witness an event, 30 pers. (25,5 %) accepted active participation in liquidation of consequences of failure, 43 pers. (36,4 %) do not witness an air crash. 71 pers. (30.1 %) surveyed at which it is marked expressed psychoemotional pressure, unsatisfactory psychological and emotional condition, require the expanded psycho-

logical inspection and probable psychocorrectional actions. 47 pers. (19.9 %) who presence PTSD is diagnosed, are necessary carrying out of medical actions/ The offered complex of rehabilitation actions included: 1) preparation for active psychotherapeutic cooperation by removal of emotional pressure, aggression, mistrust and training of methods of mental self-control; 2) the sanction of psychological problems and internal conflicts rehabilitated; 3) personal growth, development of communicative activity and competence.

Conclusions: A ultimate goal of rehabilitation PTSD at the persons becoming eyewitnesses technogenic accidents and failures is restoration of the personal and social status. It is important to provide continuity of stages of regenerative actions. Acceptance of measure considerably is duly raise efficiency of treatment and rehabilitation of boundary mental frustration.

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ORGANIC MENTAL DISORDERS LIQUIDATORS OF CONSEQUENCES OF FAILURE ON THE CHERNOBYL POWER STATION

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The purpose - description of clinico-psychopathological model of mental frustration at liquidators of consequences of failure on the Chernobyl power station/

Objective: 110 man in the age of 26-56 years. All examinees have diagnose encephalopathy also it is established diagnose «organic disease of the brain».

Methods: clinical (making «Clinic-epidemiological card of studying of psychical disorders at liquidators of consequences of failure on the Chernobyl power station»); experimental - psychological; REG; EEG.

Results: psychoorganic syndrome - 99 pers., its asthenic form is found in 69 patients, explosive form - 30 pers. At patients have a reduction of memory. At 30 pers. (89,9%) it was marked expressed

consumption mental activity, at 108 pers. (98,9%) - decrease of intellectual serviceability. At 81 pers. (73,3%) the high level of situational uneasiness, at 26 pers. (23.3%) was marked moderately high. At surveyed prevailed (96 pers. - 87,6%) REG hypertonic type, a dystonia of brain vessels, difficulty venous outflow (84 pers. - 76,6%). The organized type EEG with prevalence á-rhythm and by preservation of zone distinctions it is marked at 3 pers. At 30 pers. are established diffuse changes. Hypersynchronous type EEG is observed at 5 pers., disorganized type - at 3 pers. Epileptic forms of activity are observed at 14 pers. results testify to microstructural changes of a brain.

Conclusions: Mental disorders of liquidators of consequences of failure on the Chernobyl power station concern to egzogenic-organic and differ advancing.

PSYCHODIAGNOSTICS OF PROFESSIONAL ADAPTATION OF TECHNICIANS IN CONDITIONS OF CHEMICAL MANUFACTURE

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Leading place among adaptable processes is occupied with adaptation of the person to labour activity. The effective labour activity of the new worker promoting optimum performance of the enterprise will testify to success of adaptation.

Objective: Research of features of adaptation of the person to production has been carried out on 115 persons which activity is connected to work in conditions of chemical manufacture. Middle age of examinees has made 46,0+2,0 years.

Methods: method of color elections by Lusher, a scale of a self-estimation of jet and personal uneasiness by Spilberger & Hanin, storing of 10 words, tables by Shulte, proof test have been used.

Results: he low level of adaptation is revealed at 31 pers. (26,9+1,4%). Thus the majority of them work at the enterprise no more than 6

months. Besides at 13 pers. (11,3±3,0%) was fixed consumption mental activity, reduction in efficiency mnestic functions, and also functions of active attention and sensomotoring activity was observed. The high level of jet and personal uneasiness is revealed at 6 pers. - 5,2+2,2%. High jet and personal uneasiness is examined as one of the main reasons of low stability to stress and predetermines the further development of adaptable processes in all functional systems.

Conclusions: The revealed features of adaptation of technicians in conditions of chemical manufacture can influence labour productivity, lead to erroneous actions on workplace and traumatization. Duly revealing of the given features allow to prevent and essentially to lower level of professional disorganization of activity.

P-04-133

PSYCHOPHISIOLOGICAL AND PSYCHOLOGICAL READINESS TO LABOUR ACTIVITY

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The research has been directed on studying of individual - psychological features, revealing of readiness for performance of labour activity, and also dependence stress stability from psychophisiological features at the persons who were taking place selection on the industrial enterprise with harmful working conditions.

Objective: it has been surveyed 115 person, candidates on employment in Konstantinovsky the state chemical plant where professional work of workers is connected to harmful working conditions. Middle age of examinees has made 46,0+2,0 years.

Methods: method of color elections by Lusher, a scale of a self-estimation of jet and personal uneasiness by Spilberger-Hanin, storing of 10 words, tables by Shulte, proof test, technique visual - motor reactions.

Results: at 13 pers. (11,3±3,0%) it is fixed consumption mental acti-

vity, decrease in efficiency mnestic functions, and also functions of active attention and sensomothory activity was observed. At examinees with frustration of memory the level of emotional stress is characterized by the expressed emotional intensity, having tendency to increase (7 pers. - 6,1±2,2%). The high level of jet and personal uneasiness is revealed at 6 pers. - 5,2+2,2%.

Conclusions: The persons with infringements psychophisioligical functions, infringements of short-term storing and reduction in long-term memory, infringements of concentration and stability of attention, consumptions nervous system do not recommend a kind of activity where there is a raised danger of a professional traumatism, i.e. work in harmful conditions. The revealed features psychophisiological parameters and a low level stress stability influence labour productivity, can lead to erroneous actions on the workplaceand traumatism.

ASSESSMENT OF LEVEL OF POLISH PSYCHIATRISTS WORK SATISFACTION

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Aim: The aim of this work was to asses whether Polish psychiatrist are satisfied with chosen profession, and whether psychiatry is still attractive specialization for students and young doctors.

Methods: The method we used in this study was an original questionnaire prepared in Department of Psychiatry, Medical University of Gdansk. It consist of 29 questions and personal inquiry. The test was voluntary and performance time was not limited. Material: We analyzed questionnaires collected from 125 psychiatrist from all districts of Poland (92 women, 33 men). Among them there were 7% with the first degree of specialization, 58% with the second degree, 8% during the second degree, 21% during new mode of education, 6% after new mode of education.

Results: 82% of questioned psychiatrists claim that they are satisfied with profession they choose. This tendency is verified and confirmed

by other answers: 71% of questioned doctors admit that they would not change their profession. If there is an opportunity of working abroad, 15% of them will leave, 49% will stay in Poland. Rest of them will have to consider this decision. Doctors declare that their work gives them certainty of employment and possibility to enlarge their experience. They find their specialization noble in society. Questioned psychiatrists were asked to rate their salaries: 9% defined their income as high, 44% evaluated it as average, 47% as low or very low. Major part of questioned doctors claim that they can not spend as much time with their families as they would like to.

Conclusion: According to analysis, there is a high level of integration with the profession. Questioned doctors are satisfied with the choice of specialization. Nevertheless they point vulnerable places in Polish psychiatry.

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STAFF BURNOUT IN THE ACUTE WARD OF THE PSYCHIATRIC HOSPITAL OF PETRA OLYMPUS, KATERINI, GREECE

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Objective: The Psychiatric Hospital of Petra Olympus in Katerini, Greece is the first Greek psychiatric hospital that closed its chronic wards in January 2004. It has transformed into a Network of Community-based Psychiatric Services. The only ward that is still running is the acute ward. It involves a small clinic of 22 beds which covers its catchment's area of 1000000 people. It is open 24 hours a day, all year round. The purpose of this poster is to demonstrate the staff burnout of this clinic. Job burnout is a prolonged response to chronic emotional and interpersonal stressor on job. It affects work performance, health and personal life. Health care professions by definition tend to be on higher stress.

Method: The study is based on structured interviews with the members of the staff, as well as on Maslach Burnout Inventory (MBI), and

Beck Depression Inventory (BDI). The same procedure was followed for all the 33 members of the staff (doctors, psychologist, social worker, health visitor, nurses, and assistant staff).

Results: Through the analysis of the data was possible to conclude that more 'burned' are the members of the staff the work in the acute ward for more than 4 years. Also, staff having an academic background seems to be more prone to job burnout.

Conclusion: Since job burnout is a reaction to work stress, affecting the work performance, methods of handling stress can be identified and encouraged. Work can be done towards helping them gain control over their work life.

REMISSION IN PATIENTS WITH SCHIZOPHRENIA TREATED WITH RISPERIDONE LONG ACTING INJECTION (RLAI): 18-MONTH FOLLOW-UP OF THE ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR) IN CZECH REPUBLIC AND SLOVAKIA

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Objective: To assess remission in schizophrenia patients treated with risperidone long-acting injection (RLAI) enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) in Czech Republic and Slovakia.

Methods: e-STAR is an international, long-term, prospective, observational study of patients with schizophrenia who commence RLAI. Data are collected retrospectively (1 year) and prospectively (2 years). Remission is evaluated using clinician assessed symptoms of: delusions, conceptual disorganization, hallucinatory behavior, mannerisms and posturing, unusual thought content, blunted affect, passive/apathetic social withdrawal, and lack of spontaneity and flow of conversation. Patients in whom all of these symptoms are absent, minimal or mild were considered to be in cross-sectional remission and if this persisted for at least 6-months, they were considered to be in symptomatic remission. This interim analysis is based on data

from patients who have completed their 18-month follow-up visit.

Results: Total 1324 patients have been enrolled in e-STAR from the Czech Republic and Slovakia; 296 patients with at least 18-months of data available (97.3% still on RLAI) were included in this analysis. Mean age was 37.6±12.1 years with 53.7% male, and mean time since diagnosis 9.6±9.0 years. During 18-month treatment with RLAI, proportion of patients met criteria for cross-sectional remission increased from 2.4% to 38.6% (p<0.001); percent patients who achieved symptomatic remission was 1.1%, 22.0%, and 28.6% at 6, 12, and 18-months respectively (p<0.001).

Conclusions: This interim analysis suggests that after 18-month treatment with risperidone long-acting injection in patients with schizophrenia, over one-third fulfilled cross-sectional remission criteria and some even achieved symptomatic remission.

P-04-137

PRESS OFFICER OF A PSYCHIATRY DEPARTMENT: WORK AIMED AT PSYCHIATRY DESTIGMATIZATION

INSTITUTIONS

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Objective: To show the role of the press officer within a leading and most prestigious mental facility of the region - University Department of Psychiatry - in psychiatry destignatization.

Methods: In 1994, first in Russia, a Psychiatry Department introduced the post of a press officer, thus starting to systematic collaborate with mass media.

Chief duties: Destigmatization, discrimination negotiation, prevention of invasion on privacy, implementation of the "mental health" principle, struggle with shamanizm, parapsychology, discussing anti-psychiatry, informing people on the opportunities of modern psychiatry, new ways of diagnostics, therapy, after treatment, worthy representation of psychiatry as both theory and practice, raising in the social and professional status of experts and mental service people's opinion, legal consulting of patients, their relatives, etc.

Results: during the last 13 years published have been over 80 original articles on the acute problems of psychiatry, psychotherapy, addictology. More than 250 materials have been presented as interviews or commentaries to the problems of psychiatry. The Department press officer and staff members have given more than 60 talks on the TV and radio. There is a web-side page for non-professionals. Initially excluded is: any collaboration with yellow and scandalous press, commentaries and claims concerning assumed psychopathology of any person (either living or dead), famous and great personalities included. Pathography is only printed in special or popular scientific editions. The public-opinion polls and practices show greater trust to psychiatrists and psychiatry.

Conclusions: The press officer of a leading mental facility may essentially influence psychiatry destignatization within the region.

CLINICAL AND ETHICAL ISSUES IN THE TREATMENT OF RUNAWAY YOUTH

INSTITUTIONS

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Objective: To study the use of clinical services by runaway and homeless adolescents.

Methods: Exploratory qualitative research project (funded by FQRSC) with 20 adolescents (16 to 19 years old) and 20 social workers in a youth protection program in Quebec (Canada).

Results: Most of our subjects were victim of family violence and childhood abuse; most have developed mental health and drug addiction problems. The identity and emotional difficulties related to their life history and their resilience in a context of exclusion can

be reasonably predictive of the capacity of these youth to seek, accept and maintain a therapeutic relationship. We will present our results and discuss the ethical and clinical issues in dealing with young people that present servere emotional and behavioral difficulties and that mistrust most forms of clinical help due to attachment traumas (former losses and abuses in their childhood).

Conclusions: Services must improve and adapt to the cycles these adolescents go through in their paradoxal needs for support and autonomy.

P-04-139

IMPACT OF COUNSELING ON QUALITY OF LIFE OF HIV/AIDS PATIENTS AND THEIR CAREGIVERS

INSTITUTIONS

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National AIDS control organization has reported that AIDS is prevalent in all parts of the country. HIV and AIDS afflicted individuals and their families are forced to cope with multitude of stressors. The present study was attempted to see the impact of counseling on the quality of life of HIV/AIDS patients and their carers. It was hypothesized that the counseling would have positive impact. For seeing the impact of counseling a pre-post design was used. The post counseling assessment was done after three months following counseling.

The study was conducted on 300 subjects consisting of HIV positive, AIDS cases and their care givers selected from those who visited NACO ICTC centre. The subjects were interviewed on Quality of Life Questionnaire (Flanagan,1982). The findings suggest that the couseling has a positive effect on all the domains of quality of life of the patients and their carers. the findings are discussed in context of long time home based care of HIV/AIDS patients.

THE LATE EFFECTS OF TRAUMA

INSTITUTIONS

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The objective of the study was to investigate late effect of the trauma. The goal of the study was to assess the level of PTSD and describe the other psychological symptoms related to Holocaust survivors' trauma. The paper is based on the long experience of the group and individual therapy of Holocaust survivors and interviews with survivors in Poland and Romania. For the purpose of the study structured questionnaire describing the circumstances of surviving and the situation before and after the war was used. For evaluation the intensity of PTSD symptoms the Watson's questionnaire was used. The constant observation during the psychotherapy work with Holocaust survivors is increase of the symptoms in the old age. Many authors put the question is that the PTSD late onset or the fluctuation of

the symptoms. The survivors were exposed to the different types of trauma. The participants of control group were not exposed to direct trauma nevertheless they suffered because of the racial laws. Nearly all the participants from the study groups have till now the PTSD symptoms what is not the case for control group. There are also the differences between traumatized groups. In my study and observation during the psychotherapy in Holocaust survivors crucial are separation problems, identity problems, vulnerability and survivor's guilt. The study shows that the PTSD symptoms are still present. However the study also support the theory that PTSD criteria are not sufficient to describe the whole effect of trauma.

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POST-TRAUMATIC REACTIONS FOLLOWING THE RECENT WILDFIRES IN GREECE

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During August 2007, wildfires devastated large areas in the Peloponnese^{1,2}. It was a tragedy with no precedent. Specifically in the region of Ilia, where Ancient Olympia is situated, 43 people were killed among whom 3 were firefighters¹, furthermore thousands lost their property². The firefighters were on duty for several days without sufficient rest, but were able to save the temples and stadium of Ancient Olympia, birthplace of the Olympic Games. We have organized a joint task force of mental health clinicians to provide psychological support and investigate the psychosocial consequences of this catastrophic event. Several questionnaires and inventories were used. One hundred and two male firefighters, living within the firedevastated area who attempted to control the disaster, were interviewed. One month after the wildfires, post traumatic stress disorder (PTSD) -according to ICD -10 criteria- was detected in 18.6 % of the firefighters. It should be emphasized that although the seasonally

employed firefighters (n=44) had similar losses to the regular staff, they presented with significantly higher percentages of PTSD (27.3 % vs 12.1 %). They were generally younger, had higher anxiety on the Spielberger State Anxiety Inventory, and less experience confronting other disasters. Consequently, early detection of specific post-disaster mental health outcomes might be of great importance for the prevention of post-disaster psychiatric symptoms.

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PROVISION OF PSYCHIATRIC SERVICES: A COMPARISON BETWEEN NORTHERN ITALY AND NORTHERN NORWAY

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Objectives: To compare two systems of Community Mental Health Care: Verona in Italy and Northern Norway.

Methods: The European Service Mapping Schedule and the International Classification of Mental Health Care were used to describe quantitative and qualitative aspects of service provision for psychiatric patients, altogether 96 units. Data were collected by face-to-face interviews with the formal leaders of the units, and differences between the two systems were analysed statistically.

Results: Community-based mental health services were well developed in both regions. In Norway, general practitioners are responsible for primary mental health care, functioning as gatekeepers to specialised services, in Verona patients can seek care from specialist services directly. The number of psychiatrists per 100 000 inhabitants

was rather similar (Verona: 15.7, Norway: 13.6; p=0.4). The number of clinical psychologists was 2.4 and 23.1 (p<0.01), respectively; and the number of beds was 42.5 vs 91.9 (p<0.01). Day treatment services for non-acute patients were more developed in Norway than in Verona. Coordination of care and integration of services were well developed in both regions, but in Verona continuity of care was organised using a single staff module. Psychosocial interventions were central in both services, but in Northern Norway more emphasis is put on training activities of daily life.

Conclusions: Both service systems were well developed and in accordance with approved principles in community care, but with surprisingly big differences in number of beds and number of professionals. Description and comparisons of mental health services across Europe is possible but requires further refinement.

P-04-143

UNDERSTANDING OF BIPOLAR MOOD DISORDER FOR NON MEDICAL PEOPLE AND PARA MEDICAL - PICTORIL PRESENTATION

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Understanding of bipolar mood disorder- for non medical people - BPMD has been compared to a tree (picture of a tree on the poster) - ground level is -euthymic state. Stem of tree represents elation "- branches of the tree, signs and symptoms of mania-as per icd-

10.- mother root represents depressed affect-rootlets signs and symptoms of depression as per icd-10-pictorial poster purely for non medical and para medical people. - community education about bipolar mood disorder.

THE RELATIVE INFLUENCES OF PROACTIVE COPING SKILLS, EMOTIONAL DISTRESS AND SELF-ESTEEM ON FUNCTIONING AND QUALITY OF LIFE OF SCHIZOPHRENIC PATIENTS

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Aims: Persons with schizophrenia tend to fail using effective coping skills in order to adaptively face daily life stressors. There is evidence linking the use of active problem-solving coping skills to better functional outcomes. However, few studies attempted to analyse the impact of proactive coping skills in functioning and quality of life. The aim of this study was to examine the relative associations between proactive coping skills, emotional distress, self-esteem, functioning and quality of life (QOL) among persons diagnosed with schizophrenia.

Methods: Sample consisted of 23 Portuguese persons diagnosed with Schizophrenia. Measures of proactive coping (Proactive Coping Inventory), emotional distress (Anxiety, Depression and Stress Scale) and self-esteem (Rosenberg Self-Esteem Scale) were correlated with measures of psychosocial functioning (Life Skills

Profile) and QOL (World Health Organization Quality of Life Bref).

We performed Spearman correlational analysis in order to determine the relationships between variables.

Results: Proactive coping, reflective coping, strategic planning and preventive coping correlated positively with different dimensions of functioning and QOL. Avoidance coping wasn't correlated with any functional outcome. We also didn't found significant correlations between distress symptoms and functioning and QOL, excepting depressive symptoms, which were correlated with communication skills and social relationships. Stress symptoms significantly correlated with physical domain of QOL. Self-esteem was positively associated with several quality of life domains.

Conclusions: Schizophrenic patients can positively influence there functional outcomes, QOL and well-being, if using proactive coping strategies and goal striving. These skills should be emphasized in psychosocial rehabilitation programs.

P-04-145

RESOCIALISATION - A CONDITION FOR ACTUAL PSYCHIATRIC THERAPY

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The authors are working in a clinic which had a great experience during some decencies with the application of new conception of resocialisation. The conclusion is that actual, usual treatment with the medicines is insufficient. It must be, in the same time be completed by new habits of work, in order to learn the schizophrenic how to gain money and how to spend it. That suppose a program of working and teaching the skills in group and individually. This approach is able to fight realistically with stigma. It is a very great task witch must be assumed by the new generation of psychiatrist, educated in the spirit of value of work and character. Of cause neuroscience will bring probably new insights and medicine, but cannot

explain the indispensable need to be included in social life and economic mechanism. That is what the East proposes, but is not able to realize because the orientation as whole society is toward profit not to really help the durable weak and costly patient. That why resocialisation should be teach to new generations and every psychiatrist to know, to become practical and real helping at log term and socially the patient. The same ideology, in the best meaning, is to be preached to the parents. This policy should be supported by the set, medical authority and law. So we can hope at some results in psychiatry. Otherwise, all are just words.

STIGMATIZING ATTITUDES OF THE HEALTH WORKERS TOWARDS THE MENTALLY ILL PATIENTS

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Stigma is a reaction that is given to the one who is different. It always has a negative meaning and it is frequently met by the patients who are in the area of mental health and illness. In this study we analyzed the stigmatizing attitude of health workers towards mentally ill patients, in psychiatry, neurology, neurochirurgy and pulmonology clinics and we compared the attitudes of all health workers who works in these clinics.

Method: The total number of health workers who has attended in this study is 420; (psychiatry 293, neurology 54, pulmonology 36, neurochirurgy 37). Sociodemografic questionnaire and Custodial Mental Illness Ideology (CMI) was given to the attendants. Non parametric variance analysis Kruskal Wallis test, Dunn multiple comparison test, t-test, x2 test are used.

Results: High educational level is associated with positive attitude and due to this situation, attitude of doctors is more positive than the other groups. The comparison of the results of all clinics has shown that most positive attitude found in psychiatry clinics than neurology, pulmonolgy, neurochirurgy clinics respectively. The custodial attitude was found to be most common in neurochirurgy clinics. The doctors of the neurology clinics was the only group that has a period of working for 6 months in psychiatry clinics.

Conclusion: In this study we found that the factors that directly effect the positive attitude are high educational level and encountering with mentally ill patients.

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MEANINGS OF INSTITUTIONAL ROUTINE AND FEARS OF CONTAMINATION AS ATTRIBUTED BY PHYSICIANS AND NURSES TAKING CARE OF HIV/AIDS PATIENTS IN A UNIVERSITY DAY-HOSPITAL IN ITALY: A QUALITATIVE STUDY

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Aims: (a) after historical impact, healthcare and/or research institutions would have gone to build an approach to HIV/Aids in a routinist way and an increasing banality; (b) with triviality of this disease, fantasies of contamination would have been progressively transferred to the subconscious.

Methods: qualitative using In-depth Semidirected Interview. Sample was composed by five professionals (physicians and nurses) from the General Hospital of Padua, Italia, in sequence of an investigation with HIV/Aids patients. The saturation occurred with fewer subjects because this group was homogeneous. Free-floating rereadings of interviews ¹ allowed organizing concepts for these two present topics.

Results: research institutions constructed a "banal" approach about AIDS, becoming a "bureaucratic" chapter of textbooks, whereas healthcare institutions have become commonplace to therapeutic measures². Fantasies of contagion from that time have been gradually

"inhabited" the subconscious. Concerns have turned nowadays into speeches on real fears that occurred in the past. Emotional reactions remain obviously influential for the professionals' feelings and behaviour, but most feeble into the dynamics of personal conscience.

Conclusions: Health professionals must be critical, salvaging HIV/ Aids studies as a genuine medical-humanistic area. They have to be careful in dealing with their own fears regarding to live side by side with HIV/ Aids patients and becoming a way of organizing mental life's normal conflicts.

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SECONDARY GAINS AND METAPHYSICAL CONCERNS ATTRIBUTED BY HIV/AIDS PATIENTS OF A UNIVERSITY DAY-HOSPITAL IN ITALY: A QUALITATIVE STUDY

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Aims: to discuss if faced with the HIV/AIDS, there would be specific Secondary Gains (SG). This would occur due to a reorganization of affective relationships in their families provoked by changes into their dynamic; and if beliefs/attitudes regarding Metaphysical Concerns (MC) (worldview, religiosity) would bring compensatory meanings related to anguish/fear, considering that HIV/Aids threatens psychophysical integrity.

Methods: qualitative including psychiatrist's clinical hearing attitude⁽¹⁾. Semidirected Interview contained nine items². Sample was composed by 12 patients from the University Hospital of Padua, Italia. Saturation occurred when information became repetitive. Inclusion criteria: more than 21 years-old and intellectual/emotional conditions to participate. Speeches were discussed under concepts of Medical Psychology.

Results: authors observed psychosocial SG toward impacts of this disease into the dynamics of patients' familiar environment. Onset of disease may become facilitator of latent positive emotional mani-

festations. Beliefs/attitudes related to values of MC had meanings of "salvation", given that this disease still is an irreversible medical problem, considering psychophysical integrity³.

Conclusions: Professionals must be careful, encouraging them to talk about affective relationships. Professionals must be alert that MC are much relevant to these patients and to animate them to search various activities. **References:**

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P-04-149

ADDRESSING A PSYCHIATRIST OR A NEUROLOGIST? GREEK MENTAL PATIENTS LOSING THEIR WAY

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AIMS Investigation of a frequent dilemma troubling Greek mental patients: whether they should address a Psychiatrist or a Neurologist when there is a need for expert advice.

METHODS Patients examined in the Neurological emergency department of "KAT" and "Tzanio" general hospitals during a sixmonth period (from 11/12/06 to 13/06/07).

RESULTS During that period 4093 patients were examined in the Neurological emergency department of the two hospitals. 720(17,6%) of these patients manifested psychiatric symptomatology. The majority of this population (74,58%) claimed having neurological or other physical symptoms which were not confirmed by any of the clinical or laboratory examinations conducted and met the DSM-IV criteria for a somatoform disorder. But there was also

a significant percentage of patients (22,9%) that manifested obvious psychiatric symptoms concerning psychosis, mood, anxiety, sleep and eating disorders. It is notable that a 21,11% of these patients had at some point visited a psychiatrist and a 20,97% had been receiving psychiatric treatment.

CONCLUSIONS Although Psychiatry and Neurology have been separated in Greece two decades ago, it appears that Greek patients still find it difficult to make the distinction. And if in Somatoform disorders, it is indeed hard to identify the underlying psychological factor, this surely is not the case in schizophrenia or depression. Inadequate informing, cultural biases, fear of social stigmatization or even a constant need for confirmation from a physician, possibly keep deterring Greek mental patients from addressing a psychiatrist.

TAKING CARE OF MENTAL PATIENTS, A PSYCHOLOGICALLY BURDENSOME RESPONSIBILITY?

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Aims: Assessment of the possible psychological burdening experienced by caregivers of mental patients.

Methods: A questionnaire including, among other parameters, a self-rating scale for depression was given to 19 accompanying persons of psychiatric outpatients in their scheduled appointment during a one month pilot phase of a study investigating the experience of caregivers of the mentally ill.

Results: Sixteen out of nineteen where first-degree relatives (mothers in 13 cases) and were cohabiting with the patient they escorted. The mean duration of illness of their relative was 17.88 years and 7 (< 37%) of them had no assistance in taking care of the patient. The

highest score in the depression scale -meaning very high levels of depression- was 30. The mean score of the participants was 16.5 with 7 out of nineteen (< 37%) scoring more than 20. Caregivers who had someone to assist them in care were less probable to score high (> 20) in the depression scale. The ones who scored high in the depression scale were relatives of patients with a longer duration of illness. Conclusion: The findings of the study, although coming from a very small pilot phase sample, suggest that taking care of someone with a mental illness, may be a stressful experience, provoking depressive symptoms. It seems that sharing the responsibility is comforting, especially in cases of life long illness.

P-04-151

THE REASONS FOR PSYCHIATRIC HOSPITALIZATION

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Background / Objective: Psychiatric hospitalization have bad effects as much as good effects on the patient, the family and the society For that reason, defining the factors that cause psychiatric hospitalization has great importance. The aims of this study was to define the reasons of psychiatric hospitalization with the patients' perspectives and the effective factors on the reasons of psychiatric hospitalizations.

Methods: A sample of 450 patients who had psychiatric hospitalization were participated in this study. The data obtained from this study were assessed by using SPSS 13 programme.

Results: At the result of this study, according to the patients the reasons of psychiatric hospitalization were determined as follows: "to have anxiety, tension and psychological discomfort (45.6%)", "to

deserve to get rid of his/her illness and to get treatment (35.6%)", "unable to follow the medical home-based treatment (5.5%)", "to be away from family, home and society (18%)", "not to be self-harmed and violent to others (12.7%)", "unable to sleep and eat (6.9%)" and "mentally unbalanced behaviours (6.1%)". In addition to this, some patients (1.4%) were not know why they have psychiatric hospitalization. Patients' sexuality, age, educational degree, number of children, profession and the environmental conditions were determined as the effective factors on the reasons of psychiatric hospitalization.

Conclusions: According to the results of this study, it is thought that unneeded hospitalization can prevented by using adequate nursing interventions to sustain coping with mechanisms of the patient and his/her family.

THE PSYCHIATRIC EMERGENCY SERVICE IN THE PUBLIC MENTAL HEALTH SYSTEM

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Public mental health services evolve around 3 factors: 1) population based need as it emerges in a particular social and cultural context, 2) existing mental health services and infrastructure, 3) governmental vision and commitment to address selected social and mental health issues as they arise. Historically the chronic mentally ill have been shuttled between institutional quarantine and homelessness with uncoordinated private and public initiatives providing a variety of intermediate options that often depend on social/economic class and family support. The experience in New York of deinstitutionalization has helped to define a range of alternative services that strive to provide a cost-effective and integrated system of public mental health. These include limited acute care and long term inpatient care capacity together with partial and day hospital programs,

supervised and unsupervised housing options, emergency shelters, outpatient clinics, intensive case management, ACT teams, AOT, specialized MICA treatment, emerging consumer driven rehabilitation services, and the advent of the CPEP. This latter development, the Comprehensive Psychiatric Emergency Program, can be viewed as the cornerstone of the system in that it provides critical services at the most vulnerable point in the cycle of exacerbation and remission characteristic of most serious mental illness. CPEP provides a range of evaluation and stabilization measures, reduces hospitalization rates, establishes an efficient locus for triage to alternate levels of care, and serves as an epidemiologic instrument for the assessment of both prevalence and service needs.

P-04-153

MENTALLY ILL PERSONS - WHO TAKES CARE OF THEM?

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Aims: Mental illness is often a chronic and disabling condition which often renders independent living not possible for patients, especially in the absence of a well organized supporting health and social system or family. We investigated the role of caregivers.

Method: During a pilot study concerning the burden of the caregivers of the mentally ill in July 2007, in an outpatient clinic, nineteen questionnaires were administered to persons accompanying the patients for their follow up visits.

Results: From the nineteen persons sixteen were women, (>50 years old), of all educational levels. Eleven of them said they where facing somatic health problems. Sixteen out of nineteen were first degree relatives (13 mother of patient) and were living in the same apart-

ment with the patient. The mean duration of illness was 17,88 years and 7 (\sim 37%) of them had no other person to help them, than close family members (eg. grandparents). All patients (most of them between 30-40 years of old) were suffering from disorders such as schizophrenia and bipolar disorder.

Conclusion: The family of the mentally ill has to carry a lifelong and hard responsibility. This is very often in the hands of one person, usually old or medically disabled. This makes the burden and the stress quite intolerable. Furthermore one must consider that the patient's care is endangered in case of loss or disability of the caregiver. The need for social support is demandable, for the wellbeing of patients and their families.

TREATMENT COMPLIANCE AMONG PSYCHIATRIC OUTPATIENTS

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Aim: To estimate the degree of treatment compliance among psychiatric outpatients and the possible determining factors.

Methods: During a study concerning the compliance of mentally ill patients to the drug therapy, 73 patients (41 male, 22 female), of all ages and all educational levels, that come to the outpatient clinic for their scheduled appointment (21 persons with anxiety and mood disorders and 52 with bipolar or psychotic disorders), were given a questionnaire about their therapy.

Results: About 45% of the patients were exactly aware of their illness, 42% knew they suffered from "psychotic disorder" in general. The rest 13% did not know the reason for taking therapy. Among patients, 88% knew their drugs and dose, 6,5% knew only the dose

and 5,5% did not know anything about their drug therapy. From 73 patients, 66 were satisfied with their drug therapy. Although doctors and parents encouraged the patients to comply with the medication, the latter sometimes received contradictory advice from friends, children and spouses. 33% of those asked, reported not following the medical instructions and having omitted 1-8 dosages during the last month, because of adverse effects, practical reasons or refusal of illness

Conclusions: The 1/3 of our patients are not compliant to therapy. Moreover a fairly high percentage of psychotic patients ignore their exact diagnosis because of fear of stigma and psychiatrists' difficulty to explain the diagnosis to patients. Immediate social environment influences strongly the treatment compliance.

P-04-155

SHELTERING GROUP FOR DRUGS AND ALCOHOL DEPENDENTS: AN INSTRUMENT TO IMPROVE TREATMENT COMPLIANCE

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Noncompliance is a major problem in the treatment of substance dependent patients, seriously threatening its effectiveness This work describes an intervention tool aimed at raising the compliance in outpatient treatment with substance dependence. The concept of sheltering implies an open door policy and provision of assessment to all patients who seek treatment. The scope includes listening to the patients' complaints, evaluating the resources that are necessary to manage each individual case, and setting a strategy for the therapeutical approach. Besides that, it reinforces the link with the patient, which is the most important factor in compliance.

Method: descriptive study. Patients seen by the first time at an outpatient facility were evaluated and those who met the DSM-IV substance abuse and dependence criteria were referred to the sheltering groups.

These groups are open, with six to eight patients, with one-hour duration, and are offered two times a day to facilitate the access. After about four sessions, the patient is usually referred to a case management team to elaborate an individual therapeutic project.

Discussion: Six months after the sheltering groups start being offered, a significant compliance improvement was noticed by the team. The sheltering group was also perceived as a useful approach for a comprehensive assessment of the patients, which reflected in a better tailored treatment plan. An open door policy and a flexible sheltering group schedule may improve the patient access to the treatment. Consecutives encounters with different team members possibly facilitates the link between the health service and the patients.

ASSESSING MENTAL HEALTH IN PSYCHIATRISTS

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Aim: The aim of this study was to assess psychiatric morbidity among a group of Iranian psychiatrists.

Method: Authors sent the 28-item general health questionnaire (GHQ-28) to 87 psychiatrists, who were randomly selected from the list of Iranian Psychiatric Association. In addition, demographic data such as age, sex, marital status & self-reported history of mental illness were also inquired.

Results: Analysis of the data showed that 12.6% of psychiatrists gained a score above the cut-off point of 6 in GHQ-28 (using bi-modal scoring system) and there was a negative correlation between age

and the GHQ score. However, applying the likert scoring system showed that 33.7% of the participants had a score above the mean. No significant difference was found across gender. According to psychiatrists' self- report, 22.6% believed to be affected by some kind of psychiatric disorder, while just as few as 3.8% of them thought of having it before entering psychiatry as their career.

Conclusions: Relatively high rates of psychiatric morbidity and emotional disturbance were found among participants, yet mental health profile of Iranian psychiatrists was far better than the general population. Increased self-perception of psychiatric disorder after entering professional career needs to be further investigated.

P-04-157

SURVEY OF MENTAL HEALTH NEEDS OF HAMEDANIAN PEOPLE

INSTITUTIONS

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Introduction/Objectives: The World Health Organization defines health as a state of complete physical, mental, and social well-being. Mental health is defined as the successful performance of mental functions, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. The aim of this study is to identify the mental health needs of Hamedanian people.

Methodology: This was a descriptive cross-sectional study. The participants consist of 1300 individuals who were selected by stratified sampling. A 30 item questionnaire was used to gather data from the sample. It consisted of three parts: A- demographic factors B - questions related to mental health service delivery C- questions related to mental health needs.

Results/Conclusions: The participants' characteristics were: age between 14-65 years, 50% men and 53% married. Most had completed elementary education. Results showed that the Hamedan city people believed that mental health services are inadequate (45%), they did not access services near their home (74%) and media information about services was poor (34%). The expressed needs of people were: mental health education (72%), established mental health centers in schools and factories (<50%) and expanding the comprehensive mental health centers in the city (58%). The paper provides a rationale for providing mental health service delivery that are easily accessible, to promote mental health. Mental health programs should be planned after assessment and identification of social needs regarding the same.

POSITIVE EMOTION TREATMENT GROUP FOR DEPRESSION: EVALUATION OF TREATMENT EFFECTS

INSTITUTIONS

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People with depressive disorders tend to dysregulate their emotions, eg, excessively ruminating as well as avoiding negative emotions. Research showed that improving emotional skills helps emotional processing and adaptation. Besides, recent literatures of positive psychology indicated that positive emotions are conducive to enhancing individuals' emotional competence and well-being. The purpose of the present study was to investigate effects of emotion-focused group treatment programs for depressed patients. The treatment groups were designed to enhance three emotional competences: emotion awareness, emotion regulation, and emotion reflection, and to foster a view that emotions contain adaptive information to

utilize for growth as well. Furthermore, a focus on positive emotions was added in the positive emotion treatment condition. A 2 (pretest vs. posttest) x 3 (positive emotion vs. non-positive emotion vs. control group) factorial mixed design was used. There were 22, 24, and 15 patients in each group. It was found that patients who received group treatment with positive emotion enhancement showed significantly better results than the other two groups, both in symptom reduction and emotion competence improvement. The results indicated that better emotional processing indeed led to better adaptation. In conclusion, interestingly a focus on positive emotions turned out to be an important facilitative change factors for depression.

P-04-159

PSYCHIATRIC DIAGNOSES OF 887 INPATIENTS SEEN BY CONSULTATION PSYCHIATRISTS AT THE CLINICAL CENTER NIS

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The authors reviewed the diagnoses from all inpatient psychiatric consultations conducted by psychiatrists during 12 months, from October 2006 to October 2007 (N=887) at the Clinical Center Nis, in southeast part of Serbia. Diagnoses were classified according to ICD-10 Classification of Mental Disorders. More than one psychiatric diagnosis was given in high percent of consultations. The group of patients seen by the consultation psychiatrists was 51, 5 % male. The most frequent diagnosis groups were organic mental disorders (20, 5% chronic, 12, 08% acute), mental and behavioral disorders due to psychoactive substance use (13, 6%, alcohol dependence prevalent-86%), and stress related disorders (12, 1%) associated with suicidal attempts (9, 1%). Psychosis, as psychiatric diagnosis, was present in 7, 5% and psychosomatic syndromes was placed in 0, 6% only. The most number of psychiatric consultations was carried out

in Toxicology Clinic (168), Neurology Clinic (155) and Surgery Clinic (152). Repeated consultations were in low percent. The requirement for urgent consultations was found in about 26%. Psychosis, delirium, suicidal attempt, agitation, depression, anxiety and hallucination were the most frequent reason for urgent consultations. We found that cognitive disorders, substance use disorders and suicidal attempts were major diagnosis groups encountered in consultation psychiatry. Psychotherapy, psychosomatic aspects and patient different reactions on somatic illness were not the main part of consultations. This way of psychiatric consultation is insufficient treatment of medical and psychological problems of hospital inpatients. Therefore, further clinical practice must better integrate consultation-liaison psychiatry with psychosomatic and behavioral medicine, as well as primary care and general hospital psychiatry.

THE ROLES OF A PSYCHIATRIST (AN EXPERIENCE FROM A COUNTRY IN TRANSITION)

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The basic role of a psychiatrist is a helping one. This role is just one among many a psychiatrist in a transitional country has to play. Clinical work, the essence of our profession, maintains or even increases its importance, but other challenges appear. The reform of psychiatry, moving to community mental health, with very important roles for others, and strengthening of primary care, could present a threat to psychiatric community. Nevertheless, there are still a lot of things that psychiatrists "have to do". Role of scholar /researcher opens up as an attainable possibility. But could it be a sort of "internal emigration" as well? Numerous changes in more open society create a need for more psychiatric expertise in different areas. Media are constant-

ly looking for provocative issues, and mental health being one of them, makes a psychiatrist an excellent participant in TV shows. Judicial system is another user of psychiatric expertise, more and more often as times go by. Does this mean our patients commit more crimes? Or people just think more about mental health problems? Psychiatrists appear as managers/leaders in health institutions, or become highly valued members of management teams. Is this appreciation of our knowledge and skills or unrecognized need for help in burn out syndrome? Or is it an idealization of our powers? These and some other roles are those we are playing and living in the transition. This poster aims to initiate further discussion about it.

P-04-161

A MENTAL HEALTH ASSESSMENT AND SUPPORT TEAM FOR COMMUNITY ELDERS IN A SCOTTISH HEALTH REGION

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Background: The '2005 National Framework for Service Change in the National Health Service (NHS) in Scotland' promoted the need for NHS service delivery in local communities rather than in hospitals, and to develop a systematic approach for the most vulnerable (especially older people) with long term conditions with a view to managing their conditions at home or in the community and reducing the chance of hospitalization. This combined with the recognition of an aging population encouraged service redesign in a Scottish health region with the focus on community assessment of older people with mental health needs.

Aims: To establish and assess the functioning of a joint Health and Social Services enhanced assessment and support team (EAST) for community-dwelling elders with significant mental health needs living in a Scottish health region, and to determine the impact of

this team on mental health hospital services.

Methods: Prospective three-year data collection of local service activity involving EAST, and both inpatient and day hospital facilities for older adults with mental health problems.

Results: EAST assessed 111 patients during the study, 83% with a diagnosis of dementia. The mean duration of assessment was 6 weeks with 9% of patients receiving an overnight home assessment and 6% requiring hospital admission. Overall there was a substantial reduction in utilization of both acute admission beds and day hospital placements.

Conclusions: Multi-agency community assessment of older adults with mental health problems can be addressed effectively without recourse to hospital admission, which may

allow resource release for further service developments.

A PSYCHIATRIC INTENSIVE CARE UNIT (PICU) FOR OLDER ADULTS IN A SCOTTISH HEALTH REGION

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Background: A number of definitions for 'psychiatric intensive care' exist but generally they detail care in a multidisciplinary, highly staffed, and often secure, unit for persons with mental disorder and associated behavioural disturbance. The role of psychiatric intensive care units (PICU) is well established for the general adult psychiatric population, but these units are often less suitable for older adults. A dedicated PICU for older adults in a Scottish Health Region serving a population of 350,000 was established in 2001 to deal primarily with an increase of behaviourally challenging demented male patients in the psychogeriatric admission wards of that region.

Aims: To detail patient characteristics and outcomes of admission to

Aims: To detail patient characteristics and outcomes of admission to the PICU for older adults in a Scottish Health region.

Method: Prospective survey of admissions to the PICU from Janua-

ry 2006 until August 2007, using routinely collected data.

Results: 25 male patients, mean age 74 years, were admitted during the survey, with 52% detained under Mental Health legislation. The main transfer reasons were resistive behaviours and persistent physical aggression. The majority (32%) of patients had a primary diagnosis of Alzheimer's dementia, 20% with vascular dementia. The average mini-mental state score was 15/30, and the mean duration of patient stay in the PICU was 54 days, with 84% of admissions discharged from the unit during the evaluation period.

Conclusions: A regional psychogeriatric intensive care unit can serve a useful function in the management of disturbed elders who are otherwise difficult to manage within existing psychogeriatric acute admission wards.

P-04-163

CLINICAL UNCERTAINTY AMONGST SCOTTISH PSYCHIATRISTS ABOUT CRITERIA FOR NATIONAL HEALTH SERVICE CONTINUING CARE

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Background: The Scottish Office Department of Health issued guidance in 1996 on 'National Health Service (NHS) Responsibility for Continuing Health Care' which is provided free of charge to patients whose complexity, nature or intensity of care needs (medical, nursing or other clinical) are sufficient to fulfil certain criteria. Due in part to differing NHS guidance in England, there has been increased complaints to Health Boards and the Scottish Public Service Ombudsman (SPSO) about patients deemed not to fulfil the Scottish criteria.

Aims: To establish the level of knowledge amongst experienced psychiatrists about current Scottish regulations on NHS Continuing Care.

Methods: Following a pilot survey, a modified postal questionnaire comprising 19 structured questions was sent to 134 psychiatric con-

sultants and specialist trainees in south-east Scotland in mid-2007, with a reminder to non-responders.

Results: A 54% response rate increased to 66% following reminders. Of these, 82% were consultants and 88% had clinical responsibility for inpatient care within the past decade. Only 24% of responders were aware of the current Scottish guidance for NHS Continuing Care, with only 14% aware of the actual 1996 document. There was uncertainty regarding responsibility for both discharge and appeal processes although 8% had been involved with a formal complaint relating to NHS Continuing Care and 10% involved with the SPSO. Conclusions: Clinical uncertainty abounds regarding the criteria in Scotland for NHS Continuing Care, despite guidance being issued over a decade earlier. There is urgent need for raising awareness of the criteria amongst relevant practising clinicians in Scotland.

FEMININITY, AND MASCULINITY CONCEPTS THROUGH FEELINGS, SEX-ROLES, PHYSICAL APPEARANCE SOCIAL CAPACITIES, PERSONALITY CHARACTERISTICS, AND BEHAVIOR: AN EXPLORATORY STUDY.

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Objective: Picked up from a larger research, this study aims to verify what kind of concepts are use by women and men during the life spam to indicate what femininity/masculinity are.

Method: The participants completed a questionnaire with demographic data and open questions about femininity and masculinity. SPSS to get statistical analyses

Results: Women mainly evaluate Femininity through behavior (30.8%), personality characteristics (26,9%), and sex-roles (16,7%). Men mainly evaluate Femininity through Personality Characteristics (38,5%), behavior (32,7%), and sex roles (15,4%). Women mainly evaluate Masculinity through Personality characteristics (31,2%),

behavior (23,4%), and sex-roles (14,1%). Men mainly evaluate Masculinity through Behavior (36,9%), Personality characteristics (23,1%), an "tastes" (10,8%). The major differences between women and men considering Femininity and Masculinity are inside each larger category.

Conclusions: Women and men evaluate Femininity and Masculinity by the same categories of analysis, with an exception of Masculinity by men, that include "tastes" (to like Soccer, beer, etc.), but inside each category differences about Femininity and Masculinity are seen as big ones.

P-04-165

HOME TREATMENT OF PATIENTS WITH SCHIZOPHRENIA

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Treatment of patients with schizophrenia in community considered different programmes with the aim to achieve as high as possible level of resocialization and rehabilitation (1,2). The aim of this study was to analyse the efficiency of home treatment concerning functionality of patients in community.

Methods: In this research analysed were 40 patients with schizophrenia treated in mental health centres with home treatment programme concerning social functioning and structure of daily activities. For the purpose of this research used was a social functioning scale which was applied in the beginning of the inclusion in home treatment and after 12 months. Sociodemographic data and data about structure of daily activities were gathered on the basis of medical data from centres for mental health.

Results: The average age of patients questioned was 53.5 ± 13.6 . Out of total number of patients, 34 patients lived with some family member, while six lived alone. According to structure of daily activities eight patients were most of the day passive. Social functioning in 23 patients was significantly better (p<0.05) after 12 months of home treatment significantly.

Conclusion: With a home treatment of patients with schizophrenia much a higher level of social functioning has been achieved.

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SELF HELP SUPPORT GROUP FOR MUMBAI MUSLIM WOMEN

INSTITUTIONS

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Structurally adjusting countries like India, populated with ethnically and culturally diverse communities face their own unique mental health challenges. The evolving urban Muslim woman, facing systemic issues of traditional familial framework, limited resources, constricted employment, social exclusion is also often a victim of stereotypes and ignorance. All these factors and more contribute to the everyday stress level which may lead to psycho-social distress and illnesses. Mental health services can be complimented by human services. This led to the conception of a self help support group (SHSG) for Muslim women as an initiative towards emotional well-being of this minority strata of society. Women from the community with an insight into their own mental health & commitment towards it, came together for this endeavor. Other women of their acquaintance (16 years & above) were invited by them which included professionals, students & stay at home mothers.

Methodology:

Recrutiment Process - word of mouth.

Participants - The group features were homogeneity with regards to community, gender, age, ideology.

Group Work - A holistic approach towards promotion of mental health, open - ended and fluid membership.

Challenges & Limitations - To be discussed.

Method - A semi-structured questionnaire was designed to examine the experiences with and perception of the group; and the subsequent impact on the individual.

Findings - Aims, working, success & failures of the group work are assessed. Emerging themes are examined through an interpretive paradigm (Denzin & Lincoln 1994; Flick 1998).

This paper will discuss the evolution of the 2 year old SHSG of Muslim women.

P-04-167

RESILIENCY IN HOLOCAUST SURVIVORS AND THEIR OFFSPRING

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It has been shown that extreme distressful situations have a profound impact on every human being, such as the observed after the Holocaust (*shoah*) perpetrated by the Nazi regime during WWII, which represented a breaking point in the lives of those who went through these traumatogenic experience. In this regard, many Holocaust survivors managed to rebuild their lives in a resilient manner, while many others did not succeed to recover, therefore living an existence of trauma and depression. The aim of our work is oriented to study a potential profile of resilient subjects as it is expressed in

a population of survivors as well as their offspring. Therefore, we performed both, a cognitive evaluation of some volunteer subjects, and an exhaustive review of descriptions registered in the bibliography. The possibility to define a resilient profile may lead to the understanding of cognitive and neurobiological features of resiliency, and therefore, to the development of more successful coping strategies and more effective therapeutic approaches to help people affected by traumatogenic situations, including psycho-social conflicts and bio-ecological disasters.

THE EFFECT AND EVALUATION OF A MENTAL HEALTH EDUCATION PROGRAM IN JUNIOR HIGH SCHOOL STUDENTS FOR EARLY INTERVENTION AND PREVENTION: PROLONGED EFFECTS ON HELP-SEEKING BEHAVIOR

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Aims: Mental maladjustments are frequently seen in junior high school students in Japan. However, adolescents tend not to seek help because of poor understanding and negative image of mental disorders and consultation. The aim of this study was to evaluate the effects of a mental health education program on distressed students' help-seeking behavior after one year.

Subjects and Methods: Subjects were 167 first-year students (12 or 13 years old) from 3 junior high schools in Japan. Subjects were divided into an intervention group and a control group. The education program consisted of 4 lectures and a visit to one of several psychiatric institutions and was applied to the intervention group. Subjects of both groups were assessed before and after intervention using questionnaires based on the Attitudes towards Seeking Professional Psychological Help Scale (ASPH), the Hope of Consul-

tation Attitudes Scale (HCAS), as well as knowledge and need for consultation scales of our own design. We used two-way analysis of variance and chi-square test to evaluate help-seeking behavior. The education program and questionnaires were administered from October to December, 2005, and a follow-up survey was carried out in December, 2006.

Results: Knowledge of mental disorders and understanding the need for consultation was still significant after one year. ASPH and HCAS indicated small to moderate effectiveness. Intervention group students in distress tended to seek help through their networks compared with the control group.

Conclusions: The effect of our mental health education program continued to positively affect help-seeking behavior after one year.

P-04-169

PUBLIC PERCEPTION OF MENTAL HEALTH SERVICES IN EARTHQUAKE AFFECTED AREA IN KUTCH, INDIA

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Objectives: To assess the public perceptions about availability and usefulness of mental health services in the earthquake affected area of district Kutch of Gujarat, India.

Methods: Two hundred fifty people identified in an epidemiological study on the mental health consequences of earthquake in Kutch region of Gujarat in 2001 as suffering from various psychiatric illnesses were included in the study. They were interviewed by using qualitative research technique In-depth interview to find out their perception about availability of mental health services in the aftermath of disaster and usefulness of these services. Conclusion:- most of the respondents were not aware about the availability of mental health services in their area.

Results: Most of the patients were not been aware of available mental health services in their area and only few of them reported using these services. This perception was found to be in variance with the information from secondary data sources about many of the organizations and agencies reportedly working in this area to provide psychosocial care and mental health services.

Conclusion: Various agencies working for delivery of mental health services in disaster affected areas need to ensure that services provided by them have wider accessibility, get adequately utilized and recognized by the target population to maximize the impact of these services.

PSYCHOLOGICAL DISTRESS IN TEENAGERS RESIDING IN REGIONS CONTAMINATED WITH RADIONUCLIDES

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The accident on Chernobyl NPS doesn't have analogue in the world in scale and character. Many aspects of Chernobyl accident have been suggested to cause mental disorders, stress, and anxiety in the population.

Aimes/Objectives: The aim of this study was to examine the signs of psychological distress and its reasons in teenagers residing in regions contaminated with radionuclides.

Methods: 138 teenagers (13 - 16 years) residing in contaminated regions had been examined with Spilberger's State Trait Anxiety Inventory, Reeder Inventory, SCT (Sentence Completion Test). We used SCT created by prof. Tatara M. (Japan) for children and adolescents suffered from Chernobyl accident.

Results: No connection between psychological distress and density

of radionuclide contamination has been revealed. 4,7% of the adolescents even don't know what radiation is, 4,7% consider it as poison, 3% as microbes, 73% of teenagers characterise it as contamination, disease, death, horror etc. 20,6% of adolescents can say correctly that Chernobyl is the town, where accident on NPS had been occurred, but 68% of teenagers consider it as pain, tragedy, horror, "everything is forbidden" etc. 65% of teenagers feel severe distress in connection with there school study not depending whether it is successful or not. 10% develop distress in their families. High levels of trait and state anxiety have been find more frequently in girls.

Conclusions: psychological distress in teenagers residing in contaminated regions depends on sex, school study, family and attitude to radiation.

P-04-171

ABOUT PSYCHOANALYTIC DISCOURSE IN TURKEY

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AIMS: The aim of this study is, to understand information about the content of daily psychoanalysis knowledge. Psychoanalysis, which is one of the important theories of developing psychology and modern psychiatry, has been taking a vital place in Turkey for 15-20 years. Thus, it is possible to say that, there is a discourse about psychoanalysis in the society.

METHOD: In this study, focus group technique is utilized in order to inquire daily usage of psychoanalytic discourse. Focus Group Technique is a method that a group of 6-10 individuals gathered to discuss a particular topic under the direction of a moderator, recording this discussion and analysing the recorded data (Kreuger, 1998). Data, that produced by focus group technique, will be assessed by discourse analysis. Discourse analysis is a kind of analysis technique, that is suggested by Discursive Psychology and considers some fields; such as ethnomethodology, rhetoric, philosophy of language, conversation analysis, post-structuralism, sociology of

knowledge, while having an evaluation (Edwards, Potter, 1992, Burr, 1995). The analysis of the groups are still in progress. After this stage, produced data will be assessed by discourse analysis.

RESULTS: The results are being assessed.

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ADAPTATION AND ACCULTURATION OF A QUALITATIVE RESEARCHER IN A RELIGIOUS INSTITUTION TO FUTURE DATA COLLECTION FROM EX-HOMELESS ALCOHOLIC SUBJECTS IN BRAZIL: A REPORT OF FIELD EXPERIENCE

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Aim: To discuss methodological strategies for adaptation/acculturation of a researcher in religious institution that takes in homeless alcoholics in order to perform later a qualitative investigation about psychological meanings about their institutionalized lives.

Method: Using field notes¹, it was a preliminary investigation, interacting progressively with the staff and seeking to hear freely institutionalized individuals' life stories².

Results: It was possible to observe dynamic aspects of the nonscientific institution and to realize that interviewed subjects do not live in community so easily. Religious institution - which welcomes the homeless who express wish for leaving the streets - manages to get an appropriate care. Entry of researcher in field and achievement of the staff were up to establish a satisfactory rapport between the first one and possible informants, as a facilitator for accurate data collection and like this to maximize its methodological validation. Breaking paranoid fantasies is crucial.

Conclusion: Initial barriers found in this setting must face subtly by the researcher. This report creates space for discussion on processes of adaptation/ acculturation for qualitative researchers in non-academic institutions, usually not get used to develop research activities. The adequate acculturation allowed the progress of project in a post graduation course in mental health area.

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P-04-173

BIOPSYCHOSOCIAL DESCRIPTION OF ADAPTIVE ASPECTS PRESENTED BY INDIVIDUALS WITH AMPUTATION DUE TO VASCULAR DISEASE OR TRAUMA IN A UNIVERSITY HOSPITAL FROM BRAZIL

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Aims: To focus on the meanings presented by individuals with Acquired Physical Disabilities about their health condition. The authors purposed to analyse the adaptive biopsychosocial aspects presented by people who have had one of their lower members amputated as a result of a disease or trauma.

Method: From clinical-qualitative methodology¹ using semidirected interviews with open-end questions² applied to a sample composed by ten individuals, group closed by saturation technique, under treatment at the Prosthesis and Orthosis Unit of a university hospital in the Săo Paulo State, Brazil. The data collected was analysed by means of the Thematic Contents Analysis Method.

Results: After dree-floating rereadings of interviews, nine categories was identified concerning these themes: the event as an inevitable and unexpected situation, several reactions between amputees due to disease and those due to trauma, peculiar psychological mechanisms of defence and adjustment, ghost pain, ghost feeling and pain in the stump, complaint about difficulties in locomotion and physi-

cal dependency, discrimination and stigma, additional relationships with family members and friends, low socio-economic status to acquisition of prosthesis, amputation as a social issue and spirituality

Conclusion: It is crucial that the processes of psychosocial rehabilitation must be continuous, starting up ever in preparation to the surgery and lasting until closer to a possible full independence of the amputated individuals.

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MEANINGS OF THE HISTORICAL PROGRESS IN MEDICAL-PSYCHOLOGICAL APPROACHES TO HIV/AIDS PATIENTS ATTRIBUTED BY PHYSICIANS AND NURSES WORKING IN A UNIVERSITY DAY-HOSPITAL IN ITALY: A QUALITATIVE STUDY

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Aims: (a) initial moments of approaching HIV/Aids patients, many data raised in anamnesis would have served to satisfy the professionals' psychological curiosities; (b) after the impact of its appearance, medical sciences would have wandered off the valorisation of its historicizing aspects.

Method: qualitative study with semidirected Interview¹. Sample achieves saturation with five professionals, working at least ten years with HIV/Aids, in sequence of another investigation with patients at the General Hospital of Padua, Italia. Content analysis, highlighting selected speeches, was discussed to develop two present topics.

Results: Anamneses, in initial moments, seemed not only to explain the "chain of facts" linked to epidemiology and clinics, but they also sought to satisfy curiosities. Professionals had faced a "new old" population, which emerged with phenomena less usual in medical settings: certain affective-sexual behaviours and use of drugs by many social groups². Anamneses, nowadays, are centred on physical manifestation, because they shape exemplarily biological facts.

Ill person's non-biological dimensions were left to the "speculative" fields. Health scientists fitted the AIDS under *positivist paradigm*. **Conclusions:** although the HIV/Aids had represented a deleterious event, its appearance has contributed to bring up the *discussion about important human hidden behaviours*. Health professionals should retake detailed anamnestic elements, valuing *symbolic meanings* to improve professional-patient relationship and to increase treatment adherence.

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MEANINGS ON BODY IMAGES AND SCALE OF PERSONAL VALUES ATTRIBUTED BY HIV/AIDS PATIENTS OF A UNIVERSITY DAY-HOSPITAL IN ITALY: A QUALITATIVE STUDY

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Aims: to discuss if the sick persons, in relationship with themselves and with others, would search peculiar ways to deal with their negative feelings toward the progress that damages their global integrity; and if even faced with the eventual evidence of both the clinical aggravation and the worsening of their prognoses, the patients could not have their lives gravitating around the concerns with this disease in a way so important

Methods: qualitative with Semidirected Interview, Open-Ended Questions ¹, Sample composed by 12 patients from the General Hospital of Padua, Italia, using saturation technique.

Results: an anxious search for the own image in front of mirror becomes significative comparing themselves with images in old photographs. In the relationship with others, a search of the own image is also found through the persons' attitudes²; there are patients whose lives gravitated more around other personal concerns, such as love, work or financial problems.

Conclusions: Health professionals must be careful regarding the concerns of their patients' *self concept*: words and looks are important to reconstruct their psychological world. Explaining common sense ideas can be a risk³. Patient-centred care can disrespect ill persons' *scale of values*, given that ill persons can see HIV, at present, as a non-stigmatizing problem.

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PSYCHOCULTURAL MEANINGS OF THE FEMALE URINARY INCONTINENCE - A LITERATURE REVIEW

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Objective: To identify studies about psychocultural meanings of life experience ¹ with urinary incontinence (UI) as reported by women. **Method:** From the literature raised in databases (Medline, Pubmed, Medscape), studies that addressed the UI women's life experience were selected firstly by the title, and then by their content. After selective rereadings, articles got into groups according to three categories on experiences: age, religious/cultural patter and self-care.

Results: Symbolic aspects of UI to elderly women were more associated with ideas that it was an unavoidable phenomenon, as a resulted of advanced ages, and so

described how a normal degenerative process. Among the younger and middle aged, it was seen as a social phenomenon not acceptable and a loss of body's healthy properties. In cultural-religious subgroup, psychosocial aspects for Western and Eastern women showed similarities feelings, such as shame, guilt and social isolation. Jewish

and Muslim related stress due to need for a clean body to pray and it was relevant problem to take religious precepts up. Self-perception about their UI may lead to different levels of emotional disorder that interfere to seek treatment in order to maintain self-care.

Conclusion: Diversity of reported results seems associated to psychocultural meanings assigned to the female body, given that human meanings has an always-present polysemy. Female UI can generate suffering, and both the lack of correct information and eventual shame are perceived as barriers to the adequate self-care.

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P-04-177

PSYCHOLOGICAL EXPERIENCES OF PREGNANCY REPORTED BY WOMEN WITH SICKLE CELL ANAEMIA IN A UNIVERSITY HOSPITAL IN BRAZIL: A QUALITATIVE STUDY

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Objective: To discuss the psychological pregnancy experience as reported by women with sickle cell disease anaemia disease, given that this disease is the most common hereditary one in Brazil and it is a relevant public health problem. Women with sickle cell anaemia disease who are able to become pregnant are at increased risk of miscarriages and complications during the childbirth.

Method: Qualitative study¹ with nine women with ages varying from 19 to 35 and gestation age ranging age from 16 to de 30 weeks. Their follow up was done at the Clinic of High Risk of the General Hospital of the State University of Campinas, , Brazil. Semidirected interviews with open-ended questions were conducted, recorded, transcribed, underwent qualitative content analysis and interpreted in light of psychodynamic framework.

Results: For the present presentation, two emergent categories were relevant: (a) meanings of maternity for those women; and (b) per-

ceptions and the handlings of the disease implications in their daily lives $\!^2\!.$

Conclusions: The discussion has suggested that in spite of the feelings of existential and psychological anguishes, that usually involve this kind of pregnancy, as wells as the awareness of possibilities of clinical complications for women as mothers and/or for babies, there was still a reported strong desire of experiencing motherhood.

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PSYCHOSOCIAL ADAPTATION MECHANISMS USED BY WOMEN WITH TURNER SYNDROME IN BRAZIL: A QUALITATIVE STUDY

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Objective: To outline the psychosocial adaptation mechanisms used by women with Turner Syndrome (TS) built when confronted with diagnosis of this illness, seen in an outpatient service.

Method: Qualitative research was particularly suitable for this study given the exploratory nature of this work¹. Semidirected psychological interviews were administered to 13 women from the Centre of Integral Attention for Woman's Health, State University of Campinas, São Paulo State, Brazil. Data collected was submitted to Qualitative Content Analysis and thus categorized: (a) type of reactions in the face of the diagnosis; (b) the illness experienced as a social stigma; (3) types of psychosocial mechanisms of adaptation. Afterwards this data was interpreted in accordance with psychodynamic reference framework.

Results: After free-floating rereadings of interviews, the following topics emerged: relevant psychosexual conflicts, difficulties in interpersonal relationships, jealousy, feelings of impotence; presence of mecha-

nisms of repression, negation, low self-esteem, and sublimation.

Conclusion: Women with TS have to deal with organic and psychological intermingling factors regard to their illness that brings major suffering and frequently makes great difficulty of a healthy social insertion². Findings of this research became useful for a psychological approach complementally to the routinist medical healthcare considering TS patients.

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P-04-179

WHAT DOES BARIATRIC SURGERY REPRESENT MENTALLY TO OPERATED WOMEN ONE YEAR EARLIER? A QUALITATIVE STUDY IN BRAZIL

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Objectives: To understand what happens emotionally to women who undergo bariatric surgery and how these events relate to the genesis of the eventual psychiatric disorders.

Method: Clinical-qualitative, a particularization of humanistic methods applied to the health field.

Results: Desire for a beautiful body and acceptance of the woman socially are the major motivations for a surgery. A hypomanic phase called "the honey moon with the surgery" follows. Frustration of that expectation may cause depressive disorders. Anxiety and depressive disorders are frequent due to the sensation of failure, and can lead to suicidal ideation. Surgery prevents ingestion of large amounts of food, but it does not solve compulsive behaviour, which may lead to psychiatric disorders like nervous anorexia, bulimia or other compulsive behaviours, such as alcoholism. Surgery becomes an obsession and afterward it is replaced by a reparative plastic surgery. Patients that succeed in maintaining weight experiment an increase of

self-esteem and recuperate their identity, which protects them from mental disorders.

Conclusion: Bariatric surgery is a therapeutic resource that shall be used subjected to rigorous criteria, because it represents physical and psychological strain. Health team must be prepared to deal with the emotional complications that arise from the surgery. Psychotherapy is fundamental to a good long-term result. Understanding meanings of the surgery from the operated patients improves therapeutic results regarding the psychiatric disorders.

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TOWARDS A PSYCHIATRIC POLICY FOR EAST-EUROPEAN COUNTRIES AND BALKANS

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The mental health policy and the reform of psychiatric services in our countries have encountered high difficulties, as well in their elaboration and particularly in their implementation. Basically, the problems in the region are alike: from legislation to infrastructure, from the lack of professionals to the reduced offer of services, from mentalities to severe financial limitations, from education to the general situation of health services.

In Romania, there are more plans than achievements so far. Psychiatry receives less than 3% of the global health budget, there are 0,5 psychiatrists, 0,2 psychologists, 2 nurses and 0,06 social workers for 10 000 inhabitants and the access to diagnosis and psychiatric care is reduced.

Considering the facts mentioned above and Romanian traditions, the "social model" implemented in developed European countries is not useful for us, both economically and culturally. Moreover the mental health promotion and community psychiatric services are based on antipsychiatry, marginalize the clinical psychiatry and do not offer a favorable cost-advantage ratio.

Based on internationally recognized documents, which gravitate around the "WHO European ministerial Conference on Mental Health", we will try to demonstrate that for Romania and probably for the whole region, the actual priority should be the elaboration and the systematic implementation of a "psychiatric policy" that lies upon the medical model.

Caring well all patients through a sufficient and various offer of services for secondary prevention, efficient rehabilitation programs and opportunities for addiction treatment, we could discuss realistically about the mental health policy.

P-04-181

ADAPTING ACT FOR USE AMONG HARD-TO-TREAT- PEOPLE IN A MEDIUM SIZE CITY IN HOLLAND

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Objective

To adapt the Assertive Community Treatment (ACT) Model for use for use among hard-to-treat people with severe mental illness (SMI) in a medium-size mental health service area in The Netherlands.

Methods: Our adaptation does not include individual research assessments of clients in order to minimize their burden and maximize their participation in the services. It consists of three inter-related phases. Phase One includes: a) identification of 30 of the most difficult patients to treat for this trial, among long-term care clients (N: 820) of Renier van Arkel Psychiatric Services in s-Hertogenbosch; b) Collection of one-year Case Register data on participant's service use and clinical and demographic variables prior to this trial. Phase Two includes: a) Provision of in-vivo training to a team to work with the

ACT methodology; b) Assessing over a year the provision of ACT, including follow-up service use and data collection from charts on substance use and quality of life. In Phase Three, we adapt ACT for use in our area and produce an intervention manual based on our experience in this trial, collected data, and on our overall clinical and research experience with hard-to-engage populations.

Results We successfully identified our target group, provided the team in-vivo training and the ACT service provision. Phase Three of the study is still being completed.

Conclusion Initial assessments suggest that adapting an evidence-based intervention based on collection of clinical implementation data and non-intrusive collection of available service use and clinical variables data might be an useful method.

PSYCHIATRIC MORBIDITY AMONG THE HOMELESS IN FEDERAL TERRITORY AND SELANGOR

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Aims/Objectives:

A cross sectional descriptive study of homeless individuals in an Institution for the states of Wilayah Persekutuan and Selangor in Malaysia was conducted. The aims of this study were to examine the prevalence of psychiatric morbidity in these individuals and to study demographic and other factors associated with homelessness and psychiatric disorders.

Methods:

During the period of March 2005 to end of June 2005, 70 participants through universal sampling were recruited to participate in the study. Informed consent was taken and they were interviewed using SCAN and CISR.

Results:

The prevalence of psychiatric morbidity in the institution was found to be high with 30 percent of individuals suffering from Psychosis and 40 percent of individuals suffering from various neurotic disorders. The education level was generally low. Psychotic illness was associated significantly with secondary education, poor social support and younger age group. Neurotic disorders were not significantly associated with other demographic factors.

Conclusions:

This is the first such study among homeless in Malaysia and shows that there is a high prevalence of psychiatric morbidity among the homeless. Mental health services are thus essential for this group.

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TERMINATION FROM PSYCHOTHERAPY IN CANADA: PATIENT REASONS AND THEIR CORRELATES

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Although effective psychotherapies are available, nearly 50% of psychotherapy patients terminate psychotherapy early. Shorter treatment is sufficient for some patients who terminate early but, for others, it is likely insufficient for meaningful improvements. Reasons patients report for terminating may provide insight into barriers that limit the effectiveness of psychotherapy. Community surveys have examined mental health treatment dropout but no epidemiological research has examined patient reasons for terminating psychotherapy. The Canadian Community Health Survey in 2002/03 included data on past year psychotherapy use and 10 specific reasons why treatment ended. Proportions of respondents endorsing these reasons were compared across demographic, clinical, and service variables. 255, 202, 255, and 326 respondents stopped treatment with family doctors, psychiatrists, psychologists, and social workers, respectively. Overall, across providers, the following

reasons for termination were reported: 43.0% indicated termination due to feeling better, 13.1% because treatment was completed, 14.9% reported it was not helping, 7.0% thought problems would get better without help, 4.7% could not afford treatment, 0.4% were embarrassed to continue, 5.5% wanted to solve problems on their own, 1.9% stopped due to circumstantial barriers, 4.2% because the service was discontinued, and 7.1% were not comfortable with the professional's approach. Respondents who terminated due to feeling better were older, middle/high income, less distressed, and less likely to have mental disorder diagnoses. The opposite pattern of results emerged for respondents who selected other reasons for termination. Knowledge of these correlates can contribute to practitioners' awareness of which patients are more likely to terminate for which reasons.

COMPARISON OF PUBLIC'S STIGMA ATTITUDE BETWEEN AIDS AND SCHIZOPHRENIA

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Objectives: Public's stigma of HIV/AIDS is harmful to public health and human rights as well as other diseases. Several studies had been conducted to evaluate the public's attitude toward people with AIDS (PWAs) and how to improve it. However, in these studies, no standardized and validated evaluation scales has been used. Lack of appropriate control group such as severe mental illness was also noted. The objective of this study was to compare the public's stigma attitude toward PWAs and schizophrenia, which was one of the most stigmatizing diseases.

Methods: A total of 507 university students completed two questionnaires about the stigma attitude toward PWAs and schizophrenia. Each stigma questionnaire consisted of four subscales measuring familiarity, stereotype, dangerousness, and social distance. The four subscales were well constructed and validated in several previous

studies, and were modified to better suit the purpose of this study. The subjects' basic data, religious belief, and health education experience were also collected.

Results: The scores of stigma attitude toward PWAs were higher in the stereotype and social distance but lower in the dangerousness subscale. Female subjects had higher scores in the dangerousness and social distance subscales with both questionnaires. Subjects with more health education experience had lower scores in several subscales of PWAs and schizophrenia questionnaires.

Conclusion: The results showed that the public's stigma attitude toward PWAs is more severe than schizophrenia in several aspects. Health education in university campus is a practical way to reduce the stigma attitude toward both AIDS and schizophrenia.

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POST-TRAUMA RISK FACTORS AND RESOURCE TRANSFORMATIONS FROM THE PSYCHOSOCIAL PERSPECTIVE: A FOLLOW-UP STUDY

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'The study one' was adopted by the longitudinal approach to explore the Chi-Chi Earthquake victims' psychosocial resources changes from the three time intervals, namely, two years post the disaster, three and a half years post the disaster, and five years post the disaster. Two group of disaster victims (a group consisting of 149 adults with mean age 43.61±10.23 to be hit by the disaster, we called the general group, and a group consisting of 149 adults with mean age 42.00±9.47 who also lost their loved family ones during the disaster was called the bereaved group) were evaluated by the different scales at a disastrous site of central Taiwan. We found the trend that the bereaved group perceived the life threats and earthquake impacts were profound even five years had passed since the disasters. Also,

the symptoms of the posttraumatic stress reactions were lessened for two groups along the time intervals. In 'the study two,' interviews with 20 bereaved and disorganized survivors at least once over a two-year period after the disaster were further analyzed. It was found from the psychological processes what the bereaved family coped against the major loss and established a form of continuing relationship that satisfied the emotional need of maintaining their ties with the deceased, including 'limiting the display of grief', 'refusal of plain explanation', 'attachment', and 'sublimation' and that the social structural processes of the traumatic experiences included 'impact of the disaster', 'support unconnected', and 'restructuring life'.

THE OUTCOME ANALYSIS OF PATIENTS WITH SCHIZOPHRENIA USING COMMUNITY PSYCHIATRIC REHABILITATIONS IN TAIWAN

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Objectives: The number of community psychiatric rehabilitation institutions (community rehabilitation center and half-way house) increased from 6 in 1995 to 136 in 2007, which might serve for more than one hundred thousands individuals. Apparently, the community psychiatric rehabilitation facilities are under-supply to individuals with chronic mentally illness. However, the limited numbers of the rehabilitation services are effectiveness or not still have to be surveyed.

Methods: The study conducts the national health insurance claim data analysis to figure out the effectiveness of community psychiatric rehabilitation. The National Health Insurance almost covers all beneficiaries and the Claim Data bank in this study recruits 105035 individuals with schizophrenia who ever diagnosed as ICD9 295 registered for medical services in the year 2000 and had a successive two-year follow-up treatment history.

Results: The study results show the utilization of community psychiatric rehabilitation centers and half-way houses only 0.3% and 0.8% in the first year and 0.6% and 1.0% in the second year follow-up, respectively. This cohort was classified into service and non-service group. The results reveal the service group has more utilization of psychiatry-related medical services than that of non-service group, while the service group has less utilization of non-psychiatry-related medical services than that of the non-service group.

Conclusion: The major benefit of the rehabilitation program is to reduce the utilization of non-psychiatry-related medical resources by the individuals with schizophrenia. The empirical data encourage more efforts to increased community psychiatric rehabilitation services for chronic mentally illness.

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RELATIONSHIP BETWEEN THE SELF-CARE POWER AND THE LEVEL OF HOPELESSNESS OF THE ELDERS LIVING AT HOME

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Objective: The study was designed to analyze the relationship between the self-care power and the level of hopelessness of the elders living at home.

Method: The descriptive-relational research was conducted with the participation of 101 elderly people from Turkey, Izmir Pinarbasi Village Clinic in December 2005-May 2007. The data was collected by Introductory Information Form, Self-care Power Scale and Beck Hopelessness Scale (1,2). Written approval was received from the institutions where the research was to be conducted and the participants gave oral approval.

Results: The average age of the elders living at home was 71.36 ± 5.75 and 53.5% were women while 46.5% were men. 32.7% were elementary school graduates and 46.5% were housewives. A negative relationship was determined between the self-care power and the level of hopelessness of the elders living at home (r =-0.725, p<0.01).

Conclusion: It was seen that as the level of hopelessness of the elders increases, the self-care power decreases. It was concluded that taking into consideration the significance of this relationship at home environments, the attempts to increase hope and therefore support self-care power would be vital in terms of increasing life quality of the elders was well as the quality of service they were provided.

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FACTORS ASSOCIATED WITH LENGTH OF STAY AT AN ACUTE PSYCHIATRIC INPATIENT FACILITY: A CASE CONTROL STUDY

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Aims: Factors associated with length of stay (LOS) were investigated, especially how LOS may be influenced by clinical practice and system issues.

Methods: A case control study was embedded in a retrospective cross-sectional clinical file audit of 226 randomly selected episodes of admission during a twelve-month period. A total of 286 variables were collected and analysed, which included socio-demographic, clinical and clinical practice/system variables.

Results: Logistic regression analyses showed that 10 variables were associated with LOS: 3 variables predicted prolonged stay and 7 variables predicted shorter LOS. Seclusion during the index admission, accommodation problems and living in an area lacking community services predicted longer stay. Variables that predicted shorter stay were being a migrant from non-western countries, having

completed high school, having a drug and alcohol-related diagnosis, admission directly related to a crisis, adjustment disorder, cluster B personality disorder, and having recently transferred care. Several variables thought to be powerful predictors of LOS were found not to be so. They included living alone, living in marginal accommodation, LOS of previous admission, chronicity of illness, diagnosis of schizophrenia, severity of illness, risk on admission. Also the quality of inpatient or community care did not influence LOS.

Conclusions: LOS is multifactorially determined. Behavioural manifestations of illness resulting from a combination of factors and lack of social support structures predicted prolonged LOS. Good clinical practice did not necessarily translate to a shorter LOS. Therefore, LOS is predictable, but not readily modifiable within the clinical domain.

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IMPACT OF RISPERIDONE LONG-ACTING INJECTION VERSUS ORAL ANTIPSYCHOTIC TREATMENTS ON HOSPITALIZATION IN SCHIZOPHRENIA

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Objective: To evaluate impact of risperidone long-acting injection (RLAI) versus oral antipsychotics on hospitalization outcomes for patients participating in the electronic Schizophrenia Treatment Adherence Registry (e-STAR) in Spain.

Methods: e-STAR is a 2-year, prospective, observational study of patients with schizophrenia initiated on RLAI or oral antipsychotics. This report is based on the final, complete data from Spain. Hospitalization outcomes including number of hospitalizations and number of hospital days. Changes in hospital stays and days in hospital were compared between RLAI patients and oral patients using a linear mixed model controlling for age, gender, disease duration, and baseline antipsychotic use.

Results: 1,622 patients (63.6% male, mean age 38.4±11.2 years) participated in e-STAR from Spain, 1,345 were initiated on RLAI and 277 were with oral. RLAI patients had significantly longer disease

duration (12.6 \pm 9.5 years vs. 10.9 \pm 9.7 in oral patients, p<0.01). Average hospital stay at baseline was 5 days longer for RLAI patients than oral patients. During 2-year study, both treatments showed reductions in number of hospitalizations and number of days in hospital. Mixed-model regression showed, RLAI patients, compared to oral patients, had a significantly greater reduction in number of hospitalizations (-0.28 vs. -0.18 in followup-year1 and -0.37 vs. -0.20 in followup-year2, p<0.05) and number of days in hospital (-17.23 vs. -12.96 in followup-year1 and -18.75 vs. -12.99 in followup-year2, p<0.01)

Conclusions: This 2-year, prospective, observational study showed that compared to oral antipsychotics, RLAI treatment was associated with greater reduction in hospital stays and days in hospital in patients with schizophrenia.

MISCELLANEOUS

P-04-190

DOMESTIC VIOLENCE AS PRECIPITATING FACTORS AT DEPRESSIVE DISORDERS INCIDENCE AMONG LOW-INCOME HOUSEWIVES IN RECIFE, BRAZIL

INSTITUTIONS

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From the existence of three distinct perspectives of approach of the health-disease: a scientific theory, the social construction and subjective experience, the aim of this communication is to analyze the discourses of low-income women outpatient at first consultation psychiatric concerning the illness narratives. The search occurred at the General Hospital Otávio de Freitas, of the Unified Health System in Recife, Pernambuco, Brazil. Among 68 women interviewed there was 34% of depressive disorders. In this group, the predominant age is 41-50 years (45%); religion is Catholic (55%); household income ranges from 1 to 3 minimum wages (55%) and the occupa-

tion are housewives (65%). In the results, was examined in speeches that the main psychosocial stressor was domestic violence, with the main agent her husband, and is characterized by alcoholization, negligence, betrayal and threats. Then there is a social violence, and victims mainly the children and then the husband and patient. This is related to mortality from external causes. In conclusion, it is necessary to look at an extension of the psychiatric clinic considering the dynamics of the family structure as the main stimulant of psychopathology and the same time, the main substrate for the therapeutic approach.

P-04-191

THE ASSOCIATION BETWEEN SUBSTANCE USE AND CRIMINAL OFFENCES IN PATIENTS REFERRED BY COURTS TO FORENSIC MENTAL HEALTH SERVICE IN MALAYSIA

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Introduction: Numerous studies in the past have been done to examine the association between severe mental illness and crime. It has been estimated that 20% of patients in high security psychiatric care have been diagnosed with substance misuse. Therefore this study looked at the association between substance abuse and criminal offences in those patients referred by courts to the forensic mental health services for psychiatric assessment in Malaysia.

 $\label{lem:Aim: To describe the lifetime prevalence of psychiatric and substance use disorders and to examine the rate of comorbidity in criminal offenders admitted for psychiatric assessment in the forensic mental health services .$

Methods: This study was done by examining the psychiatric case records retrospectively. All admissions to this service for 3 year duration were examined. Personal data, details of committed off-

ences, details of psychiatric history and details of substance abuse problems were recorded.

Results: There were 296 admissions to this service over the duration of the study. 93.6% of those were male patients. 54% has lifetime history of substance use with large proportion of them presented with the history of cannabis use. There was also strong association between substance use and psychiatric diagnosis among them. The presence of comobid psychiatric illness and substance use has significantly associated with these patients (OR=2.17; p=0.05).

Conclusions: It is important to address the issue of substance use in the forensic mental health services. Substance use significantly contribute to the criminal offences among those who have been referred by the courts to the forensic mental health service in Malaysia.

EFFECTS OF POSITIVE FEELING TOWARD SPOUSE ON SEXUAL FUNCTION IN IRANIAN WOMEN

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This research investigate the effect of positive feeling to spouse on sexual function .The sample involved 82 married women aged between 18 to 45, from Qazvin. Iran. The subjects were selected randomly. The instruments of research were a demographics questionnaire and the sexual function questionnaire (SFQ) that dealt with female sexual function and positive feeling to spouse. The latter two questions are known to have high degree of validity and reliability. For data analysis, multivariate regression was applied. The research

hypothesis was; "there is a relationship between positive feeling the souse and sexual function." The findings showed that positive feeling to spouse was a valid a valid predictor for sexual function, in the three subscale of "desire", "orgasm" and "enjoyment". These findings highlight the fact that positive feeling to spouse influences sexual function in woman. It seems that there are meaningful relationship between sexual function and other dimensions of personality.

P-04-193

SEASONALITY AND PREVALENCE OF MENTAL DISORDERS IN A TROPICAL INDIAN RURAL DISTRICT

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INTRODUCION: Seasonal variation, effects of sunlight, and moon's effects are thought from pre-historic ages as causative factor for Mental Disorders in different cultures. "Lunatics" stands for "psychoses" in assumption that lunar effect may have some etiological factors. In recent years we have established the fact that some affective disorders are characteristic of winter season only with lots of new symptoms like craving for starchy foods etc. Depression, specially bipolar-depression is very much pronounced in winter or cloudy rainy days when available sunlight is less light therapy has been advocated. Not only depression there are exaggaration of mania in spring or autumn and in summer. Keeping all these in view we retrospectically went through the records of patients attendance in a rural clinic of India.

METHODS: Case attendance records of "Mono-Susrusha" clinic, in Midnapore district,124km away from Calcutta was reviewed for the past 3years 2005-07(Jan-Dec) in a month wise split up for the major

psychoses, anxiety disorders and affective illness.100 such cases both male and females were analysed per-month figuring a total of 3000 patients.

RESULTS: Bipolar depression I was seen severe in winter (Temp12 degree cel.-17d.). Other depression shows in increase no. of consultation in winter as well in rainy season. Anxiety disorders, specially acute-panic-disorders consultations were much in very summer>40 degree Celsius, as well as in winter evening and nights. Manic 1st episode& relapse of acute mania are more cmmom in spring, then summer and in autumn. a section however shows manic relapse in winter.

CONCLUSIONS: Season l patterns of incidence and prevalence of major mental disorders could be a new area of study in humid, hot and tropical countries like India

INFLUENCE OF LIAISON PSYCHIATRIC APPROACH ON ANXIETY AND DEPRESSION IN PATIENTS WITH NEWLY DIAGNOSED BREAST CANCER

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Introduction: Psychological adjustment on breast cancer have impact on quality of life of affected women. Mechanisms of adjustment process are various, and becoming ill of cancer is highly traumatic stress event which have influence on development of psychiatric disorders.

Aim: To investigate whether liaison psychiatric approach have influence on anxiety and depression in patients with newly diagnosed breast cancer.

Subjects: Sample consisted of 120 women with breast cancer treated on Department for Oncology on Clinical Hospital Osijek. Including criteria were: female, age 18-65 years, newly diagnosed breast cancer, absence of other physical diseases, no history or presence of psychotic disorders, at least primary school, adequate verbal contact, signed informed consent for the patient.

Methods: Patients were in liaison psychiatric treatment for two

months (psychopharmacology and psychotherapy procedures). Psychological assessment and psychiatric estimation was done thrice on the first day, after one month and after two months of treatment. Detailed clinical examination with psychiatric interview using DSM-IV criteria for psychiatric disorders. Specially structured nonstandardized questionnaire for estimation of potential ethyological factors for psychiatric disorders in patients. HAM-A for estimation of anxiety and HAM-D for estimation of depression. Data was analyzed by adequate statistical methods.

Results: Liaison psychiatric approach have significant influence on reduction of anxiety and depression in patients with newly diagnosed breast cancer.

Key words: breast cancer, liaison psychiatry, anxiety, depression

P-04-195

SAFETY THERAPEUTIC MEASURES

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Safety therapeutic measures are one special type of criminal sanctions (penalty measures) applied on mentally ill criminal offenders. Their basic function is protecting society from dangerous behavior of mentally ill criminal offenders, with permanent or temporary mental illness, mental retardation or dependence on alcohol (alcoholism) or drugs (drug addiction). Acceptance of safety therapeutic measures as criminal sanction of special type is associated with the beginning of XX century. The first legal project including Safety measures as special type of sanction is Pre-draft of the Swiss Criminal Statute from 1893. Its author is K. Stos who had a significant impact on serious of legislations. The first legal project in our country to differentiate term of Safety measures from penalty is version of the Project of the Serbian Criminal Statute from 1911. During the 20's and 30's of the XX century numerous Criminal Statutes were supplemented by Safety measures as special type of criminal

sanctions, both, in content and systematically differentiated from penalty as we know it today in almost all criminal legislations. Their implementation is imposed upon court procedure which proves execution of criminal act, but also uses psychiatric testimony related to determination of named mental disorders, mental incompetence or temporarily reduced sanity, to present a danger of repetition of socially dangerous behavior due to their physics condition. Current Criminal Statute distinguishes three types of Safety therapeutic measures:

- a) Safety measures of mandatory psychiatric treatment and isolation in respective heath facility
- b) Safety measure of mandatory psychiatric put-patient treatment
- c) Safety measures of psychiatric treatment of alcoholics and drug addicts

BREAST CANCER SCREENING BEHAVIORS IN A SAMPLE OF TURKISH WOMEN AND RELATIONSHIP BETWEEN SCREENING BEHAVIORS AND SELF-ESTEEM, BODY PERCEPTION AND HOPELESSNESS

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Objective: In addition to demographic, sociocultural and cognitive factors, psychological factors also have an effect on women's breast cancer screening behaviors (1,2). The purpose of this study was to examine breast cancer screening behaviors in Turkish women, the reasons for not doing screening behaviors and the relationship between screening behaviors and levels of self-esteem, body perception, and hopelessness.

Method: This research was conducted in an area covered by three neighborhood primary health care clinics in Bornova, Izmir. The data were collected between April and November 2006 from 382 women over 40 years of age who were selected using a stratified random sampling method. A Descriptive Information Form, Breast Cancer Health Belief Model Scale, Rosenberg Self-Esteem Scale, Body Cathexis Scale and Beck Hopelessness Scale were used for data collection in the study.

Results: According to the relationships that were established, as women's levels of self-esteem, body perception and hope increased, their self-confidence and health motivation increased, their perception of the benefits of BSE and mammography increased, and their perceptions of obstacles to doing BSE and mammography decreased.

Conclusion: Self-esteem, body perception and hopelessness were found to have an effect on women's breast cancer screening behaviors.

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P-04-197

EVALUATION OF THE EFFECT OF EMOTIONAL SUPPORT-ORIENTED NURSING INTERVENTIONS ON PSYCHOSOCIAL ADJUSTMENT OF PATIENTS WITH BREAST CANCER

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Objective: This semi-experimental study has been conducted in pre-test post-test design with the purpose of examining the effect of emotional support-oriented nursing interventions on psychosocial adjustment of patients with breast cancer.

Method: The study was conducted in Ege University School of Medicine Department of Radiation Oncology Nurse Counselor Unit and Tülay Aktas Oncology Hospital Outpatient Chemotherapy Unit between September 01 2005 and June 31 2007. Sample of the research was consisted of 30 patients who met the criteria for sampling and completed emotional support interviews. Emotional support-oriented nursing interventions were improved by researchers in line with the related literature (1,2) and applied as totally 210-hour interview, in which 7 interviews were made with each patients individually. Introductory Information Form and Psychosocial Adjustment to the Illness Scale - Self-Report were used in data collection.

Results: It was determined that there was an increase in the patients' health care orientation, domestic environment, sexual relationships, extend family relationships and social environment, a decrease in their psychological distress levels and that there was no change in their adjustment to vocational environment following the emotional support-oriented nursing interventions.

Conclusion: According to these findings, it has been concluded that the applied emotional support-oriented nursing interventions are effective in enhancing psychosocial adjustment of the patients with breast cancer.

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RELATIONSHIP BETWEEN CERVICAL CANCER EARLY DIAGNOSIS ATTITUDES AND SELF-ESTEEM, BODY PERCEPTION AND HOPELESSNESS IN TURKISH WOMEN

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Objectives: Psychological factors have an effect on women's cervical cancer early diagnosis attitudes (1,2). This study has been planned in order to examine the relationship between cervical cancer early diagnosis attitudes and self-esteem, body perception and hopelessness in women.

Methods: This study has been carried out between April 2006-January 2007 in an area covered by three neighborhood primary health care clinics in Bornova, Izmir. The data were collected from 390 women over 18 years of age who were selected using a stratified random sampling method. Data were collected by Introductory Information Form, The Scale of Attitudes Toward Early Diagnosis of Cervical Cancer, Rosenberg Self-Esteem Scale, Body Cathexis Scale and Beck Hopelessness Scale.

Results: It was determined that there was a low level relationship between perceived barrier and perceived benefit score means and self esteem and hopelessness score means which were related to women's cervical cancer early diagnosis in negative direction and there was a relationship between body perception score mean which was at low level, but in the positive direction.

Conclusions: It has been determined that as the women's, who has taken part in the research, self esteem and body perception are getting higher, benefit perceptions related with cervical cancer early diagnosis have increased and barrier perceptions have decreased.

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P-04-199

MENTAL HEALTH, SOCIODEMOGRAPHY AND CRIME IN CANADIAN PENAL INSTITUTIONS

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Mentally ill offenders represent a unique patient group that requires special care for their psychiatric conditions in addition to usual correctional supervision. This distinctive population is steadily growing across Canada, yet there is a severe lack of accommodations as evident in the overcrowding of the existing specialized facilities(1). It has been postulated that contributors and predisposing factors of mental disorders and crime, as well as characteristics of offenses committed by mentally ill, should be identified and studied as prevention measures. Identification of contributors and predisposing factors between mental illness and crime may help in the prevention of criminalization of the mentally ill.

The aims of this study are to identify how medical and psychiatric histories are related with current psychiatric state and criminological aspects in psychiatric offender population. Prevalence of mental illnesses will be determined along with medical, psychiatric and criminal history and general sociodemographic profiles in selected correctional facilities in Ontario. Some factors that interact with psychiatric prevalence rate and with criminology of affected individuals will be identified and the directionality of any such relationships may be elucidated. Institutions will be chosen to allow for diversity in the primary objectives and subsequent institutional environment, including Remand Centres (jails) that would allow a large capture for those individuals that are not sentenced to a prison term(2).

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PSYCHOLOGICAL CONDITION DUE TO INFERTILITY ON WOMEN

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Background: infertility is considered as a social and mental shock for many of the couples and is often very influential matter of life. The present research has been conducted to investigate the mental condition of the fertile women in comparison with the infertile women.

Method: the participants in this study consisted of 50 infertile women and 50 fertile women who were equaled with respect to the variables such as age, marriage period, profession, habitation situation and education and were compared by the General Health Questionnaire (GHQ-28) and SCL-90-R test.

Results: the results of this study reveal that there is a significant difference between the fertile and the infertile women in four area of the test: somatic complaints, anxiety, depression and disorder in social performance. Also the infertile women are less healthy than fertile women. It was observed a reverse correlation between the period of infertility and the mental health.

Conclusion: with regard to the injury of the infertile women to psychiatric problems, it is essential to have psychiatric centers to present psychological and psychiatric services.

P-04-201

PERSONALITY AND METABOLIC CONTROL IN DIABETES MELLITUS TYPE 2

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Introduction: Personality has been almost not studied as a factor associated to metabolic control in Diabetes Mellitus (DM) type 2. However it is the basis of many psychosocial factors in adjustment and glicemic control.

Objective: To evaluate the relationship of personality with psychological adjustment, endocrine risk and metabolic control in DM type 2.

Method: 46 outpatients with DM2 from an General Hospital Diabetes Consultation were assessed in a cross-sectional design for diabetes psychological adjustment, cortisol/DHEA(S) ratio (endronic risk), HbA1c (metabolic control) and sociodemographic variables. We used to detect personality items the NEO PI-R(Costa & McCrae,1992 - Portuguese version) and for psychological adjustment a short 18 items Portuguese version of ATT39 (Dunn et al, 1986).

Results: Sociodemographic characteristics: Age (ys): 52,1 \pm 9,3;Gen-

der fem/male: 52,2 / 47,8%; Education (ys): 8,3 \pm 4,3;BMI Kg/m2: 29,5 \pm 5,1;Profession: 1:10,9% 2:21,7% 3:30,4% 4:23,9% 5:13% (lower levels correspond to wealthier professions) DM characteristics: DM duration (ys): 10,9 \pm 7,9; \geq 2 chronic complications: 52,2%; Insulin users:23,9%;HbA1c:7,66 \pm 1,4%.Neuroticismo and extraversion correlated with psychological adjustment (r=-,310* and r=,411*, respectively) and openness to experience to HbA1c (r= -,381*). Personality was not associated with endocrine risk. This factor correlates with HbA1c (r= ,327*). With logistic regression (to HbA1 dicotomized by 7%) controlling for the significant previous variables obtained by bivariate statistics only psychological adjustment (OR:0,86; CI95%:0,75-0,99) and endocrin risk (OR:1,15: CI95%:1,00-1,32) were predictive.

Conclusion: Association between the most cultural and acquired dimension of personality with metabolic control fosters the effort on education of more resilient features in people with DM2.

PREVALENCE OF MENTAL DISORDERS AMONG JUVENILE OFFENDERS REFERRED TO CORRECTIONAL CENTERS IN SAO PAULO, BRAZIL

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Objective: To determine the prevalence of mental disorders in juvenile offender populations in correctional facilities in Sao Paulo, Brazil.

Methods: Mental health assistance was provided to juvenile offenders in custody in Sao Paulo, Brazil between January/December 2007. Twenty-two psychiatrists, through clinical interview and examination, evaluated 897 out of approximately 5000 committed youths (14-21yo), after referral by the correctional facilities' staff. Results: Of the 897 individuals assessed by clinical interview and examination, 628 (70%) received psychiatric diagnoses (ICD-10). Primary psychiatric disorders diagnosed were: substance abuse: 168 (26,7%); dissocial personality: 65 (10,3%); conduct: 54 (8,6%); depressive: 53 (8.4%); bipolar affective: 38 (6%); organic mental: 37 (5,9%); adjustment: 35 (5,6%); anxiety: 33 (5,2%); psychotic: 27 (4,3%), mental retardation: 26 (4,1%); hyperkinetic: 26 (4,1%); unspecified personality disorders: 20 (3,2%); emotionally unstable

personality: 20 (3,2%); dissociative: 15 (2,4%); others: 11 (1,8%). Conclusions: Of 5000 offenders, nearly 20% were deemed worthy of specific medical attention. A high proportion of these presented mental health issues (70%). Diagnostic distribution is similar to that of other studies examining juvenile offenders, despite the fact that no specific diagnostic instruments besides a thorough clinical interview were used. Our study presents a selection bias since all examinees were previously considered worthy of medical assessment by non-medical staff. Results show that even without the use of instruments, prevalences obtained resemble previous findings, suggesting that psychiatrists may assess in a reasonably precise manner the actual mental health needs of youth correctional facilities.

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P-04-203

EMOTIONAL INTELLIGENCE AND SATISFACTION WITH LIFE

INSTITUTIONS

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Objective: The psychometric literature in psychology and psychiatry has traditionally emphasized psychological dysfunction (Ryff, & Singer, 1998, Runi, Ottolini, Raffanell, Tossani, Riff, & Fave, 2003., Joseph, Linley, Harwood, Lewis,& McCollam, 2004). In the last few years, there has been growing interest in the positive aspects of psychological functioning, including psychological well-being, subjective well-being and emotional intelligence. The objective of this study was to investigate the relationship between emotional intelligence and satisfaction with life among university students.

Methods: The present study is a correlation research so, a sample of 311 students from Islamic Azad university of Azadshahr was randomly chosen. The participants answered a booklet which, in turn included three different instruments: A Demographic Questionnaire developed by the researcher himself, The Trait Meta-Mood Scale (TMMS., Salevory et al., 1995), and Satisfaction with Life Scale

(SWLS., Diener, Emmones, Larsen & Griffin, 1985) .The data gathered were analyzed by SPSS using both descriptive and inferential statistics.

Results: There is statistically significant correlation between emotional intelligence and satisfaction with life(r = 0.25, a = 0.01).

Conclusion: An increase in the level of emotional intelligence is associated with the improvement of satisfaction with life.

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OUTCOMES OF 4663 MENTAL HEALTH ACT ASSESSMENTS IN RURAL NORFOLK, UNITED KINGDOM: IS THERE A GENDER DIFFERENCE?

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Aim: To determine whether there are differences in outcomes of the assessment process for male and female patients who are formally assessed for possible detention and compulsory admission under the Mental Health Act 1983.

Method: Data were collected over the period 2001-2005 inclusive on 4663 formal assessments. Rates of assessment were standardised for age and gender and analysed.

Results: Of these assessments, 2285 were on female and 2378 were

on male individuals. There was a higher proportion of young men than young women aged 15-44 assessed (58% versus 42%); and this was reversed in older age groups with the 45-84 year old group ratio of people assessed being male 41% and female 59%. Following assessment, approximately 38% of both male and female patients were detained in hospital.

Conclusion: There may be a gender bias in the referrals to the assessment process, but there is no gender bias in the outcome of the assessments.

P-04-205

FEMALE ALCOHOLIC AND FAMILY DURING TRANSITION IN SERBIA

INSTITUTIONS

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Gender's influence on drinking patterns and alcohol related problems has attracted our attention on social influences on females drinking. In this paper, we tend to describe political, economical and sociocultural transitional crisis our country is going through, and it's effects on women's drinking. Drinking patterns of Female alcoholics were examined during three periods in our country: in period of decomposition of former Yugoslavia (1991-95), before, during and after NATO bombing (1999) and in period of democratic changing in socio-political context (2001-2005). The sample was consisted of Female alcoholics who are treated in our institution

(Centre for Family therapy of Alcoholics) during this time. This comparative study confirmed that drinking patterns were changed depending of high stress situations (proximity to front line, refugee status, poverty, bombing etc). In Female alcoholics families, there is strong multiplicity of various problems. Engagement of identified patients and Family network was even stronger during those "bad" and stressful times. In conclusion, authors emphasize the preventive importance in work with those Families and wider systems, though more specific methods and techniques should be applied.

EVALUATION OF THE QUALITY OF LIFE, ANXIETY AND DEPRESSION OF PATIENTS WITH LARYNX CANCER IN LATE POST-SURGERY

INSTITUTIONS

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Introduction: The larynx cancer represents 25% of the malignant tumors that affect the head and neck region and 2% of all malignant diseases. There are various forms of treatment, the main one being surgical resection.

Aim: To evaluate the quality of life of patients with larynx cancer in late post-surgery, submitted to surgical treatment of supracricoid partial laryngectomy (SCL) or total laryngectomy (TL).

Method: Patients submitted to total laryngectomy with at least six months of post-surgery and considered good talkers by the Phonoaudiology (Speech Therapy) Service. We used the EORTC C-30 and the Hquestionnaires for the evaluation of the quality of life and the Anxiety and Depression Hospital Scale to evaluate anxiety and depression (HAD).

Results: 10 patients were evaluated, 5 submitted to total laryngectomy (TL) and 5 to supracricoid partial laryngectomy (SCL). The average age was 51 years in the group submitted to TL and 57 years in the SCL group. Schooling was similar in both groups. All the SCL patients considered their quality of life extremely good in both the generic and specific questionnaires and 20% of the TL patients considered their quality of life from fairly good to not so good in both cases. Regarding anxiety and depression, there was no significant data

Conclusion: There is a tendency to a greater impact on the quality of life of patients submitted to TL when compared to those submitted to SCL.

P-04-207

POST DISCHARGE OUT-PATIENT CLINIC OF THE INTENSIVE CARE UNIT

INSTITUTIONS

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Introduction: The ICU is a place to care for serious patients and there has been an increase in these patients' life with the advance of technology. The re-implantation of the ICU's Out-Patient Clinic sees to the need of an evaluation of the patients who have left the ICU allowing the team who assisted them to carry out a survey about present life, conditions of recovery, social and professional life. The outpatient clinic staff is multiprofessional, made up of: doctors, nurses, psychologists, social workers and physiotherapists.

Aims: To evaluate the quality of life and biopsychossocial adjustment of the patients who have left the ICU after hospital discharge. To obtain information about aspects of admission to ICU to be able to perfect the service and adapt treatment to the patient's needs.

Method: Individual appointment with each member of the multiprofessional staff. Specific action protocols for each area involved were created. The patient is selected during admission period, according to criteria preestablished by the multiprofessional staff, so that he/she can attend scheduled appointments after hospital discharge. The patient's needs and difficulties during stay at ICU and their consequences are identified. In case an outpatient clinic follow-up is needed, the patient will be sent to the specific areas.

Conclusion: The re-implantation of the ICU's out-patient clinic will allow the multiprofessional team to evaluate the assistance of the patient who has left this Unit and obtain subsidies for an improvement in quality and humanization of assistance.

QUALITY OF LIFE OF PATIENTS AWAITING KIDNEY TRANSPLANT

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Introduction: The quality of life of the patients with chronic renal failure suffers a considerable damage, interfering in their psychosocial routine, wearing them out emotionally and, consequently, interfering in their family and social relations as well as with the health staff.

Aim: To track data related to the quality of life obtained through the receptors' kidney pre-transplant psychological evaluation protocol. **Method:** 100 receptors' psychological protocols were analyzed (1990-2007).

Results: Quality of life was considered satisfactory by 66% and unsatisfactory by 8%. Regarding the adjustment resources, 50% demonstrated to seek solutions when faced with predominant difficulties, 44% partially and in 6% a continuous damage was found when seeking adjustment solutions. The patient's family of origin

was considered satisfactory in 64% of the patients and the current family nucleus was considered satisfactory in 68%. Regarding the patient's emotional state facing transplant, 64% was going through an adjustment reaction in the context of transplant, while, in relation to other circumstances of life, 60% presented a specific emotional problem: 58% related to the patient, 17% related to the family of origin, 13% related to the current family group and 12% related to the social environment. The emotional resources were, therefore, considered satisfactory in 50%, regular in 44% and unsatisfactory in 6%. Conclusion: The presence of a chronic disease, the need for continuous treatment for a long period of time, as well as the presence of co-morbities are factors that can interfere in this population's quality of life.

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THE PSYCHOLOGY SERVICES IN THE REHABILITATION AND THE IMPROVEMENT OF PATIENTS' QUALITY OF LIFE

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Introduction: The Rehabilitation Center is characterized by a multiprofessional treatment including Psychology Service, that seeks to improve the patients' quality of life.

Aim: To help in the working out of the loss suffered, in the process of adjustment to the new physical, emotional and social conditions and neuropsychological evaluation.

Method: The consultations for children, teenagers, adults and elderly are held in the out-patient clinic as well as in the ward, individually or in group. The psychological group monitoring is held in the out-patient clinic with patients suffering from fibromialgy and who have suffered amputation, medullar lesion and cerebrovascular

accident (stroke). The groups are characterized by a psychotherapeutical approach (done by the psychologist) and orientation and information (other specialists). The individual monitoring and the neuropsychological evaluation are done with the patients as well as families in the out-patient clinic and ward. The Psychology Service also works together with the staff, through case discussions.

Results and Conclusions: Patients deal in a more adequate manner with the losses suffered as well as identify strengths and weaknesses through the psychological monitoring and structure offered in this Center. The importance of this interdisciplinary treatment is emphasized in the process of physical rehabilitation.

GRIST: A WEB-BASED DECISION SUPPORT SYSTEM FOR MENTAL-HEALTH RISK ASSESSMENTS

INSTITUTIONS

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Aims/Objectives: To describe the clinical implementation of GRiST (www.galassify.org/grist), a web-based tool for assessing risks associated with mental-health problems. GRiST uses a complex hierarchical structure of risk knowledge elicited from a panel of multi-disciplinary mental health professionals [1]. This research describes how the knowledge helped develop and pilot a data-gathering tool.

Methods: The GRiST knowledge structure identified patient data used by assessors when making risk judgments and questions were devised for each piece of information. These were validated by individual clinicians and service users, a series of focus groups, and a working party of practitioners from the collaborating mental-heal-th trust, culminating in a formal pilot of the GRiST data-gathering tool in the same trust.

Results: The GRiST data-gathering tool was organised into three main sections: rapid screening questions, clinical risk judgments,

and additional information that need only be provided if required by the screening questions. Feedback questionnaires (51) for people using GRiST showed that respondents expressing either a positive or negative opinion about GRiST agreed it asked the right questions (78%), covered all important areas (80%), was clearly worded (85%), easy to understand (73%), and supported risk communication (79%).

Conclusions: Comprehensive risk data can be collected on a regular basis and used for web-based risk assessments if questions are quick to answer, logically grouped, and clearly identify information relevant to a particular assessment.

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P-04-211

TYPICAL VARIANTS OF SELF-REGULATION DISORDERS AMONG EPILEPTIC OFFENDERS

INSTITUTIONS

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Aims and methods: The study of 118 mail offenders with epilepsy diagnosis was devoted to clinical and patho-psychological factors of severe antisocial deeds. Some key characteristics of self-regulation were revealed by using standardized psychiatric interview and psychological tests. In our study we assumed the structure-dynamic approach; in witch self-regulation was considered to be cyclical conscious psychological process, which consisted of following phases: long-term planning, programming, modeling, evaluation.

Results: The typical variants of self-regulation disorders were the following.

- 1. "Disconnectedness" within process, while the phases, themselves, were on high level of functioning. Specific for epilepsy personal treats increased the rate of negative attributions in a wide range of situations. Alcohol intoxication disrupted compensatory formed manners of self regulation and interpersonal relations.
- 2. "Disharmonious" profile of self-regulation with non-realistic

planning and hyper function of programming. Epilepsy patients exhibited general cognitive morbidity and personal disorders. Negative symptoms in combination with suspiciousness and jealousy determined the evaluation even of neutral situations as hostile and threatened.

3. Low level of functioning of all phases of the process, with combination of sufficient evaluation abilities and lack of anticipating capacities. In the third variant: them criminal history and aggressiveness appeared much earlier than epilepsy manifestation. Such manner of self-regulation was more the result of preceding personal and conduct disorders, than the epilepsy outcome.

Conclusion: Structure-dynamic approach for understanding severe antisocial and aggressive behavior of mentally ill persons is assumed to be adequate in forensic psychiatry. This approach allows differentiating variants of self-regulation disorders.

CORRELATION BETWEEN SELF-ESTEEM, PERCEIVED COMPETENCY AND POSTTRAUMATIC GROWTH WITHIN WAR TORTURE SURVIVORS

INSTITUTIONS

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AIM: Aim of this research is to assess correlation between self-esteem, perceived competency and posttraumatic growth within war torture survivors

METHOD: Research sample consisted from 61 client of the Center for victims of torture from Canton Sarajevo who have experienced war torture. As research instruments Sociodemographic Questionnaire (CTV Sarajevo 2006), Rosenberg Self- Esteem Scale, Rosenberg Perceived Competency scale and Posttraumatic growth Inventory (Tedechi and Calhoun) were used.

RESULTS: Positive and statistically significant correlation was detected between results on self-esteem scale, perceived competency

and posttraumatic growth. Torture victims with high scores on self esteem- scale had higher perceived competency and higher post traumatic growth.

CONCLUSION: According to results of this research positive and statistically significant correlation was found between self -esteem, perceived competency and post-traumatic growth .Torture survivors with high self-esteem have higher perceived competency and higher posttraumatic growth. Rehabilitation treatment of this group of clients is more successful and their full reintegration in society is expected.

P-04-213

PSYCHIATRIC NURSING EDUCATION IN TURKEY WITHIN EUROPEAN UNION PROCESS

INSTITUTIONS

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Nursing education is held by the education programs including a variety of levels. Nursing education was commonly held by Health Vocational High Schools. They are still exist and the nurses graduated from these high schools have a common attendance in this field, but in recent years, nursing education is held more by the four-year graduate programs at university level. Nursing education at a level of university was started in 1955. The first master's degree program began in 1968 and the first doctorate's program in 1975 (2). Although there are 80Thousand nurses including 15thousand graduated from university nurses, only 350 of them have master's degree and are professional psychiatric nurses (1). One psychiatric nurse falls into 200.000people. Most of psychiatric nurses work as academicians. In Turkey only 1% of psychiatry patients can benefit from the chance of treatment. There are 8Mental Health Hospitals

serving sanity. The high school-graduated nurses work in these hospitals. Because there are a few professional psychiatric nurses that their major function is in training the future generation nurses, having psychiatric nurses knowledge and perspectives. Psychiatric nurses carry out an important duty in the protection and development of mental health by utilizing the knowledge. Turkey is continuing to reform its healthcare system as it adapts to the European Union. Major changes in nursing education have occurred over the last decade.

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THE TRAINING OF IDENTIFICATION AND PREVENTION THE POSTPARTUM DEPRESSION FOR NURSES AND MIDWIVES WHO WERE WORKING ATTENDED TO ODEMIS HAELTH GROUP ADMINISTRATION

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In this study it was aimed to provide training for nurses and midwives about "postpartum depression" Total of 32 nurses and midwives were participated to the study. Before training program, a Survey Form developed by the researchers was applied to nurses and midwives. This Survey Form has 12 socio-demographic features and an Information Form that consisting of 12 information questions. Subsequently, nurses and midwives were given the training program in two sessions, each containing 10 individuals. Information Form has been re-administered one week post training program. The pre-and-post training program mean scores of this form were compared. After that, the relations of this pre and post training mean scores and socio-demographic data were determined. Of the midwife-nurses participated in the research 72 % are working as midwives, 47 % are 36 years old or older. When the midwife-nurses' pre and post training knowledge mean scores were evaluated, it was detected that the

mean scores of diagnosing, treatment and preventing the postpartum depression and level of information were significantly higher in post training than pre training. According to these findings, it was concluded that in this trainings that they received would be helpful. It is recommended that nurses and midwifes working in primary level should provide continuous and systematic trainings about this issue.

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SKILLS AND KNOWLEDGE IN PSYCHOTHERAPY REQUIRED FOR BRAZILIAN PSYCHIATRISTS COMPARED TO AMERICAN RESULTS

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Aims/Objectives: The scope of this research is to study skills and knowledge required to biopsychosocial psychiatric practice in two countries. The aim is to try to understand how American and Brazilian psychiatrists are similar or not in their responses to standard questionnaire applied to psychiatrists in both countries. The results will be presented considering basically some types of psychotherany.

Methods: The 1987's American questionnaires of 48 skill items and 51 knowledge items required for psychiatric practice were translated, adapted and applied to Brazilian psychiatrists in 2000. The obtained results were compared, with emphasis on 12 items of skill and 10 items of knowledge of psychotherapies.

Results: Two invariance cores were identified, one of 27 skills and another of 45 knowledge. In psychotherapy prevail skills to conduct crisis intervention and knowledge to provide various types of psy-

chotherapy, both in American and Brazilian results. But in the last 20 years psychiatrists of both countries put emphathis on a biological model of intervention, mainly on psychopharmacology. However, the need to provide crisis intervention and various types of psychotherapies shows that psychiatrists remain interested in psychological approaches to psychiatric practice.

Conclusion: This outcome means a great similarity between American and Brazilian psychiatrists at the proportion of 27/48 in skills and 45/51 in knowledge. The data showed a remedicalization of the psychiatric profession.

Camargo IB, Contel JOB. Translation and adaptation of North American questionnaires for the assessment of skills and knowledge in the Brazilian psychiaric practice. R. Psiquiatr. RS, 26 (3): 288-299, 2004.

JUAN N. NAVARRO y SANTAMARÍA (1823-1904): PHYSICIAN, WRITER AND POLITICIAN: PIONEER OF PSYCHIATRY IN MEXICO.

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This paper assesses the major stages of the vital facts that took place in Juan N. Navarro's life of; among others: his studies, his teaching career and his role as the Secretary of the School of Medicine of Mexico City, his outstanding activity as headmaster of San Hipolito's Hospital (oldest Mental Institution at the American Continent, f. 1566) and the School of Agriculture, as well as his political activities in the context of convulsive Mexican 19th century that even led him to take arms, finishing with the long period in which he was a General Consul in New York. It is necessary to particularly emphasize that he was the first one in our country who promoted the assistance for patients with mental illness, also applying the most advanced medical knowledge of the time for their treatment. In the

conclusion of our analysis of Dr. Navarro's personal story, we will stress that he was, together with his contemporaries, the prototype which defines the professional activity of an Latin-American physician who did not only practice medicine but also cultivated different forms of arts, basically the literature in all its expressions, and played in one way or another a preponderant role in the major public and social activities.

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P-04-217

SELF-MEDICATION IN ACADEMICS STUDYING IN UNDERGRADUATE HEALTH COURSES: A CULTURAL PRACTICE OR HYPOCHONDRIASIS

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The students in the undergraduate health courses at a private university in São Paulo State, Brazil, receive pharmacology lessons in their curriculums, that address the pharmacokinetics and pharmacodynamics of drugs. Therefore, self-medication should not be undertaken by these academics even though the pharmaceutical industry incentivates the population extensively to purchase non-prescription medications and natural remedies. This exploratory, descriptive, survey type study with a quantitative analysis was carried out with the aim of identifying self-medication among undergraduates in health courses as a cultural practice or hypochondriasis. The sampling was a non-probability, accidental one composed of 196 students, enrolled in the pharmacy, biomedical, nursing and medical faculties. The instrument for data collection was composed of eleven open questions. The results showed that 176 academics self-medicated in spite of awareness about the dangers associated

with this practice. The drugs used included cough syrups, decongestants, analgesics, antipyretics, antiespasmodics, antibiotics, anorectics (anfetamins aquired in manipulation pharmacies), anxiolytics, anti-inflammatory drugs, antihistaminics, anti-depressants, also vitamins, antiacids and natural products for losing weight and inducing sleep. The source of the drugs included friends, parents or relatives, local "friendly" pharmacies, free samples and previous prescription leftovers. The investigation revealed that 161 academics confirmed that their parents selfmedicated and 66% agreed that it is an encouraged and established cultural practice, which inspite of some allergic reactions they intend to continue. Only 19 students revealed the criteria for hypochondriasis, perhaps exacerbated by their studies. Therefore, this investigation concludes that even with associated risks self-medication is easier than getting a doctors appointment.

CHILDHOOD ABUSE AND HEALTH DURING MENOPAUSE: WHAT IS THE RELATIONSHIP?

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Objective: to determine: (a) prevalence of childhood abuse history in Colombian middle-aged women, and (b) relationship between childhood abuse history and clinical manifestations during menopause.

Methods: Consecutive 408 (45-55 years) women during their annual gynecological visit in an out-patient clinic in Duitama, Boyaca, Colombia, filled in a self-administered standardized questionnaire, made up of two separate sections: (1) a medical section inquiring on menopausal symptoms, and (2) a section on abuse inquiring on the presence and type of abuse suffered during their childhood. Associations between number of symptoms and abuse history were evaluated using univariate and multivariate logistic models.

Results: The prevalence of reported childhood abuse was 19.1% (N=78). Among women reporting abuse, physical abuse was

reported by 48 (11.9%), sexual abuse by 20 (2.7%) and both sexual and physical abuse were reported by a total of 10 women (2.2%). Women who report childhood abuse compared to those who do not have showed: More severe physical and psychological symptoms, more sleep problems, greater bodily pain, more genitourinary symptoms, are less physically active and poor function and low quality of life. Women who report childhood abuse: are more anxious and pessimistic, have lower self esteem, have more chronic problems in relationships or in family members are more likely to have a history of recurrent depression. Furthermore, physical and sexual abuse were associated with a significantly (p<0.001) greater number of menopausal symptoms.

Conclusions: Women's childhood experiences with abuse influences their long-term health and may have implications for their assessments and treatment during menopause

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THE ROLE OF DEPRESSIVE, ANXIOUS AND SOMATIZATION SYMPTOMS IN QUALITY OF LIFE DECREASE IN REGARD WITH STRESS-RELATED DISORDERS

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Some recent studies have shown a significant relation between post-traumatic stress disorder with decrease of the quality of life (1), while the research of relation of other disorders from a group of stress-related disorders with the quality of life is very scarce.

Objectives: To determine which symptoms (depressive, anxious, somatization) in stress-related disorders affect more the quality of life

Method: We have compared the quality of life in 160 subjects who experienced stressful events. The first group (consisting of 80 subjects) was diagnosed with one of a stress-related disorders. The other group (consisting of 80 subjects) after a stressful life event did not develop any stress-related disorders.

Results: The subject diagnosed with one of a stress-related disorders had a lower quality of life. The presence of all three aforementioned

groups of symptoms has negative correlation with the quality of life, they marked 40% of variation of the quality of life. Depressive symptoms (compared to anxious and somatization) in regard to stress-related disorders have the largest influence on the reduction of the quality of life.

Conclusion: Targeted psychotherapeutic and psychopharmacological intervention for depressive symptoms related to the stress-related disorders will have the most significant influence in improvement of he quality of life f these individuals.

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THE IMPACT OF TREATMENT ON QUALITY OF LIFE IN MAJOR DEPRESSIVE DISORDER (MDD) AND GENERALIZED ANXIETY DISORDER (GAD)

INSTITUTIONS

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Objective: To compare the quality of life using the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) in patients with MDD or GAD, before and after treatment and to compare remission based on symptoms versus functioning.

Methods: Q-LES-Q and symptom-specific MADRS and HAMA data from 8 published randomised, 8-week, double-blind, placebo-controlled clinical trials with escitalopram were used. The short form of the patient-rated Q-LES-Q was used to assess patients' perceived quality of life and satisfaction at baseline and at last assessment. ANCOVA was used, adjusting for study, centre, baseline value, and treatment. MADRS and HAMA total scores were equated to Q-LES-Q using the method of equipercentile linking.

Results: MDD or GAD patients report a substantial degree of

impairment in their quality of life (64% and 76% of community norm, respectively). Treatment with escitalopram resulted in statistically and clinically significant improvement in patient quality of life. The improvement was greater in remitters (MADRS<=12 or HAMA<=7) than in non-remitters and greater in patients treated with escitalopram than in patients treated with placebo. There was a strong correlation between each symptom scale (MADRS, HAMA) and the Q-LES-Q. The present analyses suggest that scores as low as 3-8 on the MADRS and 5-10 on the HAMA (complete remission) correspond to a Q-LES-Q score of 58 (+/- 10%), found in community comparison subjects.

Conclusions: Plotting symptom scales against QOL scales helps in defining cut-offs for remission for patients with MDD or GAD.

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CRIMINAL RESPONSIBILITY IN PATIENTS WITH AXIS II PATHOLOGY

INSTITUTIONS

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Objectives: By definition everyone is considered to have knowledge of right or wrong and the free will to choose between the two. This is not always the case for a mentally ill offender, and the legal system in different cultures have a diverse approach for offences by the mentally ill, with "mens rea" or guilty mind as central concept.

Methods: Thorough research of the main medical databases and web search engines for relevant studies, agencies, organizations, and articles. We scrutinize them independently, before reaching consensus about appropriateness.

Results: Although exhibition of florid psychotic symptoms at the time of the offence are considered to impair the offender's ability to act according to right or wrong, the penal system doesn't accept the same for offenders with for personality disorders. This non-deter-

minist approach is challenged by contemporary neurobiological research. Findings from brain imaging and genetic studies, raise the issue of determinism and the absence of free will, as AXIS and AXIS II pathology share neural pathways, genetic load, abnormalities in structure and function in brain regions.

Conclusion: The great advance in psychiatry and neurobiological research challenges the current leading non-determinist belief of the last centuries. The penal system is trying to follow these advances and contemporary arguments providing adequate and fair trial of the mentally ill offenders. The psychiatrists have a duty to disseminate any new knowledge, away from philosophical debates, having in mind both society's safety and their patients' needs.

DISCUSSING ASPECTS CONCERNING THE RIGHTS OF MENTALLY ILL PREGNANT AND HER EMBRYO

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Objectives

Ms "K" a 32 years old woman, has been suffering from schizophrenia. During the last long admission she was found to be pregnant of 18 weeks. Treating psychiatrists consulted abortion, without giving adequate reasoning. Gynecologists had exceeded themselves and beside the caesarian section, also permanently sterilized her. Based on the above case, we performed research regarding the rights of the psychiatric pregnant patients and relevant legislation.

Methods: We have searched main databases (Medline, Psychinfo), and web search engines such as Google, local offices for patient's rights, Universities' databases for relevant studies and legislation, examine these independently, before reaching agreement.

Results: We found plethora of international codes, guidance, recom-

mendations, acts regarding human rights and especially rights for the mentally ill. Beside these additional protective mechanisms for the mentally ill, there continue to exist differences in approach even among similar cultures. Convention of Human Rights appeared inadequate to protect effectively the rights of embryo in a new era of embryo research. Stem cell research and bioethics around it dominate the current debate, when right of mentally ill patients to bear life and the legal status of the embryo, are issues far more common.

Conclusions: Central to the debate between doctors' paternalism and patients rights is the way that we interpret philosophical concepts of personal freedom, free will and decision making. Although clinicians are ambivalent in their views concerning pregnancy in mentally ill women, we argue that most patients can successfully rear children when given adequate support.

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THE INFLUENCE OF COGNITIVE-BEHAVIOR THERAPY ON PERCEPTION OF SOCIAL SUPPORT IN WOMEN WITH BREAST CANCER

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Aims/Objectives: Among women with breast cancer it very often comes to worsening of the physical functioning, losing the social roles, lowering the quality of life and higher risk of the mental disorders[1]. It favors in arising the cognitive distortions in perception of support, what in consistencies can influence in the further worsening social functioning[2]. Cognitive-behavior therapy (CBT) can help reduce those distortions[1]. The goal of the research was to explore the influence of CBT on perception of social support in women with breast cancer.

Methods: The studies had linear character, including two measurements - in the first and tenth week of chemotherapy. The study comprised 82 women after mastectomy and received chemotherapy, along with their partners. 42 women with their partners additionally participated in ten-weeks group cognitive-behavior therapy (CBT) In evaluating support one used Berlin Social Support Scales.

Results: In the initial measurement, one proved underestimate support evaluation in comparison with the evaluation of that support by women's partners. In the second measurement the score of support and the equality of scores of both partners was higher in the CBT-group then in the control group.

Conclusion: Breast cancer favors cognitive distortions in the scope of perception of support. Psychotherapeutic impacts can bring about the elimination of the cognitive distortions and undertaking the actions aiming in improving the interpersonal relations.

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FEAR DURING LABOR: THE IMPACT OF SEXUAL ABUSE IN ADULT LIFE

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Objective: Our aim was to estimate the prevalence of women experiencing extreme fear during labor and to assess the impact of previous sexual abuse in adult life on extreme fear.

Material and methods: All postpartum women (n= 414) in two municipalities in Norway were invited to participate in a questionnaire study. Self reported fear during labor was coded "no fear / some fear / extreme fear". Sexual abuse was measured by the Abuse Assessment Screen (AAS).

Results: Three percent of the women reported extreme fear during labor, 13 percent some fear and 84 percent no fear. Twelve percent reported sexual abuse as an adult. One third of the women with

extreme fear during labor had been exposed to sexual abuse in adult life. Among women with a history of sexual abuse the estimated crude odds ratio was 1.9 (95% CI: 1.0-3.7) for reporting some fear during labor and 3.7 (95% CI: 1.1-12.9) for extreme fear. When controlling for depression, duration of labor and mode of delivery, the adjusted odds ratio for extreme fear increased to 4.9 (95% CI: 1.2-19.1)

Conclusion: The results suggest that women with a history of sexual abuse in adult life have an increased risk for extreme fear during labor.

P-04-225

LIFE EVENTS AND QUALITY OF LIFE IN PATIENTS WITH CUTANEOUS FACTITIOUS DISORDER AND IN THEIR SIBLINGS: A COMPARATIVE STUDY

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Cutaneous Factitious Disorder (CFD) is a chronic psychodermatological condition leading to an impairment of quality of life. Its aetiology is still unknown, but the underlying mechanism seems to be dependent on life events.

Objective: This study aimed to compare life events and quality of life scores in patients diagnosed as CFD and in their siblings.

Methods: It's a comparative study held in dermatology and psychiatry departments. Thirty female patients diagnosed as CFD according to DSM-IV criteria were prospectively recruited. Mean duration of the disease was more than 6 months in all cases. The siblings group consisted of their age matched sisters. Assessment was based on family and personal medical history, SF-36 quality of life scale and Paykel life events inventory.

Results: CFD patients and their sisters were respectively aged of 30 ± 8.9 years and 30 ± 6.1 years. They had the same social conditions and educational level but CFD patients were more often celibates (p<10-4) and out of work (p<10-4). Quality of life scores were lower in CFD group (1285 ± 544 vs. 2546 ± 401 ; p<10-4). Also, global scores (p<10-4) and negative impact (p<10-4), as measured by Paykel life events inventory, were higher in CFD patients.

Conclusion: More life events and more severe negative impact were found in CFD patients. A role of these events may then be proposed as an environmental mechanism of CFD. Besides, quality of life was impaired in CFD patients comparing to their sisters. These results outline the importance of considering such measures in organizing multidisciplinary care proposed to those patients.

A STUDY ABOUT SECONDARY ALEXITHYMIA IN ONCOLOGICAL PATIENTS

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Objective: This study proposes to observe alexithymia in patients undergoing a long hospitalization and to value the hypothesis of connection between secondary alexithymia and the disease as a crisis event that implies several weeks of isolation, able to destructure the emotional adjustment's system.

Methods: During a period of six months, between December 2006 and May 2007, 22 patients undergoing Allogenic Bone Marrow Transplant (ABMT) were assessed by: a) semi-structured interview, b) TAS-20; c) POMS.

Results: At T1, the sample shows alexithymia in 53% of cases, but at T2 just two patients seems to maintain the trait. It doesn't come out

a connection with educational qualification, but alexithymia seems to be related to hospitalization's length and POMS' outcomes, as a global evaluation of Mood Disorder.

Conclusions: The mental representation of a disease of the hematopoietic system has got distinctive features, especially about the defense mechanisms and the symbolic meaning related to the blood. The ABMT triggers regressive defenses, denial with a deep influence on dependence/independence dynamics. It's suggested, from a clinical point of view, to implement psychological assessment and supportive sessions and, with respect to the research, to extend the studies about the mental representation and the evaluation of psychopathological risk factors.

P-04-227

SELF REPRESENTATION INTO ALLOGENIC BONE MARROW TRANSPLANTED PATIENTS

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Objective: This paper aims to describe preliminary results of an undergoing research, which is directed towards the understanding of the self representation and to outline a possible profile of psychological functioning of patients subjected to allogenic bone marrow transplant (ABMT).

Methods: Our work uses both clinical and research activity. The study foresees clinical interview, Rorschach and BDI-II Beck Depression Inventory test, given to 10 patients subjected to BMT from October 2007 to May 2008. Rorschach test was chosen not only as diagnostic tool, but also as support for patient's fantastic and relationship activity.

Results: The study is currently undergoing. Preliminary results do

confirm the importance of self representation modification and the complexity of psychic structure rebuilding of a patient forced for long time into isolation.

Conclusions: The study is not only research oriented, but aims also to help patients to integrate the disease into one's history, to turn emotions into words and permit images and thoughts to became representable, otherwise they would be too painful and cause of vulnerability. Psychic study of BMT patients allows to improve clinical knowledge of emotional reactions and the process of psychic adaptation in isolation in order to better react to the patient's emotional needs and to encourage a good quality of life during post surgery phase.

SERUM PROLACTIN LEVELS IN PERIMENOPAUSAL WOMEN WITH RECURRENT DEPRESSION

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Several abnormalities has been documented in depression, including dysregulation in prolactine secretion (1). Prolactine level has been proposed as a predictor of response to antidepressant treatment (2). The aim of the present study was to evaluate prolactin plasma levels in a group of perimenopausal women with first episode of depression, recurrent depression, or without depression.

Method: A total of 20 outpatients were recluted in in México City, between March 2006 to September 2007. They were women 45 to 55 years old, cursing perimenopause according to OMS criteria. Patients were divided in three groups: 1) first depression episode (n= 5), 2) recurrent depression (n=7), or without depression (n=8). Patients taking hormone drugs or psychotropic drugs were excluded. Evaluations were carried out using the Mini International Neuropsychiatric Interview and the Hamilton Depression Rating Scale (17

items). Prolactin serum levels were measured every two weeks in three occasions. We observed significantly higher levels of prolactin in women with recurrent depression compared with women with first depressive episode or controls.

Conclusion: Further studies to evaluate prolactin levels in a more representative sample of perimenopausal woman are suggested to examine the relationship between this hormone and depression associated with perimenopause.

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P-04-229

EFFECTIVENESS OF TEAM BASED LEARNING: COMPARING EXPERT AND NOVICE LEADERS

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Background: Team-Based Learning (TBL) allows a single instructor to facilitate several small groups of learners in a single classroom.[1] We decided to transition to TBL experiences for 3rd year clerkship core content presentations. Nine content areas were presented as lectures until academic year 2006-2007. During that year Dr. Ravindranath gave each Mood Disorders presentation as a TBL experience. We now consider him an "expert" in TBL techniques. This year Dr. Ravindranath has continued with TBL Mood Disorders presentations. We have expanded and have seven faculty members utilizing TBL for the Anxiety Disorders presentations.

Method: Approximately one hour of training in TBL techniques was given to the seven "novice" presenters by the "expert" presenter. This included providing the novices with all necessary case and Readiness Assessment Test (RAT) materials. The student evaluations from this current year's Mood Disorders TBL presentations (given by an "expert") will be compared with Anxiety Disorders TBL presentations (given by "novices"). We will utilize paired t-tests for the comparisons. The data will include approximately 165 student evaluations.

Results and Conclusions: Analysis from the first two rotations demonstrates no significant difference between "expert" and "novice" leaders. We will present a complete data set at the 2008 meeting. We believe growth of TBL applications and utilization will be to facilitate recruitment of new TBL presenters. By demonstrating that "novices" are as effective as "experts" we hope that TBL expansion will be accelerated.

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TEMPERAMENT AND CHARACTER IN THE BACKGROUND OF PREMENSTRUAL SYMPTOMATOLOGY: THE ROLE OF POSSIBLE PROTECTIVE FACTORS

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Objectives: The cyclical fluctuation of reproductive hormones throughout the female reproductive cycle is often accompanied by mood fluctuation, which in certain cases is severe enough to meet diagnostic criteria. However, the role of personality in premenstrual symptomatology has not been described in details. Our aim was to investigate the association of temperament and character dimensions in psychiatrically healthy, non-PMDD women with severity of symptoms experienced in the late luteal phase of the menstrual cycle

Methods: 40 healthy women completed the Prospective Record of the Severity of Menstruation (PRISM) calendar every evening through three consecutive menstrual cycles. Based on an at least 30% increase in PRISM scores from the follicular to the late luteal phase, participants were assigned into PMS vs. nonPMS groups. Personality characteristics were evaluated using the Temperament and Character Inventory (TCI). Mean TCI scores in the two PRISM groups were compared.

Results: Novelty seeking (NS), self-directedness (S), cooperation (C) and self-transcendence (ST) scores were significantly higher, while harm avoidance (HA) scores were significantly lower in PMS subjects.

Conclusions: Our results are in contrast with previous studies concerning personality traits associated with premenstrual syndrome. However, we investigated healthy women, and therefore our results indicate that these characteristics of women who experience more severe symptoms in the late luteal phase of the cycle can be considered protective factors which work against the development of PMDD when experiencing more distress resulting from the emergence of symptoms associated with the fluctuation of reproductive hormones

These studies were supported by LSHM-CT-2004-503474.

P-04-231

THE RELATIONSHIP BETWEEN MAGNETIC FIELD AND DEPRESSION

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Purpose: This research is designed to identify the effect of the magnetic field created by the computer on depression.

Methods: The descriptive research was carried out with 121 participants, who spend at least one hour on computer per day, at Ege University Faculty of Medicine between 27 February and 28 April 2006. The data was collected by introductory information form and "Beck Depression Scale".

Findings: It has been found out that 66.10% of the participants spend more than five hours on computer, 41.30% do not have a break unless at least two hours pass and 60% do not take any precaution against the harmful effects of the computer. On the one hand, it was found out that average depression score of the participants was 11.51 ± 7.51 and average depression score was affected by the time spent on com-

puter and having a break during this period (p<0.05).

Conclusion: Average depression score of the participants was found to be as "having no depression" and it has been concluded that there was a close relation between average depression score and, the time spent on computer and having a break during this period.

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EVALUATING THE SOCIAL BENEFITS OF ARTS PROJECTS

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Background: Participatory arts projects for people with mental health needs typically claim outcomes such as improvements in confidence, self esteem, social participation and mental health. However, such claims have rarely been subjected to robust outcomes research. This article reports a national outcome evaluation of art projects participants.

Methods: Study sample were 62 mainly female new entrants with mental health needs attending 22 arts projects across England. Outcomes were quantified through questionnaires on first entry and at 6 months. Measures assessed: Empowerment, mental health (CORE) and social inclusion. T-tests compared overall change and subgroups were analysed with repeated measures ANOVA, including age, gender, educational level, mental health, and participation.

Results: There were significant improvements in empowerment (p<0.01); mental health (CORE) p<0.03) and social inclusion (p<0.008). Participants with higher CORE scores, no new stress in their lives and positive impressions of impact of arts on their life benefited most over all three measures. Positive impressions of the impact of arts and empowerment were significantly associated (p<0.001), but not mental health or social inclusion.

Conclusions: This study suggests arts participation positively benefits people with mental health difficulties. Arts participation increased empowerment and had potential to impact on mental health and social inclusion.

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ASSESSMENT OF PERCEIVED LEARNING NEEDS IN HIV PSYCHIATRY AMONGST PSYCHIATRISTS WORKING IN SUB-SAHARAN AFRICA: RESULTS FROM FOCUS GROUP DISCUSSIONS

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Objectives: To inform the design of relevant continuing medical education in HIV psychiatry, we conducted a mixed methods needs assessment examining the perceived learning needs of psychiatrists working in Sub-Saharan Africa.

Methods: In part one, we used focus group discussions to investigate perceived learning needs, preferred learning methods and involvement in, and barriers to, participation in educational programming in HIV psychiatry.

Results: Twenty nine psychiatrists (13 female), working in seven Sub-Saharan countries, participated in five focus groups conducted in 2007. Over and above limitations in human and financial resources, participants identified the stigmatization of psychiatry within medicine and the lack of integration of medical and psychiatric services, as being key barriers to feeling connected in the provision of care for HIV+ patients. Many participants identified that

care systems have not identified active roles for psychiatrists in comprehensive HIV care, which has often led to non involvement in HIV training opportunities. In addition to identifying learning needs in content areas of HIV psychiatry, participants also identified a need for discussion opportunities of complex issues that arise in the care of HIV+ patients, including ethical, legal and advocacy issues. Participants identified a preference for case-based educational programming that promoted discussion and would strengthen collaborative relationships between African settings. Web based/internet learning was viewed as not practical by most participants due to resource constraints.

Conclusions: Educational programming in HIV psychiatry should include system level interventions that will facilitate the involvement of psychiatrists and promote discussion opportunities in complex medical-psychiatric interface issues.

HOMOPHOBIA AMONG MEDICAL STUDENTS: A TEN-YEAR SYSTEMATIC REVIEW

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Objective: To know the prevalence of homophobia and the associated variables among medical students during the last decade.

Method: A systematic review was carried out of original articles published in Ebsco, Imbiomed, Lilacs, MedLine, Ovid, and Pro-Quest. It was included articles published between 1998 and 2007 in English, Portuguese and Spanish. The key words used to search were "homophobia", "homosexuality" and "medical students". Descriptive analysis of information was done.

Results: A total of five articles were included. Only two articles reported homophobia prevalence. The prevalence of homophobia was between 10% and 25%. Homophobia was related to religious beliefs, male sex, less age, lower sex knowledge, never having experienced sexual intercourse, right-wing political orientation and lower family income (1, 2). In addition, HIV/AIDS-phobia was associated with homophobia.

Conclusions: Homophobia is present at least 10% of medical stu-

dents. Religious beliefs and male sex are the most important associated factors. This finding has an important implication for public health to prevent HIV infection. More investigations are needed.

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P-04-235

WEIGHT MANAGEMENT ACTIVITIES IN OUTPATIENTS WITH ANTIPSYCHOTIC TREATMENT

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Objectives: We conducted a weight management program for overweight psychiatric outpatients who were taking antipsychotic medicine and to study its effectiveness.

Methods: Adult psychiatric outpatients (N=23), who were taking antipsychotic medicine for at least one year with BMI > or =22 and motivation to have weight management, received 10 weekly sessions of weight management activities at Chiayi Christian Hospital. Patients with eating disorders, mental retardation and psychosis related to drug or alcohol were excluded. Pre- and post-program height, weight, BMI, body fat, blood sugar, cholesterol, triglyceride, waist, hip, ADL degree, concentration and hands functions were measured. Feedback evaluations were done before and after the program. The "Paired Sample T Test" was utilized to distinguish the differen-

ces between the pre- and post-program.

Results: The findings indicate (1) there were significant improvements of body weight (mean weight loss 5.3kg) and on other variables such as weight, BMI, body fat, cholesterol, and waist, hip circumference. (2) Weight management activities offered great opportunities for psychiatric outpatients' lifestyle improvement. (3) Participants' feedback evaluations indicated the program as one of good group support resources.

Conclusions: The results sustain that weight management approach was affirmative to healthy lifestyle for outpatients during the antipsychotic treatment. Further studies with larger sample size and long term monitoring are needed.

ATTITUDES TOWARD MENSTRUATION IN FEMALES WITH SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDERS IN TAIWAN

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Objective: This is a cross-sectional and controlled study for the sake of examining the correlation between psychopathology, menstrual irregularity, and menstrual distress symptoms with attitudes toward menstruation in women with schizophrenia and schizoaffective disorders in Taiwan.

Design: Psychopathology was assessed by psychiatrists using the Positive and Negative Syndrome Scale (PANSS). Patients treated with anti-psychotic medications for at least the previous six months were placed in irregular (irregular menstrual cycle) (n=31) and regular (regular menstrual cycle) (n=27) groups. Sixty-two, age-matched, and healthy female participants with regular menstruation cycles were included as a controlled group. The Menstrual Attitude Questionnaire (MAQ) was used to assess attitudes toward menstruation, and the symptoms based on the Moos Menstruati-

on Distress Questionnaire (MMDQ) were used to assess menstrual distress symptoms.

Results: The results showed that compared to the control group, the patient groups (regular and irregular groups) had more negative attitudes toward menstruation. There was no association between the severity of psychotic symptoms and its impacts on attitudes toward menstruation.

Conclusions: In terms of patients with schizophrenia or schizoaffective disorders, this current study has found their attitudes toward menstruation more predictable by means of the regular menstrual cycle and the severity of somatic menstrual distress symptoms.

Key Words: Menstrual attitude questionnaire, schizophrenia, menstrual irregularity, menstrual distress questionnaire, menstruation

P-04-237

QUALITY OF LIFE IN SCHIZOPHRENIA: BETWEEN CONCEPT AND REALITY

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The quality of life of the person with mental illness must be a central focus of care. What remains of "the good life" when one suffers of mental illness like schizophrenia?(1)

Objectives: This study examined quality of life of 964 out-patients with mental disease, aged between 20 to 50 years old. All the patients come from Psychiatric Hospital Socola Iasi, Romania.

Methods: The patients answered to a questionnaire comprising 35 questions related to quality of life. The questions addressed self-appreciation behavior, cognition, opinions, and the attitude toward social life of the respondents. These were aimed at highlighting: 1. Frequency of symptoms; 2. Quality of life and the patient's opinion about this; 3. Interference between the disease and both social and professional life.

Results: We present a descriptive analysis of both the aspects of quality of life in the out-patients and the particularities our country. **Conclusion:** Determining how another person would define quality of life is not easy, but it is extremely important. However, as a problem of principle besides what is understood by quality of life it appears the question regarding to the conditions that should be

a problem of principle besides what is understood by quality of life it appears the question regarding to the conditions that should be created so that this quality should be warranted and optimized.(2) This last aspect is totally dependent on the society through the social and legislative system created by it.

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FACTORS RELATING TO ANXIETY, DEPRESSION AND ABUSIVE BEHAVIOURS IN MOTHERS WITH BABIES - FIRST REPORT

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OBJECTIVES: This study was conducted to examine the factors relating to anxiety, depression and abusive behaviours in mothers with children aged less than 1 year.

METHOD: Data was collected from baby check-ups in Japan, and 423 mothers participated. The questionnaire included (1) State-Trait Anxiety Inventory (STAI), (2) Self-rating Depression Scale (SDS), (3) Parental Bonding Instrument (PBI) and (4) Childcare Anxiety Scale (CAS, Teshima, 2003). Covariance structure analyses were performed to examine (a) how the three subscales of CAS: 'worry about parenting'; 'difficulty of bonding' and 'burden of nursing time', have influences on state-anxiety, depression and abusive behaviour, (b) how the PBI subscales affect the CAS subscales.

RESULTS: Of those mothers, 9.1% showed high levels of anxiety (STAI state-anxiety \geq 55) and 14.7% showed more than moderate levels of depression (SDS \geq 50). All of the CAS subscales affected

anxiety and depression, but 'difficulty of bonding' affected state-anxiety more than it did depression, and 'difficulty of bonding' an state-anxiety affected abusive behaviour. In the other analysis, 'mother-care' had the most negative influence on 'difficulty of bonding' among the three subscales, and 'mother-over-protection' only affected 'difficulty of bonding'.

CONCLUSION: The findings of this study suggest two models of the mental problems that some mothers experience. One model, the 'Nervous Model', proposes that anxiety and depression arise from excessive worry and senses of responsibility on parenting. The other model, the 'Poor Bonding Model', proposes that anxiety and abusive behaviour are linked to difficulty of bonding with their children under the influence of these mothers' relationships with their own mothers.

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DEPRESSION IN CANCER PRESENCE

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We have lead Dasein-analys (Binswanger L.) at oncological patients. The following attributes have been revealed in all cases: absence of self-realization and self-actualization, dissatisfaction with a life, refusal of own interests. The sharp stresses which changed a life came to light and did its less safe in some cases. «The syndrome of expectation» when the patient as though expected events during all life, instead of veins a full life was very important. 3-5 years prior to

cancer disease were found out the depression attributes. Presence of depression reduces «psychosomatically immunity». Conscious and unconscious conflicts act on immune system negatively on the mechanism of mental immunomodulation. As a result, immunity decreases, and it promotes cancer development. Pathogenetic mechanisms of depression and tumor growth are integrated.

INFORMATION OVERLOAD AND UPDATING PROFESSIONAL RETRIEVAL SKILLS

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AUTHORS

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More digital information is available and because of Information overload it is a natural reaction to refrain from visiting libraries and updating professional retrieval skills. This presentation will invites cross-disciplinair exchange of ideas and initiatives and web-initiatives. Librarians become more and more also providers of the technological side, the information and skills necessary to implement the most effective social software technologies: blogs, RSS, wikis, social networking software, screencasting, photo-sharing, podcasting, instant messaging, gaming, and more. Libraries play a role in repair and reparation in disasters and in countries of war as a symbol of society. In these cases libraries can function be as hospitals and knowledge like medicine. 1.knowing when individuals have a need for information 2.identifying information needed to address a given problem or issue 3. finding needed information and evaluating the information 4. organizing the information 5.

using the information effectively to address the problem or issue at hand 6. define other groups low IQ and information illiterate that

can profit from WSIS and IFLA initiatives. Attending conferences of WSIS, IFLA, visiting libraries, visiting websites from library associations have been for me an important source of inspiration. I would like to share some experiences that could be of interest for both psychiatrist as for patients.

http://techpsych.org

website from Psychiatric Society for Informatics (PSI),name was changed to the American Association for Technology in Psychiatry (AATP) to reflect these changes

http://www.ifla.org http://www.mlanet http://www.eahil.net http://www.learndev.org/ http://www.LibraryHQ.com http://portal.unesco.org/ci/en

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LIBRARIES AND PSYCHIATRY WHAT DO LIBRARY ASSOCIATIONS, IFLA WSIS, AND UNESCO HAVE TO OFFER

INSTITUTIONS

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Libraries for psychiatry fits in the congress team "Science and humanism and a person centred psychiatry". This articulation of science and humanism to optimize attention to the ill and positive health aspects of the person is also reflected in themes of WSIS summit and UNESCO and IFLA. This presentation is a follow up the ideas that were put forward in the XIII world conference of psychiatry in Egypt. Two themes -technologies in context of society and -libraries are reflected in The World Summit of the Information Society (technology) themes and the WSIS- IFLA implementation program (International Federation of Library associations libraries) are symbolically put together in the UNESCO website. Studying these themes gives insight who will be excluded and included, digital divide, open access and issues of literacy. In a Program on Psychiatry for the Person both for professional as patients one should ask the question how are libraries and digital libraries made clinically fit and especially interdisciplinair. Libraries play a role in repair and reparation in

disasters and in countries of war function as a symbol of civil society. Attending conferences of WSIS, IFLA, visiting libraries, visiting websites from library associations have been for me an important source of inspiration. I would like to share some experiences that could be of interest for both psychiatrist as for patients.

http://portal.unesco.org/ci/en

http://techpsych.org

Psychiatric Society for Informatics (PSI) name was changed to the American Association for Technology in Psychiatry (AATP)

http://www.mlanet

http://www.eahil.net

http://www.learndev.org/

Http://www.itu.int/wsis/docs/geneva/official/poa.html

http://www.libraryhq.com/resources.html

http://www.LibraryHQ.com

PSYCHOLOGICAL CHARACTERISTICS OF PATIENTS WITH DEPRESSIVE SYMPTOMS AT THE DIAGNOSIS OF BREAST CANCER: A PRELIMINARY REPORT

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Objective: Previous studies have reported that depressive symptoms in the patients with breast cancer may have a harmful effect on the prognosis of breast cancer. To investigate the current psychological characteristics and their long-term effect on prognosis of patients who were very recently diagnosed as breast cancer.

Methods: Thirty-eight subjects with breast cancer were evaluated before scheduled surgical operation. The psychological symptoms of the patients were assessed using Beck Depression Inventory (BDI), Montgomery-Asberg Depression Rating Scale (MADRS), State-Trait Anxiety Inventory (STAI) and Self-Awareness Scale. Their mental coping was assessed using Korean Mental Adjustment to Cancer scale (KMAC) and their health-related quality of life was assessed with Short Form 36-item Health Survey (SF-36). The cutoff points of BDI and MADRS for the depressed group were 13 and

10, respectively. Psychological characteristics of depressed patients were compared with non-depressed patients.

Results: Sociocultural variables including age, education and cancer stage were not different between groups. The depressed group (n=19) showed significantly higher state-anxiety and lower trait-anxiety and positive self-awareness compared to non-depressed group (n=19). The depressed group showed significantly lower score of mental health component and fighting-spirit factor in SF-36 and higher score of anxious-preoccupation factor in K-MAC.

Conclusion: When the patients were diagnosed with breast cancer, depressed patients may have poor quality of mental health and more psychological suffering. These suffering may lead to maladaptive compliance to following treatment. Therefore, depressive symptoms need to be evaluated at the initial step of breast cancer treatment.

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EVALUATION OF POSTTRAUMATIC STRESS DISORDER WITH DSM-IV AXIS V SCALES

INSTITUTIONS

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This study investigated reliability and validity of the DSM-IV Axis V scales, the Global Assessment of Functioning Scale (GAF), the Global Assessment of Relational Functioning Scale (GARF) and the Social and Occupational Functioning Assessment Scale (SOFAS) in ninety-five veterans with chronic combat-related PTSD. The subjects were diagnosed according to the Structured Clinical Interview for DSM-IV Axis-I Disorders (SCID-I) and rated by trained clinicians on the three DSM-IV axis V scales, the Brief Psychiatric Rating Scale and the Count of PTSD Symptoms on the SCID-I (PTSD-COUNT). The GAF (Mean=65), SOFAS (Mean=61) and GARF (Mean=54) showed acceptable levels of interrater reliability in terms o Intraclass Correlation (0.78 to 0.83). Correlation analyses revealed that the GARF and the SOFAS were each more related to the GAF (r=0.82)

and r=0.56 respectively) than they were to each other. A factor analysis was performed on the scores for the the Axis V scales and revealed that these scales measured similar construct, i.e. unic factor which accounted for 75% of the variance observed in the variables. According to multiple regression (R=0.81, R²=0.66) the factor score conceptually representing disability was significantly correlated with measures of both global psycopathology (the BPRS) and traumatic stress (the PTSD-COUNT). Our findings confirmed both reliability and validity of the DSM-IV Axis V scales in measuring disability due to PTSD, which has important implications both in sense of treatment to minimize disability and in the domain of personal injury litigation.

EMOTIONAL DISTRESS AMONG PATIENTS WITH CANCER BEFORE TREATMENT IN TAIWAN

INSTITUTIONS

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Aims/Objectives: Emotional distress is common among cancer patients even before anticancer treatment. The aim of this study is to understand the clinical characteristics related to emotional distress during that period.

Methods: Patients visited a cancer center with initial diagnosis of cancer, have not yet underwent anticancer treatment were enrolled. Demographic data, sites of cancers, initial staging, and past medical history were recoded. Physical symptoms were assessed by M.D. Anderson Symptom Scale. Global functional performance assessed by Karnofsky Performance Scale (KPS). Quality of life(QOL) was assessed by Functional Assessment of Cancer Treatment-General(FACT-G). Emotional distress was evaluated using Hospital Anxiety and Depression Scale (HADS). Depression sub-score of HADS more than 7 was considered to have significant emotional distress

Results:

A total of five hundred and eleven patients (173 men and 338 women) were enrolled, constituted by breast cancers (38.9%), head and neck cancers (24.7%), gynecological cancers (20.7%), and hematological cancers (15.7%). About one third of patients (30.9%) had significant emotional distress. They showed much more severe physical symptoms and poorer functional performance (KPS: $83.1\pm11.7~vs.$ 88.9 ± 8.8 , p<0.05), or poorer QOL than who did not so distressed. There is nomsignificant difference in gender, age, sites of tumors, or stages of cancers between two groups.

Conclusion: One third of cancer patients who just knew the diagnosis suffered from emotional distress while waiting for treatment. More severe physical symptoms, poorer global functional status, and poorer QOL were related to higher emotional distress.

P-04-245

FORENSIC PSYCHIATRIC ASPECT OF DOMESTIC ABUSE AGAINST WOMEN IN RUSSIA

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Aims and objectives: Domestic violence is a burning problem in Russia. Recent sociological studies suggested that violence against women takes place in one out of the four families in Russia. The main purpose of this research was to find out origins of crimes of violence of women who are themselves victims of domestic abuse.

Materials and methods: Research has been carried out on the basis of psychiatric an forensic psychiatric assessment of 20 women who were exposed to prolonged physical and psychological abuse by their husbands. All women of the cohort had committed crimes of violence - murders and attempted murders of their husbands.

Results: Domestic violence against women results in long term mental health problems. Clinical assessment of women has revealed different depressive symptoms, fear, anxiety, low self-esteem, sexual dysfunction, eating problems, obsessive-compulsive disorder, post-traumatic stress disorder, drug abuse. Women underwent forensic psychiatric assessment as they had committed homocides of their husbands and partners whose violence tended to escalate in frequency and severity. In the relatively new Criminal Code of Russia (1997) article 22 introduces the defense of diminished responsibility. It is important to note that because of its flexibility the plea of diminished responsibility has largely replaced the plea of "not guilty by the reason of insanity" for battered women.

Conclusions: The study reveals that psychological traumatization and victimization of women may be the cause of criminal aggressive behavior. The data show the necessity of domestic violence prevention by legal provisions and multidisciplinary research with the participation of psychiatrists, psychologists, human right advocates.

INFLUENCE OF CHILD AND ADOLESCENT ABUSE ON PSYCHIATRIC DISORDERS IN ADULT WOMEN

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Objectives: Researches on female offenders had indicated a high degree of psychiatric morbidity among women. The main purpose of the study is to ind out the origins of mental disorders and criminality in women.

Method: A cohort of 42 females with diagnosis of personality disorder was examined. All of them had committed crimes of violence.

Results: In the majority of the sample women had a previous history of psychiatric admissions (child and adolescent units). The retrospective review revealed that the majority of women in their child-

hood were exposed to emotional, physical and sexual abuse in their families. Results point out that maltreatment distort personality formation and social adjustment and contribute to mental disorders and criminal behaviour in adulthood.

Conclusion: The research shows that child and adolescent abuse influence psychiatric disorders in childhood, adolescence and adulthood and criminal behaviour in females. This findings may be used as prognostic indicators of agression in female patients.

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THE MOST SEVERE SOMATIC DISORDERS TREATED WITH EXCITALOPRIM

INSTITUTIONS

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According to a report by the Clinical central of Belgrade (oncology, immunology, endocrinology departments) almost all patients treated for cancers, AIDS, Hachimoto tyreoiditis, colitis ulcerosa, experience episodes of persistent depression. Which is the most terrible moment? The moment patients hear their diagnosis? The moments when they suffer while getting chemotherapy, radiotherapy? The moment they become isolated expecting recurrence of disease? The moment when their relatives give upon them? The moment when mirror reflected damaged body, face? All of these moments. All of them are terrible, full of pain, and fear of death. In my study, I followed results the excitaloprim treatment on 30 patients (20 females, 10 males, age 20±7 years old). one women has AIDS diagnosis 20

persons have dg of cancer (colon, breasts) 4 persons have Hachimoto tyreoiditis One man hardly survive infarcus myocardii One man colitis ulcerosa 3 persons have insulin depend diabetes mell with complications Using Hamilton's scale for depression and Beck's scale they got the worst number of points on 24 items. 20 patients got 20 mg excitaloprim pro die another 10 patients got 10 mg excitaloprim pro die. After 2 months, follow up study showed that all patients felt better despite their hopeless diagnosis. On Hamilton's scale and Beck's scale still show statistically important improvement. They began to smile/they got a hope/ With supportive psychotherapy, conclusion are that excitaloprim show important result for better quality of life, getting life and hope back.

MENTAL HEALTH SERVICE USERS AND CARERS AS EXAMINERS FOR ROLE-PLAY SCENARIOS ON STIGMA AND DISCRIMINATION

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Objective: To assess whether service user and carer assessments of role-play scenarios in undergraduate psychiatry education are valid and reliable measures of stigma and discrimination.

Methods: A professional role-player played the role of a service user or carer with which the medical student was instructed to conduct a history taking. The scenarios were assigned to n=68 medical students and video-recorded. The role-play assessment, based on an Objective Structured Clinical Examination (OSCE) station exam with elements measuring stigma and discrimination was completed by the role-player and by a group of service users (n=2) and carers (n=2). Scores between role-player, carers and service users are compared.

Results: The validity and reliability (internal consistency, testretest and inter-rater reliability) of the assessments as measures of good communication skills as well as stigma and discrimination in tomorrow's doctors will be discussed. Implications for service user and carer involvement in examination of undergraduate psychiatry in medical education will also be discussed.

Conclusions: The involvement of service users and carers in medical education enhances the development of clinical reasoning, communication skills, and fosters accurate knowledge, attitudes and behaviour towards people with mental illness. Valid and reliable tools that are feasible for service users and carers to examine medical students should be implemented into the assessment procedures of the medical education curriculum.

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P-04-249

VICTIMIZATION AMONG PATIENTS WITH PSYCHOSIS AND PEOPLE WITH NO MENTAL ILLNESS IN GREECE

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Aim: Some studies claim that there is a high prevalence of victimization among individuals with psychotic disorder. The aim of the present study is to compare rates of victimization between psychotic patients and healthy control group in the Region of Thrace- North Greece.

Method: We translated and adapted the National Crime Victimization Survey Questionnaire, for the needs of the present study. We interviewed 100 psychotic patients and 100 healthy controls. The two groups were matched concerning gender, age, educational status.

Results: 65% of people with psychotic disorder and 57% of the healthy controls reported at least one act of victimization against them during the last 12 months. A significantly higher proportion oh the patients reported theft (23% vs 10% p=0.21) and assault (34 % vs 11

% p=0.001) against them.

Conclusion: There are indices that patients suffer higher rates of victimization considering several forms of delinquent acts.

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A FRACTAL MODEL FOR PSYCHIATRIC DIAGNOSIS

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Aims/Objectives: Modifications in the connoted (classification systems) do not mirror the real changes in denoted (patient's mind); they mostly serve social functions such as recording and reimbursement. The authors hypothesized that if mental disorders and their corresponding semiotic fields could be identified as fractal constructs, then a subsequent fractal reorganization of the psychiatric taxonomy could provide clinicians with higher predictive power for better diagnosis, prognosis, and therapeutic decisions.

Method: The study has applied Benoit Mandelbrot's principles of fractal geometry to the taxonomy of psychopathology [1]. The authors have comparatively analyzed the syntax, semantics and pragmatics of two classification systems (DSM & ICD in their different versions) and then fractally reorganized the semiotics of mental disorders within the 3-D system of coordinates of a non-integer Hausdorff dimension in which the psychiatric patient's condition is to be plotted and monitored.

Results: The authors have created a novel, fractal model for the taxonomy of mental disorders which identifies the transformational vectors inside each spectral continuum of psychopathology and the connections interwoven across the various spectra. The model allows clinicians to shift from the static, categorical descriptive approach of DSM-IV-TR and ICD 10 to a dynamic, fractal taxonomy that holds more relevance for clinical practice.

Conclusion: This fractal model has the potential to optimize the effectiveness of psychiatric education and care by predicting more accurately the probability of qualitative and quantitative changes in a patient's condition.

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P-04-251

MOBILE ACCESS TO THE MEDICAL INFORMATION AS NEW ASPECT OF TELEMEDICAL TECHNOLOGIES

INSTITUTIONS

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The combination of mobile devices, wireless technologies and medical information systems changes concept of a workplace of the doctor, allows to work in any point of a planet, irrespective of distance up to a source of the information. The basic mobil resources are:

- The Internet medical bases;
- Basises patients access to out-patient cards and archives of case records, results of laboratory researches, etc.
- The help information.

In Rehabilitation & Diagnostic Center the project of mobile access on base communicators is developed. In modern communicator compact Internet - station and phone are incorporated. It is practically high-grade minicomputer with powerful processor and great volume of operative memory. Built - in VGA the videocamera is intended for carrying out of videoconferences. Access to medical

base of establishment can be carried out through the Web a server which can be located as directly in establishment, and somewhere on the Internet. The web - server with SQL base should provide:

- Access through the password to the database from any geographical place;
- An opportunity to look through and bring record;
- An opportunity to form the important information after which entering, to the addressee it is sent E-mail notice or SMS-message on the information which have appeared for it. At presence of such mobile medical communication access from any place to medical information system of establishment is possible. Employees can correspond by e-mail, ICQ or SMS, to communicate on visual communication through Skype. Mobile communication is simply irreplaceable for emergency transfer of the medical information.

OPERATING EXPERIENCE REAL MEDICAL INFORMATION SYSTEM

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Primary goals Medical Information System can be formulated briefly as follows: preparation, storage and the analysis of the information necessary for medical - rehabilitation, diagnostic, administrative and managerial processes, research and educated-methodical work, and also communication with other organizations and world databases. In Rehabilitation & Diagnostic Center more than one year is maintained the information system "Polyclinic " developed by Open Company "MedSystem", Kiev. The system answers the majority of the listed parameters, but is constructed more by a principle of the centralized postinput of the information by operators, instead of is direct in cabinets medical personal, that imposes the certain restrictions at its use. The basic source of the information on a state of health of the patient is the coupon of the out-patient patient

f.025-6/o, magazines of reception of doctors, log-books of the carried out researches. During operation, the system functioning by a file - server principle, has shown high reliability and uninterrupted operation in work. Doubtless "plus" of system is the opportunity to carry out the all-round analysis of work and to receive the statistical reporting under all required official forms. After the certain time interval benefit of the electronic case record was showed: an opportunity of fast search of the patient in a database, viewing of all previous information on the patient. On the basis of operating experience of the diagnostic block of system by us technical requirements to an automated workplace "Functional diagnostics" are developed, called to remove lacks of system of this part.

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QUALITY OF LIFE AFTER BARIATRIC SURGERY

INSTITUTIONS

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Background: The most effective treatment for morbidly obesity has been the bariatric surgery. It is important assess the quality of life (QoL) and not only the weight loss after surgery. The aim of this study is assessing the QoL of the patients who underwent bariatric surgery.

Methods: The instrument used for assessment was the BAROS. Ninety-three patients were included in the sample. They were divided in 5 groups according to the time after surgery. The division made was the following: patients with 1 to 3, 4 to 6, 7 to 12, 13 to 24 and with 25 or more of time after surgery.

Results: An Excellent result was found with a mean score of 6,46. The mean time after surgery was 13,17. Between women, the married

was majority. The men majority was single. The BAROS score increased from the group 1 (4,31) to the 5 (7,75). The excess weight loss increased from group 1 to 4 but reduce between 4 and 5 groups. **Conclusion:** The patient's QoL after bariatric surgery increases even in the first months and continous increasing until after 2 years. The married women underwent the surgery more than others. The single men are the most operated. The excess weight loss increases from 1° to 24° month post surgery but has a reduction after 25 months.

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EASTERN SPIRIT, EASTERN WAY: CHINESE CULTURAL-BASED ART THERAPY GROUP FOR OUTPATIENTS WITH CHRONIC MENTAL ILLNESS

INSTITUTIONS

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Objectives: Western researches and clinical works have approved the effectiveness of adopting art therapy as a treatment methodology for adults with psychiatric diagnoses. This paper reports the benefits of an art therapy group based on Chinese cultural principles as a part of day treatment program for outpatients with chronic mental illness in Mid-Taiwan area.

Methods: The group sessions were conducted twice a week within one month. Specific art projects, such as Chinese ink paintings and calligraphy, were applied in the group in order to promote oppor-

tunities for patients experiencing mindfulness process and Chinese philosophy of well-being.

Results: Case examples illustrate the clinical effectiveness including reduction of anxiety and anger, improvements in emotional self-efficacy, increase of self-initiation and social interaction. Other specific changes that improved patients' quality of life are also highlighted.

Conclusions: The findings in this report suggest that adopting Chinese cultural-based art therapy group in day treatment program is beneficial for outpatients with chronic mental illness.

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DEPRESSIVE SYMPTOMS AND QUALITY OF LIFE AMONG COMMUNITY ELDERLY

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Objective: Depressive disorders are common in old age; they have a negative impact on Quality of Life (QoL). Our aim was to investigate depressive symptoms and their impact on QoL among elderly living in Catalonia, Spain.

Methods: We studied a cross-sectional random sample of 2.500 dwelling community elderly. Information collected was: sociodemographics; perception of health; a list of comorbid conditions; depressive symptoms (GDS-15) and QoL (WHOQO-BREF).

Results: One quarter of the sample had significant depressive symptoms (GDS≥ 5). Compared to men, female had higher GDS-15 scores (p<0.001) and more severe symptoms (p<0.05). Significant symptoms were twice (CI 95%: 1,7-2,5) as common in the *younger*

group (65-79 y.o) compared to the older group (≥80y.o.). Controlling for chronic conditions, as the GDS-15 score increased, the risk of feeling unhealthy also increased: OR: 2,2 (CI 95%:1,7-2,9) for mild depression; 4,5 (CI 95%: 3,1-6,7) for moderate and 6,0 (CI 95%: 4,2-8,5) for severe depression. Only 69,4% of those with significant depressive symptoms received treatment for depression. In relation to QoL, we found significant differences among depression groups; as severity of depressive symptoms increased, QoL scores decreased in all WHOQOL-BREF domains.

Conclusion: Prevalence of depressive symptoms was similar to that reported on other community surveys; higher rates among females were consistent. Depression in the elderly is a condition that can benefit from different interventions, thus, improving their QoL.

QUALITY OF LIFE AND DEMENTIA: PATIENTS VIEWS

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Aims: Dementia is a syndrome characterized by a progressive global deterioration; it constitutes a major public health concern. Quality of Life (QoL) in Dementia is a more recent research area compared to other chronic diseases. Our objective was to study, using Focus Groups (FG), aspects that contribute to the QoL of people with Dementia.

Methods: This was a qualitative study, using FG with people with cognitive impairment and dementia. Participants were recruited from Day Centres and one Primary

Care Centre in Barcelona, Spain. Subjects were asked to freely talk about areas and issues that were important to their QoL. After a free discussion, they reviewed the list of facets included on the existing WHOQOL-BREF measure and were asked if they had further comments. FG had 4-5 participants, lasted about one hour and all FG were audio taped. All participants signed the inform consent.

Results: Thirty subjects participated in six FG. Overall, in all FG subjects mentioned spontaneously all the facets included on the WHOQOL-BREF, but some differences were found between patients with cognitive impairment and dementia. Subjects with cognitive impairment were more productive than those with dementia. Family relationships, love, health, dependence, activities and home environment were the most frequently aspects mentioned. Memory problems, loneliness, anxiety, worries, feeling a burden were other aspects mentioned included on specific QoL measures for people

Conclusions: People with mild to moderate dementia were able to inform about their QoL, these results were similar to those reported by other authors

P-04-257

ASSESSMENT OF PERCEIVED LEARNING NEEDS IN HIV PSYCHIATRY AMONGST PSYCHIATRISTS WORKING IN SUB-SAHARAN AFRICA: PRELIMINARY RESULTS OF AN ONLINE EDUCATIONAL NEEDS ASSESSMENT

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Objectives: Psychiatrists play a key role in provision of comprehensive HIV care in developing countries. We conducted an online survey to understand psychiatrists' perceived learning needs in HIV psychiatry.

Methods: We accrued a list of 604 psychiatrists in Sub-Saharan Africa. 469 successfully received the invitation to participate. The survey inquired about (i) demographic and professional information; (ii) knowledge, skills and attitudes; (iii) preferences for educational programming; (iv) barriers to learning. 5 Case examples were employed to elucidate information.

Results: 50 (10.6%) responses have been received, representing 7 countries. Worked settings were: 27/49 (55.1%) academic setting, and 27/47 (57.4%) general hospital. 14/43 (32.6%) received HIV psychiatry training in residency. 43/43 (100%) said they would attend an educational program in HIV psychiatry. The majority of respondents reported adequate knowledge/skills in basic HIV medicine and providing emotional support to patients after receiving seropositive results. Areas of perceived inadequate knowledge/skills included: drug interactions, evaluating mental health side effects of medications, and working effectively with traditional healers and internists. Barriers to learning included: limited access to continuing education, time limitations and perception of HIV as only a physical illness. Most desired learning modalities included: workshops and small group interactive sessions. Web-based learning was not highly desired. Lack of computers, slow and inconsistent internet connection and lack of interpersonal connection in the learning process were identified as potential limitations to internet-based educational

Conclusions: Respondents report a high desire for more training in HIV Psychiatry, particularly in the areas of drug interactions and working effectively in care systems.

THE DEPRESSED WOMAN: WHERE DO WE GO FROM HERE?

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Depression is the commonest psychiatric morbidity worldwide. According to the WHO, depression will be the fourth leading cause of disability worldwide by the year 2010. Depression in women present unique features, problems, unmet needs and possibly new and/ or novel therapeutic approaches. Beside neurobiological exclusivity, there may also be ethnic /sociocultural / catamenial substrates contributory to this differentiation. Whether the population of women

who receive a diagnosis of depression is a tip of the iceberg, specially in the developing countries, is a concerning point to ponder. The present study discusses these issues and also the phenomenon of depression as part of "bipolar spectrum disorder" in 100 female patients in Kolkata, India which is possibly the first multicentreic study of bipolar spectrum disorder among women in India employing the Bipolar Spectrum Diagnostic Scale.

P-04-259

THE ROLE OF THE FAMILY IN CASES OF CRIMES COMMITTED BY PSYCHIATRIC PATIENTS

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Aims/Objectives: The majority of the investigators suggest that, especially for the schizophrenic patients, at the time they commit the crime, they do manifest active psychotic symptomatology. Taking these findings into consideration we studied our patients' case files in order to find out the role of the family in the course of the illness from its onset and on.

Methods: 50 patients, 47 males and 3 females, who have committed crimes, were found irresponsible due to mental illness and are now hospitalized in the Psychiatric Hospital of Thessaloniki, were studied. They are provided with treatment and are subject to compulsory detention.

Results: In most of the cases the patient's family only observed the onset or the relapse of the disease. Only 37.5% of the manslayers had

psychiatric support prior to the perpetration of the crime. 38 of our patients (76%) had positive symptomatology with delusions which is associated with more serious crimes: from 28 manslaughters 21 had positive symptoms and from the group with positive symptoms 73% either committed or attempted to commit homicide. As regards to the crime, in cases of manslaughter the victims were members of the family in 75%.

Conclusions: Our findings suggest that the contributory role of the family is of great importance both in the appearance and course of psychiatric disorders, especially when the risk of violence is high. So the family environment can either serve as a protective matrix or as an opportunity for aggressive interactions affecting violence risk in complex ways.

INTERNET RESOURCES FOR PSYCHIATRY

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As the Internet continues to grow, finding valuable medical information becomes progressively more difficult. The aim of this presentation is to sumarise some of the most useful internet resources relevant to psychiatry. Relevant journal articles are available online before the print issue reaches you and all you need to stay on top of the latest developments are useful links that enable you to make the

most of the wealth of psychiatric information available. Continue learning and growing in your field. Test your skills and knowledge, prepare for board certification and recerfication, earn CME credits and even get link to topic-specific recommended readings when more studying is warranted. Discover only authoritative sites that offer useful professional content.

P-04-261

THE FIRST FORENSIC PSYCHIATRY EXPERT'S REPORT IN SERBIA

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Background: The history of medicine in Serbia has begun with the foundation of hospitals within Monastery of Hilandar and Studenica in XII and XIII century. In these hospitals there were special departments for mentally ill people. The first Hospital on the Balkans for mentally ill people «Dr Laza Lazarevic» was founded in Belgrade in 1862.

Goal: The purpose of this abstract is to present the first forensic psychiatry expert's report in Serbia from 1863. This expert's report took place in the Hospital «Dr Laza Lazarevic».

Methodology: Description of forensic expert's report of patient K. Dj. She has committed homicide after epileptic seizure. The result of the expert's report was compulsory treatment in this hospital. **Conclusion:** It is believed that with this first expert's report in the

Conclusion: It is believed that with this first expert's report in the history of Serbian medicine the era of new medical discipline has begun. That discipline is forensic psychiatry.

Key words: the history of Serbian psychiatry, expert's report

SUBJECTIVE WELL-BEING OF PATIENTS ON AMISULPRIDE

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Objectives: Outcome of schizophrenia depends on early treatment and successful prevention of relapses. The poor compliance of antipsychotic treatment is most frequently conditioned by undesirable side-effects of drugs. However, little is known about the subjective experience associated with long-term antipsychotic treatment. Methods: In non-intervention open-label observational study the data from 492 patients in acute phase of schizophrenia treated with flexibly dosed amisulpride were collected at baseline, week 4, week 8, and week 16. Patients well-being was assessed using 20-item version of SWN (Subjective Well-being under Neuroleptics) scale, and disease severity with the Clinical Global Impression - Severity of Illness (CGI-S), and Clinical Global Impression - Global Improvement (CGI-I) scales. In addition, safety and tolerability were monitored throughout the study.

Results: The subjective well-being of patients on amisulpride treatment (mean endpoint dose 490 mg/day) was significantly improved (total score of SWN, so as scores in subscales of self-control, physical functioning, mental functioning, emotional regulation, and social integration). Amisulpride treatment led to a significant reduction in disease severity.

Conclusion: The better safety and tolerability profile of amisulpride with the benefits on negative symptoms and cognitive impairment improves the subjective well-being of patients with schizophrenia as a major predictor of long-term clinical outcome.

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P-04-263

OBSTETRIC COMPLICATIONS AND POSTPARTUM PSYCHOSIS: A FOLLOW-UP STUDY OF 1.1 MILLION FIRST-TIME MOTHERS BETWEEN 1975 AND 2003 IN SWEDEN

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Aims/Objectives

Postpartum psychosis is a severe psychiatric disorder that leads to hospital admission in about one woman per 1,000 deliveries. It coincide with the vulnerable period associated with becoming a mother and may, if untreated, lead to suicide and infanticide. Some risk factors for postpartum psychosis have been identified in previous research, such as primiparity and previous psychiatric disorder. Knowledge on how postpartum psychosis is related to obstetric factors might be helpful in the clinical risk assessment of postpartum psychosis. The aim of this large-scale follow-up study was to examine the association between postpartum psychosis and certain pregnancy and delivery complications and other obstetric variables, after adjustment for age, year of delivery and previous hospitalization for psychiatric disorder.

Method

1,133,368 Swedish first-time mothers were included during a 29-year period yielding 1,413 hospitalized cases of postpartum psychosis.

Several obstetric variables were analyzed separately after adjustment for possible confounders.

Results

Respiratory disorder in the neonate, severe birth asphyxia, preterm birth, caesarean section, perinatal death and SGA infant were associated with an increased risk of postpartum psychosis. After adjustment for previous hospitalization for psychiatric disorder only preterm birth and acute caesarean section remained significant risk factors for postpartum psychosis (relative risks were 1.20 and 1.31, respectively). The relative risk of postpartum psychosis among first-time mothers with previous hospitalization for psychiatric disorder was increased more than 100-fold.

Conclusion

Careful clinical risk assessments of postpartum psychosis are crucial among women with a history of psychiatric disorder whereas obstetric variables have a minor importance

LEVEL OF MENTAL HEALTH IN WOMEN WITH GYNECOLOGICAL PATHOLOGY

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We have examined 50 women of reproductive age (from 18 till 45 years), mean age has constituted 28,4±5,2 years, under treatment at a gynecologic hospital. All the examined exhibited depressive symptoms (13,5±4,1 scores according to HADS). Most women noticed interrelationship of worsening the depressive mood with origin of pain symptoms on the side of reproductive system. Anxiety and depression in examined female patients were as a rule comorbid. Mean group index testified to predominance of moderate level of anxiety in these female patients and achieved 23,2±4,1 scores according to HAS. Basic fears of women were associated with further ability to reproduction after experience of a gynecologic disease. Formed mental disturbances worsening severity of the state of women, decreasing adaptive possibilities, essentially worsen quality

of life and efficacy of therapy. Thus, obtained results demonstrate presence of interrelationship of gynecological and mental manifestations in examined women. Combination of anxious and depressive disorders results in masking the depressive manifestations worsening course and prognosis of the disease. It should be especially noticed that leading strategic task of diagnosis and treatment of borderline neuro-mental disorders in gynecologic practice is identification of individual clinical model of disease aimed at forming the differentiated scheme of gradual tactics of medical assistance rendering depending on individual clinical picture of the illness. This stresses once again necessity of complex approach to assessment of state of the woman in a gynecologic hospital.

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DIFFERENT WAYS OF EVALUATING EFFECT OF TREATMENT IN PATIENTS WITH SCHIZOPHRENIA TREATED INVOLUNTARILY

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OBJECTIVES: There are various approaches to assess the improvement or impairment of patients with schizophrenia treated involuntarily. The most common one is the evaluation of psychopathology. Recently, experts in the field claim that also other aspects like social functioning, subjective quality of life and satisfaction with treatment should be taken into account.

METHODS: 119 involuntary patients, who met the criteria for an F2 disorder according to the ICD-10 at the admission were included. They were assessed three times, in the first week and at the end of first and third month after admission. Psychopathology was assessed by Brief Psychiatric Rating Scale (BPRS), social functioning with Global Assessment of Functioning Scale (GAF), subjective quality of life was measured with the Manchester Short Assessment of Quality of Life (MANSA) and satisfaction with treatment with selected

items from Client's Assessment of Treatment (CAT).

RESULTS: The outcome was defined as a change in the total scores between first and third observation. We have found significant improvement in BPRS (T1 50.3±12.7, T3 28.4±7.8;p<0.001), GAF (T1 29.8±12.8, T3 63.6±17.1;p<0.001) and CAT(1 item)(T1 6.86±3.11, T3 7.64±2.53;p<0.05) scores, but no difference in MAN-SA (T1 56.2±10.8, T3 56.6±8.7; p>.39) score.

CONCLUSIONS: At variance with the results describing significant improvement in psychopatology, social functioning and satisfaction with treatment, quality of life seems to be more resistant to treatment. Considering quality of life as crucial outcome variable this findings indicate that among other aspects evaluating effect of treatment, more attention should be paid to this more complex one.

CARAVAGGIO: AN ANTI-SOCIAL PERSONALITY?

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The authors based on the biography and masterpieces of the famous painter Caravaggio, explore the possibility of the painter of being considered as having an antisocial personality disorder. Some characteristics are therefore highlighted that were motive of this personality a profound polemic in the era the author has lived.

P-04-267

PSYCHIATRIC AND PSYCHOLOGICAL CHARACTERISTIC OF PATIENTS WITH UNORGANIC CHEST PAIN VERSUS CORONARY PATIENTS

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Near 25% of chest pain patients who refer to cardiologist do not have coronary disease or any other organic cause. Psychogenesis of their symptoms is often unrecognized so, they are treated neither cardiologic, nor psychiatric.

Method: We have evaluated 30 nonorganic chest pain patients with 30 coronary patients in regard their sociodemographic characteristic, stressful life events, level of anxiety and depression and presence of psychiatric disorder. We have used SCL-90 R, M.I.N.I, Hamilton Anxiety and Hamilton Depression Scale, Holms-Rahe Scale of life events. Non organic patients were predominant women, age under 40, who have had their job lost or death in the family. Panic disorder

was present at 8 patients, General Anxiety disorder at 5, and Somatoform disorder at 10 patients in these groups. Coronary patients had Minor depression disorder at 4 patients, and General Anxiety disorder at 2 patients. Level of anxiety (Hamilton Scale, SCL-90 R) somatization (SCL-90 R) and global distress (SCL-90 R) was significant higher in nonorganic chest pain patients compared with coronary patients.

Conclusion: Cardiologists should consider psychogenesis of unexplained chest and recommended psychiatric evaluation and treatment in the early phase of disorder. Careful cardiologic follow up is also recommended for these distressed patients.

ROMAINE BROOKS - CREATIVITY AND DESTRUCTIVENESS OF THE PARANOID PROCESS

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In the paper biographic data and work of the American-British painter Romaine Brooks (Beatrice Romaine-Goddard, 1874-1970) are brought into correlation with adaptive, creative but also with the destructive potentials of the paranoid process. Highly pathological constellation of the family relationships and childhood marked by them determined the pathological model of the nuclear introjective configuration, and, later, a specific pattern of personal development. Response of the personality to the traumatic experiences is given parallely in the structuring of the way of relating to others, in sexual identity (open homosexuality) and in particular creative potential (Gabriele D'annunzio considered her "the most profound and wise orchestrator of grays in modern painting"). Such response

is analyzed in detail through the development of the paranoid process. Superbly a portraitist, capable to discover the inner being of her models, Romaine Brooks in 1925 cedes with this kind of work. From 1930 to 1935 she made about 100 drawings using the technique of "automatic painting", for which she considered that "evolved from the subconscious...without premeditation". After 1935 she stopped to paint. Change of the way of life and work reflects the beginning of the destructive activity of the paranoid process all the way to the delusional paranoid construction. Attempt of self-curing through constructiveness and freely choosing of life forms was destroyed by basic destructiveness of the deepest nucleus of the personality, the invincible introject of the aggressor.

P-04-269

ACTION T4 - THE GENOCIDE OF PATIENTS OF THE PSYCHIATRIC HOSPITALS IN POLAND IN THE YEARS 1939 -1945

INSTITUTIONS

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"Action T4" was the first mass manslaughter of people committed by the Nazi country. That action was also called 'euthanasia' of the handicapped people. Its beginning fell on in October 1939. The annihilation of patients was carried out in the psychiatric hospitals in Zwiecie, Kocborów, Poznan in Fort VII, Owinskie, Dziekanka, Koscian, Kochanówka near Lodz, Gostynin, Bojanów, Zrem. Some of medical and nursing staff were dismissed, medicine taking was limited and there was a ban on discharging patients from hospitals introduced. For extermination they used the pharmacological medications and the gas chambers located on cars were applied for the ill extermination. The psychiatric hospital in Kochanowka was the place where the mobile gas chambers were used for the first time in

December 1939 or in March 1940. Over 629 handicapped people and blind children were slain there. It has been estimated that more than twenty one thousand of the handicapped people were murdered on the occupied grounds.

About 350 doctors took part in the action of the handicapped manslaughter in the Reich and the incorporated terrains. Among them there were also university professors among them. Some time later many of them committed suicides, few were tried and in some cases the punishment was mitigated.

 $Key \ words: euthanasia, \ extermination, \ psychiatric \ hospital$

RETROSPECTIVE STUDY OF PMDD AND POSTNATAL DEPRESSION: PRELIMINARY SURVEY

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AIMS: There can be seen some women with postnatal depression (PND) developed into premenstrual dysphoric disorder (PMDD) after delivery. Onset age of PMDD reported is peak from late twenties to early thirties. This period seems to be corresponding with reproductive period. However, the relationship between PND and the new episode of PMDD is unclear. This preliminary study investigates to determine whether postnatal depression is risk factor for such a PMDD or not.

SUBJECT: Women (n=46) with first postnatal depressive episode were selected for 5 years in Mie University Hospital and followed at least after 1-3 year after parturition. Their average age is 31.83±3.92. Of all, 35 diagnosed major depression and 11 as minor depression according to DSM-IV.

METHODS: A structured diagnostic interview was performed

within few months after delivery to assess for the presence of PMDD.

RESULTS: Of 46 women with postnatal depressive disorders, 34.8 % reported severe premenstrual symptoms including PMDD. Past premenstrual tension syndrome, and primiparae, were also found to be significant risk factors for PMDD.

CONCLUSIONS: PMDD after delivery is common in women with PND, and there being the pathogenesis of psycho-endocrine relationship between mood disorder and PMDD after postpartum period

LIMITATIONS: While the study design is limited by the retrospective assessment of risk factors, a control study is needed to determine whether PND is associated with progression to PMDD or not.

P-04-271

MALIGNANT TUMOR AND PSYCHOLOGICAL CRISES IN PATIENT

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The survival rate of cancer patients depends on their personal features very strongly.

Objectives: to study dynamics of psychoemotional conditions of patients during illness.

Methods: 136 patients (60 men and 76 women, in age 34-60 years, with malignant tumors) within 5 years were supervision of oncologist and psychologist. Psychological interview and testing on Spilberger scale, questionnaire CES-D and questionnaire 16PF have been lead. The psychological data have been analyzed after five years (52 persons has survived and 84 persons have died).

Results: It was revealed, that a high level of uneasiness, depression, angedonia, alexytymia, fixity and the feeling of faults, and also not constructive types of reaction to illness worsen the survival forecast. At all observable patients during disease came to light 2-4

psychological crises. The first crisis has been connected with diagnostics of a cancer. The patient receives to stress from diagnosing of cancer. Second crisis is connected with antineoplastic treatment. One more crisis can be connected with the advent of metastasizes or relapse of cancer. Suddenly found out metastasizes cause stronger stress, than gradual deterioration of a condition. The change of a psychological condition at the patient will be how much strong from the personal features depends. Often there is infringement of illness comprehension, «blockade of emotions». Last psychological crisis is connected with comprehension of hopelessness and comes shortly before death. The first crisis happens mainly psychogenic, the second - mainly somatogenic, the third and the fourth - psychosomatogenic. During each psychological crisis there are targets for psychotherapeutic influence.

EFFECT OF SELF-CARE ON PSYCHO-SOCIAL AND COGNITIVE FUNCTIONING OF MULTIPLE SCLEROSIS PATIENT

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Objectives: Psycho-cognitive and physiologic signs of long term diseases affects various aspects of patients life. Multiple sclerosis (MS) as a long-term life threatening disease can make acute disabilities affecting patients' life trend(1). Self care can well diminish the disease extension and complications; provides the patient with a better life quality and his family with a better coping ability against new conditions. So this study was carried out with the above title(2).

Methods: This study was quasi-experimental. Twenty eight MS patients referring to private and clinic of Isfahan Alzahra hospital were selected by convenient sampling. The subjects were asked to attend three educational sessions. After that, the subjects started self-care programs for three weeks and then psycho-cognitive and social function questionnaire was filled with the patients. The findings were analyzed through descriptive and inferential statistics.

Results: Findings showed a noticeable increase in mean score in psycho-cognitive (P<0.00l) and social function (P<0.00l) after self

care program.

Discussion: The findings showed that self-care activities result to promoting of psychological and social functions, because participating of patients in self-care behaviors may lead to improving self-esteem and enhancing mood status and eventually promoting the quality of life. It is hoped that by formation of educational supportive associations for the patients, the patients can be provided with facilities of self' care as well as a condition in which the patients themselves carry out their self care.

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P-04-273

RAPE AS AN INSTRUMENT OF GENOCIDE: GUIDELINES FOR FACILITATION OF PSYCHOLOGICAL CONSEQUENCES

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One of the goals of aggression against Bosnia and Herzegovina was deliberate infliction of physical and mental harm associated with high traumatization of victims, family destruction and its dysfunction. Torture strategy in the frame of sexual slavery is characterized with compulsive pregnancy and forced motherhood with the aim to disable the personality of victim and destruct her family. It resulted in disrupted psychological condition of victim, followed by a strong emotional storm of shame, guilt, feeling of impurity and disgust, aggressive behavior towards child and oneself, suicidal latency and depression. Rape represented a part of military strategy, where the human sexuality had been used systematically with the purpose of ethnic cleansing, which is genocide, as any other type of massive destruction arms. For the first time in the history of warship, the rape is officially recognized as a war crime and crime against huma-

nity in the case of Bosnia and Herzegovina, which was a turn point on the international legal level. In 1993, the paper titled as «Message to raped women» had been published by Ahmed Mesic, the Islamiclaw judge from Tuzla, Bosnia and Herzegovina. In this letter, valuable guidelines are given on how to approach to the victims of those atrocities and what measures are to be taken in order to offer the quickest and effective help to the victims of those horrible crimes. It also facilitates short-term and long-term consequences on mental health of raped women, their children born from this action, their families and society in whole.

Key words: Rape, Genocide, Psychological Consequences, Message to Raped Women

A COMPARISON OF COMBINED VERSUS PHARMACOLOGICAL PSYCHIATRIC TREATMENT FOR DEPRESSION IN ONCOLOGIC PATIENTS

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Oncologic patients show a high prevalence of affective disorders, having a negative influence on the patient health and deteriorating quality of life and, all it contributes to a worst evolution of the oncologic process. We present the preliminary results of the project FIS projects 050737 and 05/2062, in which we compare the effectiveness of a combined treatment (psychotherapeutic and pharmacologic) and a pharmacologic treatment, in oncologic patients on depression and quality of life. 768 Patients with colon, breast and lung not metastasized cancer, diagnosed of a depressive disorder (DSM-IV criteria) were selected. All participants completed the HADS questionnaire, confirming the diagnosis by obtaining a score over 7 using

the Semi-structured Clinical Interview for DSM-IV (SCID). 115 of the subjects included scored 8 or over at the HADS depression subscale. 14.19% (109 patients) confirmed the diagnosis of depression. At the moment, there are 34 patients in the combined therapy group (21 already finished and are under monitoring). 28 patients are under monotherapy treatment (7 already finished and 11 quitted). 3 subjects were excluded due to the illness progress, 1 leaved. There are differences between both groups in some topics of the quality of life and in the way they face the illness. Coping anxiety and depression differs in both groups.

P-04-275

MENTAL HEALTH OF THE WOMAN IN THE MODERN SOCIETY

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In our society on the woman the big social - psychological loading lays, she should combine simultaneously role of the wife, mother, employer. There is a necessity for revealing psychological problems, research of a condition of mental health of women.

Objective: In total 210 persons of a female addressed for the psychological help with problems of personal character have been surveyed. Among them in the age of 20-25 years - 35 pers. (17 %), 26-35 years - 62 pers. (29,5 %), 36-50 years - 113 pers. (53,8 %). Of them working have made 169 pers. (80,4 %), idle - 41 pers. (19,5 %).

Methods: Research was carried out with by use of techniques: «The Hospital scale of alarm and depression», scale by Zunge, «The Clinical questionnaire for revealing neurotic conditions».

Results: As a result of research at 172 (82%) women have been

revealed various infringements: clinically expressed depression - 75% (129 pers.), the raised(increased) level of alarm - 56,3 % (97 Ge;.), hysterical frustration - 20,3% (35 pers.), asthenia - 58,7 % (101 pers.), vegetative infringements - 89% (151 pers.), obsessive-fobical disorders - 26,7 % (46 pers.), at the others 38 (18%) - deviations from norm are not revealed.

Conclusions: In view of breadth prevalence of mental infringements among women, we came to the conclusion about necessity of creation of the psychocorrectional program and the primary preventive help which will consist in increase stress stability women, frustration tolerances, development of positive thinking, muscular relaxation and corporally - guided programs.

OSPDN - NATIONAL ORGANISATION OF RELATIVES OF MENTALLY ILL

INSTITUTIONS

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Introduction: About us

There exist a few non-profit organisations for relatives of mentally ill in Czech Republic: The oldest one "Ondrej" established in Prague on the beginning of ninety,

"Amicus" Brno and key oraganisation "Sympathea" Prague and some regional organisations. ("Šela" Kolín, "Felicitas" Pardubice and others.)

All of them endeavour the same: improving the uneasy life of their mentally ill children.

"OSPDN" was established as a national umbrella organization for all those aforementioned organisations, that OSPDN represent.

Abstract - OSPDN - National organisation of relatives of mentally ill

OSPDN represents the interests and activities of relatives in:

- regions
- the whole Czech Republic
- Europe by cooperation with EUFAMI, Sympathea is a member of this European Federation of Associations of Families with Mental

Illness

Aims of OSPDN:

- improve care for the mentally ill: implementations of care standards, legislation
- increase the level of information for relatives of the mentally ill
- include relatives in activities improving their psychological and physical health
- systematically increase the awareness level of psychiatric illness amongst the public

Current activities:

- Improving legislation (involuntarily hospitalization, social services law)
- Active participation at conferences and seminars, meetings with media ("Change" project, DVD/cassette "Right of choice", TV programmes, radio and newspapers

interviews.)

- Establishment of regional parent organisations in Czech Republic
- Lobbying, lectures
- Bringing together information provided by other organisations
- Telephone Sympathea lay advisory (tel.: 723 942 835)

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LEISURE AND MENTAL HEALTH FOR PSYCHOTIC PATIENTS: A QUALITATIVE STUDY

INSTITUTIONS

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Aims: Quality of life is defined by indicators that measure the life patterns of a person or community in relation to an ideal model 1 . Leisure is an important component of quality of life and a rehabilitation tool for chronic psychotic patients. The objective of this study was to evaluate the role of leisure in the life of schizophrenic patients. Methods: Semi-structured interviews were carried. The interviews were recorded using mini-cassette recorders, the recordings were later transcribed and analyzed in two levels.

Results: Interviews with patients and relatives indicate that sociability is an important value related to leisure activities for both groups. Deeper analysis, however, indicates that sociability is a culturally learned concept for psychotics and does not relate to their real needs. Improvement of symptoms and respect of individuality are more central to their well-being.

Conclusion: This study concentrated on the role of leisure in people's life and its possible benefits on well-being. It is obvious that this is not a causal relationship but a relationship of values that are important locally, and it is clear that diversion can only be important to well-being when it is based on this relationship. Therefore, the characteristics that associate diversion with health are those representing the values that are meaningful to the people interviewed.

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USING MULTIMEDIAL TOOLS, ROLE PLAYING AND VIDEO FEEDBACK IN THE TRAINING OF CASE MANAGEMENT

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The interview is the principal means of assessment and case management in clinical psychiatry. Psychiatric interview differ form other medical interviews in the wide range of biological and psychosocial data which they must take into account, and in their attention to the emotional reaction of the patient and the process of interaction between patient and interviewer. The therapist-patient relationship developed during the assessment and evaluation of the patient.

Methods: To improve the practical skills in clinical management with patient we use follow steps in training with the students:

- 1) video presentation of the typical case of disorder (e.g. posttraumatic stress disorder)
- 2) short description of the psychopathology, diagnosis, etiopatogenesis a and treatment strategies
- 3) video presentation of first contact with the patient, assessment, evaluation and psychoeducation, eventually treatment strategies (e.g. exposure in imagination)

- 4) analysis of the main steps of the video presentation with emphasis to the structure of the interview, open questioning, empatetic listening and positive forcening or the patient
- 5) modeling or the approach with the group of students (leader plays a role of the patient and the participants practice the approach)
- 6) role playing in small groups of three students with video-monitoring their work
- 7) video-feedback and discussion of the advantages and disadvantages of the work of monitored group

Results: The students like these approach and evaluated it very high in the every year school training evaluation.

Conclusion: The using multimedia tools, role playing and video feedback can help developed practical skills of the students more, than classical approach of training.

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QUALITY OF LIFE IN PARKINSON'S DISEASE: A CORRELATIONAL STUDY

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Introduction Parkinson's disease (PD) is a chronic degenerative disease, with major impact in quality of life (QoL). Studies reported a 40% mean incidence of depression, and higher incidence of anxiety symptoms than in other chronic medical conditions. Authors intended to evaluate the impact of PD severity, anxiety and depression in QoL.

Methods Cross-sectional study with PD patients assessed at consultation for disorders of movement. Patients with atypical, druginduced or vascular parkinsonism, dementia or relevant comorbidity were excluded. Assessment instruments were HoehnSF-36 and HADS scales. Statistical analysis was performed with NCSS.

Results Analysis included 43 consecutive patients. Higher severity of disease was significantly related with lower physical SF-36 scores, without psychological compromise. Spearman coefficients in HY stage 2 subjects (N=26) showed a negative correlation between

HADS score and SF-36 score. Anxiety was significantly correlated with physical summary score. Multiple regression analysis revealed that HADS score was the most important predictive factor of QoL, followed by HY stage, both accounting for 42% of the variance of global QoL. Anxiety was a significant predictor of physical summary score.

Discussion This study revealed that anxiety had the highest impact, followed by depressive symptoms, in QoL. Anxiety correlated with physical QoL score, suggesting its subjective impact on physical fitness, and/or relationship with the neuropathological process of PD. Therefore, anxious and depressive symptoms must be routinely assessed in PD patients, in order to guarantee QoL optimization. In this context, HADS scale may be a useful tool to assess psychopathological, and perhaps dopamine deficiency, symptoms.

PSYCHOPATHOLOGICAL INSIGHTS ON JOAN THE MAD

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Joan of Castile, was to inherited the most vast empire of her times. Married at 16 years old with Philip of Habsburg, went to live to Flanders, very far away from her home. When the arrangement of her marriage was made, nobody could guess that this young couple might be destined to become the kings of a fantastic empire which might embraced the largest territory ever seen under a same sovereign. Joan had to live as a just married young woman, in a strange court that had very different customs, language an weather from hers. Only the extraordinary love that she felt for Philip since the very first moment she met him, would made her cope. This love will become her savior and her shield but also her downfall. Keeping a jealous

eye on her husband, who was all the time chasing other women, and suspicious of every woman around him, delusion found her way and mental illness l became her only companion for the rest of her life. Dead under strange circumstances in Burgos, Philip might have to wait patiently for a definitive rest while a mad Joan drift around for almost three years in procession behind his coffin in order to buried him in Granada. In this study, psychopathological analysis of Joan's madness, as well as her personality reactions and interpersonal relations, is made from biographies and documents that have came up to us by renown historians. Retrospective and previous diagnosis are discussed under current diagnostic categories.

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ECCENTRIC AND VERTICAL TRANSCENDENCES: PSYCHOTIC AND RELIGIOUS REVELATIONS

INSTITUTIONS

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At a time in which proclaimed secularization, relativistic homologation and diffused reductionist naivety seem to have ambiguously blurred the boarders of revelatory experiences, the latter seem to maintain a core salience for a comprehensive anthropological understanding of both religious and psychotic modes of being. A series of self-descriptive sketches drawn from religious literature and clinical cases of prodromal schizophrenic subjects will be investigated, emphasizing formal analogies (i.e. semantical recur-

rences, imperative unescapability, passivity feeling, transformational value, perceived biographical hiatus) and qualitative discontinuities (i.e. transitive openness vs solipsistic structure, vertical vs eccentric displacement). Finally an attempt of phenomenological-psychopathological distinction between vertical spiritual experiences and idiosyncratic beliefs embedded in psychotic self-narratives will be proposed on the basis of such descriptive organizers.

GROUP THERAPY FOR MASTECTOMYZED WOMEN: A TWO YEAR EXPERIENCE

INSTITUTIONS

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The authors work in a liaison service in a central general hospital having an organized response to all women undergoing a mastectomy in that hospital. In this paper we describe a two year experience with a model of supportive group therapy for mastectomyzed women in different phases of the disease and different moments of group growth. The purposes of our approach are firstly create an empathetic space where women can express themselves and develop a supportive network, allowing them work to grief over losses, aiming to improve their coping strategies and general well-being. The most frequently developed themes in these sessions are death anxiety, fear of recurrence, facing diagnosis day news, chemotherapy, radiotherapy and hormone treatment side effects, body and self image, sexuality, relationships with partner, family and friends, surgical reconstruction and life style effects. Technical aspects of the

therapy are described and group member's opinions and difficulties of this approach are discussed.

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A QUALITATIVE ASSESSMENT OF EXPERIENCE OF PAIN: FOCAL DISCUSSION GROUPS AS RESEARCH TOOL

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Introduction: Pain is a complex experience, which includes cognitive, affective and behavioural aspects. The interrelation between depression and pain experience is bidirectional, many data support the idea that a depressive affect boosts the experience of pain.

Objectives: Identify concrete emotional aspects on the experience of pain which could receive a psychological or pharmacological anti-depressant treatment.

Method: Qualitative analysis of focal discussion groups of patients with chronic pain. Groups of over ten patients are aimed to talk

about their pain experience and it's affective implications. Every patient is under treatment for their pain (and affective disorder if needed). What groups say is transcribed and analyzed by a team of researchers (psychiatrists and psychologists). Atlas-Ti software is used to assist the analysis of the transcriptions, all the process is based on grounded theory methodology.

Results: An evolution of the personal narrative of patients about their pain is observed. Psychotherapy and antidepressants seem to promote changes on the way that patients experience pain and in some affects.

EXPERIENCE OF ILLNESS, TREATMENT AND QUALITY OF LIFE, IN DEPRESSED ONCOLOGIC PATIENTS: A QUALITATIVE STUDY

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Introduction: The prevalence of depression in oncologic patients is four times higher than in general population. Depression affects a 30% of the patients during the course of their disease. Treatment of psychiatric symptoms is strongly recommended to improve cancer therapy evolution, being combined treatments (psychological plus pharmacological) the most effective and less relapse producing. Qualitative analysis of focal groups provide an important amount of data which complement the diagnostic process and it results to be a complement on assesing quality of life. This study is part of the FIS 07/90348 and 07/90452 Investigation Projects.

Objectives: Obtain main dimensions of patients subjective experience of oncologic disease and its treatment.

Method: Qualitative analysis of focal discussion groups. Sample: 25 depressed subjects with a breast, lung or colon tumour, in I or II stage, without metastases or relapse. All of treated for their depression. One group received a combined treatment while the other received a pharmacologic one. Experience of illness and treatment was analyzed by a group of researchers. Atlas-Ti software was used in the analysis of the transcriptions. The speech was reduced to its meaning units, and then analyzed following grounded theory methodology (grouping and relating quotes).

Results: Three different main categories emerged from our groups of patients. Suffering experience, meanings and support elements.

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NEED OF PSYCHIATRIC HELP IN A SAMPLE OF NON METASTATIC CANCER PATIENTS

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AIM: Analyze the perception of psychologic or psychiatric need of help on a sample of three of the most prevalent kinds of tumours (breast, lung and colon).

METHOD: 768 patients of breast, lung or colon cancer without metastesis who were under treatment at La Paz and Principe de Asturias Hospitals in Madrid. Participants were asked to complete a survey designed for the study, which included the HADS (Hospital Anxiety and Depression Scale). Subjects who scored 8 or higher were interviewed to confirm the diagnosis of major depressive disorder. All participants were asked about their need of psychiatric or psychologic help.

RESULTS: people who thought that needed help but scored less than 8 in the scale, was much higher than the number of people depressed on any of the tumour groups (N= 251). Both anxiety and depression

scores were under 8 on those patients, excluding other causes for the need of help

CONCLUSSIONS: we think that this data means that what patients ask is not a formal therapeutic treatment (which is a need in case of depression or anxiety). Their need is more of a emotional which helps to treat that subclinical sympotms and also the suffering. The psychococial implications of cancer and the increase of the populations' expectatives of take care of their emotional needs during the treatment. Qualitative research oriented to patients' subjective experience, would make this point clearer.

This study is part of a research line funded by the FIS (Health Research Fund). Project numbers PI050737, PI052062.

DULOXETINE FOR PREMENSTRUAL DYSPHORIC DISORDER: A PILOT STUDY

INSTITUTIONS

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Introduction: Premenstrual dysphoric disorder (PMDD) affects 3% to 8% of women of reproductive age and is characterized by severe mood symptoms that cause important functional impairment. Serotonergic antidepressants appear to be an effective treatment for this disorder. The purpose of this study was to investigate the efficacy and tolerability of duloxetine, a reuptake inhibitor of serotonin and norepinephrine, in the treatment of PMDD.

Methods: We conducted a pilot, single-blind, non-controlled, fixed-dose trial. After two menstrual cycles for diagnostic confirmation, including a single-blind placebo cycle, 20 women who met DSM-IV-TR criteria for PMDD were included in the treatment phase. Daily doses of 60 mg of duloxetine were administered during 3 menstrual cycles.

Results: The primary measure of the efficacy of treatment with duloxetine was the significant reduction in premenstrual symptoms

demonstrated by the comparison between mean scores in the Daily Record of Severity of Problems (DRSP) at baseline and endpoint (p=0.0002). Statistically significant symptom reduction was observed throughout all treatment cycles. Clinical response, defined as a reduction $\geq 50\%$ in baseline premenstrual symptoms, occurred in 65% of subjects (intent-to-treat population). Significant improvements were demonstrated by secondary measures, including reduction in self-rated functional impairment (p=0.01) and improvement in quality of life (p=0.04). Main side effects were dry mouth, nausea, drowsiness, insomnia, decreased appetite, decreased libido, and sweating.

Conclusions: Duloxetine was effective and well tolerated in the treatment of PMDD. Further large-scale, double-blind, placebo-controlled studies are needed to evaluate duloxetine as an additional treatment strategy for the management of PMDD.

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THERAPEUTIC USE OF CANNABIS SATIVA ON CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING AMONG CANCER PATIENTS: SYSTEMATIC REVIEW AND META-ANALYSIS

INSTITUTIONS

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OBJECTIVE: this paper aims to evaluate the anti-emetic efficacy of the cannabinoids in cancer patients receiving chemotherapy.

METHODS: Systematic Review of Literature. Eletronic Databases: PUBMED, EMBASE, PSYCINFO, LILACS, "The Cochrane Collaboration Controlled Trials Register". Studies chosen were randomized clinical trials comprising all publications of each database until December 2006.

RESULTS: From 12,749 initially identified papers, 30 fullfield the inclusion criteria for this review, with demonstration of superiority of the antiemetic efficacy of the cannabinoids compared to the conventional drugs and placebo. The adverse effects were more intense and occurred more often among patients who used cannabinoids. Five metanalysis were carried out: 1- Dronabinol versus Placebo (N = 185; RR = 0.47; CI = 0.19 - 1.16); 2- Dronabinol versus Neurolep-

tics (N= 325; RR = 0.67; CI = 0.47 - 0.96; NNT = 3.4); 3- Nabilone versus Neuroleptics (N= 277; RR = 0.88; CI = 0.72 - 1.08); 4- Levonantradol versus Neuroleptics (N = 194; RR = 0.94; CI = 0.75 - 1.18); 5- patients preference for *cannabis* or other drugs (N = 1138; RR = 0.33; CI = 0.24 - 0.44; NNT = 1.8).

 $\begin{tabular}{ll} \textbf{CONCLUSIONS}: The superiority of the anti-emetic efficacy of canabinoids was demonstrated through meta-analysis. \end{tabular}$

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PSYCOPATHOLOGY ACROSS THE PAINTING

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Objective: To evaluate the analysis of patients creative production is useful in diagnosis and. moreover, can be used in psychotherapy.

Methods: we asked our patient, a forty-five year old woman who diagnosed with paranoid schizophrenia, for some photographs of her best pictures. We also asked her to tell us what she wanted to transmit by them. We compared her painting to the psychopathological exploratory resulting from the clinical interviews which were planned by the team of Mental Health in Macarena Centro District for the last eighteen months.

Results: Throughout our patient's different pictures, the different Clinical phases of schizophrenia and the progress in her Disease can be seen.

Conclusion: Schizophrenic art holds some own features. Throughout colours, strokes or topic we can approach to patient feelings and can be useful in diagnosis and can be used in psychotherapy.

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P-04-289

PSYCHIATRIC REVOLUTIONS: A HISTORY OF PSYCHIATRY

INSTITUTIONS

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Aims: "They who do not know history are destined to repeat it." The important point of the aphorism is not just advocacy of learning to avoid the mistakes of history but the building up of knowledge about beneficial trends and dynamisms in order to continue and improve them

Methods: Assessment of the history of psychiatry reveals that modern practice and theory has developed from a series of radical and generative changes or revolutions.

Results: The five psychiatric revolutions are as follows: Moral Therapeutic: striking of chains from the mentally ill, beginning of the psychotherapeutic: Pinel, Esquirol, Charcot, Janet; Paradigmatic: theories and practice of Freud, Jung, Adler, Rank, Klein and followers;

Biomolecular: Discovery and introduction of prototypic drugs (and precursors): chlorpromazine (reserpine); lithium carbonate (lithium urate); imipramine (isoniazid); chlordiazepoxide (meprobamate); Behavioral: Diagnosis, long the gold standard of European psychiatry, and the revolutionary and international impact of the introduction of DSM III and its successors on the current status of psychiatric nosology; Social: Therapeutic community, development of mental health centers, deinstitutionalisation, provider diffusion, impact of third part payment (nationalization, managed care).

Conclusions: Understanding these changes, their impact, and the resulting current consolidation, will help guide future creative developments in practice, teaching, and research.

PERSONAL GROWTH AND PSYCHOLOGICAL DISTRESS IN ADVANCED BREAST CANCER

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Aims: The experience of posttraumatic growth following breast cancer, its association with psychological distress and the predictive value of psychological distress, sociodemographic and clinical characteristics of cancer patients in their personal growth.

Methods: 111 patients with advanced breast cancer (stage IV) attended the outpatient oncology unit of Helena Venizelos Hospital (I=70) and the palliative care unit of the Areteion Hospital (I=41) in Athens. The final sample consisted of 100 consecutive patients suffering from incurable cancer. Posttraumatic Growth Inventory (PTGI) was used in order to investigate posttraumatic growth among Greek advanced cancer patients. PTGI consists of 21 items which are included in 5 factors: FI= "Relating to others", FII= "New Possibilities", FIII= "Personal Strength", FIV= "Spiritual change", FV= "Appreciation of life". Patients also completed the Greek version of the Hospital Anxiety and Depression Scale (HADS), a measure specifically designed for use with general medical and surgical patients, which is

particularly appropriate for cancer patients. Sociodemographic and clinical characteristics were recorded.

Results: The analysis showed that significant associations were found between PTGI-Total patients' age (p=0.001), and being married (p=0.007). Moreover, significant negative association was observed between PTGI-II ("new possibilities") and HADS-Depression (r = -0.314, p<0.05). Multiple regression analyses showed that 'age" is a significant predictor of PTGI-II ("new possibilities") (p=0.005), PTGI-V ("appreciation of life") (p=0.0005) and PTGI-Total (p=0.037), while marital status is a significant predictor of PTGI-Total (p=0.009).

Conclusion: Specific patients' characteristics, like young age, and being with a partner, influence the experience of posttraumatic growth in breast cancer patients.

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QUALITY OF LIFE AND POSTTRAUMATIC GROWTH WITHIN WAR TORTURE SURVIVORS IN POSTTRAUMATIC SOCIETY

INSTITUTIONS

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Aim: Aim of this article is to assess quality of life and the level of posttraumatic growth within war torture survivors in posttraumatic society.

Method: Research sample consisted of 128 clients from Canton Sarajevo and town Stolac. All clients experienced war torture and were included in multidisciplinary treatment within Center for torture victims during 2007. Clients were tested at the beginning of treatment and retested one year after. As research instruments Sociodemographic questionnaire (CTV Sarajevo, 2006), Manchester Quality of Life Scale and Posttraumatic Growth Inventory (Tedeschi and Calhoun) were used.

Results: The retest results of this study shows that quality of life as well as the level of PTG after one year of treatment was improved

in Canton Sarajevo, while in town Stolac quality of life did not differ significantly. Similarly at the end of treatment results on post-traumatic growth did not differ significantly in Stolac. Results of research shows in both regions statistically significant correlation between results obtained on Quality of life scale and PTGI.

Conclusion: This results indicate that complex conditions of continuous political tensions, divided health care and education system and community as a whole, very bad general life and economic situation in town Stolac impacted quality of life and posttraumatic growth, while more stabile political and economic situation in Sarajevo Canton results with better quality of life and posttraumatic growth within war torture survivors.

PSYCHOPATHOLOGICAL FEATURES OF INMATES WITH SUBSTANCE ABUSE AND ADDICTION IN AN ITALIAN PRISON POPULATION

INSTITUTIONS

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Aims: Substance abuse and addiction has been a serious concern among the prison population worldwide. Specific management of prisoners with substance-related disorders could be required in order to reduce the additional burden in terms of health, economic and human resources employed in prisons for these inmates. A psychological profile of inmates with substance abuse can be helpful in developing directions and guidelines specifically addressed to the management of prisoners with such problems; aim of our study is then to analyse psychological and judicial features of a subgroup of inmates with substance abuse in a sample of Italian prisoners.

Methods: Substance abusers (N=312) were compared to a sample of inmates without substance abuse (N=591). Prisoners recruited completed a semi structured interview for collection of sociodemo-

graphic and judicial data and a battery of psychometric tests for assessment of aggression, impulsivity, depression, personality traits, hostility, resilience and childhood trauma.

Results: Substance abusers had on average multiple incarcerations, more juvenile convictions, more violent behaviours during detention and a history of one or more suicide attempts. They also had higher scores on subscales for childhood trauma, higher scores for psychoticism and neuroticism, higher impulsivity levels, worse resilience, increased hostility and prevalent suicidal ideation.

Conclusion: Substance abuser inmates constitute a subgroup with increased judiciary and psychiatric issues, possibly due to early life history and psychological characteristics, such as high impulsivity and aggressiveness, poor resilience, and higher suicidal risk.

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THE ORIGIN OF "BRAZILIAN LEAGUE OF MENTAL HYGIENE" AND ITS HISTORICAL CONTEXT

INSTITUTIONS

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Background: In the earliest decades of the twenty century, took place, in Brazil, a movement to reform it's Mental Health system. The cultural and politics context are important to understand the Brazilian Psychiatry concepts of that time.

Objective: To report the beginning of "Brazilian League of Mental Hygiene" and its degeneration ideas.

Methods: Historical. Bibliography research of primary source and official documents.

Results: Were analyzed originals texts of Archives of Brazilian Mental Hygiene ("Arquivos Brasileiros de Higiene Mental") between 1928 and 1934. Those texts reinforce the degeneration concept present at "Brazilian League of Mental Hygiene", its consequence on psychiatry practice and its influence to organized the Brazilian politics on Mental Health at that time.

Conclusion: The "Brazilian League of Mental Hygiene" was based in anti-liberal ideas and degeneration concept.

EFFECT OF GROUP PSYCHOTHERAPY ON THE LIFE QUALITY OF PATIENT WITH MAJOR DEPRESSIVE DISORDER REFERRING TO HOSPITALS AFFILIATED TO SHIRAZ UNIVERSITY OF MEDICAL SCIENCES

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Background and Aim: Depression is the world's fourth most prevalent health problem which is associated with substantial mortality, direct medical cost and diminished quality of life. According to the WHO report by the year 2020, depression will constitute the major health problem in the developing world and the second biggest cause of disease burden worldwide. The aim of this study was to investigate the effects of group psychotherapy on life quality of a sample of Iranian patients with major depressive disorder

Methods: 70 patients who were willing and had met the required criteria for participation were selected and assigned into two groups of experimental and control group. For data collection a two part questionnaire was developed, the first part consists of 13 items related to general characteristics and the second part with 36 items

on life quality were used. The experimental group was divided into 5 subgroups of 7 patients. For each group 6 intervention sessions were scheduled. The control group didn't receive the intervention. The questionnaire was completed by researcher for all subjects in the experimental and control groups before the group

psychotherapy and one month after the end of group psychotherapy.

Results: The result of the study indicated that group psychotherapy in comparison with other available treatments proved to be more effective on 8 domains of life quality in the experimental group. A significant difference was observed for all the domains.

Conclusion: Group psychotherapy has effect on life quality of patients with major depressive disorder.

P-04-295

PSYCHOSOCIAL AND ENVIRONMENTAL FACTORS AT PATIENTS MAINTAINING SECURITY MEASURES

INSTITUTIONS

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Center of Forensic Psychiatry of Special Psychiatric Hospital, Gornja Toponica, is conducting security measures, which are pronounced towards patients, which committed criminal acts. They were found insane at the time of criminal act and therefore "not quilty by the reason of mental disability". They were diagnosed with different diagnostic categories, psychotic and non-psychotic. During period of January 2003. - December 2005. we conducted research at Center, tending to establish the influence that psychosocial and environmental factors have in criminogene activity of our patients, but also in the matter of their release from the hospital and social reintegration. To verify the presence of these factors, we used Axis IV of Diagnostic and Statistic Manual of Mental Disorders IV Revision, (abbr. DSM-IV) (American Psychiatric Association, 1994) accor-

ding to Structured Clinical Interview for DSM IV Axis I Disorders, Clinical Version (*abbr*. SCID I CV); Structured Clinical Interview for DSM IV Axis II Personality Disorders (*abbr*. SCID II). The research included 237 patients that were treated during this period at the Center. The significant presence and influence of psychosocial and environmental factors was found at the patient of all diagnostic categories; also, they had significant influence on rehospitalization, exarcerbations and relapses at our patients. There was statistically significant difference between present social and environmental factors in group of psychotic and non-psychotic patients. Psychotic patients are exposed to poverty and un-employment at significantly higher rate.

COMPUTER-ADMINISTERED COGNITIVE BEHAVIOURAL SELF-HELP: IS IT ACCEPTABLE AND HELPFUL FOR ADOLESCENTS WITH MILD TO MODERATE DEPRESSIVE SYMPTOMS?

INSTITUTIONS

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Aims: The aim was to design and evaluate the feasibility, efficacy and acceptability of self-help computerised CBT (CCBT) for adolescents with mild to moderate depressive symptoms.

Methods: The programme was trialled in a small RCT with 34 adolescents assigned to CCBT or a matching computerised psychoeducation (CPE) condition. Qualitative and quantitative user feedback was also collected.

Results: 94% of CCBT and 82% of CPE participants completed the intervention. Controlling for age and gender, repeated measures ANOVA showed a significant decrease on CDRS-R for the older (16-18 year old) adolescents compared with the CPE condition (F(2,24)=13.890, p<0.000). The RADS-2 scores were also significantly improved for older CCBT adolescents (F(2,24)=4.833, p<0.017) compared with their CPE counterparts. Significant improvements in CDRS-R (F(2,36)=23.911, p<0.000) and RADS-2 (F(2,36)=6,223,

p=0.001) were observed in the younger (13-15 year old) adolescents irrespective of group allocation. CDRS-R scores improved more for males than for females regardless of group allocation (F(2,56)=6.30, p=0.003). Participants deemed CCBT and CPE to be equally useful, easy to use and engaging. Feedback suggested that CCBT taught some adolescents cognitive restructuring and problem solving while anger management and stress reduction techniques were identified as the most useful CPE topics. The participating adolescents wanted future programmes to maximise the use of multimedia/interactive gaming features and the topics to include recovery stories from credible role models.

Conclusions: It is reasonable to assume that computerisation of selfhelp interventions will continue to grow and progress in this field should include work on developmentally appropriate solutions for adolescent-specific treatments.

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PSYCHOTHERAPY OF ART IN CHILDREN AND ADOLESCENT PSYCHIATRY

INSTITUTIONS

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This workshop presents a modern method of treatment for children and adolescent patients by means of the psychotherapy of art. The psychotherapy of art is a process of influencing people by art, physiological, emotional, sensational and behavioral. Psychotherapy of art is very significant in clinical practice. Extraordinary part of psychotherapy of art is clinical diagnostics and the structure of patient's personality. The clasification of psychotherapy of art shows its different types: artetherapy, dancetherapy, ergotherapy, bibliotherapy, musictherapy, movietherapy, therapy of photography, dramatherapy. This workshop also shows different forms of musictherapy (group and individual, receptive and active, soundtherapy, singing and working with a voice, musictherapy videoprograms). It is important to note that different kinds of psychotherapy of art are useful for different diagnostics. For example the ergotherapy is very helpful for patients with psychotic diseases. It helps them return to reality. The

dancetherapy is suitable for a broad range of diagnostics. Bibliotherapy is effective at work with elective mutism, children with learning and attention disorders, behavioral disturbances, eating disorders, post-traumatic stress disorders, with battered, unkept and sexually abused children, psychotic diseases. The important part of the psychotherapy of art is creating treatment programs according to clinical diagnostics. The workshop informs participants about some these programs dealing with the treatment of children with eating disorders, children with ADHD, depressions, anxiety disorders, adolescents after TS and also patients with psychotic diseases. The workshop has a cognitive and experience character.

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WOMEN INTERGERATIONAL PRACTICES IN THREE GENERATIONS FAMILIES

INSTITUTIONS

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Objective: The aim of this study is to understand the female subjectivity construction through generations, time, and space in the perspective of women participants.

Method: This is a qualitative study with three women generations of five families from different geographic localization in the South of Brazil through narrative interviews, and using discourse analysis to discuss the data.

Results: The data revealed that generations are quite different from another depending of home structure, cultural environments and networks, the emotional atmosphere in the family. Nevertheless they display some similarities due to historical practices in the family or cultural environments.

Conclusions: Family bonds are complex issues, and must be studied by multiple approaches to be better understand.

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COMBINES LOW DOSE TIANEPTINE AND ELECTRO-ACUPUNCTURE ACCORDING TO DR. VOLL FOR TREATMENT OF MAJOR DEPRESSIVE DISORDER IN BREAST CANCER PATIENTS

INSTITUTIONS

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Background: The side effects of psychotropic remedies significantly impair in breast cancer patients. Electro-acupuncture according to Dr. Voll based on correction of body's functions under influence of electromagnetic oscillations of strictly determined parameters, similarly to tuning-fork replying to certain frequency spectrum of acoustic wave.

Aims: The aim of this study was to test the efficacy combines low dose tianeptine and electro-acupuncture according to Dr. Voll in treatment of major depressive disorder in breast cancer patients.

Methods: Sixty-one breast cancer patients after mastectomy with major depressive disorder were randomly assigned to experimental or control groups in Odessa Regional Cancer Hospital. The thirty patients of control group received tianeptine in a dose of 0,0375 g/day during eight-week period. The thirty-one patients of experimental group participated in an eight-week program that combines

tianeptine in a dose of 0,025 g/day and electro-acupuncture according to Dr. Voll. Each patient was assessed at the follow-up interview took place at two months after baseline via a psychiatric interview and standardized psychological tests Hospital Anxiety and Depression Scale (HADS) with the added breast cancer specific module.

Results: After two months of treatment, 93,5% patients from the experimental group and 73,3% from the control group showed significant clinical improvement, total symptom score of the Hospital Anxiety and Depression Scale was likewise significantly reduced (F=5.3, p<0.01).

Conclusion: For breast cancer patients with major depressive disorder who cannot take high doses of antidepressant medication, combines low dose tianeptine and electro-acupuncture according to Dr. Voll is useful.

ASSESSMENT OF POSTGRADUATE EDUCATIONAL ROTATION SYSTEM IN WAKAYAMA MEDICAL UNIVERSITY HOSPITAL - FROM THE VIEWPOINT OF THE RESIDENTS

INSTITUTIONS

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Background:

In Japan, a new postgraduate educational rotation system has started in 2004. Junior residents are required to do training in the various areas in their 2-year internship period including one-month psychiatric training. Then, they become senior residents for their individual intended specialty. Some reports have shown that not all the junior residents have been satisfied with the psychiatric training. The aim of this study is to assess the present psychiatric training program in Wakayama Medical University Hospital from the residents' viewpoint.

Methods:

We carried out a questionnaire survey for the junior (n=36) and senior (n=44) residents, and the psychiatric clinician-teachers (n=7). The questionnaire includes 1) several questions about the fifteen psychiatric training items, 2) a question about the reputation of the training, and 3) a question about its motivation. We examined

1) which item is important from the standpoint of the residents and the clinician-teachers, 2) which item has not been trained enough by the residents, and 3) which item is useful for the non-psychiatric clinicians.

Results/Discussions:

Between residents and clinician-teachers, there is no difference in distribution of weighting on the fifteen training items. The residents considered that they have not taken enough clinical training about delirium, hypnotics, EEGs, mental disorders due to general medical conditions, and assessment of psychotic states. The senior residents considered that clinical training of delirium, hypnotics, and dementia is useful for the non-psychiatric clinicians. Reputation of the psychiatric training affects residents' motivation, suggesting that improvement in the psychiatric training program encourage residents' motivation.

P-04-301

SENCE OF COHERENCE IN DERMATOLOGIC AND PSYCHIATRIC PATIENTS

INSTITUTIONS

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Aims: According to salutogenesis approach, the health and the disease are a continuum on which we try to establish the position of man [1]. Authors would like to check if the level of SOC (sense of coherence) and strategies of coping with stress are connected with depression and dermatological diseases.

Methods: The examined group contained of 167 patients (69 suffered from depression and 98 patients diagnosed with the acne rosacea). Antonovsky's Sense of Coherence Scale (SOC-29) and the Moos' Coping Test were used.

Results: The level of global sense of coherence (SOC) and the level of each subscales was higher among dermatological patients. The difference is statistically relevant. The values of test T are also relevant in case of each subscales. In case of the Moos Coping Test the statistically relevant differences were obtained in two scales: seeking

information and support and taking problem-solving action. These mean values were higher also among patients suffering from the acne rosacea.

Conclusions:

- 1) Sence of coherence is relevantly higher among men suffering from depression as well as from acne rosacea.
- 2) SOC level remains in relevant dependency with the intensity of depressive disorders and with the strategies of solving problems.
- 3) The strategies of coping with stress essentially differentiate examined patients depending on the level of SOC.

References:

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PREDICTIVE FACTORS FOR ANTENATAL ANXIETY AND DEPRESSION IN PREGNANT WOMEN IN TANZANIA

INSTITUTIONS

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Women with anxiety and depression during pregnancy are at increased risk for postnatal depression which is a serious condition affecting the cognitive and emotional development in the infant. Antenatal psychiatric disorders are also associated with obstetric complications and reduced foetal and neonatal well-being. Risk factors for anxiety and depression in undeveloped countries are to some degree culturally based. Aim: To study risk factors for antenatal anxiety and depression in women in Tanzania

Method: Women coming to a hospital for delivery were assessed on anxiety and depression on Hospital Anxiety and Depression scale(HADS), in addition to a range of somatic and psychosocial factors, including culturally based risk factors as illiteracy and polygami.

Results: The prevalence of anxiety disorders was about 25% and the prevalence for depression about 10%. More extensive results will be presented.

Conclusion: Antenatal anxiety and depression is highly prevalent in women in Tanzania coming for delivery at a hospital. The role of different risk factors will be discussed.

P-04-303

SUBJECTIVE QUALITY OF LIFE AND COGNITIVE FUNCTION IN PEOPLE WITH SCHIZOPHRENIA

INSTITUTIONS

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Aims/Objectives: The aim of the present study is to investigate the relation between subjective quality of life and cognitive function in people with schizophrenia.

Methods: Subjects were forty-six stabilized outpatients with schizophrenia (DSM-IV). Their mean age was 39.8 (SD=11.6) years. Subjective quality of life and cognitive function were assessed using the Schizophrenia Quality of Life Scale (SQLS) and the Brief Assessment of Cognition in Schizophrenia (BACS), respectively. Clinical symptoms were assessed with the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS), and the Drug-Induced Extrapyramidal Symptoms Scale. All subjects signed a written informed consent form approved by the Ethics Committee of University of Tokushima. Subjects were excluded if they presented with any organic central nervous system disorder,

epilepsy, mental retardation, and severe somaticdisorder.

Results: The SQLS scores significantly correlated with the CDSS score. Psychosocial scale and motivation and energy scale of the SQLS significantly correlated with positive syndrome scale of the PANSS. However, the SQLS scores did not correlate with the BACS measures. Stepwise regression analyses showed that the CDSS score was the most important predictor of the SQLS.

Conclusion: These results show that subjective quality of life is not related to cognitive function but is associated with depressive symptom in people with schizophrenia. We conclude that treatment for depressive symptoms might be important in order to improve their subjective quality of life.

ASPECTS OF INCAPACITY IN THE ELDERLY

INSTITUTIONS

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Legal term "incapacity" is formulated in Bulgarian Person's and Families' Act. Natural continuum capacity-incapacity is divided onto three stages from the law: global capacity, limited /not diminished/ capacity and incapacity. Medical criteria for capacity are lack of mental illness or weakness of mind, wherefore a person "couldn't carry about own things". Capacity of a person, "whose state is not so severe" could be limited by the court. Other formulations of specific for the elderly competencies are included in Liabilities and Contracts Act and Legacy Act. In these acts is required the person should be able to understand and to lead his/her actions, without fixing any medical conditions. There is lack of legal definition of temporary states of incapacity. Partial loss of competencies, often observed in the elderly, is also not reflected by the law. Perhaps one exception, which represents temporary and partial incapacity, is incompetence

to give informed consent to treatment /Health Act, 2004/. Described legal conditions and international variety of "incapacity" formulations complicate systematic research in the "emerging area" of psychiatric assessment in the elderly.

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P-04-305

DISTRIBUTION OF CRIMINAL ACTIVITY AMONG MENTALLY ABNORMAL OFFENDERS

INSTITUTIONS

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Objective: Crime may be simply defined as the breaking of the criminal low. Irrespective of which line of investigation in literature there was convincing evidence that violent/homicidal behavior was associated significantly with mental illness. The purpose of this study was assessing the distribution of criminal activity, as well as, various types of criminal behavior, among mentally abnormal offenders treated in maximum-security setting - Forensic Center in Gornja Toponica in a period from 2000. to 2007.

Method: Diagnostic ICD X criterions for mental disorders, clinical interview and the psychiatrist's reports in the authority courts were used in the retrospective evaluation.

Results: The most frequent diagnosis was schizophrenia, especially paranoid type, and the most frequent type of offence was homicide and attempted murder, while among patients suffering from anti-

social personal disorder physical injury and rape were the most frequent offences. Obtained results are statistically significant. Schizophrenia may be associated with violent crime, and certainly such acts that may lead to considerable publicity and attract a great deal of attention because of dramatic clinical state of schizophrenia, impulsive behavior, often associated with bizarre crime, monstrous homicides and other offences because of a decline in social functioning competence. These facts may explain the most frequency of schizophrenic patients among the investigated ones.

Conclusions: Mental abnormality and offence are significant sociopathological phenomena. Although mental disorders per se are significantly associated with violence/homicide behaviors, it is reasonable to believe that targeting certain subgroups of patients should be helpful. Probably the presence of psychotic symptoms is a significant risk factor in violence/homicide behaviors in mentally ill.

LITERATURE AND PSYCHIATRY INTERROGATING EMPATHY

INSTITUTIONS

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Medical education has recently adopted a strident insistence on the teaching of empathy, thought to have crucial therapeutic benefits on the doctor patient relationship across many specialties. We will talk about our experience in running a medical humanities program in a medical school. In addition, we will discuss how psychiatry in particular elevates empathy to among its strongest therapeutic advantage and takes pride in its supposed special understanding and skilled use of it. We will then interrogate the idea that empathy is static and that once acquired, it is always present. After this, we will examine the alternative concept that empathy is fluid and that psychiatrists, faced with dynamic and varying clinical situations, need to rediscover empathy in each situation. We will argue that one potentially

effective way to do this is a lifelong engagement in creative literature. In this symposium, we will study narrative competence and how close textual engagement in the reading of literature parallels the close reading of lived human experience as told by patients. In essays written by patients for instance, psychiatrists and other therapists could capture the emergence and creation of unique meanings during the composition of a narrative - this kind of discovery is not always possible without attention to the precepts of literature as a discipline. Examples of literary texts will be discussed such as passages from Virginia Woolf's Mrs. Dalloway, Franz Kafka's Metamorphosis, Emily Dickinson's poetry and Joan Didion's memoir on the death of her husband.

P-04-307

WHY THE HUMANITIES ESPECIALLY LITERATURE ARE MEDICAL/PSYCHIATRIC DISCIPLINES

INSTITUTIONS

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AUTHORS

1. Antolin Trinidad¹

I will argue that the humanities especially literature is a legitimate medical discipline. Literature remains especially relevant to psychiatry. The production, analysis and continual interrogation of narratives - how people tell stories and what they tell - are core processes in all of medicine. The practice of psychiatry is unfathomable without narratives. Creative literature is a form of a continuing intellectual engagement with the varieties of narratives; they expand the human experience and imagine alternatives to the painful realities of human

life. Creative literature have the same characteristics as that type that can be healing for our patients. It partially offsets the risk of theory-bound insularity in psychotherapy. In this presentation, I will use examples from the works of Franz Kafka, Virginia Woolf and Stephen King that illuminate the dynamic tension between distress, narrative-production and healing. Finally, I will recommend practical uses of literature in working with patients in psychotherapy.

IMAGINING EMPATHY: ANATOLE BROYARD'S "THE PATIENT EXAMINES THE DOCTOR" AND HENRY JAMES'S "THE MIDDLE YEARS"

INSTITUTIONS

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We initiated a program in Medical Humanities at GWU School of Medicine in 2005/2006. Our emphasis on literature and medicine, or narrative medicine, is intended to teach students and physicians to read texts closely in order to better understand patients' stories and their own narratives as well. Such understandings, we believe, foster the development of empathy (an often misunderstood term that I will attempt to define in the presentation). One text I use in the primary care clerkship, literature and medicine electives for first and second-year students, and the medicine residency has been highly controversial: Anatole Broyard's essay "The Patient Examines the

Doctor." In each group I focus on different parts of this very literary narrative that offers multiple possibilities for considering doctor/patient relationships. Not only does each group concentrate on aspects of the essay most relevant to their experience, but their reception of Broyard's robust demands on the doctor is greatly affected, I argue, by their stage in medical education. In this presentation, I will discuss my experiences in teaching this essay, with a consideration of how we might understand Broyard's desires in terms that Henry James develops in "The Middle Years," a story that illuminates what empathy might "look like" to patients and to doctors.

P-04-309

THE EFFECTS OF A PSYCHOEDUCATIONAL INTERVENTION ON ANTIPSYCHOTIC AND ANTIDEPRESSANT-INDUCED WEIGHT GAIN

INSTITUTIONS

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Background/Aim: People with psychotic and mood disorders are in great risk of weight gain and obesity because of inactive, unhealthy lifestyles and use of psychotropic medication. The aim of this case study was to assess the effectiveness of a psychoeducational intervention on psychotropic-induced weight gain in two patients.

Design and Method: Single subject quasi-experimental design: Two female out-patients, who had both gained weight (BMI>25), after they had been introduced to olanzapine and fluoxetine treatment respectively, attended a weekly treatment package that comprised of: (a) psychoeducation, focused on nutrition, exercise and healthy lifestyle (b) self-reports, regarding dietary and physical exercise habits, (c) cognitive-behavioral psychotherapeutic sessions.

Results: Visual analysis of the data on weight loss showed a faster rate of weight change (8,5 kgr within 8 weeks) for the fluoxetine-treated patient, and a slower rate of weight change with variable data (6,2 kg within 24 weeks) for the olanzapine-treated patient.

Conclusions: Overall, the psychoeducation treatment package was effective for both patients. However, the different patterns of weight loss indicate that individualized responses to different types of medication and the nature of the psychiatric disorder, need to be considered in order to maximize the benefits of the psychoeducation treatment for each individual patient.

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Key words: obesity, psychoeducation, antipsychotics, antidepressants, weight gain.

PREDICTORS OF OBJECTIVE QUALITY OF LIFE IN PEOPLE WITH SCHIZOPHRENIA

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Aims/Objectives: The aim of the present study is to investigate the predictors of objective quality of life in people with schizophrenia.

Methods: Subjects were forty-nine stabilized outpatients with schizophrenia (DSM-IV). Their mean age was 39.7 (SD=11.7) years. All subjects signed a written informed consent form approved by the Ethics Committee of University of Tokushima. Objective quality of life and cognitive function were assessed using the Quality of Life Scale (QLS) and the Brief Assessment of Cognition in Schizophrenia (BACS), respectively. Clinical symptoms were evaluated using the Positive and Negative Syndrome Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS), and the Drug-Induced Extrapyramidal Symptoms Scale (DIEPSS).

Results: The QLS scores significantly correlated with verbal memo-

ry score and attention score of the BACS. The QLS scores except instrumental role subscale score significantly correlated with working memory score of the BACS. Intrapsychic foundations subscale score of the QLS significantly correlated with verbal fluency score of the BACS. Moreover, the QLS scores significantly correlated with the PANSS positive syndrome scale score, the PANSS negative syndrome scale score, the CDSS score and the DIEPSS score. However, duration of illness, number of hospitalization, and dose of neuroleptics did not correlate with the QLS scores.

Conclusion: These results show that objective quality of life is not only associated with psychiatric symptoms but also is related to cognitive function, especially verbal memory, attention, and working memory.

P-04-311

NEGATIVE SEXUAL EXPERIENCES AMONG JAPANESE UNIVERSITY WOMEN AND ISSUES CONCERNING THE AFTERMATH

INSTITUTIONS

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Aims/Objectives:

- 1. To delineate the prevalence of a negative sexual experience (NSE) and its characteristics among Japanese university women.
- 2. To examine whether the attribution style and shame-feeling contribute to developing PTSD.

Methods:

- 1. Questionnaires were distributed among 799 university women. They were asked about the characteristics of a NSE and also about the experience relating to the disclosure.
- 2. They completed the Abuse Attribution Inventory, Abuse Specific Shame Questionnaire and Impact of Event Scale. How the attribution style and shame-feeling contribute to developing PTSD was analyzed.

Results:

1. 40 % of the respondents reported at least one NSE. Among them, 1.7 % of the women were raped. More than 60 % were victimized by

strangers. About 5 % were victimized by relatives. All the perpetrators except for one were male. Victimizations by relatives, teachers or classmates were more likely to be repeated. Most respondents disclosed their NSE to a friend or to their mother. The perception of the victim regarding their confidant's reaction varied from individual to individual.

2. Internal attribution prompted shame-feeling which in turn played a role in developing PTSD, although internal attribution did not have a direct impact in developing PTSD.

Conclusion:

- 1. A number of women reported a variety of NSEs, which means the awareness regarding sexual victimization and need for proper treatment are increasing.
- 2. The internal attribution and the shame-feeling are products of an interaction between an individual and social value of a particular culture, and these could result in maladjustment.

GUARDIANSHIP IN BRAZIL - A COMPARATIVE PERSPECTIVE

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Since 1960s, a broad wave of legal reforms in the fields of personal autonomy, decision-making and guardianship has swept the developed countries, enhancing the visibility of these critical issues worldwide. Brazil, however, having only recently reformed its adult guardianship laws, remained relatively impervious to the new winds. This study intends to inform the discussion surrounding adult guardianship law reforms from an international and comparative perspective. For this purpose, Brazil, France, Germany, Italy and the

United States legislations were chosen as the base for comparison. Each jurisdiction had its adult guardianship law examined, including the historical background and recent developments. We found that there has been a significant shift from a paternalist-based model to an individual-rights-based regime across many jurisdictions around the world. Unlike other countries, Brazil has failed to significantly modernize its guardianship laws and faces a growing challenge to adapt it to the currently accepted international standards.

P-04-313

INCAPACITATED ADULTS IN BRAZILIAN CIVIL LAW

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The imposition of guardianship creates important ethical, legal and practical challenges for the society, in general, and for the civil rights community, in particular. During the past 20 years, many countries have revised their guardianship laws or enacted comprehensive new provisions. However, very little is known about the reality of adult guardianship under the Brazil law. This study investigated the adult guardianship in Rio de Janeiro, Brazil, by examining court proceedings, with a particular focus on the profile of the wards, the reasons for requesting guardianship and the outcome of the wardship process. The study was a quantitative analysis, based on a random

sample of 283 proceedings for legal guardianship of adults due to presumably impaired legal capacity. The legal papers of these cases were retrieved during the period extending form January 1st through December 31st, 2002 from four probate courts of the city of Rio de Janeiro that are specialized in cases of guardianship. Our findings revealed that adult guardianship in Rio de Janeiro, Brazil, is often imposed to vulnerable sub-groups of the population, such as poor, single individuals suffering with mental retardation or dementia, who need a social security pension to provide for minimum subsistence.

GUIDED IMAGERY APPLICATIONS IN BREAST CANCER RELATED MIXED ANXIOUS-DEPRESSIVE DISORDER

INSTITUTIONS

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Objective: To assess the guided imagery techniques impact over the severity of depressive symptoms in patients diagnosed with breast cancer

Methods: We evaluated a group of 22 female patients, mean age 46.3, diagnosed with breast cancer in the previous 2 months, that presented at the admission also a diagnosis of mixed anxious and depressive disorder. All our patients were expecting chemotherapy, radiotherapy and/or surgical treatment and presented negative perception of their body image and catastrophic cognitions about the effects of treatment methods. Guided imagery was used to create a new perception of the symptoms and to induce relaxation, to relieve muscle tension and to diminish the anxiety and depression associated with cancer [1]. We focused on goal achieving, creating positive expectations and relaxation [2]. We assessed these patients for 3 months, using Beck Depression Inventory (BDI) 21 items version and Global Assessment of Functioning (GAF), every 2 weeks.

Results: After 12 weeks (6 therapy sessions), our patients presented an improvement in their depressive symptoms (p<0.05), especially on items like pessimism (p<0.01), suicidal ideation (p<0.01), dislike of self (p<0.05). The GAF score also improved (p<0.05).

Conclusion: Guided imagery could relieve depressive symptoms, especially the cognitive distortions and is therefore an useful associated technique in the general approach to patients with breast cancer.

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P-04-315

THE MANAGEMENT OF ALCOHOLISM DEPENDENCE IN PATIENTS WITH ONCOLOGIC DISEASE

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Objective: To evaluate the importance of therapeutic management in alcohol dependence and cancer dual diagnosis.

Methods: We assessed 16 patients, 12 male and 4 female, mean age 53.3, diagnosed with cancer and alcohol dependence. All our patients admitted an abusive alcohol consumption of at least one year previous to actual hospitalisation while their cancer diagnosis was established for at least 14 months ago. Alcohol could be considered a patient's dysfunctional coping tool when is confronted with the stress associated with cancer diagnosis. Therefore, the goal of crisis intervention is to restore the patient baseline behaviour using coping skills enhancement and problem solving techniques[1]. We used for assessment The Alcohol Use Disorders Identification Test (AUDIT) and Clinical Global Impressions (CGI) every 2 weeks for 3 months.

Results: The improvement on AUDIT was significant (p<0.05) at

endpoint only in the majority of patients that participated in all the 12 sessions of the study (n=11). The CGI score paralleled the evolution of AUDIT (p<0.05) and decreased from 4.6 at baseline to an 2.1 endpoint value. A low compliance rate was registered as 3 patients missed at least 4 sessions and 2 patients missed at least 2 sessions.

Conclusion: The alcohol dependence in cancer diagnosed patients needs careful assessment and therapeutic management. Noncompliance and treatment discontinuation are significant in such patients due to the status of coping tool that alcoholism have in oncologic patients.

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AGRESSIVNESS OF FORENSIC PATIENTS: INFLUENCE OF PSYCHIATRIC COMORBIDITY

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Psychiatric patients are stigmatized in their social environment society, but also their families. Stigma that is widely spread is that they are dangerous and threat to the society. Their potential aggressiveness and criminogene activity are constantly at the public focus, although official statistical records show otherwise. Criminal rate of psychiatric population is same or even lower than over-all population. Also, studies have reported that comorbid psychiatric syndromes and disorders are present in large number of patients and that these are the primary factor of aggressiveness, and not psychotic disorder itself. This study concerns only psychiatric syndromes and disorders as comorbidity, and not physical. Purpose of the study was to establish percentage of comorbid syndromes and disorders at the

forensic patients that were at the Center due to security measures. They were diagnosed according to Diagnostic and Statistic Manual of Mental Disorders IV Revision, (abbr. DSM-IV) (American Psychiatric Association, 1994), using Structured Clinical Interview for DSM IV Axis I Disorders, Clinical Version (abbr. SCID I CV); Structured Clinical Interview for DSM IV Axis II Personality Disorders (abbr. SCID II). Research included 237 patients treated at the Center of Forensic Psychiatry. The results indicate significant presence of Substance Use Disorders. Psychotic patients also had a Personality Disorder Axis II diagnosis, beyond their basic psychotic disorder

P-04-317

LEVELS OF ANXIETY, DEPRESSION AND QUALITY OF LIFE IN INFLAMMATORY BOWEL DISEASE PATIENTS

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Aim: Despite the increasing interest of literature. the interaction between anxiety, depression, quality of life and the progress of inflammatory bowel disease (IBD)remains controversial. Our aim was to further investigate any interactions and to relate the results to the concentration of Heat Shock Protein70 (biomarker of cellular stress) in the histologic examination of the patients.

Method: The WHOQOL-BREF for QUALITY OF LIFE, the ZUNG DEPRESSION SCALE, STAI and the HAD Scale were administered to 58 patients (35 men/23 women), hospitalized in two general hospitals of Athens for a relapse of inflammatory bowel disease (36 ulcerative colitis, 21 Crohn's disease, 1 intermediate colitis).

Results: A moderate negative correlation was observed between the domain of psychological health of WHOQOL-BREF and a) the Zung D.S. (r: -,601;p<0.001),b) the STAI Form X1 (state)(r=-,665;p<0.001) and c) the depression subscale of HAD (r=-,609;p<0.01).Moreover, the mean of anxiety as state (STAI Form

X1)in women (M=48.55,SD=15.54) was significantly higher (t= -3,17, df=55, two-tailed p=0.002) than in men(M=37.11,SD=11.58), as well as the mean of anxiety as trait (STAI Form X2) again in women(M=46.00,SD=8.97) was significantly higher (t= -3,10,df=54,p=0.003) than that of men (M=38.50,SD=8.71).

Conclusion: Further research in IBD patients is needed, in order to clarify the emerging correlation between quality of life (psychological health domain) and anxiety/depression as well as sex differences within these parameters.

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EVALUATION OF THE MEDICAL INTERVIEW BY SYSTEMATIC VIDEOTAPING OF STUDENTS

INSTITUTIONS

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More than 65% of medical diagnoses are based exclusively on the clinical encounter, but the curriculum of medicine study allots a small amount of time to teaching communication skills. We assume that the students will improve the quality of their medical interviews with the advancement of the career, but to date no objective measure has been presented in support of this belief. Medical students of different study levels within the Universidad de los Andes in Santiago de Chile were videotaped during a clinical encounter with a stan-

dardized patient, and evaluated by the Brown Evaluating Interview Scale. Partial and global scores were compared and statistically analyzed, leading to conclusions about the evolution of the quality of the medical interview and its possible relationship with socio-demographic aspects and other relevant variables. No significant differences appeared in the Global Brown Scale considering study level and gender, but the score was better according to the academic performance of the students, and the patient they were exposed.

P-04-319 MEMORY TRACES

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The task of covering the scientific advances of the last decades in neurosciences is onerous, given their tremendous growth and complexity, particularly in molecular biology. Among us, discussions on the "gap" and "bridges" between neurosciences and psychiatry are numerous. Yet, our training in neurosciences is rather poor. Reading E. Kandel could be the best way to review major trends in neurobiology and give robust ground for discussions, based on his contribution to learning and memory. In "In search of memory", we can watch Kandel's personal itinerary and experiments step by step: learning is a change in the functional effectiveness of previously existing excitatory connections. Short-term memory is linked to functional changes in existing synapses, while long-term memory is associated with a change in the number of synaptic connections.

Kandel also deals with basic questions on brain development, cell communication, perceptions and motor acts. How is communication between neurones modified by experience? by disease? As psychoanalysts, the material we work on is memory traces. As psychiatrists, we try to promote changes. We need to have some knowledge on the brain functions, but we need to be careful in identifying gaps in knowledge and limits in understanding. Regarding human behaviour and psychiatric diseases, there is room for questions on Kandel's assumptions. We wish to open discussion of the proposed genetic features and neurobiological bases of psychiatric disorders, the neural underpinnings of psychopharmacological interventions. And see how far we can go into Kandel's proposal of a "new frame for psychiatry".

PAIN AND ANXIETY OWN EXPERIENCES

INSTITUTIONS

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Aims/Objectives: The attempt to interest the doctors of the different specialties - the psychical state with inclusion of fear disorder among patients with chronic pain. The world literature run after the latest reports about the methods of curing the pain. Because of the quickly evolving technology we are able more precisely explain the cause of the pain but on the basis of the twenty years of practice I'm under the impression that slowly our patient begins to get lost us between the diagnosis and treatment. We lose contact as with human being.

Methods: Elaboration and leading in conformity to own authorial program the educational workshops for doctors, nurses, social workers and guardians of the patients with chronic pain.

Results: Considerable increase of amount of the patients directed for psychiatric consultations by doctors engaged with the pain issue what brought about improvement of life quality among patients, whom applied anti anxiety treatment, also patients in the terminal state.

Conclusion: There's no pain without anxiety.

Reference

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P-04-322

THE RELATIONSHIP BETWEEN POSTPARTUM DEPRESSION AND SOCIAL SUPPORT

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Aim: The aim of the study was to determine the relationship between postpartum depression and social support in women.

Method: This descriptive studies' sample consisted of 240 women who gave birth of eight district health centers of Bornova in Izmir, Turkey. The data was collected with two questionnaires; Edinburgh Postpartum Depression Scale (EPDS) (1) and Social Support and Multidimensional Scale of Perceived Social Support (MSPSS) (2). Data were analyzed by Pearson Correlation Test (p<0.01).

Results: The average age of women was 27.34 ± 4.64 years, the 34.5% of women were high school graduates, 26.4% were working at a job and 85.7% have

nucleus-type family. The duration of marriage was 5.53 ± 4.29 years, 85.7% became pregnant with their own will and 74.7% became programmed pregnancy. The depression ratio was found as 31.9%, EPDS as 9.05 ± 5.98 and MSPSS as 57.79 ± 13.97 . There was a negative

relationship between postpartum depression and social support (r=-0.308; p<0.01). It was found that the higher relationships between postpartum depression and sub-groups of social supports were family (r=-0.296; p<0.01).

Conclusion: It seems that women who gave birth had postpartum depression and this depression was associated with social support provided by family members.

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THE RELATIONSHIP BETWEEN THE PSYCHIATRIC SYMPTOMS OF PRIMIPAROUS PREGNANT WOMEN AND THE WAYS OF COPE WITH STRESS

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Objective: The study was conducted to evaluate the relationship between the psychiatric symptoms of primiparous pregnant women and the ways of cope with stress.

Method: This descriptive and relational research was carried out between $15^{\rm th}$ June - $1^{\rm st}$ February 2006 at The Department of Obstetrics and Gynecology of University and Government Hospital in Turkey. The sample of the study was 220 primiparous pregnant women who agreed to take part in the research. The data was collected with two questionnaires; SCL-90-R (1) and the Scale of the Ways to Cope with Stress (2).

Results: The average age of pregnant women was 25.35±5.56, 57.3 % became pregnant within the first year of marriage and 89.1 % became pregnant with their own will. It was found that the scores of General Symptom Index (GSI) and the Ways to Cope with Stress sub-scales such as "self-confident approach", "optimistic approach"

and "search for social support" had a negative relationship whereas "desperate approach" and "obedient approach" had a positive relationship which also indicated a statistically meaningful relationship (p<0.01).

Conclusion: When the GSI level of pregnant women was increased, the level of "self-confident approach", "optimistic approach" and "search for social support" were decreased whereas the level of "desperate approach" and "obedient approach" were increased.

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P-04-324

THE MYTH OF THE BEAUTIFUL, SLIM AND YOUNG WOMAN

INSTITUTIONS

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An overview of the XXI century, focus on body transformations. "Century of the Image" or "Civilization of the body". For many, the worry over the image of the body ranges from passion to obsession until it becomes an addiction. Our society attaches great significance to personal appearance and the media systematically reinforces the message that "beauty succeeds". Unlimited consumerism has led to the concept of "who you are is determined by the way you look", BEING AND APPEARING TO BE go hand in hand.

The leadership enjoyed by fashionable models, actors and actresses over some segments of the population, together with the existence of certain physical stereotypes which are deemed desirable, has given rise a great demand for treatments aimed at modifying the body (plastic surgery, liposuction, implants), which in many cases are presented as the solution to existential or life problems or as guaranteeing accesses to success in relationships. If each individual's specific psychopathology is not taken into account (i.e. dysmorphophobia cases) the consequences of these treatments will go from dissatisfaction to depression and in more dramatic cases to real physical sequels, which I will illustrate with graphics.

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NEUR SCIENCE EXCHANGE

Sunday,

21 September, 2008

11.15-11.30 Koen Demyttenaere, MD, PhD

14.30-14.45 Robert Pevelar

16.15-16.30 Tim Lambert, BSc, MBBS, PhD, FRANZCP

Tuesday,

23 September, 2008

9.30-9.45 Tim Lambert, BSc, MBBS, PhD, FRANZCP

11.15-11.30 Robert Pevelar

14.30-14.45 Rakesh Jain, MD, MPH

Monday,

22 September, 2008

9.30-9.45 Lauren B. Marangell, MD

11.15-11.30 Rakesh Jain, MD, MPH

14.30-14.45 Michael E. Thase, MD

Wednesday,

24 September, 2008

9.30-9.45 Lauren B. Marangell, MD

14.30-14.45 Koen Demyttenaere, MD, PhD

BOOK SIGNING WITH PROFESSORS NORMAN SARTORIUS AND JULIO ARBOLEDA-FLÓREZ

Professors Norman Sartorius and Julio Arboleda-Flórez will be signing their new book, *Understanding the Stigma of Mental Illness: Theory and Interventions*, Sunday, 21 September, 2008, from 15.00–16.45, and Wednesday, 24 September, 2008, from 11.00–12.00 at the Eli Lilly and Company/Boehringer Ingelheim GmbH booth. Line space and book quantities may be limited, so please arrive early to meet the authors.









Cipralex Abbreviated Prescribing Information

Presentation "Cipralex", tablets containing 5, 10 and 20 mg escitalopram (as oxalate). Indications Major depression. Generalised anxiety disorder. Panic disorder with or without agoraphobia. Social anxiety disorder. Obsessive compulsive disorder. Dosage Usual dose 10 mg once daily. Maximum dose 20 mg/day. In the elderly (>65 years), in panic disorder patients and in patients with reduced hepatic function an initial dose of 5 mg/day is recommended. Caution in patients with severely reduced renal function. Not recommended in children

and adolescents (<18 years). When stopping treatment with escitalopram, the dose should be gradually reduced over a period of one or two weeks. Contraindications Hypersensivity to escitalopram. Concomitant treatment with non-selective MAOIs. Pregnancy and lactation Careful consideration prior to use in pregnant women. Breast-feeding women should not be treated. Precautions The special warnings and precautions which apply to the class of SSRIs. Drug interactions Reversible, selective MAOIs. Selegiline (irreversible MAO-B inhibitor). Medicinal products lowering the seizure threshold. St. John's Wort. Enzyme inhibitors (e.g.

omeprazole and cimetidine) may require reduction of escitalopram dose. Drugs metabolised by enzymes CYP 2D6 or 2C19. Adverse events Adverse events, most frequent during first or second weeks, comprise the SSRI class adverse events, e.g. nausea, diarrhoea, and constipation. Overdosage Doses between 400 and 800 mg of escitalopram alone have been taken without any severe symptoms. Consult full prescribing information before prescribing.

H. Lundbeck A/S, Copenhagen, Denmark. Date of preparation: January 2007