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Prevention and Health Promotion
WELLBEING AND DEPRESSION AMONG LATINOS IN THE UNITED STATES: VARIATIONS BY IMMIGRATION LEGAL STATUS

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Latinos are the largest and fastest growing immigrant group in the United States (US) (US Census Bureau, 2011). Unfortunately, research to understand how immigration legal status may influence the wellbeing and mental health of Latinos in the US is limited.

Objective: This study aimed to identify factors and vulnerabilities associated to health related quality of life (HRQoL) among Latinos varying in immigration legal status.

Methods: This cross-sectional study used data from the 2009 San Diego Prevention Research Center (SDPRC) community survey in which multistage and random sampling methods were used to select participants. Participants included 389 Latino adults varying in immigration legal status. Multivariate regression analyses were used in the analyses. Results: Among legal status groups, non-citizens legal residents reported the poorest HRQoL, with UIs reporting the greatest HRQoL. Depression explained the largest variance in Quality of Wellbeing (QWB) scores across legal status groups (15-26%), with higher levels of depression associated to poor HRQoL. Additionally, among US citizens (US born and naturalized), acculturation to the English language was associated with better HRQoL, whereas among non-citizen legal residents, preservation of the Spanish language and less years living in the US were associated to better HRQoL. Among undocumented immigrants (UIs), only depression and sex, were significantly associated to HRQoL, with UI men reporting greater QWB scores.

Conclusions: These results emphasized that depression is important to assess and address when developing interventions aimed at improving wellbeing among Latinos, and that attention should be given to immigration-related factors, specifically biculturalism, given its positive association to better wellbeing. As a result, public health actions and policy should focus on supporting the development and access to context-sensitive programs using cultural integration frameworks to promote the mental health of Latino immigrants and their HRQoL. Limitations of the study and directions for future research will also be discussed.
EXPANDING COLLABORATION BETWEEN PRIMARY AND SECONDARY CARE: EXPLORING A PERSONALIZED THERAPEUTIC LIFESTYLE TOOLKIT FOR PEOPLE WITH SEVERE MENTAL ILLNESS

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Persons with severe mental illness die earlier than the general population. The leading cause of shortened life span is preventable medical conditions, not suicide. More than 80% of people with serious mental illness are overweight or obese—a major factor that helps lead to a death rate 3 times that of the overall population. Factors contributing to obesity include unhealthy eating habits and lack of physical activity. Medications to help control symptoms of mental illness can increase appetite and encourage weight gain. Adding to these challenges, people with serious mental illnesses may have impairments in memory and mental process that make it more difficult for them to learn and adopt new weight loss behaviours such as counting calories.

Objectives: 1) Discuss strategies for motivating, increasing engagement, enhancing resilience and promoting lifestyle changes for clients with Severe Mental Illness, 2) Describe a model of coaching that can be used in the implementation of a comprehensive lifestyle intervention targeted to the special needs of Severe Mental Illness clients, encourage creative solutions in an environment of limited resources and 3) Develop a plan to practically apply coaching skills in a variety of medical contexts with common-sense Atlantic Canada.

Methods: Review of recent scientific publications, analysing health coaching strategies including essential coping skills such as stress management required in the management of cardiometabolic risk factors in patients with SMI. Case materials with implications in health promotion and summarize our multidisciplinary team experience with emphasis on the importance of collaboration in guiding primary and secondary prevention efforts through comprehensive lifestyle interventions in the management of modifiable risk factors.

Results and Conclusions: Health coaching model seems to positively impact premature mortality, help reduce medical costs related to comorbid physical problems as well as health promotion and wellness in clients with SMI and modifiable cardiometabolic risk factors.
USING VIGNETTE AS A RELEVANT FOCUS APPROACH IN SCHOOL BASED MENTAL HEALTH RESEARCH: EXAMPLE FROM BRAZIL

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2. York University, Toronto, Ontario, Canada

Objective: To provide an opportunity to co-develop insight with middle-school teachers about a sensitive theme focused on students’ substance use.

Methods: The qualitative study, based on action research, took place in a public middle-school in a low-income area of São Paulo, Brazil. The study was approved by an Ethics Committee of University of Sao Paulo. Nine middle-school teachers participated in 5 focus groups in April-June, 2013. Based on the first focus group discussion, it was created a fictional vignette about Edrian, a student who has substance involvement. Using the vignette the subsequent focus groups discussed key themes. The focus groups were audio recorded and transcribed.

Results: The contents of the vignette emerged from real cases of students’ substance involvement known by the teachers. The descriptive features of Edrian’s vignette were: 1) personal, family and social characteristics of the student; 2) presence of illegal substance within school; 3) placing value on drug trafficking by students and its implications; and 4) teachers’ challenges resulting from student substance involvement and their preventive actions.

Conclusion: Vignettes were a useful strategy to explore teachers’ attitudes and opinions in relation to complex and ethically sensitive situations as students’ substance use. They were also an effective research strategy to involve participants who have not experienced student substance use directly in the discussion about preventive strategies.
SIGNIFICANCE OF THE ACADEMIC LIFE EXPERIENCES AND PERSONAL COMPETENCIES IN MENTAL HEALTH PROMOTION ON STUDENTS OF HEALTH SCIENCES

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Objectives: The goal of this investigation was to identify the academic life experiences that have a major impact upon the mental health of young adult students of higher education degrees in the field of the Health Sciences, as well as the domains of personal competencies that may contribute to the absence of psychological disturbance among them.

Methods: The research dealt with a sample of 620 people, medical students, nursing students and allied health students: physiotherapy, cardiopulmonary technology and radiographer students, whose average age is 20, 3 and ranges between 18 and 25 years old, being 81% female. The instruments used were a Demographic Questionnaire; The Academic Life Experiences Questionnaire – QVA (Almeida & Ferreira, 1997, 1999; Ferreira & Almeida, 1997); The Self-Perception Profile for College Students – SPPCS (Neemann & Harter, 1986; Pais-Ribeiro 1994) and The Mental Health Inventory – MHI (Pais-Ribeiro, 2001; Veit & Ware, 1983).

Results: Two predictor models of mental health were defined for this sample. The first model, which has the academic life experiences as predictors, is composed by the variables psychological well-being, self-confidence, physical well-being and personal perception of the cognitive competencies. The second model with the domains of personal competencies as predictor contains such variables as global self-worth, intellectual ability, relationships with parents, physical appearance and romantic relationships.

Conclusions: We discuss the relevance of the final results and their implications, namely the importance of psychological well-being and self-esteem as mental health promoting factors towards this group of population.
LUPUS: PSYCHOSOCIAL IMPACT, COPING AND MENTAL HEALTH

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Introduction: Systemic lupus erythematosus (SLE) is the paradigm of chronic systemic diseases. It has a strong impact regarding patient's quality of life and the ability to work, which carries high direct and indirect costs. Intervention strategies promoting appropriate coping seem to have an important positive effect on quality of life. Neuropsychiatric symptoms are common.

Objectives: To review the literature on psychosocial impact of SLE, understand which coping strategies are more often used, and to know what are the most common SLE neuropsychiatric manifestations.

Methods: The authors have conducted an online search in PubMed with the terms “SLE + Psychiatry” and “SLE + Mental health” from 1995 until 2013. From the outcome were collected, analyzed and summarized the articles considered to be relevant.

Results: Indirect costs represents 2/3 of the total cost associated with SLE. Inability to work is common (23%) and it is related to multiple factors. Patients with SLE tend to use coping skills that are generally adopted for events perceived as nonmodifiable. The immune system might play a role in the etiopathogenesis of psychiatric diseases. Neuropsychiatric SLE symptoms are frequent (20-75%), especially depression (10.8-39.6%) and cognitive deficits (>40%).

Conclusions: SLE is a chronic systemic disease with a high psychosocial impact. Using active coping strategies seems to improve patient's quality of life. Neuropsychiatric manifestations are common. A detailed study on disease impact will probably allow an earlier screening that lead to a more accurate diagnosis and treatment, promoting better mental health and prognosis in SLE patients.
PREVALENCE AND TREATMENT OF THE METABOLIC SYNDROME IN PATIENTS TREATED WITH ATYPICAL ANTIPSYCHOTICS

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Objectives: Determine the prevalence of metabolic syndrome in patients treated with antipsychotics atypical.
Determine the prevalence of hypertension, Dyslipidemia and diabetes in these patients and know the percentage of those who receive treatment for these diseases.

Method: Cross-sectional study where 173 patients consecutively outpatient Hospital General Universitario de Elche, over 18 years with a diagnosis of schizophrenia, schizophreniform disorder, schizoaffective disorder or other psychotic disorders, and bipolar disorder (DSM-IV), which in their treatment continuously take antipsychotic medication and who had initiated treatment with atypical antipsychotics at least 12 weeks before.
The variables involved in the diagnosis of the metabolic syndrome, as well as the prescribed treatment were collected. Metabolic syndrome was diagnosed according to the NCEP definition: ATPIIIa (National Cholesterol Education Program’s Adult Treatment Panel III).

Results: 173 patient data were obtained. Of the total, had metabolic syndrome the 35.26%. Of these 59% weren't wearing any type of drug treatment for their risk factors.
We found a prevalence in our sample of a 26.59% of hypertension in these patients the 39.13% was receiving treatment, only 21.74% of hypertensive patients were controlled.
In relation to Dyslipidemia, the prevalence was the 54.91%, only the 14.74% received treatment and only the 6.32% were controlled.
Finally, the prevalence of diabetes was the 9.83%, the 58.32% were in treatment of diabetic patients all the 23.53% had normalized the levels

Conclusions: Our data shows a higher percentage of metabolic syndrome at younger ages than in the general population and a low percentage of patients receiving specific drug treatment.
In light of these results would require programs for this population, with the aim of increasing the number of patients receiving appropriate treatment for these risk factors.

References
VALORACIÓN DE LA SALUD PERCIBIDA EN TRABAJADORES QUE DISEÑAN UN ESPACIO LABORAL CREATIVO

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2 Fundación Universitaria Hospital de Alcorcón, Madrid, España
3 Empresa Pública Hospital de Poniente, Almería, España

Objetivos:

Principal:
Describir variaciones en la salud percibida del total de trabajadores de una Unidad de trabajo a los que se les permite estructurar de forma creativa su entorno físico.

Específicos:
1.- Ahondar en la situación en relación con el estrés laboral.
2.- Conocer la opinión de los trabajadores en relación al entorno laboral físico y su relación con la “salud personal”.
3.- Identificar expectativas en torno al entorno físico.

Metodología:

Población:
Trabajadores de la Unidad de Gestión del Conocimiento del Complejo Hospitalario Torrecárdenas.

Técnicas de recogida de datos:
Grupo de discusión semiestructurado basado en el “Cuestionario de Salud SF-36, versión española 1.4” (junio 1999). En cuanto a la percepción del entorno y las repercusiones del mismo, nos basamos en una versión del “Test de Salud Total” de Langner-Amiel.

Resultados: Gran cantidad de veces se repite el término “mejor” con vervating como me encuentro mejor, es verdad que el ambiente está mejor, mis condiciones son mejores. La conclusión es que se nota una diferencia, con repetición de términos como “antes” y “ahora”. 9 trabajadores manifestaron percibir: Atenuación de las cefaleas, mejoría de la tensión arterial, percepción del sueño, digestiones. La personalización de los ambientes, (aumento en su capacidad de control, valoración positiva de su creatividad), mejora la S.P.

Conclusiones:
- Evidente mejoría en la Salud Percibida por los trabajadores, tanto en las entrevistas como en los cuestionarios
- Desaparición del absentismo laboral
- Aumento de la motivación

Referencias:
DEPRESSIVE SYMPTOMS AND RESILIENCE OF LOCAL GOVERNMENT OFFICERS

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2. Gunpo-si Community Mental Health Center, Gunpo-si, Korea
3. Public Health Center in Gunpo City, Gunpo-si, Korea

Objectives
In Korea, the local government officer is known as a relatively stable and good job. However local government officers also have specific job stresses such as civil service problem, promotion problem and lack of task consistency, and there have been increased suicides among them nowadays.

Methods
We assessed 524 local government officers in one satellite city (population; about 286 thousands) in Korea. We evaluated depressive symptoms, suicidal ideation and resilience through self-rated questionnaires. Demographic and occupational data were obtained.

Results
The mean age of the subjects were 42.62±9.06, and 43.1% (N=226) of them were female. 36.6% (N=192) were worked outside the city hall such as community centers, public health center and water and sewage departments, and more than 60% (N=328, 62.6%) of the subjects had been worked for more than 10 years.
109 officers (20.8%) had significant depressive symptoms including mild symptoms, and 1.5% had severe depressive symptoms. 8.6% of the subjects (N=45) had more suicidal ideation than norm. 17.9% (N=94) could be included in high resilience group.
The officers who worked inside city hall had more suicidal ideation. The subjects who were in the departments directly related to civil service and who had worked for 3-5 years had more depressive symptoms and more suicidal idea. Female officers had lower resilience and more suicidal ideation than male officers, and age and resilience had negative correlation. Depressive symptoms and suicidal ideation had significant positive correlation, and both of them and resilience correlated negatively.

Conclusions
Korean government officers had relatively healthy mental state. However they might have specific risk factors for depressive symptoms and suicidal ideation. For suicidal prevention in local government officers, we should have special approaches for possible risk groups.
PERCEPTION OF BRAZILIAN TEACHERS ABOUT STUDENTS’ INVOLVEMENT WITH SUBSTANCE

J.Q. Macedo1, M.A.V. Luis
1. University of Sao Paulo, Ribeirao Preto, Sao Paulo, Brazil

Objective: The purpose of this study was to examine the perceptions of teachers concerning the problem of substance use among their students.

Methods: It was an exploratory, qualitative study, using active-research methodology in the diagnostic phase. The setting was a public middle school (grades 5 to 8), with a total student population of 310, in a low-income area of a city in São Paulo state, Brazil. Study participants were 17 teachers, which accounted for 61% of the total faculty. Data collection occurred during two months, and included written field notes obtained during participatory observation and semi-structured interviews, reflecting on their experiences with student drug use, its associated problems, and perceived professional needs. Data were analyzed using content analysis, and themes were identified.

Results: One of the themes that emerged from the participants perceptions was Aspects of students’ involvement with drugs which covers three sub-categories: (A). Drug use by students, the most commonly used drug, place, appearance and behavior after use; (B). Family context, which includes the social situation, the use of drugs in the family, easy access to drugs, and request help teachers face the situation experienced; (C). Sale of illicit drugs by students, that involve aspects related to social value, consumerism, financial need.

Conclusion: The involvement with substance have aspects that affect directly the students as low social support, access to valued symbols among peers and drug use to escape the social context. In this context educators are influenced by the lack of support from the institution, feeling of humiliation and impotence to help the student.
EVALUACIÓN DE LOS PARÁMETROS DE SALUD FÍSICA Y SÍNDROME METABÓLICO DE PALMITATO DE PALIPERIDONA EN PACIENTES ESTABLES EN SEGUIMIENTO AMBULATORIO CON TMG
P. Lana, I. Criado, J. Gallego
HUNSC, S/C de Tenerife, España

Objectives
Existe alta prevalencia de enfermedades cardiovasculares en pacientes con TMG, reduciéndose la esperanza de vida hasta un 20%, aumentada la tasa por muerte por enfermedad CV un 50% duplicada la presencia de Síndrome metabólico respecto a la población general.
Hay factores de riesgo modificables desde la consulta de Salud Mental.
El objetivo del estudio es evaluar los cambios experimentados en las principales variables del SM en pacientes con TMG tras el cambio de AP principal a Palmitato de Paliperidona

Methods
Estudio retrospectivo observacional de imagen en espejo. Recoge datos de 50 pacientes estabilizados y en seguimiento. Muestra corresponde a pacientes tratados con PP dentro del programa de seguimiento de salud física en TMG por parte de la USM.
Variables recogidas: variables de salud física, sedentarismo, y criterios de Síndrome Metabólico comparando el periodo previo al cambio a PP vs. el periodo posterior.

Results
La muestra está compuesta por 50 pacientes, 90% varones, media de edad de 46,5 años. 84% presenta más de 10 años de evolución de la enfermedad.
En las variables de Salud Física se observan reducciones e.s. en el peso (reducción media de 3,70 kg (p-valor =0,0001), el IMC, y el perímetro abdominal. En cuanto al perfil lipídico se observan ligeras reducciones no e.s. en Colesterol total y triglicéridos.
Antes del cambio a PP, 36% de los pacientes cumplían criterios de Síndrome Metabólico según la NCEP-ATPIII, porcentaje que se reduce a la mitad posteriormente.
Se observa una marcada reducción (71%) del sedentarismo

Conclusions.
PP puede ser una estrategia antipsicótica útil para mejorar los resultados en salud física. Los pacientes mejoran marcadores objetivos de obesidad y perfil lipídico. Mejorar la autoestima y la seguridad de los pacientes, reduce a la mitad los pacientes en riesgo por Síndrome Metabólico.
Los pacientes transicionados a PP experimentan aumento de la energía y de la vitalidad que les conduce a reducir el sedentarismo y reforzar hábitos de vida saludables.

Reference:
"TOGETHER AT SCHOOL" PROGRAM FOCUSED ON IMPROVING SOCIO-EMOTIONAL SKILLS AND PREVENTING PSYCHOSOCIAL PROBLEMS AMONG SCHOOL CHILDREN IN FINLAND. PILOT STUDY ON FEASIBILITY AND PERCEIVED BENEFITS OF THE PROGRAM

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² City of Ylöjärvi, Finland

Objectives: "Together at School" is a program developed for the Finnish school system targeting at improving socio-emotional skills and preventing psychosocial problems among children (7-12 years). The program consists of two components: teacher-administered classroom interventions and whole school approach aiming at organizational changes in knowledge of the staff, and working climate. The aim of the pilot study was to evaluate the feasibility and perceived benefits of the program in order to see if the program is ready to move on to a large scale effectiveness study.

Methods: Altogether 23 classrooms from first grade to sixth grade (N=549) participated from spring 2011 to fall 2012. Informants were teachers (n=23), head masters (n=4), children (n=451) and their parents. Data were collected by questionnaires at three time points. Teachers and parents reported children’s emotional and behavioral strengths and difficulties using the Strengths and Difficulties Questionnaire (SDQ). The feasibility of the program was assessed by children and teachers by questionnaires including questions about the class-room interventions.

Results: During the follow up, emotional symptoms and peer problems reduced significantly among boys. Bullying behaviour was significantly reduced according to both teachers and children. Different interventions were assessed as beneficial for the children by 92-100 percent of teachers and pleasant by 84-90 percent of children.

Conclusions: Findings in the pilot study concerning feasibility and perceived benefits of the program were encouraging. These findings lend support for the next step in the program development, a large scale effectiveness study in a randomized setting.
MENTAL HEALTH PROMOTION HANDBOOK – PROMOTING MENTAL HEALTH OF OLDER PEOPLE.

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Objectives
Personnel working in social and health sectors require more knowledge and skills on mental health issues and how to promote mental health. There is a strong need for educational material and continuing education on mental health promotion in settings such as older people’s residences.

Methods
The handbook for older people’s residential setting was developed according to the needs of professionals and target groups themselves. A pilot version of the handbook was field trialled with health and social care professionals in Finland and Austria during spring 2012. The aim of the pilot was to gather and evaluate information about the practicality of the handbook. During the pilot the participants familiarised with the contents of the handbook and tried out mental health promotion activities and exercises provided in the handbook. The topic areas and exercises of the handbook include themes such as physical exercise, healthy lifestyle and early detection of mental health problems. The handbook was modified according to the results of the field trials.

Results
The final handbook was finished in spring 2013. The handbook gives detailed information of the importance of the topics, presents a variety of methods as well as interventions and explains which skills and roles are needed in MHP. Variety of exercises, tools and examples of good practice are also included.

Conclusions
Mental health and wellbeing in later life is important for everyone. Good mental health and wellbeing in older age benefits each one of us by ensuring that we are able to lead active, enjoyable and healthy lives. Promoting good mental health in older people helps to utilise the underused contributions that older people have. A healthy, high quality life also minimises the financial costs of mental illness in the old age population.
PROGRESSIVE WELLNESS AMONG MENTAL HEALTH CONSUMERS: 
RESULTS OF A SEVEN-YEAR NATURALISTIC EVALUATION OF THE CHU 
DE QUÉBEC-IUSMQ MIEUX-ÊTRE WELLNESS PROGRAM 

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Lifestyle modification programs exert positive effects on metabolic health parameters among mental health consumers (1-2). The results of a seven-year ongoing naturalistic evaluation of the CHU de Québec-IUSMQ Mieux-Être Wellness program are presented. This program includes a range of group and individual activities aimed at increasing overall health, quality of life (QOL), treatment compliance and empowerment.

Periodic monitoring of metabolic, psychopathology and QOL parameters are conducted first, at the start of the program, and every three months thereafter for one year then, annually. SPSS 20.0 were used for descriptive statistics and repeated measures ANOVA between baseline and follow up.

Of 227 participants, metabolic results show statistically significant (p<.05) reductions in weight (0.71 kg), BMI (0.33 kg/m²), waist circumference (1.48 cm), systolic blood pressure (2.59 mmHg), total cholesterol (0.16mmol/L) and LDL cholesterol (0.12mmol/L) after three months of participation. Other study results will also be presented.

While there are limitations with this naturalistic program evaluation, our results indicate modest yet significant improvements in this metabolically at-risk population.

References:

INTERVENÇÃO COMUNITÁRIA EM SAÚDE MENTAL

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Introdução:
No âmbito dos Projetos Inovadores de Saúde Mental, com a finalidade de desenvolver novas respostas e programas de saúde mental na comunidade, o Departamento de Psiquiatria e Saúde Mental implementou três Equipas de Saúde Mental Comunitária de Adultos, projeto aprovado em 2010 pela Administração Central do Sistema de Saúde e pela Coordenação Nacional de Saúde Mental.

Métodos e objectivos:
Estas Equipas têm como objetivo principal garantir a continuidade de cuidados em Psiquiatria e Saúde Mental, deslocando-se à comunidade e ao domicílio dos nossos utentes com perturbações mentais graves.
As Equipas de Saúde Mental Comunitária são constituídas por dois enfermeiros, um psicólogo, dois psiquiatras, uma Técnica de Serviço Social e supervisionados pelos respectivos coordenadores técnicos, deslocando-se os enfermeiros especialistas em saúde mental e psiquiatria semanal ou bissemanalmente à comunidade.

A metodologia utilizada é a de Intervenção Comunitária Assertiva ou Gestão de caso e conforme o Programa de Cuidados Continuados Proform-Cir aprovado pela Coordenação Nacional de Saúde Mental.

Conclusões:
A descentralização dos cuidados de Saúde Mental em associação com uma equipa especializada e diferenciada ao nível da Saúde Mental e psiquiatria, permite a prestação de cuidados mais próximos das pessoas e facilitar uma maior participação da comunidade, dos utentes e das suas famílias. Estes cuidados de proximidade refletem ganhos em saúde, nomeadamente: prevenir e reduzir a taxa de suicídio; garantir a adesão terapêutica; reduzir número e tempo médio de internamentos hospitalares; diminuir o número de doentes que recorreram ao Serviço de Urgência Psiquiátrica; Promover a articulação dos cuidados de saúde mental com os cuidados de saúde primários de modo a facilitar o acesso, garantir a continuidade de cuidados, reduzir o impacto das perturbações mentais e contribuir para a promoção da saúde mental das populações.
Carnival is considered the most popular festival in Brazil and millions of people take to the streets, looking for fun. However, studies have shown increased consumption of alcohol and illicit drugs during this period.

For 10 years, Jorge Jaber, psychiatrist, addiction specialist, created a carnival "Joy Without Hangover" preventive alcohol abuse and drug use, carrying the message that happiness is possible without the use of any substance chemistry.

Block parades annually on Copacabana beach, and in 2013, brought together organized groups of society, as the joke of the Health, State University of Rio de Janeiro, which promotes child health; capoeiristas group "Blue Lagoon"; among other groups, and a crowd of people.

The "Joy Without Hangover" is inserted in the conceptual formulation of health promotion, as seen action on the individual, seeking behavioral change and lifestyle, according to the precepts of Verdi and Caponi (2005). This is intended to contribute to change the view that joins the carnival consumption of alcohol and drugs, showing the dangers of these substances.
PROPISTA DE UN PROCEDIMIENTO PARA LA EVALUACIÓN DE
LAS NECESIDADES FORMATIVAS EN PREVENCIÓN DE RIESGOS
LABORALES DIRIGIDOS A FACULTATIVOS ESPECIALISTAS
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Objetivo: El objetivo que persigue principalmente este trabajo es el de presentar una guía práctica para determinar las necesidades formativas en el ámbito de la Prevención en Riesgos Laborales que los facultativos especialistas en el ámbito sanitario pueden encontrarse en su actividad laboral.

Método: En este caso seguiremos la metodología planteada en la Evaluación de Programas y para ello la planificación de las tareas que conlleva a su realización gira en torno a 3 fases concretas: 1) Planificación de la evaluación de necesidades. 2) Análisis y jerarquización de las necesidades detectadas. 3) Análisis de los recursos existentes.

Resultados: Con esta propuesta se pretende perseguir a) Recoger información fiable acerca de los problemas existentes; b) Promover acciones que permitan solventar las necesidades del colectivo estudiado; c) Emitir valoraciones, donde el colectivo o grupo de afectados es la unidad de análisis y las necesidades preventivas son objeto de evaluación; d) Tomar decisiones en lo que se refiere a la disposición de los recursos y la planificación de los programas de intervención, en función de los problemas detectados.

Conclusión: La meta de este tipo de evaluación, en lo que concierne a la prevención de riesgos laborales, no es otro que promover acciones para cubrir las necesidades formativas detectadas en los facultativos y con ello contribuyendo a paliar los problemas que en este marco surgen.
CAN GENETIC TESTS HELP PREVENT SOMATIC DISORDERS IN PSYCHIATRIC PATIENTS?
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OBJECTIVE: To evaluate the usefulness of a genetic test performed on psychiatric patients to determine the genetic risk for certain diseases. This allows developing preventive guidelines to prevent the development of these diseases, and help improve the life expectancy of people with severe mental illness.

METHODOLOGY: A sample of 25 psychiatric patients treated, 16 women and 9 men with a mean age of 50 years, we make them longevia® test, which is based on a DNA genotyping chip designed for the detection of 69 polymorphisms or SNPs in 49 genes related to diseases associated with aging, increased vascular risk, osteoporosis, carcinogenesis and oxidative damage. The test is performed using a saliva sample and is complemented by a health questionnaire.

RESULTS: We have detected predisposition to severe cognitive impairment in 3 cases. In 6 cases overweight. 11 cases had altered lipid metabolism. In thirteen cases cardiovascular risk. In 4 cases risk of cancer and in 6 women hormone replacement therapy is not recommended.

CONCLUSIONS: Genetic analysis enables us to early detect the particular vulnerability of each individual and design as soon as possible preventive strategies and customized control, according to the identified molecular targets, trying to avoid the development of the disease and its serious complications.

REFERENCES:
2 / Psychotic symptoms are associated with physical health problems regardless of the diagnosis of mental disorder. C. Moreno et al. World Psychiatry 12: 251-257. 2013;
COMMUNITY INTERVENTION TEAM OF MATOSINHOS: CHARACTERIZATION OF THE ASSISTED POPULATION

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Objectives: At a time when the availability of effective psychotropic drugs is a reality, rehabilitation and social integration of individuals with mental illness plays a central role. Under the most recent guidelines of the Portuguese National Plan for Mental Health 2007-2016, care in this field should be provided in the least restrictive means possible, thereby focusing the need to monitor patients wherever possible, within the community. Thus, this plan calls for the presence of teams of community intervention to enable continuity of care with a close and assertive follow-up of patients within the community through a range of interventions that include monitoring medication, housekeeping, public transportation usage, assistance in seeking employment or social assistance, among others. This study aims to characterize the population followed by the Community Intervention Team of Matosinhos.

Methods: To characterize, in various aspects, the population of the county of Matosinhos currently assisted by this community intervention team.

Results: 173 patients (114 males, 59 females) are nowadays assisted by this team; the most common diagnosis is schizophrenia.

Conclusions: The characterization of this population provides a deeper understanding of their real needs, enabling the development of projects and structures based on their actual shortcomings.
LIFESTYLE ISSUES AND DEPRESSIVE SYMPTOMS AMONG A NATIONALLY REPRESENTATIVE SAMPLE OF COMMUNITY DWELLING OLDER PERSONS

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Objectives: To determine the association between physical activity, social activity and the presence of trusting and meaningful social relationships and the level of depressive symptoms among community-dwelling older persons.

Methods: Selected variables from a nationally representative Jamaican survey of 2943 older persons were subjected to secondary analysis. These variables incorporated data on demographic characteristics, chronic medical illnesses, vigorous physical activity, participation in social activities, number of neighbours and relatives whom participants considered as confidants, and depressive symptom severity (Zung Self-rating Depression Scale). Bivariate analyses were used to explore associations between depressive symptom severity and all other variables. Those variables which showed significant associations with depressive symptom severity in bivariate analyses were entered into a logistic regression model with depressive symptom severity as the dependent variable.

Results: Bivariate analyses revealed significant associations (p< 0.001) between greater depressive symptom severity and female gender, increasing age, greater number of chronic illnesses, fewer relatives as confidants, lower frequency of social activities and lower frequency of vigorous physical activity. Having neighbours as confidants did not show any association with depressive symptom severity (p= 0.336). All variables entered into the logistic regression model displayed significant associations with depressive symptom severity except for vigorous physical activity (p= 0.142). Older persons with more frequent social activity were 33% less likely to be depressed (OR= 0.67; 95% CI: 0.56, 0.81). For each additional relative as a confidant, there was a 9% reduction in likelihood of depression (OR= 0.91; 95% CI: 0.87, 0.95).

Conclusions: Controlling for age, gender and number of chronic illnesses, two lifestyle factors were associated with a significantly lower likelihood of depression among older persons: social activity and having meaningful and trusting interpersonal relationships with relatives. Vigorous physical activity was not independently associated with depressive symptoms.
SENSE OF HUMOR IN UNIVERSITY STUDENTS AND PROFESSORS OF ACADEMIC PROGRAMS OF HEALTH AREA. CARTAGENA – COLOMBIA
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**Objective:** To measure the sense of humor in university students and professors of programs academics of health area at University of Cartagena - Colombia.

**Methods:** This descriptive study included 550 students and 107 professors. Multidimensional Sense of Humor Scale - MSHS- containing 24 items (18 of which are positively and 6 negatively worded to reduce response bias fixed) was used and whose reliability measured with Cronbach's alpha was 0.89. The data were stored and analyzed in SPSS \textregistered version 20.0. Averages with standard deviations were obtained and to determine statistical significance Mann Whitney U test were used assuming a significance level less than 5%.

**Results:** Professors of nursing program reported lower sense of humor (81.8 average MSHS) which pairs of other programs including but not found significant differences (0.428 Mann Whitney U Prob). Among students, the sense of humor per academic program shows that Chemistry’s student present the least sense of humor (83.7 average MSHS) and the Medical’s student greater sense of humor (88.2 average MSHS) the differences are significant (0.016 Mann Whitney U Prob).

Differences were observed by sex. In all programs, men show greater sense of humor than women. The nursing’s students report less sense of humor than men of the same program (82.6 average MSHS - 0.005 Mann Whitney U Prob). Men have a greater sense of humor are Dentistry’s student (90.9 average MSHS) than their peers women (84.2 average MSHS), this difference is significant (0.012 Mann Whitney U Prob).

**Conclusion:** Women than are studying medicine and men than are studying Dentistry have greater sense of humor; this aspect is relevant to the promotion of mental health.
THE ASSESSMENT OF MENTAL HEALTH IN A DISTRICT GENERAL HOSPITAL, SURGICAL DEPARTMENT

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Objectives:
To identify the appropriate use of current mini tools in assessing/monitoring mental health within our daily practice. To identify the link between the mini tool currently used (AMT score) and any development of delirium/psychotic episode.

Methods:
We conducted a prospective study and 45 clerking proformas filled in on admission (elective, emergency, other team’s referral) were analysed to monitor if AMT score was documented on admission and during the admission. We identified if any type of delirium or psychotic episode was diagnosed during the admission.

Results:
Poor AMT score documentation, in only 4% AMT score was documented. Out of 45 patients audited, 4% developed hyperactive delirium, 8% developed hypoactive delirium and only one patient developed acute transient psychotic episode. We intend to adjust the current mini tool in order to address the importance and implications that mental health can have on the prognosis of a general surgical inpatient. The mini questionnaire that will be used includes sections regarding past psychiatric history, mood, cognition, behaviour, daily living activities and mental capacity.

Conclusions:
Inpatients with mental illness represent a significant challenge for any surgical department. There is evidence that mental health issues are unrecognised and not fully addressed by medical and nursing staff in general hospitals. Early recognition of any cognitive impairment and decline in activities of daily living can improve the quality of life in the patients developing mental illness and reduce the socio-economical burden that many of these psychiatric conditions bring with them.
MEDICAL STUDENTS’S MENTAL HEALTH: QUALITATIVE STUDY
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OBJECTIVES: Identify potential damages to mental health of medical students, their defensive strategies, pleasure/displeasure sources associated with the course and, their professional choice motivations.

METHOD: Qualitative study using focus groups, in February 2014, applied to all the students of the third semester from two medicine courses of a public university in northeast Brazil. One of the courses used the traditional teaching model whereas the other one, the PBL teaching model (Problem-Based Learning). They answered a semi-structured questionnaire on social-demographic, psycho-emotional characteristics and, educational process. There were two focus groups of eight persons. Each course sent 8 persons to form a group. The authors performed a thematic content analysis with psycho-dynamic interpretation of focus groups data and a descriptive analysis of questionnaire.

RESULTS: Each of the two courses had 45 students enrolled, but only 38 students from the traditional model e 40 from the PBL model answered the questionnaire. 52.6% were male, 23 years old in average, 92.3% were single and, 75.6% didn’t profess a religion. The focus groups revealed: the main motivations for the course choice, the importance of a positive feedback by the teacher as a source of pleasure and finally, the displeasure as the main result from the teacher/student conflict. We identified the death denial and omnipotence as mechanisms of defense and also the search for support as one of the mental health preservation strategies. Although the students from the PBL model demonstrated less psycho suffering than the students from the traditional model, they both complained about having a lot to study.

CONCLUSION: The results suggest the necessity of changes in the educational process as well as the setting up of programs aiming the mental health of the students. Psychopedagogic support service for each course would also be useful.

Descriptors: Mental disorders; medical students; mental health; medical education; Occupational health.
THE DEVELOPMENT AND EVALUATION OF MENTAL HEALTH EDUCATION IN UNIVERSITY SCHOOL STUDENTS IN JAPAN—THE COMPARISON OF TWO VERSIONS OF EDUCATION PROGRAMS—

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Objectives
We developed mental health education for university students for early intervention in 2012 (program A). And continuously we developed different version for 2013(B). The purpose of this study is to compare the effects of two types of education programs (A,B)

Methods
We developed two versions of mental health education programs with the University Circle Theater. Program (A): Stress management, the role of consulting centers and introducing counsellors were included as educational components. (B): Emotion, behavior, psychosomatic symptoms depending on grades based on stress including stress from traffic accidents and involvement in crime. We distributed program to 341 students in 2012 and 343 students in 2013 in one University in Japan.

Evaluation scales: We measured ASPH (Attitudes towards Seeking professional Psychological Help scale) as well as scales of our own design. We used t-test to compare ASPH mean value before and after education program.

Results
206 first grade university students in 2012 and 178 students in 2013 had been suffering from distress in the past year. And of those who had distress, 166 in 2012 and 137 in 2013 students consulted with someone including with specialists (p= 0.014).

After intervention, the ASPH score rose 3.8 points (A) and 3.1 points (B) among all first grade students (p<0.001) on average. Education is more effective for program A in females (4.1 points up) (p<0.001) than for B (3.1 points up). But for males program B was more effective than A. ASPH score was higher among students who had distress in the past year (3.92) (p<0.001) for program A than for B (3.47) (p<0.001).

Conclusions.
Our programs for university students positively affected help-seeking behavior (A seemed more effective than B). Program B was more effective for males than females because program B includes objective data and symptoms based on stress.
THE DEVELOPMENT AND EVALUATION OF MENTAL HEALTH EDUCATION IN UNIVERSITY SCHOOL STUDENTS IN JAPAN—LONGITUDINAL EFFECTS AND EVALUATION FOR EDUCATION PROGRAM—
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Objectives
Mental maladjustments are frequently seen in university students in Japan. But most of the juveniles tend not to seek help even when in a mentally disabled status. We developed mental health education for university students for early intervention in 2012. To evaluate longitudinal effects of the education program, we compare help-seeking behavior and average score of help-seeking attitude scales after one year.

Methods
We developed short-term mental health education programs with the University Circle Theater. Program A (2012): Stress management, the role of consulting centers and introducing counsellors were included as educational components. Subject: We distributed program to 964 first to third grade university students (2012) in one Medical and Welfare University in Japan. We evaluated the ratio of consultation when they had distress one year after the education program. And we measured ASPH (Attitudes towards Seeking Professional Psychological Help Scale) as well as scales of our own design. We compare ASPH mean value before and after education program intervention.

Results
The ratio of consultation was 16.3% with mental health specialists (university teachers, school counselor, counselor, psychiatric institutions) in 533 students in 2012, but after one year had become 19.7% (p=0.094) among students who had distress in the past year. Transition of ASPH mean value was before intervention 31.0 in 2012 to 34.3 in 2013. After one year ASPH mean value was less than right after intervention in 2012.

Conclusions
We found the positive effects of help-seeking behavior after intervention and help-seeking attitude scales even after one year.
EARLY DETECTION OF LABORATORY ABNORMALITIES IN OUR PSYCHIATRIC OUTPATIENT UNIT

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Objectives: People with severe mental illness have worse physical health and a shortened life expectancy compared with the general population. Physical diseases in these patients tend to be under-diagnose. The overall objective was to detect early laboratory abnormalities in patients treated in our psychiatric outpatient unit, detecting primarily alterations related with modifiable risk factors that cause the excess mortality in these patients.

Methods: A systematic review of the requested blood test’s results was collected in data set during 2013. We have reported abnormalities detected to the psychiatrist or nurse in order to make decisions: change pharmacological treatment, remake the blood test, refer to Primary doctor or advance the next appointment.

Results: All blood test revised (446), we have found abnormalities in 340 (76.2%). Divided by category, we have detected abnormal liver enzymes in 43 (12.6%), higher creatine in 56 (16.5%), abnormalities in CBC in 22 (6.5%), altered lithium or valproate levels in 33 (9.7%), hormonal alterations in 65 (19.1%) and other abnormalities (including high serum glucose and elevated atherogenic index) in 163 (47.9%).

Conclusions: These data confirm the high prevalence of various abnormalities in bloody measures in individuals treated in our outpatient unit, and strongly suggest that optimization of these abnormalities must be considered a crucial component to improve quality of life in our patients.
EXPERIENCE OF PREVENTIVE COMMUNITY WORK IN CHILD AND ADOLESCENT PSYCHIATRY IN CARABANCHEL’S AREA

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2. University of Salamanca, Castilla y León, Spain.

Objectives
To show the clinical practice that is developed by the team of child and adolescent psychiatry of the local Mental Health Center (MHC) in Carabanchel, focusing in the areas of prevention and promotion of the public health.

Methods
Bibliographical review, including our experience in the MHC regarded to primary, secondary and tertiary prevention interventions. Between October, 2013 and December, 2013 the methodology and practice of coordination between our MHC, educational teams and teams of social workers of the area is revised.

Results
In all the 79 new cases attended, school report was requested in order to detect risk patients. In the 67% of the cases, a coordination interview is realized at their educational center. In that interview psychoeducational interventions are given in order to improve learning achievements. Later on, the efficiency of these interventions is established in new interviews. Programs of mental health primary prevention have been developed at schools alongside the MHC. We organize meetings for parents and teachers in order to show them how to manage behaviour disorders and Attention Deficit Hyperactivity Disorder (ADHD). Psychoprophylaxis groups among children and teenagers: the needed skills to avoid risky and addictive behaviours are encouraged.

Conclusions
From the first consultation, the work is orientated towards the coordination with educational teams. Initial results regard to academic level are favourable. Psychoeducational interventions are currently being implemented with the aim of improving prevention of risky behaviour, addictions and substance abuse. In order to promote child and adolescent mental health, these interventions are being carried out in educational centers.
SEXUAL FUNCTION IN A SAMPLE OF PATIENTS WITH SEVERE MENTAL DISEASE
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OBJECTIVES: The main objective of this work is to know how is the patient’s sexual life because this subject has received little attention as an important aspect of patient care for those who have severe mental disorders. Therefore the specific aim of this study is to compare sexual difficulties seen in our psychiatric patients and healthy control subjects.

METHODS: Study group consisted of male outpatients with psychotic disorders (n = 11), bipolar affective disorders (n = 23), personality disorder (n = 27), major depression (n = 19) and healthy control group (n = 80). The Brief Sexual Function Inventory (BSFI) were applied to all groups. Also, we ask them about what they knew about the relation between their sexual life and their treatments.

RESULTS: 22.5% of the patient groups and 73.7% of control subjects reported that they had a normal sexual function (score over 35). However, more than a half of patients 63.7% scored under 20 points, what could means global dysfunction in their sexual life. The average score for question number 11 were 1.125 which means an obvious sexual dissatisfaction. Between the groups, patients with major depression had lower score in most of the items (average 17). On the other hand 40.7% of personality disorders knew the effect of the illness and drugs on their sexual life, and asked questions about those problems. Most of bipolar (52.1%) and psychotic disorders (72.7%) did not know the relation between their treatments and their sexual function.

CONCLUSIONS: Sexual dysfunction in patients with severe mental disorders is often underestimated or overlooked, and as we have seen on our patients it is an issue. This study emphasizes the importance in the detection of sexual dysfunction in patients with severe mental disorders, which is essential to take into account when prescribing psychopharmacological treatment.
HAPPINESS REVIEWED: DEFINITION, PREDISPOSING FACTORS AND CLINICAL IMPLICATIONS

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Introduction: We all pursue happiness. But can we get it? What is happiness? What does it depend on? What are the clinical implications of happiness?

Objective: We conducted a review of the concept of happiness - definition, predisposing factors, mental and physical health implications. Similar and overlapping concepts are discussed and happiness implications in health and disease are highlighted.

Methods: A search on PUBMED was performed using the terms: “happiness” and “definition”, “personality”, “mental health”, “suicide”, “environment” or “positive psychology”.

Results: multiple definitions of happiness were retrieved. Happiness can be considered the result of promoting positive emotions, avoiding bad ones (edonic theory), or the satisfaction of intrinsic goals, determined by the human nature (eudaimonic theorists). The achievement of such intrinsic goals - the exercise of competence, autonomy and relatedness to others, is closely related to welfare and well-being. Happiness involves the stable disposition to face life-events with positive emotional responses, while keeping the negative emotions to a minor extent. These positive emotions are closely related to extraversion, agreeableness, conscientiousness and openness personality traits that predispose to happiness. Interestingly, income and employment were associated with satisfaction but not with happiness. Happiness has been associated to lower suicide rates, and better prognosis after cardiac events. Positive emotions were associated with psychological health, longevity, lower incidence of strokes, higher levels of secretory IgA and decreased levels of salivary cortisol.

Conclusion: Although conceptualized in different ways, happiness has been related to better health status. Further study of happiness might clarify its role in prevention, diagnosis and treatment of physical and mental illness, contributing to the development of happiness related clinical tools.

References:
SCHOOL MENTAL HEALTH LITERACY TO IMPROVE MENTAL HEALTH KNOWLEDGE, REDUCE STIGMA AND ENHANCE HELP-SEEKING BEHAVIORS: A CANADIAN APPROACH
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Objectives: The evidence supporting positive impacts of school-based mental health literacy programs is limited. This presentation examines the effectiveness of the Mental Health & High School Curriculum Guide (Curriculum) as the foundation for mental health promotion, early identification of mental disorders, referral and ongoing support for youth in schools. A series of studies and program evaluations on the effectiveness the Curriculum among students and teachers will demonstrate the achievement of mental health literacy and the generalizability and applicability of the Curriculum in high schools in the context of the school-based integrated pathway to care model.

Methods: Participants were tested on mental health knowledge and attitudes towards mental illness before and after receiving the Curriculum in a cross-sectional study of Grade 9 and 10 high school students, and a number of program evaluations of Grade 9 high school teachers in two Canadian provinces: Nova Scotia and Ontario. The questionnaires for students and teachers are similar except the teacher questionnaire adds additional items on how to teach the Curriculum.

Results: A cross-sectional study of 409 students in Ontario demonstrated significant improvement in knowledge (t(408)=18.2, p<.001; D=0.7) and attitudes (t(233)=2.7, p=.007; D=0.18). In Nova Scotia, an aggregated seven program evaluations of 228 Grade 9 teachers of the Healthy Living class found similar significant improvement in knowledge (t(184)=20.0, p<.0001; D=1.85), and attitudes (t(177)=5.76, p<.0001; D=0.51).

Conclusions: Students and teachers who received the Curriculum showed meaningful improvements in mental health knowledge and attitudes toward mental illness. Support for the general applicability of the Curriculum in high schools was found. Findings are consistent with results of a recent randomized controlled trial on the Curriculum which further observed students’ improved help-seeking efficacy in addition to enhanced knowledge and attitudes.
INCOME REDUCTION AND PERCEIVED IMPACT OF THE GREEK RECESSION ARE ASSOCIATED WITH IMPAIRED MENTAL HEALTH IN PEOPLE WITH CHRONIC MEDICAL CONDITIONS SEEKING CARE IN A&E D

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**Objectives:** To test the impact of the current recession upon mental health of people with chronic medical conditions seeking urgent care at our Accident and Emergency Department (AED).

**Methods:** We used the MINI interview in 304 patients with diabetes, COPD and rheumatic disorders. We also assessed depressive (PHQ-9) and somatic (PHQ-15) symptom severity and suicidality risk (Risk Assessment Suicidality Scale). Multiple linear and logistic regression analyses were used.

**Results:** Eighty-five (27.9%) patients were diagnosed with major depressive disorder (MDD) and 125 patients (41.1%) were diagnosed with Any Mental Disorder (AMD) according to the MINI. The odds of being assessed with MDD were greater for those patients who had a history of depression (p=0.008), presented with greater somatic symptom severity (p<0.001), faced greater income reduction during the last two years (p=0.002) and for those who perceived a greater impact of the current crisis on their living (p=0.043). Similarly, the odds of being assessed with AMD were greater for those patients who had a history of depression (p=0.024), presented with greater somatic symptom severity (p<0.001), and faced greater income reduction during the last two years (p<0.001). Finally, suicidality risk was significantly and independently associated with depressive symptom severity (p<0.001), history of depression (p=0.017), marital status (p=0.040), and income reduction during the last two years (p=0.008).

**Conclusions:** In people with chronic medical conditions seeking urgent care in our AED, income reduction during the last two years and perceived impact of current recession is associated with impaired mental health and increased risk of suicidality. These findings highlight the importance of developing psychosocial strategies to address the needs of medical patients facing financial difficulties in the era of recession.

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PREVENTION OF SUBSTANCE USE IN SCHOOL: PERCEPTION OF TEACHERS AT SÃO PAULO STATE, BRAZIL

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Objective: To examine teachers' perception of substance use problem among students.

Methods: Qualitative study, based on action research, developed into a city in the state of São Paulo, Brazil. Data collection was conducted through participant observation, with field notes, and semi-structured interviews with 17 teachers of middle school, between February and March 2013. To analyse the results, thematic content analysis was used, and three categories emerged. This study will focus on the theme 'Preventing substance use in school'.

Results: The analysis showed four sub-topics that cover: (a) Actions of prevention, suggesting that they be held for students involved with substances, because they are users and/or their families use or have connection with the deal of illegal drugs; (b) Conceptions about preventing substance use, including what they think about it; (c) Ways to develop preventive actions in the school environment, expressing situations and issues to be addressed; (d) Barriers to the implementation of preventive actions in the school environment.

Conclusion: Due to social context, the listed actions to prevent drug use refer to preventive secondary level, because of the initial consequences already suffered by the students due to involvement with drugs. Participants strongly suggest the development of preventive actions; however, some of them reveal not feel the ease to address the issue. Among the reasons of the challenge are specificity of the topic and prioritization of curriculum, because of governmental charges and lack of institutional support (school and public policies).
VIOLENCE AGAINST MEN BY HIS INTIMATE PARTNER IN JUIZ DE FORA, BRAZIL

The intimate partner violence (IPV) is a social phenomenon and a public health problem (Brasil, 2001). According to Brazilian Law n. 11.340 (2006), this kind of violence can be physical, psychological, sexual, moral and patrimonial. However, in the most of cases, violence is discussed considering only women as victims and men as the respective aggressor. This way, the research aimed to investigate intimate partner violence against men perpetrated by his partners in Juiz de Fora, Minas Gerais – Brazil. Perceptions and experiences were collected from psychology and social service professionals and trainees, working in judiciary system and men who had been victims of this kind of violence. Qualitative data analysis through self applied semi-structured interviews and single interviews were used, and then analyzed with descriptive statistics and content analysis of Bardin (2011). The cohort was composed by 40 subjects, among them professionals and trainees of psychology and social service, and 8 male victims of IPV. Results shows that 95.0% of professionals and trainees believed in men as victim of IPV and 37.5% had already attended men in this situation. Among men victims of their partners, psychological violence, behavior controlling and physical violence were the most common categories mentioned as suffered aggression, only 38.46% asked for help and 62.50% are still in touch with his aggressor. This study noticed the existence of IPV against men in Juiz de Fora, however further studies are necessary to identify more data on this specific kind of violence, contributing for violence prevention and health promotion.

Keywords: Intimate partner violence, spousal abuse, domestic violence against men.

EL TABAQUISMO EN PERSONAS CON TRASTORNOS MENTALES GRAVES Y PERSISTENTES EN TENERIFE

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INTRODUCCIÓN
Las personas con Esquizofrenia y trastornos del humor tienen mayores tasas de mortalidad prematura, podría decirse que un 20% menos de esperanza de vida que la población general. Los problemas de salud que se han identificado tienen que ver con los estilos de vida poco saludables, éste estudio se centró en el tabaquismo.

OBJETIVO
Conocer el consumo de tabaco de pacientes con Trastornos Mentales Graves(TMG) que residen en recursos de Alojamiento supervisados por ECA de Tenerife.
Comparar el consumo de tabaco de la muestra con el de la población con TMG, con la Población General Canaria de acuerdo al sexo y edad.

MÉTODOLOGÍA

RESULTADOS
Consumo de tabaco según la Encuesta Salud Canarias del 2009, el 28,43% de la población entre 16 y 65 años fuman, el 33,16% hombres y el 23,75% mujeres. En nuestra muestra, el 79,2% es fumadora y por sexos aumenta hasta 82,1% en los hombres.

BIBLIOGRAFÍA
The objective of this presentation was to determine the number of first episode psychosis in the area served by our hospital as well as determine the prevalence of various number of risk factors for psychosis and for the prognosis, such as family history of psychiatric conditions, prior drug use, affective relationships, stressful life events and duration of untreated psychosis.

Clinical cases were chosen with the following criteria: new admittances to the psychiatric ward during the year of 2012 with the initial diagnosis of Mood Psychosis; Schizophrenic Psychosis or Psychosis without any other specification. Patients were excluded if they had prior to their admittance any: psychiatric disorders, anti-psychotic medication or insufficient information. We also excluded patients that after the admittance were diagnosed with either: Adjustment Disorder, Dementia, Depression without psychotic symptoms or Bipolar Disorder.

We found that the incidence of first-episode psychosis was higher than expected during the year of 2012 and that the duration of untreated psychosis was higher than in other countries were this kind of study was conducted. The fact that the DUP was higher leads us to believe that some kind of education or program should be established in order to increase awareness for this diagnosis in order to better improve the prognosis of these patients.
UNIVERSAL PREVENTION OF ANTENATAL DEPRESSION

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Objectives
Repeat epidemiological surveys show no evidence of decline in depression prevalence although uptake of treatments has grown in developed countries. Universal depression prevention interventions are occasionally effective in school settings but have not been tested rigorously in adulthood. Opportunities to prevent depression may occur during universal healthcare contacts such as routine antenatal care. One study within routine healthcare following child birth* suggested that risk of postnatal depression could be reduced from 11% to 8% but feasibility and possible effectiveness in other settings, most notably before childbirth, is unknown.

Methods
We conducted an external pilot study consisting of recruitment and enhanced psychological training of a random subset of clusters of community midwives (CMW), recruitment of pregnant women of all parity and risk of depression and collection of baseline and outcome data prior to childbirth allowing time for women at increased risk to complete psychological support sessions provided by their own CMW.

Results
299 women participated and 186 termed ‘at low risk’ for depression based on an Edinburgh Perinatal Depression Scale (EPDS) <12 at 12 weeks gestation provided baseline and outcome data at 34 weeks gestation. All trial protocol procedures were shown to be feasible. Antenatal effect sizes were similar to those previously demonstrated postnatally. Qualitative work confirmed the high acceptability of the approach to CMWs and the women under their care.

Conclusion
A large scale trial necessary to test the universal prevention of depression in pregnancy is feasible and all the more worth undertaking.

CHRONIC DISEASE SELF-MANAGEMENT: SOCIOCULTURAL STRATEGIES TO INCREASE RETENTION AND FEASIBILITY FROM LINGUISTIC AND SOCIOCULTURAL PERSPECTIVES

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Objectives. We provide information on the feasibility and acceptability of the Stanford University (USA) Chronic Disease Self-Management Program in a low-income, urban population with a high concentration of ethnic and racial minorities. The pilot program was intended to increase retention and feasibility of the program for persons with chronic diseases such as diabetes, arthritis, and depressive symptoms.

Methods. Based on a 6-session group psychoeducational and health promotion model, we piloted a language- and culturally-adapted program for persons of low-literacy and low acculturation. We partnered with local community based organizations to market and recruit project participants. Co-led by two facilitators, the manualized sessions are highly structured and cover self-care management topics such as action planning, healthy eating, physical activity, stress management and depression, communication with providers, etc.

Results. Our results indicate acceptance and feasibility as evidenced by high retention rates as well as high levels of satisfaction with the modified program. Linguistic and cultural modifications were needed specifically to address low health literacy and barriers (access to quality medical care, personal beliefs about health and illness), as well as socioeconomic challenges.

Conclusions. Specific strategies to engage and retain participants are needed to increase the adoption of evidence-based interventions with persons with comorbid medical and psychological symptomatology. Although chronic disease self-management has been available for decades in the USA and abroad, increasing engagement and retention of some subpopulation groups continues to be a challenge.
The new technologies (ITC) break with the linear model of communication since not only the content of the means is consumed but one produces it, it shares and reproduces. The adults are constituted in digital immigrants, whereas the young persons are native digital provided that the ICT have been always present in his ordinariness. The above mentioned presence for yes same does not guarantee an experience of healthy appropriation, the lack of information about his use, the absence of accompaniment and orientation of the adults they would stand out between the reasons of an evil I use.

For this part of activities to promote healthy behaviors Responsible Gaming Program, Subprogram was designed 'to grow ... Grow Play playing', seeking to encourage a responsible, creative and productive use of ICT as they open a new field of action.p, changing forms and styles of play. Their goal: to encourage children and young healthy usage guidelines favoring construction ICT and digital citizenship exercise, providing tools to discern between appropriate use patterns, from which they are. The School is the site chosen to bring perspectives on the benefits and risks of using ICT, not only to students but also to parents and the educational community. Thus, working with the Ministry of Education and the Agency for Young Cordoba each from their specific role within the subprogram assigned contribute to transform the virtual into another form of civic experience.

The intention of this presentation is to share the experience of implementation of Subprogram 'Play to Grow ... Grow Playing' with other professionals from different fields of application of Mental Health to exchange experiences and views on community work, community intervention strategies, obstacles, advantages, etc.
WPA-0234 PSYCHOSOCIAL CARE CENTER - CAPSadIII: A FULL-SERVICE MENTAL HEALTH CARE IN BRAZIL

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Background and aim: Recognizing the importance of the growing demand for health services by people with health needs arising from the use of alcohol, crack and other drugs, this study aimed to analyze the health care developed at the Center for Psychosocial Care * CAPSad, level III, a service from the Unified Brazilian Health System.

Methods: Health care analysis was seized from the systematic observation and participation in caregiving at CAPSadIII by professionals, students and researchers in the context of living in a group Education Program Work - PET - HEALTH, over 24 months (between 2011 and 2013).

Results: Health care played in service was characterized by: complexity, in response to various psychosocial needs, cultural, biophysical presented by subjects; dynamism and uniqueness, before the construction of individualized therapeutic projects; transdisciplinarity, experienced in hosting and coordinating care; permeated by harm reduction approaches, given the continuity of care regardless of abstinence, and health promotion, as evidenced for providing the spaces for participation of individuals and families, such as assemblies and other open meetings with them.

Conclusions: The CAPSadIII is a service of dynamic complex health and psychosocial care in the network of mental health services, playing a key role in the comprehensive care and promoting citizenship and quality of life of drug users.
WPA-0203 THE DIVERSE PERSPECTIVES ON ADJUSTMENT TO AGING AMONG THE OLD AND THE OLDEST OLD

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Background and aims: Older adults experience varying challenges that occur from late adulthood to extreme old age. This study aims at exploring the indicators of adjustment to aging (AtA) reported by old and oldest old adults and at examining the potential explanatory mechanisms of a model for AtA for these two age groups.

Methods: This qualitative study comprised demographics and semi-structured interviews. Complete information on 152 older adults aged between 76-102 years ($M=83.76; SD = 6.458$) Data was subjected to content analysis. The correlational structure and latent constructs of indicators of AtA were analyzed by a Multiple Correspondence Analysis (MCA).

Results: Occupation and achievement was the most mentioned indicator of AtA by the old participants (17.7%), whilst, Existential meaning and spirituality was the most verbalized indicator of AtA for the oldest old participants (16.9%). AtA was explained by a three-factor model for each age group. For the old participants, the largest factor Occupational and social focus accounted for 33.6% of total variance, whereas for the oldest old participants, Spirituality and health focus represented 33.5% of total variance. Environmental drive was the least representative factor for old participants (24.8% of total variance) and Environment and leisure focus for the oldest old participants (24.6% of total variance).

Conclusions: The outcomes presented in this paper stressed the varied perspectives concerning AtA, contoured in two different models, for the old and the oldest old, and the need of considering these when designing and implementing programs in health care for these two age groups.

Key Words: Adjustment to Aging; Multiple Correspondence Analysis; Old; Oldest Old.
WPA-0413 TEACHERS TRAINING WORKSHOP ON CHILD AND ADOLESCENT MENTAL HEALTH IN LAGOS: A CROSS SECTIONAL DESCRIPTIVE STUDY

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Child and adolescent mental health (CAMH) services depend on the ability of stakeholders, such as teachers to be able to identify, support and/or refer young persons that either suffering from or at risk of mental health problems challenges. The role of teachers is particularly important in low and middle income countries (LAMICS) where there are inadequate numbers of skilled personnel in the field of child and adolescent mental health.

To improve the skills of teachers in this field, a training workshop was conducted for a cross section of high school teachers in Lagos state, south western Nigeria.

Methods
A CAMH skills workshop was conducted for 77 high school teachers from 46 schools within two main local government areas in Lagos state, Nigeria. The two day workshop focused on topics such as early childhood development, identifying common child and adolescent mental health problems, linkages of services in resource poor settings, developing resilience and child abuse. The measures used in this training included a pre and post workshop questionnaire which assessed prior knowledge, stigmatizing attitudes and interventions for students with identified mental health conditions. Suggestions for improved delivery were elicited.

Results
A total of 77 teachers participated in the workshop. They were from 46 schools, with the majority from the Surulere (36.7%) and Mushin (17.5%) local government areas of the state. Respondents were predominantly female, with only (27.5% being male). Most of the teachers were from public schools (63.8%), teaching either junior or senior high school students (43.8%). The training increased the teachers’ knowledge about causes of mental illness and their ability to identify some mental health challenges as assessed by clinical case vignettes. Approximately 48% of the participants rated the training as ‘very relevant’. More than half (53.7%) of the participants suggested that trained CAMH experts should visit their schools on a regular basis.

Conclusion
Mental health training for teachers can have positive effects on the knowledge and attitudes and contributions of teachers to the mental health care delivery process. In order to expand CAMH services to the most needy, deliberate inclusion and trainings of teachers need to be part of the mental health development strategies in low and middle income countries.
Primary Care and Mental Health
QUALITY OF LIFE BEFORE AND AFTER RHINOPLASTY AMONG IRANIAN WEST PROVINCES PATIENTS
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Objectives: Rhinoplasty is one of the most common cosmetic surgeries. This type of surgery has remarkable effects on physical and mental health and also improves nasal functioning. The purpose of this research was to study quality of life among Iranian samples before and after rhinoplasty.

Methods: In this descriptive and analytical cross-sectional study, from 2011 to 2013, data were collected from 304 subjects, before and 6 months after rhinoplasty. A trained interviewer interviewed and completed standardized questionnaire for Quality of Life SF-36. Descriptive and inferential statistical methods were used. Results before and after surgeries were compared. A generic health status instrument with 36 items comprising eight subscales—physical functioning, role functioning (physical and emotional), bodily pain, general health, vitality, social functioning, and mental health—was compared in males and females.

Results: The means age of the subjects was 24.45 ± 5.42 years, and means age of control group was 23.62 with standard deviation ± 6.64. The female-to-male ratio was 4:1. In all cases and all questionnaires, Quality of Life was improved after rhinoplasty. On the SF-36 questionnaire, significant differences were observed in eight subscales.

Conclusions: According to this study, Quality of Life is improved after rhinoplasty in Iranian patients. With proper patient selection and a successful operation, improvement of physical and mental health can be expected.

Keywords: Rhinoplasty; Quality of life; Cosmetic surgery; Iran.
SCREENING FOR DEPRESSION IN PRIMARY CARE WITH THREE VERBALLY ASKED QUESTIONS.
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Objective: To determine the diagnostic accuracy of three verbally asked questions test for screening for depression.

Participants and methods: 590 consecutive patients not taking antidepressant drugs and capable psychically. Observational and cross sectional criterion standard validation study. Applied by five Family Physician, of Havana City, Cuba. Main outcome measures: Sensitivity, specificity, and likelihood ratios of the three verbally questions compared with the Scale of Anxiety and Depression of Goldberg.

Results: The three screening questions showed a sensitivity and specificity of 99% (95% confidence interval, 98.08% to 99.88%) and 80% (76.56% to 83.20%), respectively. The likelihood ratio for a positive test was 4.92 and the likelihood ratio for a negative test was 0.01. Overall, 33.2% (196/590) of the patients screened positive for depression.

Conclusion: The results indicate that the survey with three verbally asked questions for screening for depression would detect most cases of depression in general practice, and offers an excellent sensibility and reasonable specificity. The questions have the advantage of brevity, that survey doesn't need previous training for its application. As treatment is more likely when doctors make the right diagnosis, these questions may have even greater utility in the clinical practice.
ECOSYSTEMIC APPROACH OF THE PATERNAL LIFE EXPERIENCES DURING A PREMATURE BIRTH

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Objectives: The aim of this study is to explore the life experience of premature infants’ fathers in terms of paternal stress, coping strategies, posttraumatic stress disorder as well as perceived paternal competence. Given the few studies on the subject, this survey consists of an exploratory research. The bioecological model P.P.C.T. (Process-Person-Context-Time) of Bronfenbrenner (1996) comprehends diverse aspects of the individual’s development. According to this model, the proximal process has a central position; we take it into consideration in the form of parental alliance and the relationship between fathers and medical staff. As far as the Person’s characteristics are concerned, the following variables are analyzed: paternal stress, perceived paternal competence, coping strategies and posttraumatic stress disorder. Concerning the context, sociodemographic data, social and family support are apprehended as well as the gravity of the premature birth.

Methods: Semi-structured interviews are conducted followed by a multitude of questionnaires such as the Parent Alliance Inventory (Abidin & Bruner, 1995), the Parenting Sense of Competence (Johnston & Mash, 1989), the Coping Health Inventory for Parents (McCubbin, & al., 1983), the Parental Stressor Scale: Neonatal Intensive Care Unit (Miles, Funk, & Carlson, 1993), the Perinatal Posttraumatic Stress Disorder Questionnaire (Quinnell & Hynan, 1999) and the Family Support Scale (Dunst, & al., 1993).

Results: The data collection will be concluded in June 2014. To date, 35 fathers have participated in our study. We will present the most salient results.

Conclusions: In recent literature the paternal perspective has gradually obtained an important place. Nevertheless in France stays unexplored. We anticipate that our findings will lead to specific proposals in order to help fathers in their transition to fatherhood, improve the professional practices in the particular context of premature birth and contribute to a more effective care giving to premature infants.
CLINICAL AND PSYCHO-SOCIAL FACTORS ASSOCIATED WITH THE EVOLUTION OF DEPRESSIVE PATIENTS AT PRIMARY CARE IN CHILE: FOLLOW-UP OF A COHORT DURING ONE YEAR.

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OBJECTIVE: The objective of this work is to identify the clinical, psycho-social and therapeutic factors associated with the different evolutions at 6 and 12 months in patients who initiate treatment for depression at the primary care level in the extensive Region of Maule, Chile.

METHODS: 450 patients, older than 15 years of age, with prior informed consent, will be assessed through a battery of scales in order to determine socio-demographic background, medical and psychiatric comorbidity, family violence antecedents, childhood trauma history and psycho-social adverse life events that could have occurred during previous months to admission. At baseline and at 3, 6, 9 and 12 months, patients will be evaluated using the Hamilton-D scale and the IDS-C 30 to determine depressive symptoms, and the Lambert’s questionnaire to measure therapeutic changes (OQ-45.2). Using medical records data, the correlations between diagnosis and these findings will be established. Then, the influence of these correlations on the different clinical evolutions will be investigated.

RESULTS: This research has started on February 2014 and its preliminary results will be presented. The authors postulate the hypothesis that different sub-populations of depressive patients have different clinical evolutions at diverse times, according to clinical and psychosocial factors, and considering the relevance of primary therapeutic interventions.

CONCLUSIONS: The authors start from the assumption that a better characterization of depressive sub-groups could optimize the treatment strategies and resources utilization at primary care services in Chile.
PREDICTORS OF READMISSION WITHIN ONE YEAR OF DISCHARGE AMONG TAIWANESE PSYCHIATRIC PATIENTS

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Objectives: The prevalence of psychiatric disorders has gradually increased since the implementation of the National Health Insurance (NHI) program in Taiwan. The study aimed to explore the incidence of and the service-related predictors for readmission within one year after discharge among psychiatric inpatients.

Methods: Research data were retrieved from the inpatient and ambulatory care visit claims of the NHI database. Using a cohort study design, this study included 789 inpatients discharged in 2004 from a 700-bed psychiatric hospital in Taiwan. Multivariate logistic regression models were used to identify significant predictors of readmission.

Results: The one-year readmission rate was estimated at 27.9%. Patients over 60 years of age had a significantly lower rate of one-year readmission (adjusted odds ratio (AOR)=0.32) than those aged <=14 years. Patients suffering from affective psychoses and those exempt from co-payments had significantly higher risks (AOR=1.90 and AOR=2.07, respectively) of readmission. Patients who received scheduled ambulatory care visits and those who had access to community rehabilitation programs were significantly associated with reduced likelihood of readmission (AOR=0.86) within one year after discharge.

Conclusions: Age, co-payment and primary diagnosis are the significant predictors for one-year readmission among psychiatric inpatients. Aftercare policy should assess whether medical resources available for treating post-discharge psychiatric patients are optimally allocated. Further investigations focusing on individual- and system-level barriers to facilitating and accessing psychiatric rehabilitation programs are warranted.
VALIDATION OF SHORT SCREENING TOOLS FOR COMMON MENTAL DISORDERS IN NIGERIAN GENERAL PRACTICES

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Objective: To examine the psychometric properties of two brief screening questionnaires for common mental disorders in general practices in areas speaking the three main Nigerian languages.

Method: Consecutives attendees of selected general practices in Ibadan, Enugu and Kaduna were screened with the GHQ 12 and K6. We selected all cases and 50% of non cases for second stage interview with the Composite International Diagnostic Interview (CIDI). The receiver operating characteristic curves (ROC) curves were generated for both questionnaires and optimal cut-offs were determined. Exploratory factor analysis was done for both questionnaires.

Results: The K6 had an area under the curve (AUC) of 0.62 for depression and 0.58 for anxiety disorder. The GHQ 12 had an AUC of 0.74 for depression while that for generalized anxiety disorder was 0.6. The GHQ12 was able to correctly classify 75% of the subjects with or without depression while the K6 was able to correctly classify 56% of the subjects with or without depression. The optimal cut-off for both questionnaires was 4 selecting the point of best balance of sensitivity and specificity.

Conclusion: The findings suggest that the GHQ12 will be a useful tool in screening for common mental disorders in general practice in Nigeria.
ATTITUDES AND CLINICAL PERCEPTION TOWARDS DEPRESSION IN A SAMPLE OF SPANISH GENERAL PRACTITIONERS: IMPACT OF POSTGRADUATE TRAINING

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Background: Depression is a common disorder, it causes significant biopsychological and social distress, reduces quality of life and is associated with an increased morbidity and mortality.

Objectives: To describe the attitudes of Spanish general practitioners towards depression and their perceptions about clinical management, and, evaluate the impact of postgraduate training on them.

Method: A pre-post and at 6 months maintenance study. Two questionnaires are used: DAQ (Depression Attitudes Questionnaire)-Spanish validated version and CHD (Diagnostic and Therapeutic Skills in Depression Questionnaire).

Results: 787 General practitioners completed the study, 67.8% were female. The average age was 47 years with an average of 25 working in primary care. There is an agreement about the raised incidence of people with depression seen in general practice, most of them caused by adversities of life. 80% consider that major depression is caused by altered brain biochemistry. More than 50% think dealing with depressive patients is a hard work, but a minority consider it as an unpleasant task. Antidepressant and Psychotherapy both are useful treatments, 57% think that specialists must deliver psychotherapy. More than 50% believe they have insufficient diagnostics and therapeutics skills to deal with depressive patients with predominant somatic symptoms. After training, a positive impact on attitudes and perceptions towards depression is observed, most markedly in aetiology and treatment. The perceptions on diagnostics and therapeutics skills changed positively after the intervention. At 6-month maintenance study the positive impact on attitudes and perceptions is still present.

Conclusions: 1-there is an insufficient knowledge on aetiology, diagnosis and therapeutics in 50% of participants. 2-attitudes and clinical skills are non –dependent of age, professional qualification, years of practice or previous training in mental health. 3-completing a training course produced a positive impact on attitudes towards depression and perceptions of clinical management of this disorder.
**Prevalence of common mental disorders in General Practice attendees: Using World Health Organization Composite International Diagnostic Interview in Qatar**

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**Aim:** The aim of this study was to assess the prevalence of common mental disorders in the adult Qatari population, using the World Health Organization [WHO] Composite International Diagnostic Interview (WHO-CIDI), and examine their symptom patterns and co-morbidity.

**Method:** A cross sectional study conducted at Primary Health Care (PHC) Centres during the period from April 2010 to October 2011. Total of 1,500 Qatari subjects aged 18 to 65 years were approached; 1,063 (70.8%) gave consent.

**Methods:** This was in collaboration with (WHO) World Mental Health (WMH), a nationally representative psychiatric epidemiological survey was carried out in Qatar. Prevalence and severity of ICD-10 disorders were assessed with the WHO CIDI Version 3.0.

**Results:** Of the studied 1063 subjects, 50.1% were males and 49.9% were females. Most of the respondents were in the age group 18-34 years (46.1%), followed by 35-49 years (34.1%), then 50-65 years (19.8%). The most common ICD-10 disorders were specific generalized anxiety disorders [GAD] (20.4%), and major depression (19.1%), with a higher prevalence in women. 20.6% of the sample had chronic physical conditions. There were highly statistically significant differences between men and women and age groups in prevalence of GAD; Social phobia, specific phobia, major depression, psychosis and personality disorders screen.

**Conclusion:** Women were more likely than men to have mental illness. Overall, Generalized Anxiety Disorders; Social phobia, specific phobia, major depression, and personality disorders were the commonest disorders.
ASSESSMENT OF DEPRESSION IN A PRIMARY CARE SETTING IN NIGERIA USING PHQ-9.
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Objectives: The objectives of this study were to determine the prevalence of depression, the variables associated with depression and the degree of recognition by the Physician in general medical out-patient clinic.

Methods: This was a cross-sectional descriptive survey. Consecutive patients who presented at the general medical out-patient unit of the Ekiti State University Teaching Hospital, Ado-Ekiti, Nigeria were recruited for the study. Participants completed a questionnaire incorporating socio-demographic variables and primary diagnosis made by attending Physician and the PHQ-9.

Results: Two hundred and seventy two patients were interviewed during the period of the study. Participants were mostly >45 years (51.2%), female (59.9%), married 68.4% and educated. One hundred and thirty (47.8%) of the respondents had significant depressive symptoms with majority (49.2%) being classified as mild. Statistical analysis revealed significant association between depression and age, gender, marital status and clinical diagnoses (P< 0.05). Over a quarter (28.7%) presented with infectious diseases, other diagnoses made included cardiovascular disorders (15.8%), endocrine disorders 8.8%, psychiatric disorders other than depression 2.9% and none had depression as primary diagnosis.

Conclusions
The prevalence of depression among patients attending the general medical out-patient clinics is high and highly under-recognised.

References
ANXIETY SYMPTOMATOLOGY IN PATIENTS WITH THYROID DYSFUNCTION: A CROSS-SECTIONAL STUDY IN PRIMARY CARE

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OBJECTIVES
The main objective in this paper is to exhibit, through a statistical data analysis, how patients who suffer from any kind of thyroid dysfunction are presenting anxiety symptomatology such as shakiness, racing heart, sweating, among others.

METHOD
The study was settled in a Primary Care Center. We interviewed 31 patients that were waiting for Primary Care doctors to attend them. The interview consisted in a basic socio-demographic questionnaire registering sex, age, Spanish or not Spanish nationality, if they were suffering for any thyroid dysfunction and if they were attending to a Mental Health Service. To recruit anxiety symptoms in these patients we use The Hamilton Rating Scale (HAM-A).

Afterwards, data was analyzed in SPSS 20 IBM (Statistical Package for the Social Sciences). Student’s T was applied to a normal distribution according to the punctuations of anxiety and the properties of each variable. Significance level was set up in 0.05.

RESULTS
From 31 patients that were interviewed, 67.7% were women. Average age of patients was 52 years old. 87.1% of them were Spanish. Just 12.3% of the interviewed were having a thyroid dysfunction.

When this data was combined with the punctuations in Hamilton Scale, the value of the Student’s T distribution was 1.86 with a p-value of 0.072 (homogeneity of variance was assumed).

CONCLUSIONS
According to the results of the study it would be fair to say that, in spite of not being totally significant, the relation between having a thyroid dysfunction and presenting anxiety symptoms could not be considered not true. That is why, to get more specific conclusions, a bigger sample size would be needed. Having said this, we can finish saying that it is important to identify anxiety and depressive symptoms in patients with thyroid dysfunctions in order to bring them a complete treatment and a global approach of their illness.

REFERENCES.
BRIDGING TREATMENT GAP IN COMMUNITY THROUGH CASE DETECTION CAMPAIGNS AND PRIMARY CARE INTEGRATION- AN IMPLEMENTATION MODEL BY DISTRICT MENTAL HEALTH PROGRAM AT THIRUVANANTHAPURAM, INDIA.

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The delivery of mental health services through primary health care system as a policy for developing countries was recommended by WHO as the burden of mental disorders is 12% and treatment gap 90% for mental disorders1. The study proposes that mental health training to primary care doctors alone may not be effective for new cases detection in a Community.

Objective: Primary objective is to develop an implementation model to detect the case burden in the community. Secondary objectives are to enable access to health care system and to close the treatment gap.

Methods: A top down training for primary care doctors and bottom up sensitization of the community health workers and members of local self governing body is given as part of “Mental health for all” implementation model. Case detection campaigns and mental health awareness promotion through house visits in Panchayath and families screened with case detection questionnaire are motivated for evaluation in mental health camps in the Primary Health Centers. The new patients diagnosed in camps are followed up in review camps and absorbed into weekly mental health clinics conducted by the trained medical officer of concerned Primary Health Center with referrals to the nearby monthly DMHP clinic as required, thus completing the primary care integration process.

Result: The three case detection campaigns covered a population of 55612 through 15770 houses, screened 1277 prospective cases of which 310 cases diagnosed with psychiatric morbidity, were treated in mental health camps and integrated to primary health care. Cases detected per campaign through this model are twice (2.15:1) that through monthly DMHP clinics.

Conclusion: A comprehensive model of sensitization, mental health training, case detection campaigns and camps enables detection of the unidentified case burden in the community. Their integration to primary care clinics enables follow ups, overcomes treatment gap and improves access to mental health care.

Reference
1. World health report, 2001
IMPROVING QUALITY OF CARE FOR ANXIETY AND DEPRESSION THROUGH A KNOWLEDGE APPLICATION PROGRAM: A FOCUS ON CLINICAL DECISION SUPPORT

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Research has shown that clinical practices do not keep pace with the ever-growing knowledge regarding optimal anxiety and depression management. To overcome this gap, we developed a knowledge application program to support the improvement of the organization and delivery of care in community-based primary mental health care teams (CMHTs) in Quebec (Canada). The program was based on the PARiHs framework - Promoting Action on Research Implementation in Health Services - and the Chronic Care Model (CCM), including the Decision Support component which underlines the importance of evidence-based guidelines, shared decision making, use of proven provider education methods and the integration of specialist expertise.

Objectives: 1- To implement and evaluate a knowledge application program, 2- to explore barriers and facilitators associated with the implementation of Decision Support strategies, particularly the uptake of clinical practice guidelines.

Methods: The design is a mixed-methods prospective multiple case study, with data drawn from the two phases of the project (2008-2010; 2011-2014). Multidisciplinary local working committees six CMHTs were required to develop and implement local quality improvement plans with the support of a knowledge broker.

Results: The CCM provided a systemic vision of the intervention and exposed the importance of shared responsibility among healthcare professionals. Decision Support was one of the components most often targeted by the CMHTs in their quality improvement plans.

Conclusions: While we observed barriers and facilitators at the clinician level in terms of knowledge (e.g. familiarity) and attitudes (e.g. applicability, agreement), contextual factors (e.g. resources, access) also played an important role in the uptake of clinical practice guidelines.
PROJECT JALONS: A CARE PROTOCOL FOR THE TREATMENT OF DEPRESSION IN PRIMARY CARE – FROM THE ADAPTATION THROUGH THE IMPLEMENTATION

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The 2005 reform in Quebec’s mental health services aimed at strengthening primary care services, and included the creation of multidisciplinary community-based primary mental healthcare teams. The Jalons project emerged as an extension of a knowledge application program developed in Quebec (Canada) to improve care for anxiety and depressive disorders in primary care.

Objectives: The main goal of the project was to develop a care protocol for major depression to support primary mental health care providers in their clinical practice.

Methods: We used the Adapte method to develop a care protocol for major depression tailored to the organization of health care services in primary care. The adaptation process was monitored by an expert committee composed of mental health specialists, general practitioners, health care administrators and decision-makers at regional and provincial levels. The care protocol is based on two clinical practice guidelines: the NICE guideline on the treatment and management of depression in adults (2010) and the CANMAT clinical guidelines for the management of major depressive disorder in adults (2009).

Discussion: We will discuss the challenges associated with the adaptation of clinical recommendations for mental health and organizational strategies to the provincial context, and with the actual implementation of the care protocol in primary care. We will discuss issues related to the applicability and successful uptake of recommendations by health care providers.
THE PREVALENCE, SIZE AND BURDEN OF PSYCHIATRIC DISORDERS AT THE PRIMARY HEALTH CARE VISITS IN QATAR: AN ECONOMICALLY FAST DEVELOPING COUNTRY
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Aim: The aim of this study was to assess the prevalence, size and burden of commonest psychiatric disorders at Primary Health Care (PHC) Centres using the WHO Composite International Diagnostic Interview (WHO-CIDI) who attended PHC settings in the Qatari population, aged 18-65, and examine their symptom patterns and co-morbidity.

Methods: A prospective cross sectional study at PHC. A total of 2,000 Qatari subjects aged 18 to 65 years were approached; 1,475 (73.3%) gave consent and participated in this study.

Methods: Prevalence and severity of ICD-10 disorders were assessed with the WHO Composite International Diagnostic Interview (CIDI, Version 3.0). Univariate and multivariate statistical analysis were performed.

Results: Of the studied 1,475 subjects, 56.3% were females and 43.7.9% was males. Most of the respondents were in the age group 35-49 years (37.8%). The three most common disorders were major depression disorders (18.31%), any anxiety disorders (17.29)%c, any mood disorders (16.95%), followed by separation anxiety disorders (15.25%), personality disorder (14.1%). Most of the respondents were in the age group 35-49 years (37.8%), followed by 18-34 years (34%), then 50-64 years (19.6%) and above aged 65 years old (8.5%). In the present study, prevalence in women was significantly higher than men for the most common psychiatric disorders, specifically generalised anxiety disorder, panic disorder, social phobia, specific phobias, obsessive compulsive disorders, post traumatic disorder, somatisation, major depressive disorder, bipolar disorder, dysthymia, and oppositional defiant disorder.

Conclusion: One-fifth of all adults who attended the PHC Centre 20% had at least one psychiatric diagnosis. The prevalence of the generalized anxiety disorders; social phobia, specific phobia, major depression, and personality disorders were the significantly higher in women than in men.
DESCRIPTIVE STUDY OF ANXIETY DISORDERS IN PRIMARY CARE
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Objectives.
Describing the existence of an anxious pathology and its types, in a representative sample of the population that goes to primary health care.

Methods.
This research has been conducted with different patients who attended health centers with or without an appointment already made. As for the collect of the data, it has been used a notebook with several annexes that gather information about general sociodemographic factors and personal history of psychiatric decease, according to the tenth revision of the International Classification of Diseases. The selection of the sample was obtained by the simple and randomly sampling technique, and the statistical case analysis was carried out by using the statistical package PASW Statistics 18.

Results.
At first, 153 patients were chosen, but 33 were excluded from the data collection. The averaged age of the sample was 45 ± 13 years. The majority was married women, with an employment and primary or secondary studies. Regarding personal psychiatric history, 56.7% of the sample no abnormalities were identified. Anxiety disorders were detected in 21.6%, being the most common of them, the anxiety-depression mixed disorder (10.8%) and in the second place, the unspecified anxiety disorder (5%).

Conclusions.
Approximately a quarter of all the patients who go to primary care, suffer from anxiety disorders. Clinical anxiety often appears in association with depressive symptoms or nonspecific symptoms.

References.
PREVALENCE OF HYPOCHONDRIA IN PRIMARY CARE: AN ANALYSIS OF THE FACTORS INVOLVED
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Objectives.
Determining the existence of hypochondriacal attitude in patients who attend to primary care consultation and associated factors.

Methods.
A descriptive study was conducted. The selection of the sample was obtained by a simple randomly sampling technique. Besides, describing several comorbid psychiatric illness simultaneously with hypochondriacal attitude, we attempted to estimate its prevalence in an appropriate population sample and to determine its relationship with possible pathogenetic factors.

Results.
We analyzed 120 patients of different health centers from primary care in Córdoba. From this sample, twelve patients scored ≥ 8 on the Whiteley Index or measure tendency toward the hypochondriac attitude. This subgroup of patients also presented an annual frequency ≥ 7 consultations.

Conclusions.
Hypochondria was detected at a rate of 10% among subjects of general medicine. There is a significant association between increased frequency of medical consultations in primary care, and the existence of a hypochondriac attitude to the disease.

References.
ECONOMIC CRISIS, HOW IT AFFECTS OLDER?

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Aim
Describe changes in the physical and mental health of patients over 65 who help their emancipated offspring.

Material and methods
Qualitative descriptive study. Urban area. Study population: >65 years old, with independent offspring who were seen at the Primary Care. (March-July 2013) Random sampling survey autofilled. Study variables: age, sex, cohabitation, type of support, impact on health, new health problems and involvement in social life.

Results
115 met the selection criteria. 20 refused to participate . 22 did not return the survey. Void 18 . Polls correct 55 . (47.8%) Sex. 32 women (51.2%). Average age: Men 71 . Women 74 . Living in a couple: 34 (61.8%).

Type of aid
- Return to live with them for homelessness. (9.09%)
- Fixed monthly financial contribution. (36.36%)
- Specific financial aid. (43.63%)
- No need help. (10.92%)

Perception of health
- Negative perception (69.1%)
- Positive perception (16.4%)
- Don't involvement (14.5%)

Negative perception (69.1%)
- Worst DM2, hypertension and diet control, exercise difficulty. Increased analgesic intake. (50%)
- Worsening of preexisting mental processes (anxiety, depression and insomnia.) (18.4%)
- New diagnoses of anxiety, insomnia and depression. (15.8%)
- Loss of autonomy, increased responsibilities, decreased leisure activities. (15.8%)

Positive perception of health (16.4%)
- Overall improvement in quality of life

Conclusions
With the observed data, our patients feel financially help their descendants brings an overall worsening health (69.1%). Some stand out more impact on your mental health, so far stable (12.7%).
Others perceive a worsening in the control of medical conditions (50%). Observed in 6 patients, an increase in new diagnoses in mental illness. Another 6 show a clear loss of autonomy, privacy and free time.

Keywords: Economic crisis, mental health.
HEARING IMPAIRMENT - A NECESSARY CHALLENGE FOR MODERN PSYCHIATRIC CARE

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Objectives:
A functioning sense of hearing is essential for a successful verbal communication. Hearing impairments, however, are widespread and thus represent a risk for the person concerned to be excluded from everyday life, suffer from the resultant loss of quality of life and eventually develop mental illness. Psychological influences and consequences of hearing loss have been neglected in scientific research so far. The aim of the present study is an epidemiological basic research in order to derive specific psychotherapeutical treatment for patients suffering from hearing impairment and its psychological implications.

Methods:
We examined a control group of 20 participants and 20 participants with hearing impairment with the help of standardized questionnaires. We investigated both samples with regard to demographic data as well as mental and physical health.

Results:
There were significant differences between the control and hearing impaired sample.

Conclusions:
There is a strong demand for psychiatric-psychotherapeutic treatment among the hearing impaired. At the same time access to public healthcare is more difficult for clients with a hearing impairment. The development of a specialized (outpatient) clinic for those affected is therefore a necessary challenge for a modern psychiatric care since it could not only reduce suffering with pathological significance, but also have a preventive effect on the need for hospitalization.
PREVALENCE OF SOME PSYCHOPATHOLOGICAL AND BEHAVIOURAL SYMPTOMS IN DISABLED PATIENTS IN OUTPATIENT SERVICE FOR SOCIAL CARE

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Introduction
There is a large amount of patients after stroke and injury who are immobilized and usually are serviced at outpatient departments by psychotherapists, psychologists and social workers. There is a number of these patients who have some psychiatric and behavioral symptoms which should be managed by mental health care specialists.

Objectives
To evaluate prevalence of some psychopathological and behavioral symptoms of disabled patients in outpatient social care service.

Methods
We have studied a total of 23 disabled patients with depression and different forms of anxiety at the outpatient service. We used the Beck Depression Inventory as a metric of the degree of depression and State-Trait Anxiety Inventory (STAI) for evaluation of anxiety level.

Results
There were 12 female and 11 male with average age 44 years old. 22% of observed population had severe depression, 39% had mild depression. 43% of patients had high anxiety level and the same amount (43%) had medium anxiety level.

Conclusions
We present results showing the high prevalence of mental disorders amongst disabled patients in outpatient service. It shows the necessity of developing differentiated, individually oriented strategies for care of disabled patients with depression and behavioral symptoms in outpatient practice to improve quality of life and prevention of suicidality.
SPEECH-LANGUAGE INTERVENTION WITH CHILDREN WITH ASD IN BRAZIL

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Brazil has over 200 million inhabitants living in an area of over 8.5 million square kilometers (km²). The population distribution is uneven; in the southeast region there are 86.3 inhabitants per km² while in the north region there are only 4 inhabitants per km². Granting access to health and educational services for populations in such different environments clearly demands different actions and resources. Official policies regarding rehabilitation services and education to children and adolescents with ASD are being gradually defined and implemented. This research aims to present an overview of the guidelines, discuss their effective enforcement and report research results of the outcomes of three studies that aimed to determine intervening factors and intervention alternatives that may improve the efficiency of the service and the quality of the intervention for persons with ASD. It is clear that any conclusion must take into account data about social and familiar contexts that play central roles in practical issues such as frequency of attendance, continuity of the intervention process and involvement with the therapeutic proposals. The question about the possible identification of the best therapeutic approach for this population of children has yet to be further discussed but some contribution to this discussion may be retrieved from these data. Brazil’s proposition of health and educational systems that are available to all citizens is challenging and demands a long term effort that must involve all sectors of organized society on a joint, creative and collaborative effort to implement services and guarantee equal access to the best available educational and therapeutic alternatives. Exactly what are the best alternatives is yet to be determined by studies that are adapted to specific realities and designed to respond to specific questions.
DIAGNOSTIC ACCURACY AND ADEQUACY OF TREATMENT OF DEPRESSIVE AND ANXIETY DISORDERS: A COMPARISON OF PRIMARY CARE AND SPECIALIZED CARE PATIENTS.
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Objectives: Clinical diagnosis of depressive and anxiety disorders has poor sensitivity, and low treatment adequacy in many studies. The impact on patient’s outcome remains controversial. Here, we compare the diagnostic validity and treatment adequacy in primary care (PC) and specialized care (SC) to assess risk factors, and to evaluate the impact on clinical in a three month follow-up.

Methods. 212 patients with depressive and anxious symptoms were recruited from 3 PC and 1 SC centers. Doctors’ diagnoses from clinical records were compared with a reference standard, the MINI interview. Sensitivity and specificity were calculated for each disorder, and adequate treatment was evaluated according to clinical guidelines’ recommendations. Logistic regression models were used to estimate associations with sociodemographic and clinical factors. ANCOVA models were used to evaluate the impact on outcome, measured as change in Hamilton depression and anxiety scores.

Results. Valid diagnosis and adequate treatment were more frequent among patients with depression in the specialized care group. Sensitivity for depressive disorders was 0.75 in SC and 0.49 in PC (adjusted OR = 16.65, 95% CI 4.43 – 62.51). Psychiatrists’ detection of anxious comorbidity was particularly low (41%). 87.9% of patients in SC and 66.7% in PC received adequate treatment for depression (adjusted OR = 17.34, 95% CI 4.73 – 63.61). Diagnostic validity was associated with treatment adequacy only in patients with depression. Depression severity, age over 64 years and depression history were associated with an increased likelihood of receiving a valid diagnosis.

Conclusions. Our results suggest that General Practitioners need tools to improve their detection of depression and its severity. Psychiatrists should enhance recognition of anxious comorbidity in depressive disorders. The evaluation of the impact of inappropriate treatment on patients’ outcome deserves further research.
FIRST-TIME PATIENTS DURING THREE MONTHS IN A CHILD AND ADOLESCENT COMMUNITY HEALTH CENTRE: A DESCRIPTIVE STUDY
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Objectives
With this study we are trying to describe the socio-demographic characteristics of these new patients. We are analyzing many information; from their age to the education of their parents, including the principal diagnosis, the existence of stressful factors or the number of brothers and sisters.

Once we had all the dates, we could analyze them and obtain some results. From those results we could study the principal problems that the children have and the kind of patient we are likely to attend.

Methods
We collected the data of 79 patients, analyzed them with SPSS 015 and made the graphical representation.

Results
The average age was 9 years old. The percentage of males was 58’2% and 41’8% were women. The most common cause of consulting was behavior problems with a percentage of 44’9%. We could realize that 21’5% of the patients had kept down some grade. Among their parents, 27% were divorced and only 26’4 % had higher education. It is important to say that a 43’2 % had a relative with mental disease, and also, 14’1% lived with him. Finally, we analyzed the diagnosis finding that the most common pathologies were Adjustment disorder (39’4%), ADHD (20’8%) and Dysthymic disorder.

Conclusions
This information can be useful because it makes us able to know what we need to look for, the risk factors or even the kind of disease we are more likely to see.

In the future, building on this work, we may do some comparative studies in order to obtain further information.
ANALYSIS OF MENTAL HEALTH RELATED DIAGNOSES FROM PRIMARY CARE INSTITUTIONS IN 15 MUNICIPALITIES IN THE DEPARTMENT OF SANTANDER, COLOMBIA

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Objectives:
The establishment of a baseline in the provision of mental health services in primary care and contribute to the implementation of strategies in the mental health component in primary health care.

Materials:
A descriptive analysis of the health service individual records was performed during January to November 2012. The information was obtained from the Health Departmental Secretary and from primary care institutions from 15 municipalities of Santander. The databases were elaborated and analyzed using SPSS, version 18. The variables included in the analysis were: primary and secondary diagnosis code ICD-10, municipality, age and gender

Results:
The study population represented 12 % of the department of Santander, which is estimated in 2'030.775 inhabitants. We evaluated 214,440 records with a primary diagnosis. From those records, 1,461 were related to mental health (0.68 %). As ten leading causes of attention were: schizophrenia (40.3%), impaired anxiety (26.9%), bipolar affective disorder (17.9 %), sleep disorders (5.6%), depressive disorders (4.9%) and speech and language related disorders (4%). Additionally, we found 46,067 records with a secondary diagnosis. In this group 613 events were associated with a mental health problem (1.3%). The ten leading causes were: anxiety disorders (56.2%), sleep disturbances (14.2%), schizophrenia (11.1%), developmental disorders of speech and language (8.6%), depressive disorders (6.1%) and bipolar affective disorder (3.6%).

Conclusions:
Mental health diagnosis at primary care level is low in the studied population. These results support the necessity of strengthening the mental health strategy in primary care in the department of Santander, Colombia.
FACTORS THAT INFLUENCE PATIENT ACCESS TO MENTAL HEALTH SERVICES

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Introduction: Patient access to mental health services is unequal in many parts of the world.

Objectives: Our objectives are to identify how the perspectives of mental health users influence the delay in access to mental health services, to compare the perspective of mental health providers, users and caretakers and to make comparisons between countries.

Methods: In this multicenter study we included 600 patients, 600 caretakers and 600 mental health provider’s observations related to those patients. Participation was volunteer based and WHO pathway encounter form and questionnaires evaluating their opinion on the access to psychiatric services were applied. The following items were highlighted: demographic traits, indicators for the participants groups, country and the delay to access, differences between the 3 study groups and across countries and a list of the factors the could influence the access to mental health services, in order of their importance.

Results: Although it seems that we are aligned to international statistics on the delay to first admission psychiatric patient, the duration varies greatly from one patient to another. There are important differences between mental health users and caretakers point of view and the providers group. The most important factors in the participant’s opinion were: stigma, personal believes, difficult access and lack of knowledge.

Conclusions: Even if the duration of the delay to first psychiatric consult varies between patients, the factors that influence the delay are similar between countries.

Key words: pathway to care, mental health services, patient access

References:
USER EMBRACEMENT AT THE PSYCHOSOCIAL CARE CENTER (CAPS) IN BRAZIL: IS LOW COMPLIANCE A SYMPTOM OF ACCESS/NETWORK?

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Objectives: the user embracement at the Centers for Psychosocial Care (CAPS) is a strategy to establish an effective relationship between the multidisciplinary team and the patient and his family, for the adaptation of care to patient needs, in an ethical and humane way. Has it played this role?

Methods: the authors considered the database record of 8 CAPS from São Paulo City: 4 for adults; 3 for drug and alcohol dependence, and one for children and adolescents, in the first half of 2012.

Results: 3,723 users were embraced: 1,147 at CAPS for adults (A); 2,183 at CAPS for alcohol and drugs users (Ad), and 393 at CAPS for children and adolescents (IA). Of the 3,723 users embraced, 1,276 (34%) became patients, respectively, 436 (38%) A; 729 (33%) Ad, and 111 (28%) IA.

Conclusion: about two thirds of the users of CAPS sample did not become patients. Although the user embracement is considered a strategic tool, it is not assessed. Multidisciplinary teams in records not systematic believed that responsible for those inclusion barriers were: severity of illness; loss of autonomy or independence; functional disability; socioeconomic and financial difficulties; refuse to treatment or different expectation regarding the type of treatment; presence of other patients or lack of family support. The authors conclude that it is important to employ process management tools, promote controlled trials and assess the user perception about the quality of the care, studies on access and on intersectoral local network of care can compose a necessary strategy for coping with low compliance to CAPS after the user embracement process.
CLINICAL PSYCHOLOGY IN PRIMARY CARE. CHOICE OR NECESSITY?
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Objectives: It is being described a Psychotherapeutic intervention in a primary care center conducted in "common" mental disorder, in order to see the effectiveness (symptom reduction, increased quality of life and subjective improvement) of these interventions.

Methods. All patients attending primary care center for two months due to problems of anxiety, depression or emotional distress secondary to interpersonal difficulties were selected. The derivation was made by primary care doctor. A brief psychotherapeutic intervention based on interpersonal therapy was conducted (definition of the focus of work, changing the patient's narrative and construction of alternative coping strategies). Weekly full with a maximum of 5 sessions. Telephone follow-up in 6 months.

Results. Of 30 selected patients, 25 followed psychotherapeutic treatment. There was not a derivation at specialized care. The 80% of people treated there was a significant improvement with a complete remission of symptoms. The improvement was moderate in the 20% of people. All of them had an increase in their quality of life and it improved their social, family and professional functionality.

Conclusions. The adoption of psychotherapeutic measures for users with "common" emotional disorder from primary care, is more a necessity than an option. Many studies demonstrate positive results with this type of intervention, much higher than to traditional intervention (supportive therapy and pharmacological treatment).
ELABORACIÓN DE UN INSTRUMENTO PARA LA EVALUACIÓN DE SERVICIOS DE SALUD MENTAL EN ATENCIÓN PRIMARIA

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Objetivo: elaborar un instrumento ad-hoc para la evaluación de distintos componentes de los servicios de salud mental en atención primaria y explorar las características de los tratamientos administrados.


Resultados: Se elaboró un cuestionario autoadministrado, que consta de 35 ítems, con opciones de respuestas dicotómicas, escalas de frecuencia tipo Likert y respuestas ipsativas que puede ser respondido en 15 minutos aproximadamente. Este instrumento evalúa el impacto y la demanda de los problemas de salud mental en atención primaria, las características de las intervenciones que se realizan, la formación de los médicos y la percepción de autoeficacia y satisfacción con la atención de los problemas de salud mental en AP.

Conclusiones: Se considera como una herramienta útil para reflejar la realidad asistencial a nivel cuantitativo y cualitativo. Se destaca la importancia de contar con instrumentos de evaluación y monitorización de los servicios y tratamientos orientados al abordaje de problemas de salud mental en el ámbito de la atención primaria.
Primary Mental Health Programme in Eastern Province, Saudi Arabia, 2003-2013


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2. The Primary Mental Health Program in Eastern Province-MOH, SA
3. The General Health Affairs Eastern Provence-MOH, SA
4. General Public Health Directorate in Eastern Province-MOH, SA
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6. University of Dammam, Dammam, SA

Background: Globally, mental health (MH) problem are increasing. Ministry of health in the Eastern Province of Saudi Arabia (SA) has established a Primary Mental Health Care (PMHC) program to meet the increasing demand of MH problems in community as model for integrating MH in primary care.

Objective: To explore the outcome of follow-up of patients seeking care at PMHC program’s clinics in the Eastern Province (EP)-SA.

Methods: A retrospective chart review of three PMH centres located in the EP-SA since their establishment in 2003. ICD-10 code was used to diagnose the common MH problems. Follow-up of these patients was analyzed to see the pattern and outcome of MH management at primary care level. Outcome was determined for frequency of diagnosis, type of diagnosis, follow-up rate and response to treatment. Chi-square test was used to compare socio-demographic variables with patient's outcome with statistical significance at P-value= 0.05.

Results: Total of 3,548 patients, with mean age of 20.06±15.8 and females (53.2%). The gender difference was obvious for prevalence of mental illnesses at different age groups: 43.2% of male patients 1-18 year (P<0.0001), and 34.5% were female 30-50 years (P<0.001). Other demographic being significant were single male, students, housewife and elementary school. The most common diagnosis was anxiety (30.2%) with its different types, and depression (23.3%). The follow-up of patients revealed that 47.3% improved, 28.2% were in remission, and only 1.2% did not respond, while 0.5% were lost to follow-up and 4.8% were referred to psychiatric hospital. The diabetes and hypertension were prevalent among depressed patient whilst gastrointestinal complaints were common (P<0.001).

CONCLUSIONS: Integration of MH services in PHC is quite successful in achieving targeted outcomes. This effect can boost the confidence of stakeholders to make mental service available at community level with its comprehensive, continuous care in PHC centres all over the country.
EFFECTIVENESS OF A PHYSICAL ACTIVITY AND DIET PROGRAM TO MODIFY CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH SEVERE MENTAL DISORDERS


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Background: Patients with severe mental disorders (SMD) may have a higher prevalence of cardiovascular risk factors (CVR) and poorer perceived quality of life. Lifestyle interventions have not been yet proved. To determine the effectiveness of a group intervention program of physical activity (PA) and diet in patients with SMD to modify lifestyles and CVR at six months follow-up.

Methods: Randomized controlled clinical trial of three months follow-up, with outpatient of six Mental Health Teams of Barcelona, between 18 and 65 years of age diagnosed with schizophrenia, a schizoaffective or bipolar disorder, in treatment with antipsychotic medication. Intervention: PA and diet group educational program of 24 sessions over 12 weeks carried out by nurses. Main outcome measures: level of PA (MET minute-week units with IPAQ questionnaire) Body Mass Index, waist circumference, blood pressure; cardiovascular risk; tobacco consumption; dietary habit (PREDIMED questionnaire) quality of life (SF-36 questionnaire) and laboratory parameters (cholesterol, triglycerides, glucose).

Results: 209 patients including, 106 assigned to the intervention group and 103 to the control group. The groups were similar in socio-demographic characteristics at baseline. 53% male. The average age is 45 years. 71% schizophrenia. Working 2% and the most live with their family or in a group home (70%). 55% smokers. Framingham mean score 8.9. Participation at 6 months 86%. The amount of consumed MET measured with the IPAQ questionnaire at three months exceeds in the intervention group (462.14 MET difference between the two groups; p = 0.02). The physical health dimension (SF-36) improved significantly in the intervention group (5.2 points difference, p = 0.008). At six months these measurements are similar in both groups. In the other variables there were no significant differences.

Conclusion: intervention increases the level of PA and physical health perception at three months. The intervention is not effective at six months of follow-up.
ACUTE CORONARY SYNDROME (SICA) AND COMORBIDITY WITH AXIS I

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Objective: To identify the AXIS I psychiatric disorder more common in patients with acute coronary syndrome.

Methods: Descriptive, observational and protective in patients with 18 years old with acute coronary syndrome, with or without ST elevation (SICA - SICACEST and SICASEST -) referral of cardiology and emergency service, without metabolic problems, or organic brain damage. After they signing informed consent, answer the MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW for diagnosis of Axis I

Results: Of 211 patients, 87 were women (41.2 %) and 124 men (58.8 %), mean age 62 years (25-89 years). SICA with unstable angina 96 (45%), acute myocardial infarction 43 (20.4 %), SICASEST 71 (33.6 %) of which 103 (48.8 %) No showed psychopathology and 110 (51.2 %) were positive diagnosis en Axis I; 13.3 % major depressive disorder, depressive symptoms adaptive with 12.3 % and 7.6 % anxiety symptoms, chronic major depressive 2.8 % and other 16%. By gender, 52 women (53.8 %) had depression, 4 (4.6 %) had adaptive with anxious symptoms, and 35 (40.2 %) without pathology. In males the frequency of alcohol abuse was 8 patients (4.9 %), 14 (10.7 %) with anxiety symptoms, 32 (17.8%) with several depressive symptoms, and 68 patients (54.8 %) without any pathology. The total prevalence of Major Depressive Disorder was 20.4 %, which is statistically significant (p > 0.05).

Conclusions: We found that patients with ACS have higher psychiatric comorbidity than the general population so greater opportunity to support the patient and their doctors urging them to refer them to a liaison psychiatry service.

References
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PSYCHIATRY’S LIAISON SERVICE IN PRIMARY CARE: A RETROSPECTIVE STUDY

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The Collaboration between General Practice and Mental Health Care has been recognised as necessary to provide good quality of health care services. As exposed in the World Health’s Report, an excessive focus on specialized health care services should be avoided.

In our hospital there is a team of psychiatrists who works in collaboration with general practitioners, providing diagnostic consultation and therapeutic interventions in the primary care units.

Objectives

This study aims to characterize the patients observed by psychiatry’s liaison service in two primary care units.

Methods

Analysis of electronic medical records of patients seen in consultation between May 2013 to January 2014.

The variables studied were gender, age, reasons for referral, diagnosis and subsequent referral of patients following assessment.

Results

The study included 61 patients with a female predominance of 4:1 and a median age of 52 years.

The most frequent diagnosis was (according to the International Classification of Diseases (ICD-10)) the Neurotic, Stress-related and Somatoform Disorders (64%).

Most patients of this sample (56%) needed a single psychiatric observation and returned to their general practitioner. Twenty one percent of the patients were referred to psychiatry’s outpatient consultation.

Conclusions

Most patients were observed only once by the Psychiatry group. The promptness of this evaluation appears to have improved the outcome and reduced the need for more care in expensive specialised services.
FIGHTING STIGMA IN THE COMMUNITY MENTAL HEALTH CENTER

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Objectives: As elsewhere in the world, one of the biggest challenges for mental health services in Bosnia and Herzegovina (BH) is to fight stigma, which is most manifest toward mentally ill people, especially those suffering from schizophrenia. Community mental health centers (CMHC) were established as a medical and preventive service as well as institutions that have a significant role in the reduction of stigma in communities where exist.

Methods: Description of activities of CMHC in period 2010-2013

Results: During the four year period CMHC Prijedor became a significant and visible factor in the reduction of stigma towards people suffering from schizophrenia and other psychiatric disorders. Regular media appearances pointed to a need of acceptance of people with schizophrenia in the community through the use of their remaining capacities. Through collaboration with both family medicine and social services has been ensured better access to these services to all patients with provided adequate care of their needs. Together with the users is established local users organization with the main purpose of working together on the creation of anti-stigma campaigns in local community. Through applications for small grants is planned to enable the users to acquire additional knowledge and skills (such is learning of foreign languages) in order to engage user organization in the processes of cooperation with strong user initiatives in the region and Europe. Continuous work with the users in reducing self-stigma is one of the main goals of all members of our team from the beginning.

Conclusions: CMHC Prijedor took an important role in fighting stigma towards people suffering from mental illness especially those with schizophrenia as the main course of its work.
PSYCHIATRIC ASSESSMENT IN A PRIMARY HEALTH CARE CENTER
Razi hospital, Manouba, Tunisia.

Objectives:
The purpose of our study was to estimate the prevalence of anxiety and depressive disorders in patients consulting in primary health care centers.

Methods:
This is a descriptive study in 30 consecutive subjects presenting to Manouba Primary Health Care center for a medical problem. From each participant we collected socio-demographic data and administered the Hospital Anxiety Depression scale (HAD) as a screening tool.

Results:
Our sample consisted of 80% female and 20% male subjects. Mean age was 31 years with extremes at 18 and 60 years. Seventy-five percent of included patients were married, 25% were single. As to the level of education, 88% of the subjects had a low, and 12 percent had a high level of education. Forty percent of patients had a paid job, whereas 60% of patients did not have a paid work.
In our study, the prevalence of anxiety and depressive disorders, as measured by HAD, was 59% for depression and 32% for anxiety.

Conclusions:
Although the prevalence of depression and anxiety in primary health care centers is high, these disorders are often not diagnosed.
Our findings show the necessity of a specific training in mental health care for general practitioners, as well as the importance of liaison psychiatry.
The process of (re)construction of the Network for Psychosocial Care (REDE DE ATENÇÃO PSICOSSOCIAL - RAPS) in Volta Redonda was described by means of a case study, data were obtained using different documents. Was elected as analytical categories the concepts of psychosocial care, and care network. Record of meetings, reports, action plans and institutional projects documents were used. The results presented highlighted the challenges for (re)construction of care in Mental Health NHS in the political-institutional context changes observed in the structure of RAPS. In developing actions to meet the ministerial decrees had a broad discussion in the municipality which impact the commitments agreed with the different government levels. The reorganization of mental health care from the Municipal Health on-line comprehensive care of Volta Redonda led to the establishment of permanent working group of intersectoral composition to address issues related to health care in the general population or in its entirety either in specific groups such as children and adolescents, alcohol and drugs, people on the streets among others. The joints between the different points of attention of RAPS in the process of permanent construction with the logic of the territory and in each case as a mode of operation, with the tool of the Group Demand Analysis (GRUPO DE ANÁLISE DE DEMANDA - GAD) developed by the technical department of mental health and jointly carried out by primary care and mental health has demonstrated effectiveness in solving the health needs of the population.

Keyword: mental health, wholeness, network, health care
THE RELATIONSHIP BETWEEN PERCEIVED EXPRESSED EMOTION AND THE LEVELS OF PSYCHOPATHOLOGY IN TURKISH PSYCHIATRIC PATIENTS

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Objectives: High expressed emotion (EE) in caregivers has been proved an increased relapse rate in psychiatric disorders. The aim of this study was to examine the relationship between Perceived EE (PEE) of the psychiatric patients and the EE of their caregivers. Our second aim was to examine the relationship between the patients’ PEE and the level of psychopathology.

Methods: The study was conducted on 150 Axis-I psychiatric patients who were treated at psychiatry clinic and their caregivers in two centers. The patients filled the Perceived Expressed Emotion Scale (PEES) while the caregivers filled Expressed Emotion Scale (EES). The level of psychopathology is evaluated by Brief Symptom Inventory (BSI).

Results: We found a positive correlation between the caregivers’ EES scores and their patients’ PEES scores (p=0.001; r: 0.632). Scores for each subscale were organized in two groups: low and high, according to lower and upper quartile of the score distribution on PEES and EES. There were significant differences in ‘Interpersonal sensitivity’, ‘depression’, hostility, ‘paranoid ideation’ of BSI between High and low criticism-hostility components of PEES (p < 0.05). Patients with high criticism-hostility components of PEES had a significantly higher score. But, there were no significant differences in two subscale scores of BSI between high and low emotional over-involvement components of PEES.

Conclusion: Our results indicate there is a relationship between the level of psychopathology and criticism-hostility subscale of PEES in Turkish psychiatric inpatients.

References:
INTEGRATING MENTAL HEALTH IN PRIMARY CARE: MANAGER’S PERSPECTIVE FROM SÃO PAULO, BRAZIL

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Objectives: The integration of mental health (MH) in primary care (PC) is the main guarantee of access to good practices in MH. Although widely recommended for decades, there are few models of effective integration of MH in PC. In 2008 the Brazilian Ministry of Health created the Core of Support for the Family Health Strategy (NASF), to be the responsible for the integration of MH in PC. This study aims understanding the PC manager’s perspective about the integration of MH in PC, their visions about the NASF and their suggestions to improve this model of integrated care. Based on results we will present recommendations to improve NASF’s model of integration MH in PC.

Method: Qualitative research, exploratory and analytical descriptive study. We conducted 10 semi-structured interviews with PC managers, in the metropolitan region of Sao Paulo. We worked with the concept of intentional sampling, using as a criterion for choosing the extreme or deviant cases. We used the Framework Analysis methodological approach, a method of content analysis.

Results: The interviewees considered that there are more barriers than facilitators for the integration of MH in PC. The barriers and facilitators presented were related to the social context, organizational factors, and personal component of the PC staff. Managers’ shows not have clarity about how implement their ideas about integration of MH in PC and about the scope of the interventions of MH in PC. The NASF is still unable to promote the integrated care in managers perception.

Conclusions: The biggest difficulty is not to create a policy of integration of MH in PC, but its implementation. It is recommended to improve the NASF work process and to research about the nature and feasibility of matrix support in the context of PC.
DETERMINANTS OF MENTAL HEALTH SERVICE UTILIZATION
AND PROFILES OF SERVICE USERS

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Objectives: This presentation is aimed at assessing variables that determine mental health service utilization and profiles of service users.

Methods: The study is based on the Montreal (Canada) epidemiological catchment area study (258,000 persons). Among the 2434 people who took part in the survey, 406 (17%) had experienced at least one episode of any mental disorder, and 212 (52%) reported having used health service at least once in the twelve months before interview. Logistic regression using the Andersen model (1995), and cluster analysis were performed to assess determinants and profiles of service utilization.

Results: Six variables were associated with mental health service utilization (i.e. emotional problems, victims of violence, self-perception of mental health, income, gender, and age). The cluster analysis yielded four patient profiles, labeled: “Young females with anxiety disorders”, “Low-income young patients with multiple mental and dependence disorders”, “Middle-age wealthy females with depressive disorders”, and “Low-income young patients with dependence disorders”.

Conclusions: This study demonstrates: (1) a great heterogeneity among socio-demographic characteristics, number of disorders and number of health services used by respondents affected by mental or dependence disorders; (2) an underutilisation of mental health services in general, and particularly among young participants mostly affected by alcohol or drug dependence only; and (3) that needs factors were the most strongly associated with mental health service utilization, which is in line with previous studies. Strategies aimed at improving health service utilization and specialized programs targeting specific population should be more available (e.g. first psychosis clinics, harm reduction and motivational approaches).
THE GLOBAL MENTAL HEALTH ASSESSMENT TOOL - PRIMARY CARE VERSION (GMHAT/PC) TRAIN THE TRAINERS WORKSHOP

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Objectives:
The objective of the ‘Train the Trainers’ workshop is to enable health professionals to make a comprehensive and diagnostic mental health assessment at primary care and general health setting. The main theme is to train them so that they can train their staff and provide them a regular supervision.

Methods:
The training programme takes a whole day run by the University of Chester and Cheshire and Wirral Partnership NHS Foundation Trust. The program includes detailed presentation and outline of GMHAT/PC, Video presentation of clinical interviews. The program also includes hands on role play and use of GMHAT/PC interviews.

Results:
The training program is run on a regular basis at University of Chester. It has been carried out in India, Uganda and Kenya. These workshops were attended from 10-50 participants. The feedback from all participants was very positive. A number of organisations have taken GMHAT/PC as a part of their routine mental health assessment process.

Conclusions:
GMHAT/PC is an important aid to detect, diagnose mental illness in primary care and general health settings. Most frontline workers can be trained in one to two days.
WPA-0050  STAFF MEMBERS OF COMMUNITY SERVICES FOR PEOPLE WITH INTELLECTUAL DISABILITIES AND MENTAL ILLNESSES: VALUES, ATTITUDES, AND BURNOUT

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Purpose: The present study focused on the connections between the staff members’ value preferences, attitudes towards community living, and burnout.

Method: The study was conducted in Israel among staff members of community services for people with intellectual disabilities (n = 126) and mental illnesses (n = 96).

Results: A higher preference for the self-transcendence values and a lower preference for the self-enhancement values were associated with the staff members’ positive attitudes towards their clients’ empowerment, a higher sense of similarity, and a negative attitude towards exclusion. In addition, a higher preference for the self-transcendence values and a lower preference for the self-enhancement values were associated with a lower level of depersonalization and a higher sense of professional accomplishment. Finally, a more positive attitude towards empowerment, a higher sense of similarity, and a more negative attitude towards exclusion were associated with a lower level of burnout among the community services staff members.

Implications: Possible applications of the findings for staff selection and training are discussed.
Objective: To determine the diagnostic accuracy of three verbally asked questions test for screening for depression. Design: Observational and cross sectional criterion standard validation study. Applied by five Family Physician, of Havana City, Cuba.

Participants: 590 consecutive patients not taking antidepressant drugs and capable psychically. Main outcome measures: Sensitivity, specificity, and likelihood ratios of the three verbally questions compared with the Scale of Anxiety and Depression of Goldberg.

Results: The three screening questions showed a sensitivity and specificity of 99% (95% confidence interval, 98.08% to 99.88%) and 80% (76.56% to 83.20%), respectively. The likelihood ratio for a positive test was 4.92 and the likelihood ratio for a negative test was 0.01. Overall, 33.2% (196/590) of the patients screened positive for depression.

Conclusion: The results indicate that the survey with three verbally asked questions for screening for depression would detect most cases of depression in general practice, and offers an excellent sensibility and reasonable specificity. The questions have the advantage of brevity, that survey doesn't need previous training for its application. As treatment is more likely when doctors make the right diagnosis, these questions may have even greater utility in the clinical practice.
The present study investigates the social workers’ adherence to four main therapeutic orientations (TO): cognitive-behavior therapy (CBT), psychodynamic therapy (PDT), client-centered therapy (CCT), and eco-systemic therapy (EST). 528 SW living across Israel and working in various professional fields took part in the study. The results obtained indicated that CCT was the most preferable therapeutic modality among SW in Israel, followed by EST, PDT, and CBT. Older age was associated with a stronger adherence to PDT and a lesser adherence to EST. Male SW stronger adhered to PDT than females. SW who had the MSW or higher degree reported a stronger adherence to PDT compared to SW who had the BSW degree. The greater number of clients at a public place of work was associated with a lesser adherence to PDT and CCT. SW who had a private practice reported a stronger adherence to PDT and CCT and a lesser adherence to EST. Finally, SW who functioned as supervisors reported a stronger adherence to PDT and CCT. A stronger adherence to CBT was associated with a higher preference for the values of security and a lower preference for the values of self-direction, benevolence, and universalism. A stronger adherence to PDT was associated with a higher preference for the values of stimulation, hedonism, face saving, and security, and with a lower preference for the values of tradition, conformity, and humility. A stronger adherence to CCT was associated with a higher preference for the values of benevolence and universalism, and with a lower preference of the values of power and humility. A stronger adherence to EST was associated with a higher preference for the values of universalism and with a lower preference for the values of conformity and humility. The results’ implications for training and social work practice are discussed.
WPA-0194 GROUP INTERVENTION WITH THE ELDERLY: THE PSYCHOLOGIST AS AN INTERLOCUTOR IN THE AGEING PROCESS

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Objective: To share the experience of a support and guidance group for the elderly that deals with the frequent themes brought by this population a focus of the health actions in Brazil.

Method: 16 elderly, with age between 65 and 90 years, mostly female. The group went on for four months, each meeting lasted for 100 minutes and each group had from 6 to 8 participants. Results: The themes covered were the main complaints brought by this population group: the fear of being forgotten by family members; the general population’s not understanding the process; the physical limitations; recurrent thoughts on death; the impossibility of planning long-term life projects and the difficulty of the body’s response regarding certain lust stimuli. It was seen that the group worked as a support network strategy, increasing the emotional ability in dealing with the matters regarding this phase in life. The space for analysis and discussions in a mixed group provided greater sociability and emotion in the relations amongst members; socializing rules were discussed; and the reduction of treatment in the mental health area.

Conclusion: The group support worked as an interaction network for its members, and proved to be a safe space for the adequate conduction of aspects regarding ageing, such as a decrease in the objective ability to carry out certain tasks, death and loss of autonomy.

WPA-0196 MULTIPROFESSIONAL ORIENTATION AND INFORMATION GROUP FOR TEENAGERS IN THE COMMUNITY: EDUCATING WITH HEALTH

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Objective: To describe an informative group held with teenagers in a community in São Paulo, seeking prevention in the health care.

Method: The group is closed, takes place monthly, and has a psychologist, a hebiatric doctor, a social worker and a health community agent. It lasts for 04 hours of lessons, talks and expositions and is held in a juvenile public teaching institution. The main public is 7th and 8th grade students and the average age varies between 10 to 18 years. The topics covered were relevant to the teenagers' health, such as sexually transmitted diseases, pregnancy in adolescence, rights and duties of the teenagers, sexuality, drugs and profession/work market. The themes were chosen by the teenagers through a questionnaire done to find out which were the topics of greater interest.

Results: a greater integration between the community and the Basic Health Unit was seen, an increase in the teenage medical appointments and preventive exams and in the UnitÕs distribution of preservatives. There was a greater commitment of the teenagers towards medical treatment, greater possibility of discussing health issues. The young become health prevention multipliers amongst friends, family and the community.

Conclusion: one can say that the service has accomplished its role as mediator between health needs seeked by the population and the offer of satisfactory services for the users, when the health service makes this nearing approach and allows for dialogue amongst the users and the professionals involved.

WPA-0224 TRANSCRANIAL MAGNETIC STIMULATION MODULATES RESTING EEG FUNCTIONAL CONNECTIVITY IN DEPRESSION: A TMS-EEG STUDY
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Background and aims:
Brain imaging studies have provided further evidence that connectivity abnormalities are implicated in the pathophysiology of depression (Price and Drevets, 2010; Castrén, 2013). Transcranial magnetic stimulation (TMS) is a stimulation technique for changing brain activity and has been approved for treating depression in several countries (e.g., George et al., 2013). However, the effects of TMS on functional connectivity are still not clear. The aims of this study were to examine changes in resting functional connectivity in treatment-resistant depression before and after TMS treatment using high-density EEG.

Methods:
Patients with treatment-resistant depression received left prefrontal TMS at 120% MT with 10 Hz for a total of 3,000 pulses per day, 5 days per week. Resting EEG was recorded approximately 5 minutes at baseline and at week 4 respectively. To examine changes in resting EEG functional connectivity, the EEG data were analyzed using functional independent component analysis (fICA) with standardized low-resolution brain electromagnetic tomography (sLORETA, Pascual-Marqui, 2002).

Results:
Significant changes in resting EEG functional connectivity were observed in a network consisting of anti-correlated gamma activities between the left dorsolateral prefrontal cortex (DLPFC) and precuneus. There were no significant changes in other frequency bands.

Conclusions:
The findings obtained from this study using fICA suggest that TMS can modulate resting EEG functional connectivity, especially the fronto-parietal network, in depression, and raises the possibility that functional connectivity may be a potential therapeutic target in the treatment of depression using TMS.
**WPA-0193 EVALUATION OF SIMULTANEOUS CHILDREN AND PARENT GROUPS OF A BASIC HEALTH UNIT’S PSYCHOLOGY SERVICE**

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**Objective:** To cater for the demand for psychological assistance for children and deal with parents’ resistance in getting involved in their children’s psychological treatment. Complaints of unrest and indiscipline are the most common for assistance in children’s psychology.

**Method:** 10 male children with age between 07 and 11 years with complaints of ‘hyperactivity’ and indiscipline towards their parents. Intervention took place over 04 meetings in which the groups were divided in two rooms and happened simultaneously. The children’s group provided a playful environment, whereas the group with the parents provided a space for listening, comfort and guidance.

**Results:** There was the sharing of experiences regarding the children’s education in the parents’ group; a decrease in anxieties and insecurities and acceptance of less aggressive strategies when punishing the inadequate behaviour were noticed. There was also a change in the parents’ expectations regarding the children’s behaviour. In the children’s group, it was seen that the indiscipline and excitement were related to the need for attention or of expressing some aspects of the family dynamic.

**Conclusion:** This intervention model was the most successful in the Unit regarding group participation for families of children sent to psychological evaluation and treatment. Regarding the children, the group allowed for an evaluation of the initial complaints in a shorter period of time when compared to individual treatment and established conducts such as follow-up and release.

WPA-0195 ELDERLY GROUP: AGEING WITH HEALTH

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Objective: To present the development of an elderly group in a community in a São Paulo county, seeking prevention in health care through talks, playful activities and outings. The elderly are residents at the Vila Albertina community, Zona Norte do município de São Paulo.

Method: the group takes place at a Park, located near the Basic Health Unit (BHU) in São Paulo. The group is closed, takes place monthly, and has two psychologists and a social worker, and lasts 04 hours. The main public is the elderly and the average age varies from 60 to 75 years. Themes regarding the elderly’s health were covered, such as old age illnesses, how to prevent accidents at home and quality of life. Outings and walks also take place, stimulating physical activity as a prevention agent and stimulating these users’ autonomy.

Results: a greater integration between the community and the basic health unit was noticed, as well as an increase in the medical appointments and preventive tests of the elderly in the health unit. There was greater adherence to medical treatment and medication and more possibilities to discuss health issues.

Conclusion: the service fulfilled its mediator role between the health needs that the population seeks and the offer for satisfactory services for the users, keeping in mind that there are few options for this population.

WPA-0253  TERAPIA DE SOLUCIÓN DE PROBLEMAS EN PACIENTES CON DIABETES Y LA PRESENCIA DE SÍNTOMAS DEPRESIVOS, EN PRIMER NIVEL DE ATENCIÓN.

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Antecedentes: La Terapia de Solución de Problemas (TSP) es una intervención individual o grupal, que puede aplicarse en el primer nivel de atención. Existen estudios que muestran la importancia de enfatizar la presencia de enfermedades mentales asociadas a pacientes con diagnóstico de Diabetes Mellitus. Se ha señalado que la prevalencia de la depresión en adultos con diabetes es casi tres veces mayor que en individuos sin diabetes. El objetivo del estudio es el de evaluar la efectividad de la TSP en pacientes con síntomas ansiosos y depresivos que acuden con Diabetes y/o Hipertensión.

Metodología: Se estructura un estudio cuasi experimental y comparativo que incluya a todos los pacientes con diagnóstico de Diabetes Mellitus tipo II y/o Hipertensión arterial con malestar emocional (K - 10, ≥ 21); con seguimiento a los 2 y 6 meses. La TSP fue aplicada por los médicos de servicio social a quienes se capacitó.

Resultados: El 40% de los pacientes con Diabetes y/o Hipertensión Arterial, tienen síntomas de depresión y/o ansiedad, más de la mitad requieren dos y hasta 3 fármacos para el control de su enfermedad médica. Hasta el momento los pacientes con esta Intervención que asisten a la TSP, han mejorado los niveles de malestar psicológico (Kessler-10), sin embargo estamos midiendo todavía la efectividad de la TSP en los controles metabólicos.

Conclusiones: En virtud que se está en fase exploratoria, solo podemos concluir hasta el momento que los 48 pacientes a quienes se les aplicó la TSP, han mostrado mejoría en las puntaciones de malestar psicológico (K-10)
WPA-0259 FREQUENCY OF BIPOLAR SPECTRUM DISORDER AMONG PATIENTS WITH SUBSTANCE RELATED DISORDERS
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Introduction:
Bipolar and substance related disorders are comorbid in many patients. This comorbidity has negative effects on prognosis of each disorder. Detection and effective treatment of bipolar disorder in patients who are substance abuser or dependent can reduce the substance craving. Majority of researches have been evaluated bipolar type I disorder and bipolar spectrum disorders have been neglected except in a few researches.

Materials and methods:
In this study we assessed the frequency of bipolar spectrum in patients came to some of substance outpatients clinics in Tehran. For each patient who has not in the state of intoxication or withdrawal entered the survey. Bipolar spectrum disorders were assessed by using the MDQ.

Results:
Totally 196 patients meet the criteria to enter the study. According to MDQ, 59 (30.1%) patients were diagnosed as bipolar disorder spectrum disorder. The frequency was significantly higher in the young and polysubstance users. Also the polysubstance, benzodiazepine, stimulant, hallucinogen, use were significantly more prevalent among bipolar spectrum patients in compare to nonbipolars. In spite of these findings the rate of mood stabilizer prescription was low.

Discussion:
This study showed that bipolar spectrum disorders have high frequency among substance abusers /dependents. It seems that bipolar disorder is neglected in patients who are consumers of substance related disorders.

On the other hand missing bipolarity in them postpones an essential treatment and increase the possibility of inappropriate medications such as antidepressants.
WPA-0317 DEPRESSIVE AND ANXIETY DISORDERS IN MODERN STRATEGY OF CARDIOVASCULAR PREVENTION: INTERDISCIPLINARY PROBLEM IN REAL PRACTICE

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Objective: To assess significance of anxiety and depressive disorders in ischemic heart disease (IHD). Material and methods: 250 IHD patients (age 53.5±6.5 years) with anxiety and depressive disorders have been examined.

Results: Multifactorial analysis has identified the interrelationship of non-fatal myocardial infarction developed against the background of depressive episode in men having experienced a powerful psychosocial stress (bereavement) 4 months ago. In IHD patients, depressive disorders constituted 39% of cases (angina of functional class (FC) II * 32.3% of cases, FC III - 48%, progressing angina * 63.6%). In 23.5% of IHD patients, panic disorder with leading tanatophobic syndrome was revealed. In patients with depressive disorders as compared with IHD without depression we have observed more frequent cases of acute coronary syndrome (p=0.001), more severe FC (p=0.034), increased need for intake of nitrates (p=0.001), lower tolerance of physical load (p=0.04), decrease of fraction of left ventricle’s output (p=0.037), high rate of association with AH (p=0.0002). Cardiac rhythm disturbances (p=0.01), DM of type 2 (p=0.03), dislipidemia (p=0.0001) were found more frequently. IHD patients with depression were more frequently exposed to surgical revascularization of myocardium (p=0.0004), twice as frequently experienced a psychosocial stress (p=0.0001), 2.5 times as frequently became disabled (p=0.01), more than one third of them had not any social support (p=0.0001) and had low economic status (p=0.0001). Patients with anxiety and depressive disorders having experienced a psychosocial stress constitute a high cardiovascular risk group what should be taken into account during development of programs of therapy and prevention of IHD.
**WPA-0357 PSYCHIATRIC PROFILE OF USERS IN A MENTAL HEALTH CENTER IN MEXICO**

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**Objective:** Communicate the results of the retrospective, cross-sectional and comparative study of users of the first Community Mental Health Center (CECOSAM SSA) in Monterrey City, Mexico.

**Methods:** A total of 5813 clinical records were studied and the collected information determined the sociodemographic characteristics, reasons for consultation and mental health disorders that were diagnosed by psychiatrists using CIE-10 criteria (1).

**Results:** 55% were women, 90% had from 6 to 49 years, 58% were single, 29% married; 8% were Catholic; 47% from extended families, 41% of the traditional nuclear type; all from low and medium-low socioeconomic status. 7% were illiterate, 42% with primary education level, 30% in secondary, 41% are students, 29% engaged with household. In 35% the attention was requested by the parents and only 27% were referred by the general practitioner. In 39% the reason for consultation was for presenting anxiety or some depressive symptom, followed by 35% for any behavior problem and 15% for family violence. The main diagnoses were 32% for Mood Disorders (F30-F39), 28% for so-called Behavioral and Emotional Disorders onset usually in childhood and adolescence (F90-F98); 13% for neurotic disorders, secondary to stress situations and somatoform (F40-F49); with 9% the Family Violence was located (Y07); the 6% with Schizophrenia (F20-F29). In sixth place with 5% the group of Mental and Behavioral Disorders due to psychoactive substance consumption (F10-F19).

**Conclusions:** This study shows the user profile and the prevalence of mental disorders in a representative sample of the Mexican population that attends CECOSAM, and correlates with other prevalence studies in Mexico (2) and Spain (3, 4, 5) contributing to proper planning for the development of community mental health services in Latin American and Caribbean countries in the context of regional report of mental systems in Latin America and carribean of the WHO.OPS, 2013. (6) Bibliography Annexed.
Psychiatric Classification
INPUT AND OUTPUT FUNCTION OF BRAIN

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As in the spinal cord, the information is input to the dorsal part of the brain, and the reaction is output from the ventral part of the brain.

In the surface of the brain, the central sulcus divides brain into input part and output part. In the midsagittal surface of the brain, the cingulate sulcus represents the border of input part and output part. The cingulate sulcus is connected to the hypothalamic sulcus which is the border between thalamus and hypothalamus. The hypothalamic sulcus is connected to the sulcus limitans which is the border between input part and output part of the spinal cord.

That is, central sulcus, cingulate sulcus, hypothalamus sulcus, and sulcus limitans are one connected straight line. And this one line divides the central nerves system into the input part and the output part.

Continuity of these four lines is established by an event that the rostral end of neural tube is everted to form the cerebrum during development. The reason why the white matter and gray matter of the brain is reversed from those in the spinal cord is not because the nerve cells migrated during development, but is because the rostral end of the neural tube everted without being closed.

Mental disorders might occur due to impairment of input function, output function, and both function of the brain. The mental diseases that input is affected include developmental disability, hallucination, delusion, Levy body dementia. The mental diseases that output is affected include mood disorder, bipolar disorder, eating disorder, frontotemporal dementia. The mental diseases that both input and output is affected include schizophrenia, autism, mental retardation, Alzheimer’s disease.
BORDERLINE INTELLECTUAL FUNCTIONING: A COMPLEX PICTURE OF DEFICITS AND PROBLEMS IN NO MAN´S LAND

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Objectives: Borderline Intellectual Functioning (BIF) is conceptualized as the frontier between "normal" intellectual functioning and intellectual disability (ID). Its prevalence has not been quantified and its diagnosis has not yet been defined as BIF is not included in any of the major diagnostic and classification manuals. However mounting evidence suggest that persons with BIF could be in great need of specialized mental health and psychological services. The objective of this study is to probe the scope of the difficulties and functioning problems of this population.

Methods: We used the EDAD2008 National Disability Survey in Spain in order to identify subjects with BIF, mild ID and severe mental disorders (SMD). The survey included sociodemographical information, selected items of the International Classification of Functioning Disability and Health (ICF), level of difficulties, health indicators, services utilization. Individual difficulties, total number of difficulties by area and level of support needed were compared among the three groups using descriptive, Chi-square analysis, and analysis of variance.

Results: 122 persons were identified as having BIF, 431 had a diagnosis of mild ID and 1639 had a diagnosis of SMD. An important percentage of persons with BIF showed more than one functioning problem in different areas, furthermore there were no differences between mild ID and BIF in communication [md=0.176, P < 0.648]; learning [md=-0.061, P < 0.888]; and social relations [md=0.401, P < 0.141].

Conclusions: Number and types of difficulties presented by persons with BIF are very similar to those of mild ID and SMD. Further research is needed in order to dillucidate the prevalence of complex pictures of BIF that could be actually not sufficiently attended.
BORDERLINE PERSONALITY DISORDER: A RECONCEPTUALIZATION BASED ON UPDATED REVISION

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Through reviewing what is known about the nature, course, and heritability of borderline personality disorder (BPD), some authors have previously argued for a reconceptualization of this disorder that would lead to its placement on former Axis I of DSM-IV-TR. We propose a review of updated literature on core features of this disorder, and suggest future directions for research on this topic. Borderline personality disorder is a chronic and debilitating syndrome, characterized by severe functional impairment. Clinical features include intense and labile affect, irritability, inappropriate anger and paroxysmal rage, behavioral dyscontrol, transient paranoid ideation, unstable interpersonal relationships, and an unstable sense of self. Overall, the results of longitudinal studies of BPD suggest that stability over the longer term is less than what standard general definitions of personality disorders would appear to require. Neuroimaging studies tend to support the assumption of a dysfunctional frontolimbic network in BPD; and neurocognitive studies suggest that BPD patients perform more poorly than healthy comparison groups in multiple neurocognitive domains. The last conclude for visuoconstructive disability, affective dysregulation, and nonverbal executive function deficits that may reflect dysfunction of frontotemporal regions, in consistency with neuroimaging studies. Recent findings appear to show that former conceptualization lead to misconceptions about BPD that might have contributed to misunderstanding and stigmatization of the disease. Although much has been learnt about BPD further research is needed for a deeper understanding of the neurobiology of the disease and its relation with personality functioning. Latest findings raise questions on how to conceptualize this disorder in future taxonomy, being a pathology that is both enduring and distinct from other personality disorders.
OLFACTORY REFERENCE SYNDROME: AN UPDATED REVISION

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Objectives: The Olfactory Reference Syndrome (ORS) is a clinical condition in which patients are convinced that they exude an unpleasant odour that is noticed by others. It was described for the first time in 1891, but became relevant in the nosology with Phillips in 1971. Since then discussion remains about diagnostic framework of this clinical entity. The authors intend to review clinical features, nosological framework and response to treatment of the ORS.

Methods: Review of literature collected from online medical databases under the keywords “olfactory reference syndrome”, “delusion of bromosis”, “delusional disorder somatic type”.

Results: The literature on the ORS consists mainly of case reports, and there are few controlled studies and systematic reviews. It was found that in most cases the complaints relate to a typical body odour, more often faecal, genital or halitosis. These beliefs range from overvalued ideas to delusions with strong conviction and they are usually accompanied by ideas of self-reference. Olfactive hallucinations are not always present. The disturbance has high social, family and work impact. The response to treatment is variable and it was observed at different rates with antipsychotics, antidepressants and psychotherapy.

Conclusion: ORS was proposed for integration in DSM-5 as an independent entity, but was not so defined, remaining as a disorder whose characteristics overlap other diagnoses, including delusional disorder and also disorders from the obsessive-compulsive spectrum and social anxiety, given the variability of morbid consciousness. Controversy remains as if it should be categorized separately from other disorders. We also discuss the possible relationship of the ORS with symptoms of olfactory expression in other psychiatric disorders. The ORS deserves the attention of psychiatrists since it brings great suffering for the patient, as well as high demand for non-psychiatric care and the consequent delay in diagnosis and treatment.
Psychiatry Education and Training
DETECCIÓN DE OPORTUNIDADES DE MEJORA FORMATIVA EN ESPECIALISTAS INTERNOS RESIDENTES

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Objetivo: Principal: Evaluar la satisfacción docente de especialistas internos residentes (EIR) a través de cuestionarios específicos. Específico: Detectar oportunidades de mejora en la formación EIR.


Resultados: La valoración global fue considerada excelente en el 44,7%, adecuada en el 51,2% y deficiente en el 3,7% de los casos. Se detectaron 7 ítems mejorables: sesiones de morbimortalidad (< 1/mes en el 54,4%), participación de la unidad en sesiones (escasa 42,9%), formación asistencial (deficiente 3,2%), formación docente (deficiente 4,1%), formación investigadora (deficiente 30%), formación ética (deficiente 6%) y satisfacción con el tutor (deficiente 2,3%). Se alcanzaron porcentajes de satisfacción superiores al 80% en los ítems: preocupación del servicio por la formación, dedicación del tutor, sesiones/seminarios, supervisión asistencial, control de responsabilidad y valoración global del servicio.

Conclusiones: La satisfacción global de los EIR fue satisfactoria en la mayoría de los casos, detectándose oportunidades de mejora en 7 de 15 ítems si bien los requisitos para ítem mejorable fueron muy exigentes. La evaluación continua de la satisfacción docente es una herramienta que permite detectar carencias formativas y áreas de mejora, debiendo implantarse sistemáticamente.
LEADERSHIP AND COMMUNICATION SKILLS IN PHYSICIANS
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Objectives: In today’s medical environment, communication failures are being implicated as the key factor in affecting patient safety and avoiding preventable injury, disability, or death. Such failures are more common during patient hand-overs between care providers. Evidence suggests that improving physicians’ communication and leadership skills can drastically improve overall patient outcomes as well as working relationships among healthcare personnel, especially in hospitals and medical schools. In particular, consultation-liaison psychiatrists exhibit leadership in managing communication between patients and medical teams.

Method: We performed a literature search in PubMed using the keywords “physician, communication, and leadership” and “physician and MBA (Master of Business Administration)” in an effort to identify and define critical physician communication and leadership skills. We also searched Google to account for the proliferation of valid e-publications that may not appear elsewhere.

Results: We originally identified 980 articles/resources, then culled those to 153 items, ranked according to relevance. All 153 articles emphasize the importance of leadership and communication skills in physicians; specifically the physician leader requires personal and people management skills, administrative/business skills, and clinical skills. Necessary physician communication skills include active listening, effective nonverbal communication skills, an awareness of individual automatic communication habits (style), using clear language without medical jargon, and involving patients in decision-making. Leaders, who manage well themselves as well as interpersonal conflicts, facilitate better organizational relations. The articles also offer evidence of a burgeoning interest within medical schools and residency programs for a communication/leadership track within a management/business component for physician education.

Conclusion: Leadership and communication skills are essential in physicians. Consequently, the medical field should prioritize communication and leadership training from the ground up. Given their expertise in personal/people skills and conflict management, psychiatrists are well positioned both to prompt and to sustain a dialogue regarding medical communication and leadership skills. More research is warranted.
ATTITUDE TO AND KNOWLEDGE ABOUT TATTOO AND TATTOOED PEOPLE AMONG STUDENTS OF MEDICINE

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Objectives: To verify how appears the knowledge of future physicians concerning the practice of the tattoo, its medical aspects and removing, and what is their attitude to tattooed people.

Methods: The author's survey (self-evaluation questionnaire) exploring different aspects of the practice of tattooing and knowledge about this range.

Results: Future doctors have little knowledge about tattoos and their removing methods. The perception of tattooed people most often is based on stereotypes, even though more than half of the respondents had tattooed people among friends or family members and they declare their attitude towards tattooing to be positive or neutral. As the most common reasons why people decide to perform a tattoo respondents indicated a desire to stand out, decorating body and the commemoration of an event/place/person. In turn, traits typical of tattooed people mentioned by respondents are vigor and risky behaviors.

Conclusion: The phenomenon of tattoo nowadays is increasing. Future doctors should have knowledge not only about the risks that come with this practice, but also should be able to provide reliable information to patients who consider having a tattoo. Even more important seems to be the change of the stereotypical perception of tattooed people that may affect the treatment provided by medical personnel.
MEDICAL STUDENTS AND PATIENTS WITH MENTAL HEALTH ILLNESS: DOES TEACHING MODIFIES THE ATTITUDE?
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Introduction: Healthcare professionals stigma towards people with mental illness determines in many occasions the quality of the care given to them. Medical students can also show this kind of negative attitudes. Their attitudes are important because they will become, in the future, the leaders and supervisors of healthcare teams.

Objective: To assess the attitude of medical students towards people with mental illness and to determine if the knowledge of the specialty produces a change in the disposition towards this kind of patients.

Method: This was measured with a questionnaire of 16 questions adapted from the Mental Illness: Clinicians Attitudes (MICA) Scale in its medical student version, developed by Kassam et al. The questionnaire was applied to fifth year medical students from Universidad Mayor of Chile, before their annual psychiatry course and after this was finished.

Results: There is no statistically significant decrease in the presence of stigmatizing prejudices in the studied group.

Conclusions: these results can be attributed to a small size of the students sample, leading to a type 2 error, and also to the use of unpaired data.
IN RELATION TO A THERAPEUTIC RELATIONAL GROUP FOR MENTAL HEALTHCARE RESIDENTS: VALUATION OF AN EXPERIENCE.
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Objectives.
The main target of our study is to describe the group formative space whose mission is to improve the therapeutic relational capacities and the handling of anxieties of the future therapist. As secondary targets we raise to observe the global and specific satisfaction generated in students and their opinion about their improvement in their professional capability.

Methods.
Into a weekly teaching space destined to psychiatry, psychology and mental healthcare nursing residents, we constituted a training dynamic space based in reflective groups balint-type. The space take one hour and a half and it is made in six sessions every academic course. It is conduced for two psychiatrists and they promote confidence framing and they stimulate reflection and elaboration. The contents are experiential through situation-cases exposition. Although the space is made since about 10 years ago, it will be made a valuation of the last four years, when they were used the described tools: two questionnaires of self-registration made for drivers and implemented for residents at the end of academic course. The first one is open response taking into account variants as: adaptation to resident needings, application in their therapeutic role, emotion elaboration and capabilities empowerment. The second one is a graduated response scale which takes into account satisfaction variables of the formative space (capability, management, teachings, reproducibility). It will be made qualitative and quantitative analysis of variables using techniques of qualitative and descriptive statistical analysis, as well as a study of correlation between satisfaction variables of gradient scale and open response questionnaire variables.

Results and Conclusions.
They will be submitted at the end of the study.
PERCEIVED STRESS AND COPING STRATEGIES AMONG JORDANIAN NURSING STUDENTS DURING CLINICAL PRACTICE IN PSYCHIATRIC/MENTAL HEALTH COURSE
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Objective: The main objective of this study was to identify the degrees of stress, types of stressors, and type of coping strategies that are perceived by undergraduate nursing students during their clinical practice in Psychiatric Mental Health Nursing (PMHN) course.

Method: A descriptive, correlational, longitudinal design was used. Sixty-Five undergraduate nursing students registered at PMHN clinical course were recruited from five universities situated in the middle part of Jordan. The sample was recruited using a systematic random sampling method. Data collection was conducted through the second semester of the 2012/2013 academic year at two points of time: at pre- PMHN clinical training and at post PMHN clinical training. The Basic Information Questionnaire, Perceived Stress Scale, and Coping Behavior Inventory were administered.

Results: The results illustrated that the highest reported types of stressors at the both data collection times were stresses from: taking care of patients, teachers and nursing staff, and from assignments and workload. The students in the pre- PMHN clinical training reported more stress than in post - PMHN clinical training. The most utilized coping strategy at both data collection times was problem solving.

Conclusions: The findings of this study present worthy data for clinical educators in identifying nursing students' stressors, easing their learning in the clinical setting, and establishing an efficient PMHN course program. Equipping the students with essential clinical knowledge and skills concerning the nursing care of patients with psychiatric illnesses, reviewing the clinical PMHN curricula requirements, and preparing all professionals involved in training the nursing students adequately (including nursing staff and clinical teachers) are imperative issues that may help the students in dealing with the clinical stressors effectively. Additional research is needed to explore the perception of clinical instructors and preceptors regarding the stressors faced by nursing students during the PMHN clinical training.
CORRELATES OF STRESS AND COPING AMONG JORDANIAN NURSING STUDENTS DURING CLINICAL PRACTICE IN PSYCHIATRIC/MENTAL HEALTH COURSE

A. Alzayyat, E. Al-Gamal

1. The University of Jordan, Amman, Jordan

Objective: The objective of this study was to examine the correlations between the students’ characteristics, their stress degrees, stressors, and types of coping strategies they experience during training in Psychiatric Mental Health (PMHN) course.

Method: A descriptive, correlational, longitudinal design was used. Sixty-Five undergraduate nursing students registered at PMHN clinical course were recruited from five universities situated in the middle part of Jordan. The sample was recruited using a systematic random sampling method. Data collection was conducted through the second semester of the 2012/2013 academic year at two points of time: at pre- PMHN clinical training and at post PMHN clinical training. The Basic Information Questionnaire, Perceived Stress Scale, and Coping Behavior Inventory were administered.

Results: The results showed that students who utilized avoidance or transference strategies reported high stress degrees. Moreover, the results showed that those students who were in a fourth year, with a low family income, did not extracurricular activities, with a low academic grade, or registered in other clinical course(s) reported high stress degrees.

Conclusions: This study contributes to advance knowledge of stress and coping among nursing students during their PMHN clinical training. The nursing teachers should discourage their students using of avoidance and transference coping strategies as they have negative effects on the students stress degrees. Furthermore, special caring measures should be taken for those nursing students who are at risk of having high clinical stress degrees. Such measures may include paying more attention to the performance of fourth year nursing students and guiding them to deal with clinical stress properly, offering financial assistance for students with the low socio-economic status, and encouraging the nursing students to engaging with extracurricular activities. This study could benefit future research.
360-DEGREE EVALUATION IN PSYCHIATRY TRAINING IN SPAIN
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Objectives
The Bologna Declaration launched in Europe changed the educational approach to a more competencies-based model which will be necessary mirrored in postgraduate education. Recognition of skills development is crucial in the field of medical education, and more especially in psychiatry because of its emphasis on communication, interpersonal skills, and relationship building. “360-degree evaluation” has become a recognized method of assessing medical professional’s competence. The aim of the present review was to investigate the validity of “360-degree evaluation” in psychiatry training in Spain.

Methods
We conducted a systematic review using PubMed database, combining the terms "360-evaluation degree" and "multisource feedback" with "training psychiatrist" and "postgraduate program".

Results
We did not find any article relating to the use of “360-degree evaluation” in psychiatry training in Spain. However “360-degree evaluation” has been shown to be a reliable, valid and feasible evaluation method. Moreover it is an effective method for providing feedback to residents about their professionalism and interpersonal and communication skills and it plays an important role in making trainees aware of how their performance is perceived and provides a more comprehensive evaluation.

Conclusions
“360-degree evaluation” is a useful evaluation method in training programs in psychiatry and it should be implemented as a complementary tool in Spain.

References
“TO IMPROVE IS TO CHANGE; TO BE PERFECT IS TO CHANGE OFTEN” - WINSTON CHURCHILL

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Introduction

Continuous change is essential in a modern health service. Rapid developments in psychiatry make the area of change leadership particularly relevant to this specialty. Up to 70% of change initiatives fail, rendering careful planning and execution of a change strategy even more important.

Aims

The current global movement toward medical leadership can be facilitated by involving doctors at all levels with change management. This poster describes and critically compares two commonly used change models in healthcare. It also examines common responses to change in order to prepare leaders of healthcare change for the expected stages.

Models for Change

Lewin’s 3-step model is one of the most widely used models of change. It involves unfreezing (preparation for change), the change itself, and refreezing (making the change permanent). One reason for its popularity is its simplicity, but this risks slowing change. In addition, the refreezing phase ignores that healthcare, particularly psychiatry, is in a constant state of flux.

Kotter’s 8-step model begins with establishing a sense of urgency and emphasises a vision for change, with communication of this vision and empowerment of others to act upon it. The importance of short-term wins and ultimately institutionalising the change is emphasised. A more dynamic model, Kotter encourages a culture where constantly evolving change is nurtured and celebrated.

Human Response to Change

The Kübler-Ross change curve is a model many psychiatrists will find familiar given its adaptation from Elizabeth Kübler-Ross’ stages of grief. The model can predict response to a proposed change initiative and is a useful tool when managing individual or team change.

Conclusion

Change is inevitable, and managing change is a core leadership competency for doctors. The models described can be used to plan and lead service change initiatives, in addition to understanding the psychological responses to change characteristic of human beings.
IPAD AS A LEARNING TOOL IN PSYCHIATRY
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Objectives
Due to rise in student numbers and critical student evaluations, students are introduced to use iPad as a learning tool as a part of their training during their 5 weeks placement in psychiatry. The aim is to investigate if iPads can reinforce situated learning and the model of cognitive apprenticeship hence improve the students understanding of the specialty, their competence in the mental examination as well as their attitudes towards the psychiatric specialty.

Methods
6 groups of students are, at the beginning of their placement in psychiatry, given an iPad and instructed to use the iPad to film consultations with patients and later use the video to illustrate points at supervision sessions with a doctor. Doctors are participating in a workshop to learn how to give feedback when using videos. Within a year about 84 students should have been given an iPad and 15 doctors should have been involved giving feedback to the students’ videos.

Qualitative methods are used to investigate how iPads work as a learning tool and how students think about the psychiatric specialty. This by group interviews with the students. Data analysis is based on the theory of situated learning and the model of cognitive apprenticeship. Quantitative methods used to investigate the students overall attitude to the clinical training and their attitude towards psychiatric specialty. This is assessed by web-based questionnaires and includes all the involved students (about 70). All doctors at the clinical setting will be asked to fill-in a web-based questionnaire about their view about the specialty.

Results
Final results will be in June 2014.

Conclusions
Results from the study are expected to bring new knowledge about iPads as a learning tool and to challenge the theory of situated learning and the model of cognitive apprenticeship.
IMPACT OF BELIEF IN JINNIE AND BLACK MAGIC IN PSYCHIATRIC PATIENTS
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Meraj Quadri, Mental Health Center, Aurangabad, India

Objectives:
1) Study the concept of Jinnie and Black Magic in psychiatric patients.
2) To observe the impact of belief on Jinnie and Black Magic on treatment and prognosis of psychiatric illness.
3) To study the different methods used by faith healers (to treat psychiatric disorders).
4) Compare different diagnostic categories of faith healers & ICD-10.

Sample size: 100 Psychiatric Patients and their relatives attending psychiatric nursing.

Method: Structured interview focusing on
1) Beliefs on Jinnie and Black Magic in the light of different Religious teachings.
2) Awareness about psychiatric illnesses.
3) Methods used by faith healers to treat psychiatric patients.
4) Beliefs on faith healers.
5) Treatment outcome in patients treated by faith healers.

Conclusions & Result:
1) In our sample 100% relatives of Psychiatric patients believe that the patient is suffering from black magic or possessed by Jinnie.
2) This idea is reinforced by faith healers and culture, as their family believes that it is a religious concept, they resist treatment.
3) Most of the methods used by faith healers did not have any religious basis (specially in Islam).
4) The concept of Jinnie and Black Magic is not advocated by religion in causation of these illnesses.
5) There is a huge need of awareness about mental illness and education about misconceptions worldwide along with proper religious teachings.
6) There is a need to work with religious leaders for making them aware about mental illness.
THE IMPORTANCE OF CLINICIAN THERAPEUTIC OPTIMISM IN TREATMENT OF MENTAL HEALTH DISORDERS

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Objectives: Science has focused on types of treatments and their differential effects in achieving treatment outcomes¹. However, there is a growing body of evidence to support the investigation of clinician factors and how they affect the treatment outcomes of patients²,³,⁴,⁵. The aim of the presented study was assess and analysis clinician therapeutic optimism in treatment of mental health disorders.

Methods: To assess therapeutic optimism we used the Elsom Therapeutic Optimism Scale (ETOS), which was designed to provide a reliable means of measuring mental health clinician optimism. The ETOS consists of 10 items to which respondents rate their agreement on a 5-point Likert scale ranging from strongly disagree to strongly agree.

Results: A convenience sample composed of forty five mental health clinician working in a variety of settings is being collected. The results demonstrate that the most of clinicians (n=45; agree 64.4%; strongly agree, 26.7%) believe that have the capacity to positively influence outcomes for people with mental disorders, can help a lot of number of people of mental illness (n=45; agree, 77.8%) and the majority of patients benefit from their intervention (n=45; agree 64.4%; strongly agree, 22.2%). We have applied additional measures to assess adherences strategies and medication beliefs.

Conclusion: Future research should assess the utility of the ETOS for predicting treatment outcomes. If clinician optimism does in fact have a predictive relationship with treatment outcomes, the assessment of clinician optimism using measures such as the ETOS will enable services to identify and rectify the effects of negative clinician beliefs on patient outcomes³.

References:
UNDERSTANDING HOW CLINICAL-PATIENT COMMUNICATION AFFECT TREATMENT ADHERENCE IN SCHIZOPHRENIA

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Objectives: Considerable evidence shows that a patient who is involved in determining the treatment approach is most likely to comply with treatment1,2,3. The aim of this study was to identify until point the clinicians talk about the neuroleptic medication (NM) and assess patients' beliefs about treatment.

Methods: In this cross-sectional study we use a convenience sample of patients with schizophrenia attending in the mental health departments of three general hospitals in Lisbon great area. Data is being collected through individual interviews. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and attitudes towards medication.

Results: Thirty eight subjects with schizophrenia met the inclusion criteria and were interviewed. Variables of interest focused on experience of communication between doctor and patient about medication side effects, therapeutic alliance, treatment adherence and beliefs about medicines. 71% of patients reported that doctors did not talk about how to deal with sides effects of medication and 65% think that neuroleptic drugs have more side effects compared to other drugs. 55.3% of patients think that if the clinicians had more time with patients, prescribing fewer drugs.

Conclusion: The clinical-patient communication is one of most important factors in rehabilitation outcome4. For this reason, it is important for the patient that the doctor clarifies all your doubts and beliefs about NM in order to promote recovery. The clinical-patient communication can help the patient to identify and manage any side effects5 and contribute to the development of effective strategies to prevent relapses6. Results suggest that forming a strong clinical-patient communication may enhance rehabilitation among persons with schizophrenia.

References:
MEDICAL EDUCATION. MENTAL HEALTH CARE: FROM THE
CORE CURRICULUM OF "PSICHIATRY" IN MEDICINE
CAREER
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The WPA (World Psychiatric Association) and WFME (World Federation of Medical Education) have collaborated to define the Core Curriculum in Psychiatry, future physicians for Mental Health and identifying and addressing diseases mental. The WCME (World Conference on Medical Education, Edinburgh, 1988) has established in the N°3 principle that curriculum should be sustained in prevention and health promotion.

Objective
Inquire about teaching Care Mental Health in undergraduate medical education.

Methodology
1. Literature review : standards, recommendations, statements and specific jobs.
3. Field research : Surveys, interviews with senior students and graduates of the Faculty of Medicine, UNLP.

Results
The curricular areas of psychiatry are less than recommended and they do not start at the beginning of the training activities.
Students spend less study hours than other equivalent curricular areas.
The contents of the core programs are not placed in the health care and prevention.
Medical graduates lately reported a better assessment of the content received during courses of Psychiatry.

Conclusions
The curricula implemented in the last decade are approaching the recommended criteria. But in practice teaching is not fully achieved.
Despite the time elapsed since the recommendations in teaching Care Mental Health, these are not fully developed in the formation of physician.
IMPROVING PATIENT CARE BY AMELIORATING HANDOVER ON A PSYCHIATRY INPATIENT UNIT: A MIXED METHODS ASSESSMENT OF PHYSICIAN ATTITUDES

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Objectives:
Patient care and safety is influenced by physician-to-physician handover on acute inpatient units. While the handover process has been extensively investigated within multiple settings, there is a distinct paucity of literature examining the role of exchange of patient care information in the acute psychiatric setting. The authors will examine current handover procedures in a single tertiary care setting, capture attitudes towards current practices, and implement policy based on feedback.

Methods:
1) Process Analysis: Psychiatry residents and psychiatrists at one tertiary care teaching facility involved in care provision on the acute psychiatry inpatient units were asked to document their current handover practice.
2) Survey: Participants were asked to complete a survey assessing attitudes towards current handover practices, with this data informing a pilot trial of standardized handover.
3) Focus Group: After a trial period, participants were invited to attend a focus group to discuss their experiences with this updated approach for discussion of anticipated barriers to implementation, along with provision of the opportunity to develop hypothetical solutions.

Results:
Process analysis determined that without a structured handover policy, transfer of patient information took place informally and varied greatly among individuals. A need for a more explicit policy was identified, with multiple anticipated barriers including feasibility of time and access to handover resources.

Conclusions:
Future directions include ongoing multimodal analyses of quality assurance to inform continuing revision to the current handover policy.
THE REFORM OF PSYCHIATRY CARE IN BRAZIL AND THE CHANGE IN THE MEDICAL RESIDENCY

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Objectives: To access the process of the Reform of Psychiatric Care in Brazil and how this movement has influenced the Medical Residence Programs in Psychiatry in the country.

Methods: Through a literature review and the evaluation of the recent and the traditional Medical Residency Programs in the city of Belo Horizonte – Minas Gerais, it is possible to perceive the influence of the Reform of Psychiatric Care on the contemporary Psychiatry Education.

Results: The change in the Psychiatric Treatments in Brazil started in the second half of XX century, with the implementation of the Therapeutic Communities and the Community Psychiatry, which proposed a resocialization of the patient, instead of his isolation. From the ending of the 1980 decade to the present days, the country has watched a progressive change in the asylum displays, with legislative and public health changes, that led to lesser investments in Psychiatric Hospitals and raised the government spending in a way of mental health assistance that is more longitudinal, humanized and focused on the community. That reflected in the Psychiatry Residency Programs, which main work fields are no longer the asylums, but the Psychosocial Assistance Centers (CAPS) – include in its Alcohol and Drugs and Juvenile strands –, the Health Centers, Social Centers, Psychiatric Emergency Service, Program Judicial Judiciary Patient Care, Art in Health and approach the people on the streets and homeless for the Offices of Street, leading the residents to develop a new vision over a Psychiatric Practice that encompasses the community and the prevention.

Conclusion: The Reform of Psychiatric Care in Brazil leads to the restructuring of the medical residency programmes, which have new fields of practice and a new way of attention to the mental health patients.
THE RELATION BETWEEN CAREER SATISFACTION IN PSYCHIATRY WITH SCIENTIFIC ACTIVITY AND LIFELONG LEARNING

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Objectives
Our study had two aims. The first is to evaluate the association between career satisfaction in psychiatry, LLL, and involvement in scholarly and scientific activities taking into account other personal and professional effects.

Methods
An online survey was sent to 453 Portuguese psychiatrists, members of the Portuguese Society of Psychiatry and Mental Health.

The overall satisfaction with a career in psychiatry was measured with a single question using a 10 point Likert scale.

To assess the level of physician’s LLL we used the Jefferson Scale of Physician Lifelong Learning (JSPLL).

Results
A total of 190 (41.9%) were completed online and validated. The male to female ratio was 46.8% and 53.2% respectively.

Using the Hojat’s criteria for career satisfaction we found that 73 participants (38.4%) were in the Less Satisfied group; 58 (30.5%) were in the Moderately Satisfied group; and 59 (31.1%) were in the Very Satisfied group.

JSPLL analysis revealed that a greater career satisfaction was associated with higher motivation and investment in LLL. Furthermore, the more satisfied participants showed a higher scientific activity in the last year.

Multiple linear regression with these two effects in the model revealed a positive association between career satisfaction in psychiatry, LLL and the publication of scientific papers.

Conclusions
Our main conclusion is that satisfaction with a career in psychiatry has a positive and significant correlation with LLL and with involvement in scientific activities.

References
SENSITIVE KNOWLEDGE IN MENTAL HEALTH: THE EXPERIENCE OF NURSING FACULTY OF UERJ, RJ, BRAZIL


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This descriptive study originates from an experience report submitted by teachers and recovering the subarea Promoting Mental Health, Faculty of Nursing at the State University of Rio de Janeiro. Using different data sources: documents, interviews with key informants and participant observation was possible to verify that the contents of this subarea are developed in eight of the total 10 periods of Undergraduate course in an integrated manner other subareas within each period. The integrated curriculum was collectively built and deployed in 1996, is based on the Critical Theory of Education and uses a problem-based pedagogy in which part of the student's knowledge on the various issues and link them to theory allowing the critical knowledge, looking develop your sensitivity and empathy in order to strengthen him in his role as caregivers of clients in different parts of health care, with the supply of resources considered as tools for care as the very development of empathy, workshops using different resources, participation in the construction of natural therapeutic project in intersectoral coordination. As well as allowing the nurse, wherever act, meet people full decoupling needs no formal mental health. The evaluation of this subarea has proven to be updated proposal because it meets the recommendations of current public political proposed by the Ministry of Health which qualifies the teaching / learning process UERJ of Nursing.

Keywords: curriculum, teaching nursing, graduate nursing, mental health
CONTINUOUS EDUCATION IN PSYCHOSOCIAL CARE NETWORK OF THE CITY OF ROUND TRIP

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In the last three decades the Brazilian psychiatric care has undergone a series of transformations due to changes in society and mental health policies developed by the Ministry of Health in this context arises the search for new paradigms observed in studies in the form of review and reflection on the daily practice and teaching in the area of mental health, arguing process itself psychiatric Reform, historical and social significance of closing large asylums and the importance of social reintegration of institutionalized psychiatric clients, as well as offering devices that allow the service health needs of the population. This study aimed to provide the experience of the technical area of Mental Health Education in the permanent workers as a strategic action that aims to contribute to transform and classify the mental health practices in different health services that comprise Network for Psychosocial Care (REDE DE ATENÇÃO PSICOSSOCIAL - RAPS) in Volta Redonda. The process of lifelong education was conducted in order to promote the organization of activities and services, able to articulate individual and institutional development in line to turn the work involved in inter sectoral practice. In this work experience to qualify the network was focusing on the practical everyday problems of health teams generating commitments among workers, managers and social control in the reaffirmation of the principles of psychiatric reform and the consolidation of Unified Health System (SISTEMA ÚNICO DE SAÚDE - SUS).

Keyword: mental health, continuing education, psychosocial care network
EWTD THREE YEARS POST-IMPLEMENTATION: HAS IT LIVED UP TO ITS PROMISE?

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Objectives
EWTD 2009 and reducing working time of junior doctors, has been an important milestone for the NHS, with the expectation of improving “patient safety”, “trainees’ wellbeing”, “education and training” and in essence providing a better service. Oxford Deanery training posts have been compliant with EWTD since 2009. This study was conducted to appraise the views of trainees and trainers about the impact of EWTD in achieving above objectives.

Methods
The study was conducted in two stages. The first stage (2009) was a qualitative survey of trainees and trainers in the Deanery on positives and negatives of EWTD to identify the important areas. Based on the findings, a semi-structured questionnaire was designed. 20 trainers (Consultant) and 19 trainees (junior doctors) were randomly selected to take part in the study.

Results
About 70% of trainees and trainers were aware of EWTD objectives. 90% of trainers and 30% of trainees believe that introduction of EWTD has been a negative development. Compared to 42% of trainees, 80% of trainers believe that EWTD has not improved the “quality of care” and had a negative effect on “doctor-patient alliance” and “continuity of care”. Whilst a weak majority of trainees (53%) believe the “quality of training” has not been compromised by introduction of EWTD, 84% of trainers believe otherwise. Less “hands on experience” and “some doctors’ role being given to other professionals” have been the most commonly stated negative impact of EWTD on quality of doctors’ training.

The only positive effect of EWTD from both trainees and trainers’ point of view has been “more balanced life style and less burnout” for junior doctors. A significant number of trainers believe this has been at the cost of increasing the Consultant workload (85%) and burnout (35%).

Conclusions
Strikingly enough trainers hold a very negative opinion about the implementation of EWTD whilst trainees have a more balanced view between its cons and pros. It is possible that in light of the experience Consultants had of working prior to introduction of EWTD, they were in a better position to compare the two scenarios. However their view might be biased as result of their perceived negative view on their workload and burnout. The findings of our study suggest that probably EWTD has not been fully successful in achieving all of its objectives. We believe further studies with objective indicators of patients’ safety, quality of training and quality of care (e.g. number of untoward incidents involving junior doctors before and after introduction of EWTD) would help clarify the wider impact of EWTD. We suggest further studies to disentangle different elements of EWTD (e.g. “not working 7 consecutive days”, “Not working more than 13 hours a day” and “not working more than 48 hours a week”) and their impact on the stated objectives, would be a better way of appraising its benefits as a whole. It would provide relevant information to start the debate on revising or amending aspects of EWTD in UK for the future.
CBT BY PSYCHIATRY TRAINEES- CAN A LITTLE KNOWLEDGE BE A GOOD THING?

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Objectives:
There is little research on the competency of psychiatry trainees to actually deliver CBT to patients. Yet it has gained increasing prominence in mental health services. We hypothesised that Psychiatry trainees can perform competently as CBT therapists if well supervised and allocated uncomplicated cases. This study took place in a National Psychiatric Hospital in Ireland with a well developed psychotherapy service.

Our aims were (I) To retrospectively review all available structured supervisor reports for trainees who delivered CBT to patients for the first time. (II) To investigate if a ‘gold standard’ tool for assessing CBT-competency- the revised-Cognitive Therapy Scale (CTS-R), where completed, supported the supervisors’ structured reports.

Methods:
Following the completion of therapy, supervisors complete a structured report rating trainees using a simple likert-scale incorporated from the CTS-R. A result of ≥3 for each item indicates competence. For the CTS-R, an overall result ≥36/72 establishes competency in that assessment. Following ethical approval, we reviewed all available structured supervisors’ reports, and CTS-R rating scales from an 8.5 year period. We analyzed our findings using SPSS.

Results:
55 trainees treated a patient using CBT (55% male, mean [range] age 31 years [25.1-42.8]). All were psychiatry trainees pre-membership (MRCPsych) with no previous CBT-delivery experience. Trainees spent a mean (SD) of 15 months (8.2) in psychiatry training. The mean result for 52 (100%) trainees was found to be at or above the accepted level for competency across a range of areas e.g. 4.6 [SD=0.9]. Available CTS-R reports (n=22) supported the structured supervisor reports’ findings for those particular trainees e.g. mean rating 42 (SD=5.16).

Conclusions:
This study indicates that trainees can provide meaningful clinical interventions when delivering CBT to selected cases under supervision for the first time. The costs of supervision need to be judged against these clinical gains.
Objective:
Human Trafficking also known as modern day slavery is a growing concern in the United States and around the world (1,2). In 2008, the United Nations estimated nearly 2.5 million people from 127 different countries are being trafficked into 137 countries around the world (2). Trafficked people are an underserved segment of society. They are trapped in lives of misery, facing constellations of psychological reactions conducive to developing mental illness. Our study attempts to look into the major mental health consequences of Human Trafficking.

Methods:
A systematic literature review in English and Spanish language using PubMed, google scholar in different peer reviewed journals and peer reviewed medical websites were done. The keyword for search was “Human Trafficking and Mental Health”.

Results:
Victims of Human Trafficking experiences several psychological and emotional consequences like sense of apathy/resignation, mal-adaptation in social situations, loss of autonomy, dissociative disorder etc (3). They’re more likely to attempt suicide and have substance dependence. According to a systematic review, PTSD was diagnosed among 16.7% and 35.8%, anxiety as 48.0%–97.7%, depression as 54.9%–100%, and PTSD as 19.5%–77.0% among victims (4).

Conclusions:
Mental health in Human Trafficking victims is at risk. However knowledge on human trafficking among treating physicians is limited, as well as traffic focused therapy. More resources should be directed towards addressing these issues among health providers. Research should also be directed towards developing Human Trafficking focused therapy.

References:
1) United Nations office on Drug and Crime (UNODC)
2) Global Report on Trafficking in person, UNODC
3) http://www.state.gov/documents/organization/210737.pdf
**FATIGUE ON CALL: COMPARISON BETWEEN 24 HOUR CALLS AND NIGHT FLOAT SYSTEM**

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**Introduction/objectives:** The literature has shown that residents experience severe fatigue during long hours of work. Therefore, ACGME (Accreditation Council for Graduate Medical Education) restricted work to 80 hours/week, mainly to prevent medical errors. Working on night float is not only working 12h/day, but also includes working against the human brain’s natural circadian rhythm. A more detailed explanation of the 2 call modalities is described below.

These switches did not specify either if the schedule should start on Sunday evening and end on Friday morning which means that 24 hour calls might still be inevitable. A number of questions remain unanswered regarding the ill-effects of night float versus 24 hour call. Based on the literature, we hypothesize:

1. Hypothesis #1: Being on night float is linked to more fatigue compared to a 24h call system (tested with actigraphy devices)
2. Hypothesis #2: having a healthier lifestyle has significant effect on having a higher threshold for feeling tired (assessed in the demographics questionnaire)
3. Hypothesis #3: Being on night float causes more dysfunctional psychological states (assessed in the OQ-45 questionnaire).

This is the first study to our knowledge that compares 24 hour calls to night float calls, and in particular not in surgeons, who have a more hands-on experience.

Answers to these questions would be very helpful to create a better system for residents across departments.

**Methods:** 19 Psychiatry residents will be monitored over 2 years during their night float rotation. Their performance will be compared to that of the 24h calls covering resident. The Readiband, a wrist-worn device will detect the resident’s sleep and wake periods and will analyze his performance through a specific software.

**Results:** Expecting positive correlation between night float and negative consequences using a statistical model.

**Conclusion:** Will depend on the results, will also make suggestions to optimize both systems.
WPA-0145  IMPROVING THE UPTAKE OF SYSTEMATIC REVIEWS: A SYSTEMATIC REVIEW OF INTERVENTION EFFECTIVENESS AND RELEVANCE
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Background: The increased uptake of evidence from systematic reviews is advocated because of their potential to improve the quality of patient care, especially in the field of mental health. However, research suggests that evidence from systematic reviews has not been widely adopted. Little is known about the barriers, facilitators and interventions that impact on systematic review uptake.

Objective: To identify how uptake of evidence from systematic reviews can be enhanced.

Data sources: We searched 19 databases covering the full range of publication years, utilizing three search engines.

Study selection: Reports of strategies improving systematic review uptake were selected and evaluated according to the Effective Practice and Organisation of Care criteria. The outcome designs encompassed RCTs, cluster randomized controlled trials and before-and-after studies.

Data extraction: Two reviewers independently assessed quality and extracted data from each outcome study.

Results: Educational visits, summaries of systematic reviews, and targeted messaging had a significant impact on at least one outcome measure of review uptake. Juxtaposing barriers and facilitators alongside the effectiveness studies, it was clear that these three approaches addressed a range of identified barriers and facilitators.

Conclusion: Strategies such as targeted messaging, educational visits, and summaries, addressed a range of barriers and facilitators and are recommended to enhance uptake of systematic reviews and meta-analyses. Promising approaches such as inactive workshops, e-learning programmes and computer-based approaches need to be developed further. New strategies need to be designed that address a number of identified but neglected barriers and facilitators. This review has added value in that it addressed not just effectiveness but also appropriateness of knowledge uptake strategies and has allowed the development of an intervention to improve uptake of evidence in the field of mental health.
WPA-0246 ADDRESSING THE RECRUITMENT CRISIS IN PSYCHIATRY: A CROSS-SECTIONAL STUDY ON THE DELEGATES WHO ATTENDED THE FUTURE EXCELLENCE INTERNATIONAL MEDICAL SUMMER SCHOOL.

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Introduction:
The Future Excellence International Medical Summer School (FEIMSS) is a 5-day event for medical students held yearly in Manchester, UK. FEIMSS is the largest event of its kind in the world; the 2013 cohort was comprised of 244 students from 40 countries representing 80 universities.

Aim:
To improve the image of psychiatry with 2 short lectures from a consultant and a trainee psychiatrist.

Methods:
Feedback forms were distributed to delegates who attended the psychiatry talks. Answers to questions relevant to the talks were on a Likert-type scale. The sample was comprised of participants representing 11 countries from Japan to Kosovo.

Results:
25/25 (100%) of the participants responded. The feedback was exceptionally positive. For the, 'Did you find the psychiatry talks interesting?' and, 'Does attending FEIMSS improve your understanding and respect for other cultures?' questions, 23/25 (92%) respondents answered that they agree or strongly agree.

Free-text comments were also positive:
"Overall excellent and made me more inclined to psychiatry than I was before and proved to me that psychiatrists are not the boring stereotype!"
Medical student, Czech Republic

Conclusions:
Notwithstanding the limitations of our study (which to our knowledge is the first of its kind on such an ethnically eclectic sample) our results demonstrate that a brief intervention can have positive effects on the perceptions of psychiatry of medical students from diverse cultural backgrounds.
We contend FEIMSS provides a platform to recruit medical students into psychiatry from all over the world and enables them to develop cultural competency.
WPA-0386 GROUP SUPERVISION FOR PSYCHIATRIC TRAINEES: LEARNING BY CLASSICAL TEACHING OR BY MISTAKE?
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**Background and Aims:** Little is written about supervision for groups of doctors in training to become psychiatrists. Depending on the institution and national directives for training in psychiatry supervision is applied on an individual basis, in a group of trainees or both. Supervision is a teaching method focusing on the person of the trainee. In supervision the trainee can discuss difficulties he/she encounters in daily practice, like dealing with physical threat and violence, suicide and therapeutic boundary issues. Distinction should be made between work guidance, supervision and personal psychotherapy. The aim of this presentation is to give an overview of existing models for group supervision and discuss if there's a preferred model. Furthermore pros and cons of group vs individual supervision will be assembled.

**Method:** An overview of existing literature is presented and results of a survey carried out in our training program will be discussed.

**Results:** Different methods can be applied ranging from classical teaching about subjects related to patients violence, suicide etc. On the other side of the scale a psychodynamic approach is possible, based on the principles of Michael Balint. The preference of trainees depends on the experience with the method and built up trust.

**Conclusions:** Supervision in a small group of trainees can have added value to or replace individual supervision. Starting trainees may need a different approach compared to more experienced trainees.
WPA-0429 A MULTI-PHASE STUDY ON THE IMPACT OF A PSYCHIATRY LEARNING MODULE ON KNOWLEDGE ABOUT COMMON PSYCHIATRIC DISORDERS FOR NON-PSYCHIATRY RESIDENTS UNDER TRAINING
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Background and Aims. The study aimed to develop a psychiatric learning module and evaluate its efficacy in increasing the knowledge of psychiatric disorders among residents under training.

Methods. All phases of the study were conducted in a university hospital. Phase I entailed a review of referrals; subjects included inpatients referred to the department. Participants for phases II to IV included residents-in-training from the most frequent sources of referral identified. In phases II and III, a focus group discussion and survey identified residents' needs regarding psychiatry. Based on phases I-III, a specialized learning module was developed. Phase IV utilized a pre-and post-intervention design. Knowledge regarding psychiatric conditions was measured using a written examination at baseline, immediately after, and 3 months after module administration. Statistical analysis entailed comparison of means using paired-samples T-tests.

Results. Descriptive statistics for Phase I revealed that Medicine, Neurosciences, Ophthalmology, and Obstetrics-Gynecology were the most common referring departments and that evaluation and management of a primary psychiatric condition was the most common reason for referral. Content coding for Phase II and non-parametric tests for phase III identified the highest perceived reason for referral to be management of behavioral changes and the most preferred topic for the module to be screening for psychiatric conditions. After the module, participants' knowledge significantly increased from baseline in the immediate and delayed examinations, with mean score increases of X=6.39 and 3.51 (p<0.01).

Conclusions. The development and administration of a psychiatry learning module was efficacious in increasing residents' knowledge regarding common psychiatric disorders.
WPA-046 INTEGRATING SEXOLOGY EDUCATION INTO PSYCHIATRY RESIDENCY TRAINING: PERSPECTIVES FROM THE USA
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BACKGROUND AND AIMS
The presentation will focus on how psychosexual medicine and sexology education can be integrated into psychiatry residency training.

METHODS
The Psychosexual Medicine Program currently being implemented at Beth Israel Medical Center, Department of Psychiatry and Behavioral Sciences in New York, NY will be described.

RESULTS
The positive impact on the training program and overwhelming support from faculty and residents of the program will be discussed.

CONCLUSIONS
An argument will be made why it is important to teach sexual medicine in psychiatry residency training and how psychiatrists are uniquely positioned to be good sexologists. It will be recommended that sexual medicine education become an integrated part of psychiatry residency training everywhere in the USA.
Psychiatry in Developing Regions
AM I MY BROTHER’S KEEPER
ISSUES IN GLOBAL MENTAL HEALTH: IMPLICATIONS FOR SUB-SAHARAN AFRICA
S. Okpaku
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Objectives:
1. To review the needs and gaps in services for low and middle income countries (LMIC).
2. To discuss the reciprocal benefits – humanitarian, diplomatic, educational, research and cultural opportunities for foreign aid in this area.
3. To comment on the potential role of religious groups in global mental health.

Methods: The method is a review of the activities of the Movement for Global Mental Health and the publications and documents by the WHO and WPA. An example is the mhGAP.

Results: The review highlights the promising aspects of the global mental health.

Conclusions: The presentation demonstrates the potential reciprocal benefits for donor and recipient countries in the area of global mental health. Issues of country ownership of problems, appropriate accountability, task shifting and sharing are important strategic considerations.
BRIDGING MENTAL HEALTH GAPS IN DEVELOPING COUNTRIES LIKE INDIA
Dr. Avdesh Sharma, Dr. Sujatha Sharma
Mind’s Vision, New Delhi, India

Mind is the fulcrum on which body mind soul continuum rests. Incidentally, mind is the perceiver of the body and window of the soul.

Health, as defined by WHO has the absence of Dis-ease/ill-ness component but also takes into account the positive state of Well Being in Physical, Mental and Social dimensions. The entire infrastructure of medicine is mostly involved in reduction of illness and amelioration of symptoms while Well Being dimension is left out.

There is a gap that exists at all levels which should be brought into focus with efforts to achieve ways of reducing this gap. The various gaps from where we are to what may be ideal to be considered would be:

- Understanding the causation of emotional distress and mental illnesses.
- Effective classifications to treat the disorders.
- Wholistic understanding of the effect of psychiatric problems on person, family, society and nations.
- Targets to treat the person as a whole on body mind soul level.
- Availability of services – hospital beds, rehabilitation centers, half way homes, professionals – psychiatrists, psychologists, social workers, spiritualists, physicians, etc.; investigations and treatment modalities.
- Cost effective and client friendly ‘Health Care’ facilities not only in urban but rural settings to cater to the entire population.
- Consultation liaison with all professionals from diverse fields including other forms of therapy.
- Consultation liaison with pressure groups to effectively reduce stigma, utilize the existing services for wholistic health and Well Being and not only reduction of disease, specially – Beurocrats, disability rights activists, judiciary, media, spiritual organizations, NGOs and pharmaceutical industry apart from international initiatives.

The future for developing countries would require bridging these gaps through innovative, cost effective, culturally sensitive and locally available methods which would be highlighted in the presentation.
MENTAL HEALTH LEADERSHIP – A SOUTH AFRICAN INITIATIVE
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Introduction: Inequitable resource allocation for psychiatric and related services compared to services for physical health is a perennial problem, with documented underfunding. In a developing world setting, mental health competes with a range of other conditions for Government funding e.g. infectious diseases. Addressing this “treatment gap” will most likely require that staff acquire skills that are not part of clinical training.

Objectives: We describe a pilot public-private collaboration aimed at equipping mental health care professionals with the requisite leadership skills to pursue equitable access to care and more effectively advocate for their patients.

Methods: Participants (n=14) were selected nationally, based on project proposals (n=6) aimed at effecting change in their healthcare environment. An initial workshop involving didactic teaching and project review was followed by further meetings to assess project progress. The projects were actively mentored and supported (3 mentors; 2 projects per mentor) over a period of 18 months.

Results: The project component has provided a unique practical dimension in which didactic learning and skills can be applied. Concrete achievements are wide ranging and, depending on the projects, have impacted on screening, patient adherence, service delivery, and training of community-care workers. Participant satisfaction was determined following the initial workshop with most responding favourably. The program has been endorsed by the relevant national professional association and efforts are under way to incorporate elements into regular curricula.

Conclusions: This is an innovative attempt at leadership capacity building amongst mental health care professionals. Utilizing a practical project-based approach to patient advocacy has had positive outcomes.
The work was initiated to assess efficacy of group psychotherapy in rehabilitation of female opium addicts aged from 18 to 56 (mean age 31.8 ± 1.09 years) diagnosed with opioid-related disorders according to Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) and hospitalized at the Tertiary Detox Center were recruited for the study conducted within the period from 2011 to 2012. 24 female opium addicts were included into the study group, 24 women and 24 men with opioid dependence comprising the control one. The level of attraction to opiates was assessed in weekly inquiry of the patients by means of visual-analogue scale (VAS). To determine degree of emotional distress associated with manifestation of somatic ill-being we used hospital anxiety and depression scale (HADS). Short Form SF-36® Health Survey was used to assess health condition. As compared with women on “acidless trips” jointly with men in the female opium addicts receiving sessions of group psychotherapy separately from men improvement of general health and emotional condition as well as reduction in pathological attraction to the drug was registered. Confident increase in Bodily Pain (26.99%) and General Health (20.68%) and significant increase in Mental Health scale of QoL psychological component (15.45%) was registered in study group as compared with the control one in three weeks, confident reduction in pathological attraction to heroin in both groups (significantly lower in study group) being observed by the end of the second week. By the end of rehabilitation course number of patients with minimum attraction to heroin was significantly greater in the study group than in the control one (OR 3.89; 95%CI 1.15-13.1; \( p=0.04 \)). Our findings allow suggesting group psychotherapy in the groups consisting of women only an efficient approach facilitating abstinence and prevention of opium addiction recurrence.
DEPRESSIVE AND ANXIETY DISORDERS IN PATIENTS WITH DIABETIC FOOT SYNDROME
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The work was initiated to assess depressive and anxiety disorders in patients with diabetic foot syndrome (DFS). 30 patients with DFS (18 men, 60.0% and 12 women, 40.0%) aged from 45 to 65 (mean age 63.8 ± 6.31, Me 11.5; IQR 61.0 – 67.5) hospitalized at the Diabetic Foot Department were asked to complete a questionnaire. All patients had type 2 diabetes mellitus (DM) with mean duration of 12.8 ± 8.69 years (Me 11.5; IQR 7.0 – 16.8) and mean DFS duration of 6.07 ± 4.78 years (Me 5.0; IQR 2.0-10.0). Hamilton Depression Rating Scale (HDRS) was used to assess depressive symptomatology. Spielberger’s STAI (State – Trait Anxiety Inventory) was used to assess a person’s state anxiety. STAI indicated intermediate state anxiety (SA) in 20 (66.7%) of the examinees with DFS, high trait anxiety (TA) being found in 50%. Depressive disorders were diagnosed in 19 (63.3%) patients. Direct correlation between SA and TA in patients with DFS (r=0.34; P<0.05) was established; anxiety level being directly affected by duration of DM (r=0.32; P<0.05) and, to a greater degree, by the one of DFS (r=0.41; P<0.05). No correlation was found between glucose concentration and SA (r=0.06; P>0.05) or TA (r=0.20; P>0.05) or depressive symptomatology (r=0.01; P>0.05); HbA1c level correlating with TA (r=0.43; P<0.05), but not with SA (r=0.11; P>0.05) or depression (r=0.24; P>0.05). High TA was found in women more frequently (OR 17.0; 95%CI 1.69-171.7; P=0.02). Depression seemed independent either on DM duration (r=0.06; P<0.05), or on DFS duration (r=0.17; P<0.05) or on DFS form (r=0.19; P<0.05). A component of psychoemotional stress, anxiety may provoke metabolic syndrome and insulin resistance, eventually resulting in type 2 DM. Underestimation of the effect depression exerts on DM course as well as untimely diagnosis and psycho-pharmacotherapy result in reduction of efficiency of diabetes care quality.

www.wpamadrid2014.com ABSTRACTS BOOK 144
UNDERSTANDING THE CONCEPT OF WELL-BEING IN POST-CONFLICT SOCIETIES: THE CASE OF LIBERIA

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Objectives: States emerging from conflict are among the world’s poorest. Post-conflict reconstruction success is premised on several conditions, including social well-being. However, little is known about how adults in those settings regain and maintain a state of well-being. This study sought to explore individual perspectives of the meaning of well-being among adult individuals in Liberia and the processes that facilitated the attainment of such psychological state in the aftermath of the civil conflict.

Methods: Qualitative data was collected from 45 adults who were in Liberia during the civil war. Individuals were asked to describe the manifestations of well-being as observed in other individuals in their community, as well as their own understanding of what factors had facilitated or impeded recovery. Interviews were transcribed verbatim and analyzed using the principles of grounded theory.

Results: The results highlighted that individual, community and social traits were understood as manifestations of well-being that facilitate and promote an individual’s desired potential. The following patterns were found in the data: recovered adults exhibited character traits such as determination, optimism, and adaptability. Self-esteem, acceptance of past events, engagement in life, and having life purpose fostered and maintained individuals’ positive affective experiences of meaning and gratitude. Well-being was not only sustained through individual characteristics, but also through family support, social cohesion and good governance. Individuals presented positive socioeconomic outcomes, and strong psychosocial functioning.

Conclusion: Post-conflict societies have the potential to overcome suffering by instilling a sense of individual well-being, which is not merely defined by the absence of psychopathology, rather by the achievement of positive affective experiences, sense of purpose and meaning, satisfaction with life and community vitality. This data suggests that as the post-conflict situation stabilizes, attention should shift from humanitarian relief to the development and implementation of sustainable interventions that promote protective individual and community well-being.
TOWARDS ASSESSING PSYCHOLOGICAL DISTRESS AND SYMPTOMS OF COMMON MENTAL DISORDERS IN POST-CONFLICT SETTINGS: A QUALITATIVE STUDY IN LIBERIA.

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Objectives: Understanding the manifestations of psychological distress in adults in post-conflict societies is essential for the development of culturally grounded and sustainable interventions. We explored community perceptions of concepts related to psychological distress and mental illness among adults in Liberia in the aftermath of the civil conflict. Psychological distress was defined as problems with feelings, thinking, or behavior. Methods: Using free listing and key informant interviews, qualitative data was collected from 36 respondents and 9 key informants. Individuals were asked to describe psychological distress and mental illness as observed in other individuals in their community. Interviews were transcribed verbatim and analyzed using the principles of grounded theory. Results: Three locally defined terms (idioms) were identified relating to distress and illness including “not being to yourself” (depression-like syndrome), “playing on me” (anxiety-like syndrome) and “madness/craziness” (psychotic spectrum like illnesses). The level of impairment associated with these psychological states varied along a continuum ranging from mild to severe difficulties in personal, interpersonal and socioeconomic areas of functioning. Affected individuals with depressive or anxiety type symptoms relied on families and community institutions for support, whereas individuals affected with psychotic-like symptoms experienced substantial barriers to access mental health care services. Social isolation and impairment in interpersonal areas of functioning emerged as important adverse outcomes associated with symptoms of distress. Conclusion: The respondents recognized the importance and negative impact of symptoms of psychological distress and mental disorders within their community. Individuals sought help from several sources within the community, including community leaders, pastors and traditional healers. However, they also acknowledged the lack of resources available for support and treatment of such disorders. Idioms of psychological distress and mental disorders provide key insight to prepare for quantitative health surveys as well as health service planning and implementation tailored to the specific needs of this post-conflict population.
ASSESSING PSYCHOLOGICAL STATUS AND FUNCTIONING IN INDIVIDUALS EXPOSED TO ARMED CONFLICT: LIBERIA AS AN EXAMPLE.

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Objectives: Social well-being is one of the most important pillars of post-conflict reconstruction. Psychosocial functioning is an important component of individual well-being. However, characterizing this latter construct in post-conflict societies has lagged behind the study of adverse mental health outcomes. A culturally grounded definition of functioning is necessary for the implementation of sustainable interventions that promote individual and social well-being and functioning. This qualitative study examined the construct of psychosocial functioning among adults in Liberia following the civil war.

Methods: The methodology used in this study was based on quick ethnography methodology. Using free listing and key informant interviews, qualitative data was collected from 36 respondents and 9 key informants. Individuals were asked to describe culturally defined indicators of functioning. Interviews were transcribed verbatim and analyzed using the principles of grounded theory.

Results: Functioning was culturally defined as the capacity of a person to function in different roles, mainly personal, interpersonal, educational/occupational and societal areas of functioning. The concept takes into account the capacity of an individual to care for themselves, to parent and provide for their family, to actively or productively engage in the pursuit of academic or occupational activities, to connect with individuals and institutions in their communities, and to contribute to the improvement of the society as a whole.

Conclusion: The recent upsurge in interest regarding well-being in high, middle and low income settings is exciting and timely. A culturally-based understanding of functioning takes on added importance, as such construct is a crucial outcome measure. Deficits in psychosocial functioning were present among adult individuals in this post-conflict setting. The construct of functioning appeared similar to that used in Western cultures. A context-specific understanding of psychosocial function enables us to robustly assess changes in functioning levels and monitor outcomes associated with the implementation of service strategies.
DEVELOPING CBT TRAINING IN A DEVELOPING COUNTRY - INDIA
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Objective: Studies originating from the West have shown Cognitive Behavioural Therapy (CBT) to be an effective treatment for common mental disorders. However, in India, its use in clinical practice is limited. In order for CBT to become more widely available in India, training and supervision in CBT of mental health clinicians is needed. The irony is a large number of clinicians from India who go abroad for training rarely return and the availability of suitably trained personnel continues to be a challenge. Therefore, we set up a training programme in CBT for clinicians in an Indian institution utilising distance learning. To our knowledge this is the first training programme of this kind in India.

Method: A link was developed between a UK and an Indian centre. The first author delivered CBT skills workshops every year (2006–2013) at Indian centre followed by supervision over telephone/emails/Skype. The delivery of CBT was adapted to the local culture and language. All trainees were given a self rating questionnaire on CBT skills before and after the workshop as well as in the following year at the time of next workshop. Second author provided peer supervision to the first author.

Results: Approximately 150 odd trainees received the training. Approximately half of them have taken up cases for CBT. Five of these have now established a focus group in the Indian institution for peer supervision in CBT. The others who are working in different parts of India are continuing to use the CBT skills and have sought supervision. The questionnaire demonstrated improvement in knowledge and confidence of using CBT skills after the workshop and these were maintained over the following year.

Conclusions: Collaboration between the UK centre and the Indian centre has enabled the delivery of a training programme in India leading to an increase of CBT skills amongst the trainees. This paper discusses in detail the methodology used, challenges encountered, innovations needed and success achieved so far.
HUMAN SEXUALITY & SEXUAL BEHAVIOR - SOCIOCULTURAL ASPECTS, ROLE OF SOCIETAL/RELIGIOUS BELIEFS AND TABOOS IN INDIA & ITS EFFECT ON THE GLOBAL INDIAN
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Introduction: ‘Sex’ is still a word that raises a lot of eyebrows in India. The connotations of the word range from a taboo to only the act of sexual intercourse. Many children receive basic sexuality education in their schools. But that brief overview—which these kids giggle through—touches only the physical aspects of reproduction. Nothing prepares them for the emotions they feel during relationships, or how their social and cultural upbringing would affect their sexual behavior. The traditional Indian view on sexuality is conservative, and virginity is a highly prized virtue for marriage. Although much of the population holds on to traditional views, they are caught up with the recent onset of a more permissible attitude toward sexuality that is beginning to prevail in urban India.

Objectives: Demographic profile & pattern of sexual behavior in target population Prevalence of various socio-cultural beliefs and taboos associated with sexuality Effects of these socio-cultural aspects and taboos on their sexual behavior and mental health

Method: Cross sectional study carried out at a tertiary care hospital with the approval of the Ethics committee. Sample of 50 patients, between 15 and 60 years age, fulfilling the inclusion and exclusion criteria, with an informed consent during the study period are included. Detailed assessment of the patients, according to a specially prepared pro forma and one-to-one interview session, will be conducted.

Scales used:
HSAS - Hendrick Sexual Attitude Scale
SKAQ – Sex Knowledge and Attitude Questionnaire
GRISS - Golombok Rust Inventory of Sexual Satisfaction
CGI – Clinical Global Impression

Results: The above-mentioned study is currently under-way. The results and conclusions shall be declared during the final presentation.
ASSESSMENT OF INTIMATE PARTNER VIOLENCE AND ITS CORRELATES
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Objectives: This study assessed Intimate Partner Violence (IPV) and alcohol use in an urban population in Pune, India. The prevalence of IPV and alcohol use was assessed along with the correlation of IPV with alcohol and other variables.

Methods: The study was cross-sectional, questionnaire-based. The materials used were the Hurt Insult Threaten Scream (HITS) Scale, the Alcohol Use Disorders Identification Test (AUDIT) and a brief psychosocial questionnaire. Systematic random sampling was done on the target population. Regression analysis of various factors in relation to HITS score was done.

Results: Sample size (n) was 318 individuals. Prevalence of IPV was found to be 16 % and the victims were almost all women. The prevalence of alcohol use was 44 % of which 8.9 % were harmful users. No female subjects reported alcohol consumption, but 94% were aware of their husband’s alcohol consumption. No significant correlation was found between IPV and education (p=0.220) or income of women (p=0.250). Alcohol consumption by males was found to be a significant risk factor for women experiencing IPV (σ = + 0.524;p = 0.000). Regression analysis also revealed that increasing marital age (p=0.019) and financial support from in-laws (p=0.040) were significantly protective.

Conclusions: IPV prevalence was less than the national average for India, but the overwhelming majority of victims were women. The commonest type of IPV was verbal. Alcohol use prevalence was higher than the national average but harmful use was lower. Alcohol use is a significant risk factor for occurrence of IPV. Education and income of women were not significantly protective against IPV but increased age at marriage and support from in-laws were. Exploring these findings further may help prevent violence against women.
TRAUMA CARE ONLINE SURVEY OF KEY INFORMANT PSYCHIATRISTS AND PRIMARY CARE PHYSICIANS IN THE MIDDLE EAST

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Objectives
We surveyed key informant psychiatrists and primary care physicians from Middle Eastern Countries in regards to trauma related clinical strengths and weaknesses of mental health and primary health care services in their countries.

Methods
The online survey included questions about demographics of respondents and facilities, composition of health and mental health practitioners, mental health problems, social issues, therapeutic drugs, training, research, monitoring and evaluation, and confidence in addressing mental health problems after trauma. The data was analysed using SPSS data package.

RESULTS: There were 85 completed responses. Almost half of the respondents reported that primary health care practitioners in their country are not trained to provide basic mental health services to the general population affected by trauma (47.2%) nor to persons with serious mental illness (45.2%). Few were completely confident to identify and treat traumatized adult (37.1%), teenage (27.1%) and children (15.7%) patients. Only 21.7% were completely confident to identify and treat victims of domestic violence. Only a quarter of respondents (26.8%) were completely confident to use religious beliefs to support and benefit patients and even less of them were completely confident to Work in partnership on a case with a religious clergy (17.1%). Most common types of reported traumas were; divorce/separation, the recent death of a close relative or friend, domestic violence and the psychological effects of war and refugees/internally displaced persons (28.8%, 27%, 21.3, 17.8% &12.5%). The composition of clinical teams included a substantial number of students with negligible number of community volunteers, and school counsellors.

CONCLUSIONS:
Our study highlights the need to develop training programs in the area of the identification and treatment of traumatized persons of different age groups. There is also a need to expand in research and training for trauma informed mental health in the primary care settings.
READINESS AND BARRIERS TO ADOPT EVIDENCE-BASED PRACTICES FOR SUBSTANCE ABUSE TREATMENT IN MEXICO

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Objective: Evidence shows that worldwide there’s a lag in adoption of evidence-based practices (EBP). In México, underutilization of evidence-based treatments for substance abuse represents a longstanding problem (Melchor et al, 2007). Research is needed to identify factors that facilitate and impede adoption of EBPs. This study aims to determine the readiness and barriers to adopt evidence based practices for substance abuse treatment in community treatment centers that are part of the newly created Mexican Clinical Trials Network.

Methods: An online survey was administered to directors (n = 8) and clinicians (n = 40) from 8 public addiction treatment centers in México. Survey questions were obtained from two surveys that had been implemented in the US to assess same objectives (Mc Govern, Haug).

Results: Seventy percent of directors and clinicians have a graduate degree related to addiction disorders. More than 60% of the directors said that they don’t use Addiction Severity Index to evaluate their patients. More than 70% of directors and 55% of clinicians said they used DSM-V or CIE-10 in their practice. All directors (100%) express interest in using standardized measures, of these 25% hasn’t started implementing EBPs. More than 80% of respondents indicated that they are using motivational interviewing. Twenty five percent of the directors aren’t willing to use incentives to generate motivation in their practice; in contrast more than 55% of the clinicians said they’re interested. Sixty percent of the directors believe that not having enough/trained personal is the biggest barrier to adopt EBP in their sites. Only 15% of directors consider resistance from personnel a barrier to implementing EBPS.

Conclusion: Positive attitude towards evidence-based practice exists. Training in EBPs for substance use treatment is one of the areas of opportunity to address existing barriers to adoption.

Keywords: Dissemination, Evidence-based practices, Substance abuse treatment, Adoption
HUMAN RESOURCES IN MENTAL HEALTH IN AFRICA WITH SPECIAL REFERENCE TO KENYA – CHALLENGES AND OPPORTUNITIES

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Objectives
The study aimed to train and evaluate the effectiveness of non-psychiatric nurses, non-psychiatric clinical officers, community health workers and traditional and faith healers, in identifying (including referring) and managing patients with mental disorders. This was based on the model of task shifting of human resources.

Methods
This was an experimental study that was conducted in two study sites with baseline, mid-term and end-term evaluations. In each of the study sites, there was one experimental group and a control group. The facility-based and lay health workers were trained to deliver the following interventions: Cognitive Behavioural Therapy (CBT); compliance therapy, psycho education on different effects and side effects of the different treatments, referral upwards and downwards of people with mental illness, stigma issues, involvement of families and how to form self-help support groups. Tools used to collect data included: Socio-demographic questionnaire, Lay Health Workers (LHW) monitoring tool, Follow-up monitoring tool, Health Workers monitoring tool, Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), and the International Neuropsychiatric Interview (M.I.N.I).

Results
An average of 36% of of the clients identified with mental disorders had the right screening from the lay health workers An average of 40% of clients referred by lay health workers, diagnosed and managed by both lay health workers and non-psychiatric facility-based health workers showed significant improvement.

Conclusion
The study findings are indicative that non-psychiatric trained health professionals and lay health workers, with approved training and ongoing supervision, can play a major role in addressing the treatment gap barrier in mental health diagnosis and treatment within the Kenya primary health care package.
ASSESSMENT OF ORAL HEALTH SCHIZOPHRENIC PATIENTS IN A TERTIARY HOSPITAL IN BRAZIL.

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Objective: To evaluate the oral Health of schizophrenic patients during medical treatment in a tertiary hospital and compare to the oral health of general population.

Methods: The inclusion criteria was having the diagnosis of schizophrenia, be under medical treatment in Psychiatry Institute from Clinics Hospital (School of Medicine, USP, São Paulo, Brazil) and have received dental treatment by the Dentistry Team of Psychiatry Institute. All patients received dental treatment according to need and oral hygiene care. Patients were evaluated by two calibrated examiners in relation to decayed, missing and filled teeth, according to World Health Organization (DMFT – WHO), plaque index (PI) and bleeding on probing (BP).

Results: Thirty-five patients were evaluated between june/2013 and december/2013, in the follow up visits. The mean age was 36.2±9.5. 71.4% were male and 28.6 female, consistent with the literature. 57.1% have not finished high school. The mean of DMFT was 13.54±5.0, while in general population the index is 16. The percentual of plaque index was 53.98±23.09%. The percentual of sites with BP was 22.49±12.47%. All patients has at least one site with gingival inflammation, which agrees with the national survey in which 83% of adults have some gum disease (SB Brasil, 2010).

Conclusion: The high rates of gingival inflammation highlights the difficulty of oral hygiene orientation for these patients. The number of lost, filled and curious teeth was lower than the general population, demonstrating the good outcome of their dentistry treatment by a specialized team.

References:


IMPLEMENTING A PILOT COMMUNITY-BASED MODEL OF CARE IN RURAL HAITI TO ADDRESS MENTAL ILLNESS

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Objectives: Four years after the 2010 earthquake, Haiti continues to face significant mental health needs combined with limited mental health services. In the Central Plateau and Lower Artibonite, a Haitian non-profit organization is currently scaling up mental health services to serve a catchment area of 1.2 million people at 11 hospitals and clinics. Nonspecialist providers, including community health workers, nurses, and generalist physicians, as well as social workers and psychologists, are “task-shifting,” taking on specialist mental health skills, in order to strengthen service delivery and to overcome tremendous human resources shortages.

Methods: A multi-year grant is funding this pilot model of community-based mental health services in rural Haiti, which is also supported by the Haitian Ministry of Health. Through screening tool and care pathway development, curriculum development; data-driven quality improvement; monitoring and evaluation; and the establishment of culturally appropriate clinical tools, standards, and guidelines, this effort is developing a system of mental health care. Systems-building has focused on the depression care pathway, specifically providing culturally sound, evidence-based treatment that addresses its biopsychosocial components.

Results: Preliminary quantitative data demonstrate the feasibility of implementing quality mental health services in resource-limited settings through a task-shifting approach. A case study demonstrates how non-specialist providers collaborate to provide continuous, integrated, and comprehensive mental health care. As the care delivery system is optimized for depression, additional evidence-based and culturally adapted care pathways are being created for epilepsy, psychotic disorders, bipolar disorder, and child and adolescent disorders.

Conclusions: This work demonstrates the feasibility of developing and implementing culturally validated tools, curricula, and quality improvement methods in a primary care system that demands a more systematic and humane approach to mental health service delivery. This approach also strives to achieve equity in the care of patients that have been marginalized and stigmatized within their own resource-limited communities.
PATTERN OF MENTAL DISORDERS AMONG CHARITY CLINIC ATTENDERS IN MANDALAY, MYANMAR

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Introduction: Mandalay is the second largest city in Myanmar with an estimated population of over a million. A 100-bedded mental health hospital is 17 miles outside the city, away from other healthcare facilities. Travelling to this hospital adds to stigma as the outcast and to the burden of expenses for patients. There are no community mental health services. Mind to Mind Myanmar is a small charity founded by two Burmese psychiatrists working in the United Kingdom. Since mid-2013, it has been running and funding for psychotropic medicines at an inner city mental health clinic within outpatient facilities of Mandalay’s well-established charity, Brahma. Four local psychiatrists volunteered their time and expertise to run the clinic regularly.

Objective: To understand the pattern of common mental illnesses among clinic attenders

Method: Weekly attendance at Saturday half-day clinic was recorded, over 7.5 months between June 2013 and February 2014. Strict diagnostic coding was not used.

Results

Age range = 8 - 75 (mean = 41.5)
Age in groups (n = 48)
- <20 = 2
- 20 – 39 = 15
- 40 – 59 = 24
- >60 = 7
Male female ratio = 1:1.5

Diagnoses (n = 48)
- Dementia = 2
- Alcohol-related disorder = 5
- Schizophrenia = 4
- Depression = 13
- Bipolar disorder = 3
- Mixed anxiety and depression = 5
- Anxiety disorder = 6
- OCD = 2
- Somatisation = 4
- Insomnia = 1
- Learning disability = 1
- Epilepsy = 1
- No diagnosis = 1

Conclusion: Most attenders at the clinic are of working age. Commonest diagnoses are of affective and neurotic disorders. These findings reflect a similar pattern in community samples of larger studies elsewhere. The clinic appears to be providing necessary care to the local population. Further expansion and careful planning is essential to effectively reduce the stigma of mental illness and to narrow the treatment gap.
ROLE OF AVAILABILITY, ACCESSIBILITY AND QUALITY OF CARE IN TREATMENT GAP IN MENTAL ILLNESSES - A PATHWAY STUDY FROM NORTH INDIA

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Objectives: 1. To study the initial help seeking behaviour of patients with mental illnesses seeking treatment at three different mental health care settings in North India. 2. To study the accessibility and quality of care related factors associated with treatment gap among these patients.

Methods: Analysis of help seeking behaviour and pathways to care data of consecutive/systematic random sample of 160 patients seeking treatment at three different mental health care settings in North India. Information was obtained on semi-structured Performa by the post graduate trainees under supervision of senior psychiatrists.

Results: 78.8% of the patients had approached to some care providers within a month of onset of their mental illness and 95.5% of patients had approached to some care providers within 6 months of onset of their mental illness. About two third (64.4%) of patients had consulted either a Psychiatrist (37.5%), or a General Physician (24.4%) or another specialist (2.5%) as the first care provider. 94.4% of the patients had seen a qualified doctor and 72.5% of patients had seen a psychiatrist at some point of time during the course of their illness, indicating availability of health services and mental health services in this area. However, 55% of the patients were not receiving any treatment at the time of assessment. Most of these had received treatment from some care provider but did not continue treatment. They cited reasons either related to quality of care such as lack of improvement, drug side effects, patient’s refusal to take medicines or reasons related to accessibility such as financial constraints, for discontinuation of treatment.

Conclusion: Besides ensuring increased availability of mental health care resources, interventions for reducing treatment gap in mental illnesses should also focus on enhancing accessibility and on improving the quality of care, especially in resource scarce countries like India.
CHALLENGES AND OPPORTUNITIES IN THE MENTAL HEALTH TRAINING – GOING ABROAD FROM HIGH TO LOW INCOME COUNTRIES

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Mobility towards High Income Countries (HIC) is increasing, being a signal of the globalization. Nonetheless, when returning from abroad, it can be demanding to adapt afterwards the gained knowledge to the homeland resource settings. Services in Low Income Countries (LIC) are often under resourced, being frequent the struggle to provide care. However, the challenges raised with the constraints faced, can show examples of different ways to treat or prevent mental illness from which (HIC) can learn. Further than a volunteering approach, developing and promoting medical mobility from HIC to LIC seems to be a way forward, especially if the conditions may be turning around with western societies facing crisis and certain developing countries rising financially.

Objectives
To promote the discussion on the challenges and opportunities of mobility from HIC to LIC.

Methods
To present the experience of a European junior doctor in an African setting.

Results
This inter-continental clinical and research mobility experience towards an environment with different background and less resources to provide care, inspired me to address challenges, launch new opportunities, directly contributing to the change. Establishing comparisons with different health systems while announcing these international training opportunities, I shall highlight that when settings face financial constraints with increased levels of poverty and social deprivation, it is a challenge to deliver mental health care, being essential to advocate towards the engagement of policy-makers and planners into this.

Conclusions
The effects of this medical mobility, promoting junior doctors to go across borders worldwide, are beyond the increased knowledge or the encouragement to joint projects, and can reach establishing durable links. The challenges faced on the ground in this experience encouraged me to advocate to further comparisons, and endorse critical thinking in regard to public health priorities and innovative responses to the burden of care.
PHENOMENOLOGY OF OBSESSIVE COMPULSIVE DISORDER IN SRI LANKA
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Objectives: To study different phenomenological aspects and their prevalence in patients with Obsessive compulsive disorders (OCD) in a Sri Lankan setting.

Methods: Descriptive study. Patients meeting ICD 10 criteria for OCD attending National Hospital of Sri Lanka as day-patients from January to November 2013 were interviewed using a semi structured questionnaire.

Results: Sample size was 55 with 32 males (58.18%). Mean age was 24.52 years (range 12-63); mean duration of illness 31.93 months. Thirty three (60%) had obsessional thoughts; 23 (41.81%) had doubts; 13 (23.63%) had ruminations; 8 (14.54%) had images; 5 (9.09%) had urges; one (1.81%) had phobias. 26 (47.27%) patients had more than one type. The themes included dirt and contamination (21, 38.18%), orderliness (10, 18.18%), sexual (7, 12.72%), aggression (5, 9.09%), fidelity of partner (3, 5.45%) and others (4, 7.27%). Forty one (74.54%) had overt compulsions; 16 (29.09%) had covert compulsions; 5(9.09%) had both; no compulsions identified in 3 (5.45%). There were 21(38.18%) patients with checking; 19 (34.54%) cleaning; 9 (16.36%) arranging; 2 (3.63%) dressing. Fifteen (27.27%) had more than one type of compulsion. Twenty five (45.45%) had co-morbid ICD 10 diagnoses, commonest being depression (8, 14.54%). Twenty (36.36%) were managed with pharmacotherapy alone; 18 (32.72%) with CBT alone; 17 (30.90%) with both.

Conclusion: The sample had a diversity of phenomenological forms. Obsessional thoughts were commonest; dirt and contamination was the commonest theme; checking was the commonest compulsion.
DELAY IN INITIATING CLOZAPINE THERAPY IN AN OUTPATIENT CLINIC IN SRI LANKA

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2 Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

Objectives: To study the delay in offering clozapine to patients with resistant schizophrenia in a Sri Lankan outpatient setting.

Methods: Descriptive cross sectional study. Random sample of patients on clozapine attending National Hospital of Sri Lanka, ‘clozapine clinic’ were interviewed using a semi structured questionnaire, and their clinical records reviewed.

Results: Sample size was 63 (25 males, 39.68%). Mean age was 34.95 years; mean duration of illness 13.42 years. Clinical diagnosis in all was schizophrenia. Mean duration on treatment with clozapine was 6.80 years. In 28 (44.44%), two drug trials were tried prior to clozapine; three drug trials in 26 (41.26%); four drug trials in 9 (14.28%). In 49 (77.77%) patients, two second generation antipsychotics (SGAs) tried prior to clozapine while in 14 (22.22%) three SGAs tried. Entire sample was given both risperidone and olanzapine. Antipsychotic poly-pharmacy was used in 18 (28.57%) prior to clozapine. Higher than recommended doses of antipsychotics either alone or in combination, were used in 36 (57.14%). Olanzapine up to 30mg daily was tried in 25(39.68%).

Conclusion: There seems to be a considerable delay in offering clozapine to patients with resistant schizophrenia in Sri Lanka. Multiple drug trials, antipsychotic poly-pharmacy and administration of higher than recommended drug doses seem to precede clozapine in a large percentage of patients. However no data could be gathered on patient compliance and preference.
IN VOLUNTARY PSYCHIATRIC ADMISSION: IMPLICATIONS ON PATIENTS
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Mohamed Taha, Lecturer in Psychiatry, Faculty of Medicine, Minia University.

Background: The involuntary placement and involuntary treatment of mentally ill patients are central issues in mental health care. Their massive impact upon the liberty and freedom of persons concerned has made them a topic of controversial legal and ethical debates for more than 100 years.

Objective: To assess the impact of the involuntary hospital admission on psychiatric patients’ disease and treatment processes.

Subjects and methods: It is a retrospective study involving all consecutive admission files during the period starting from 1st of January 2010 to 31st of December 2012 in Minia Psychiatric Hospital, Egypt.

Results: Based on the overall sample which included 982 patients, the mean age of them was 31.05 years (SD±10.37). Most of the patients (n = 601; 61.2%) were voluntary admitted and the remaining (n = 381; 38.8%) were admitted involuntary. Combined pharmacological treatment, electroconvulsive therapy and psychotherapy were more delivered to involuntary admitted patients (n= 215; 56.4%) than those who were voluntary admitted (n= 155; 25%). The relation between involuntary admission and multiplicity of therapeutic modalities during hospital stay is highly significant from statistical point of view (p= 0.004; OR= 1.622).

Conclusions: Involuntarily admitted patients were more prone to prolonged hospital stay; to receive more therapeutic modalities and for frequent involuntary re-admission.
“THIS DOCTOR, I NOT TRUST HIM.” SERVICE DILEMMES IN PROVIDING MENTAL HEALTH CARE FOR UNACCOMPANIED REFUGEE MINORS AND BALANCING WITH THE RISK OF MEDICALISING INDIVIDUAL LIFE EXPERIENCES

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Objectives – In the context of unaccompanied refugee minors there appears to be a tension between the rights of the child to access or refuse services. The aim of this study was to explore the tensions between unaccompanied refugee/asylum-seeking minor’s beliefs towards mental health care service in the UK and their ‘right’ to access services. We also investigated whether their view of mental health problems is at odds with the dominant view of psychiatry.

Methods – The sample consisted of refugee children and young people who are unaccompanied. Data was collected by interviewing 15 young people from the consecutive referrals to a Tier 3 Children and Adolescent Mental Health (CAMHS) team for looked after children. Young people were interviewed using a semi structured interview schedule. All the interviews were audio taped, transcribed verbatim and analysed using models of thematic analysis. Using the narratives of these minors we explored their accounts of mental distress and its treatment in the host country. Utilising thematic analysis of the semi-structured interviews we illustrate their understanding of mental health, their experiences of using services and their opinions of treatment.

Results – The main themes emerged around the issues of the participants’ understanding of mental health, their experiences of using services in the UK and their opinions of treatments received.

Conclusions – Using the narratives of unaccompanied refugee minors, we discussed the implications for healing these children in terms of how these narratives may be at odds with dominant psychiatric approaches and the potential conflicts with children’s rights.
SERVICE INNOVATION - SCHIZOPHRENIA OUTREACH IN LARKANA (SOUL): PROJECT OVERVIEW AND OUTCOMES AFTER TWO YEARS

S Afghan 1, B Junejo 2
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2. Shaheed Mohtarma Benazir Bhutto Medical University, Larkana, Pakistan

Objectives
A significant proportion of patients with Schizophrenia in developing countries are unable to access care due to scarcity of services and stigma which leads to increased mental health disability and treatment resistance for the patients and increased burden on the families and society. The SOUL project is a first of its kind in the Country as it is based on reaching out and assertively engaging with the patients and families through home based treatment approach. The key aims of the project include early recognition, treatment and psychosocial support to patients with the diagnosis of schizophrenia. Additional aims include social recovery of the patients, psycho education and support to family members and generating clinical and functional outcomes.

Methods
Project design developed by host psychiatry department and agreed at a stakeholder consultation event. Training was undertaken for the project team including psychiatrists and outreach nurse and included identifying tasks for professionals, rational prescribing of antipsychotic medication and use of outcome measures namely Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression (CGI) and Global Assessment of Functioning (GAF). Hosting of patients and families assemblies on 6 monthly intervals serve the purpose of family psycho-education and receiving informal feedback about the project. Project is financially supported by charitable donations generated by a UK based registered charity.

Results
Preliminary findings on clinical and functional outcomes of patients measured over 2-year period are promising. Over 60% of patients have achieved symptom resolution and approximately one-fourth patients have achieved social recovery. However nearly one fourths of patients are considered to have more resistant illness due to disabling symptoms and longer duration of untreated psychosis.

Conclusions
Low cost community intervention involving psychiatric outreach nurse working under close supervision of a psychiatrist is both feasible and achievable and can lead to robust improvements in symptoms and functional outcomes for patients with schizophrenia.
ADULT PSYCHIATRIC EMERGENCY CASES PRESENTING AT A UNIVERSITY TEACHING HOSPITAL IN NIGERIA

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Objective: To determine the types of psychiatric problems presenting as emergencies at a tertiary hospital in the South-South geo-political zone of Nigeria, and the disposition pattern of the affected patients.

Materials and methods: Patients presenting with psychiatric emergencies were recruited consecutively as they presented at the adult section of the Accident and Emergency Unit of the University of Benin Teaching Hospital (UBTH) from June 2008 to February 2009. The diagnoses made in the clinical assessment (using the 10th edition of the International Classification of Diseases and Related Disorders -ICD10) and disposition plans were documented.

Results: One hundred and eighty cases of psychiatric emergencies were seen. The commonest diagnosis was schizophrenia (24.4%). Bipolar Affective Disorder, current episode manic without psychotic symptoms constituted 17.2% of the cases, while 9.4% were cases of Mental and Behavioural Disorder due to Psychoactive Substance Use. Other cases included depressive illness, mania and delirium. Most (90%) of the patients had were subsequently admitted for further management, while 6.1% were treated on out-patient basis and 2.1% had extended observation.

Conclusion: Psychotic disorders were the commonest problems presenting as emergencies, and these were treated by in-patient admission in the majority of cases.
IMPROVING ACCESS TO MENTAL HEALTHCARE IN DEVELOPING COUNTRIES: THE CONTRIBUTION OF SANOFI THROUGH ITS ACCESS TO MEDICINES DEPARTMENT

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Background: Mental disorders are a major contributor to the Global Burden of Disease and the top driver of lost output of all non-communicable diseases. Despite this, a large proportion of the worldwide population has no access to mental health care, with severe consequences for patients and their families: suffering, exclusion, precariousness, disability, premature death…

In spite of the recent adoption by the World Health Assembly of a “Global Mental Health Action Plan 2013-2020”, mental health does not benefit from a mobilization of the main stakeholders. In particular, few pharmaceutical partners are associated with initiatives designed to improve access to mental healthcare in Low-And-Middle-Income-Countries.

Objectives: To discuss the challenges of promoting large partnerships to develop access to mental health care in developing countries,

Methods: In light of our experience with the Access to Medicines programs for communicable diseases -malaria, tuberculosis, Neglected Tropical Diseases- and with programs for people with mental disorders in 20 developing countries, various aspects of partnerships will be discussed.

Results: Defining precisely the role and responsibilities of each partner is a key issue. The role of pharmaceutical companies should not be restricted to the provision of quality drugs at preferential prices or to the financial support of projects. Major pharmaceutical companies have developed a unique expertise in fields such as pharmacovigilance, development of Information-Education-Communication tools and impact studies. Their experience in ensuring sustainable drug supplies can also be critical.

Under an umbrella partnership with the World Association of Social Psychiatry, Sanofi has launched programs to improve access to mental health care with 3 categories of driving partners: NGOs, Academics and MoH, and concrete examples will be presented.

Conclusion: To address mental health challenges in developing countries, the complementary competencies of Health Ministries, Non-Governmental Organizations, academics and pharmaceutical companies is required.
PUTTING A “TELEPSYCHIATRIST” IN COMMUNITIES IN THE UNION OF COMOROS
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6 Association Malgache de Psychiatrie sociale Madagascar
7 University Hospital Anjanamasina, Madagascar
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Background: The Union of Comoros is one of the world’s poorest countries with 44.8% of the population living below the poverty line. The total estimated population in 2012 was 737,284 inhabitants, and with a Human Development Index of 0.433, the country is ranked 163rd out of 187 countries. Only one psychiatrist works in Comoros and mental health care there is in its infancy. People with mental and neurological disorders refer mainly to the traditional healers and few patients have access to appropriate care.

Objectives: (1) Reduce the treatment gap by 30%, in 18 months. (2) Validate this access to care model.

Methods: The program focuses on schizophrenia and epilepsy, is located in a pilot area and is based on three pillars:

1) Enable a team of Community Healthcare Workers to identify people with schizophrenia or epilepsy, orient them to the community healthcare center, support patients and their families and educate general population about schizophrenia and epilepsy.

2) Empower primary health care professionals to provide managed care for the people with epilepsy or schizophrenia.

3) Provide patients in Community Healthcare Centers with access to the specialist via a simple system of telemedicine

Results: A pilot district (Bambao Itsandra) was selected in the main island
A total of 90 Community Healthcare Workers were recruited
Training slide kits and Information-Education-Communication materials were prepared through workshops
Computers for telemedicine were bought
Feedback from the training sessions, activity of the Community Health Workers and first results will be presented

Conclusion: If the pilot program is successful a wider implementation in the Union of Comoros will be possible and also a scaling up to other mental disorders and even to other non-communicable disorders and in other Low-and-Middle-Income countries.
THE EPIDEMIOLOGICAL SURVEY ON PSYCHIATRIC DISORDERS IN A COMPREHENSIVE INTERVENTION PROGRAM FOR 5 PRIORIT Y AREAS IN THAILAND

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Objectives: 1) To explore the prevalence rate of major psychiatric disorders and estimate the gap between prevalence of psychiatric disorders and proportion of access to treatment among people with psychiatric disorders. 2) To examine factors associated with the psychiatric disorders.

Methods: The cross-sectional community based survey was conducted from May to Aug 2012. Target population was Thai people aged 15 years and older in 5 provinces. Systematic random sampling by stratified two-stage was employed and 4,300 people participated. Data was collected by using the MMSE (Mini-Mental State Examination) to identify Dementia and Mini International Neuropsychiatric Interview (M.I.N.I.) to identify other psychiatric disorders. All information gathered from fields was analyzed by using descriptive statistical analysis and multiple logistic regressions.

Result: Current prevalence rate of psychiatric disorders in population was 12.2%; 15.7% in 15-59 year old population and 6.6% in group of 60 year old and above. Accessibility rate of all psychiatric disorders had been very low. It was found that accessibility to detect and treat in substance (non-alcohol) use disorder, suicidality, alcohol use disorder and dementia were under 10%. However, accessibility rate for psychotic patients were higher than others (48%). Multivariate logistic analysis showed that factors associated with the presence of psychiatric disorders were male, age 25-44 years, widowed/divorced/separated of marital status, graduated university or higher level of education, previous history of psychiatric disorders, negative attitudes toward mental health, family member had history of substance use and important stress event(s).

Conclusions: This survey showed the high prevalence of psychiatric disorders among primary care attendance, specifically alcohol use disorder, suicidality and major depressive disorder. There is a wide gap between the prevalence of psychiatric disorders and proportion of assess to treatment on people with psychiatric disorders.
FURTHERING THE SEARCH OF SUPPORT FOR NEURODEVELOPMENTAL DISABILITIES IN DEVELOPING NATIONS: A LOOK AT ADVOCACY, DEVELOPING MODELS AND TREATMENT OPTIONS

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This presentation is centered on developing a support system structured around the unique needs of developing countries.

With the growing need for developing nations to begin the process of identifying Autism and other developmental disabilities determining the scope of their needs for intervention is an important task. The health care provider must have necessary treatment options as well as recommendations for advocacy based on cultural notions.

In many developing countries, afflicted populations routinely face discrimination or medical disparity from local health systems. The medical disparity is generally the result of limited skill of general duty health professionals to properly diagnose, and inadequate resources to support global “best practices” for autism and related neurodevelopmental disorders treatment programs. The limited access to establish diagnostic process and tools undermine the accurate assessment and ascertainment of the appropriate interventions.

While the World Health Organization (WHO) does not maintain global statistics on the prevalence of Autism Spectrum Disorder, its 2007 Global Burden of Disease report on mental and neurological disorders highlighted the critical situation the world faces with a growing Autism population.

This panel will describe indigenization of the procedures for screening and assessing neurobiological disorders, address cultural impediments to awareness, advocacy and intervention, manpower development, data collecting and models for success in developing nations.
PSYCHIATRIC MORBIDITY AND ASSOCIATED SOCIO DEMOGRAPHIC FACTORS IN YOUNG UNEMPLOYED PEOPLE OF PAKISTAN

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Aim:
To determine the psychiatric morbidity in young unemployed people and analyze associated socio demographic factors.

Subjects and Method:
The sample population comprised of unemployed people who came for applying for recruitment in Pakistan Army at various camps arranged in different parts of the country. General Health Questionnaire 12 (GHQ12) was used to screen the population for psychiatric morbidity. Score of 3 was used as Cut off score. Age, province, education, level of family income, tobacco smoking, naswar (a tobacco based substance) use, marital status, dependent family members, worrying about the future and social support status were correlated with high GHQ score.

Results:
Out of 2511 people 1887 (75.1%) had GHQ score more than 3 showing some psychiatric morbidity. 696 were Kashmiris out of which 540 (77.5%) were GHQ positive, 1329 were Punjabis out of which 978 (73.5%) were GHQ positive, 339 were Pakhtoons out of which 258 (76.1%) were GHQ positive, 129 were Bulti out of which 102 (79%) were GHQ positive and 18 were from other ethnicities out of which 9 (50%) were GHQ positive. With logistic regression we found that family size, smoking, naswar use, family income, family history of psychiatric disorder, lack of social support, and low education were significantly correlated with high GHQ score while age of individual, worry about future and marital status had no significant relation with high GHQ score among unemployed people in our study.

Conclusion:
This study showed a high prevalence of psychiatric morbidity among unemployed youth of our country. Special attention should be paid on poor people, people with low education and large families. Adequate social support should be provided to young people with no job and use of cigarette and naswar should be discouraged.

Key Words: depressive symptoms, unemployment, socio demographic factors, prevalence.
Psychiatry in Private Practice
DEEP FRIED NERVES: WHEN THE PSYCHIATRIST BURNS OUT
Ashok Bhattacharya
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After 30 years in medicine, I recently noticed a lot of my colleagues, including friends from medical school, were quitting their practices. After a year of research, I started writing a fiction. 

Deep Fried Nerves is a very personal story written from three perspectives: a narrator unfolds the story, dialogue engages us with the characters, and an ‘in the mind of the psychiatrist’ microphone coaxes empathy, which brings the reader into the centre of the impending storm. The main character, Dr. Aaron Norris, is not me, but everything he goes through is real. Deep Fried Nerves is an intimate examination of burnout and how it affects careers, relationships and families. During the story we get a close up view of therapy sessions with some very troubled clients; they manipulate, frighten, and frustrate the therapist. We follow Dr. Norris into his home and witness how his work affects relationships with his friends, wife, and twin teenage children. We see multiple conflicts of interest confuse Dr. Norris’s judgment…until he finally snaps. He ends up in therapy, which is where we understand how his past contributed to his burnout.

This session will discuss the inevitable issues of ‘balance versus burnout’ to those residents considering a career in psychiatry from a personal and intimate point of view. It will reinforce the idea that we are people in the practice on medicine. The session will provide up to 45 minutes of interactive dialogue.
TRANSCULTURAL PSYCHIATRIC EXPERIENCE IN A GERMAN METROPOLITAN PRIVATE PRACTICE
Medard Ferenc Kerekes
Praxis Kerekes Braunschweig, Niedersachsen, Germany

The author, a medical graduate from Romania, Hungary, psychiatric and addiction gained qualifications and 22 years of experience. 03.12.2012. on psychiatric-psychotherapeutic practice as purchased in Braunschweig (Lower Saxony). The existing practice for 23 years and there’s ever been recorded in the number of patients around. 11,000 The number of regular here coming outpatients, at least four times a year incoming, was 1056. At the end of the first year, a microepidemiological analysis was performed. Every fifth patient’s chart highlighting (representing 211 cases) we found that a multi-cultural populations are involved. 40% of patients in the Muslim (Turkish, Arab and Iranian), about 30% of German and 30% of other European. We examined a group of eight common diseases and syndrome in terms of ethnic and cultural origins. Indicated the relationship between the trans-cultural factors, and the healing tendency, along with medication and psychotherapy treatments used.
Psychoanalysis in Psychiatry
CARE TAKER” – “CARE” SYNDROME
Adrian Cesar Besuschio, Luis Oswald, Alipanahi Kamram, Mercedes Campi
Argentina

Symptoms and signs in workers on care of patients at final stages of illness, aged or mentally disabled. Between úcare takerí and úcareí arises a (bond) of specific object, protecting both against abandonment anxiety. úCare takerí takes possession of úcareí, úcareí takes possession of úcare takerí, becoming transitional objects, regulating their selfesteem - chronically diminished within them. Almighty control that úcare takerí, (úvictimizerí) exercises over úcareí, (úvictimí); protective control over both against abandonment can derive into distinctive qualities of psychopathological and fraudulent consequences. úCare takerí believes he holds over úcareí more rights than the patient*s family and physician do. He ministers to him, appreciates and needs him, hindering bond with family and physician, rivalling in fantasy and fact with them. At this point úcare takerí attempts to take possession of úcare*sí objects: property, bank account and to maneuvre with úcare*sí cash and pension money. úCareí takes possession of úcare taker*sí life and viceversa: problems begin with each other*s families-couple-friends-physicians. Uttermost expression becomes úaltruistic murderí: úcare takerí, fearing not be able to tolerate parting from úcareí at any time being transferred elsewhere, or hospitalized, or die, should take his life: as, when and where he deems it should be done, sometimes under the form of úeuthanasiaî in order not to lose almighty control over úcareí. This is included within a cluster of mental deseases which we propose with exclusively psychoanalytical criterion
CONSTRUCTING REALITIES: INTERACTION BETWEEN THE PSYCHOLOGICAL STRUCTURE AND THE ENVIRONMENT

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By understanding the constantly interactive constructive process which leads to the creation of our brain structure the roots of cultural phenomena become evident. This process starts long before birth and the traces of these earliest stages of subjective world creation can be recognized in different areas. Not only many cultural phenomena can be understood by integrating our knowledge of the interactivity of the brain-structure’s build-up, but also the practical implications of psychodynamic psychotherapies can be elucidated. A central aspect of the dynamics determining the evolution of societies as well as of individual psyches is psychodynamic splitting, which is for example at the core of any violent conflict and radical ideology. While a normal step in the development of individual psyches, the persistence of splitting in the adult psyche usually is linked to traumatic experiences which are stored in the subconscious and re-enacted later in life. Like any form of behaviour also trauma tends to be passed on from one generation to the next. To conclude in humans evolution has shifted from being mainly genetic to being mainly cultural (transmitted through conscious and subconscious knowledge) and thus can be actively shaped.
NEGATIVE COUNTERTRANSFERENCE IN PSYCHIATRY RESIDENTS AND TEACHING PSYCHIATRISTS DURING A FIRST PSYCHONALYTICALLY ORIENTED INTERVIEW: DOES IT RELATE TO ILLNESS SEVERITY?

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Countertransference (CT) includes a full range of cognitive, affective and behavioral responses that therapists experiment with their patients. Recent evidence indicates that countertransference can help understand the psychological reality of the patient, and also be a prognostic indicator of treatment. The objective of our study is to evaluate the relationship between negative countertransference and the patient’s psychopathology.

Methods: The modified Westen Countertransference Questionnaire (with a Negative CT domain) was applied to a group of psychiatry residents and teaching psychiatrists after observing a first psychodynamic psychotherapy interview through a one way mirror during the years 2012 and 2013. The patients clinical severity was measured with the Clinical Global Impression scale (CGI- severity of illness), and then categorized into mild, moderate and severe.

Results: We found an association between Negative CT domain and the patients clinical severity (CGI) where higher negative CT domain scores were associated with higher clinical illness severity (CGI). (Chi square of 7.996, with p= 0.018). Of the patients referred for psychotherapy 73% were women with mean age of 36.3 years. The most frequent referral diagnosis was Major Depressive Episode (76.9 %) and 38% had an Axis II diagnosis at the time of referral.

Conclusion: Our results suggest that psychiatrists react with more negative CT to more severe patients.
FAIRY TALE TEST IN SERIOUS PATIENTS: APPLICATION AND RESULTS
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OBJECTIVES
Serious patients need from specific means for the accomplishment of a good diagnosis. In a sample of patients with mental illness we are trying to focus on a diagnosis related to the psychic aspects, the mental processes (feelings, conflictive and thoughts), not only on the descriptive nature of the diagnosis. In this respect, we want to reveal that graphic techniques offer a wide range of possibilities which allow diagnosis and comprehension of this kind of patients, making it easier.

METHODS
1. Application of the Fairy Tale Test (FTT) in a five patients' sample during their admission.
2. Profile development for these concrete issues.
3. Evaluation of the results and the diagnostic benefits arising from the use of this test in the sample.

RESULTS
• Panic disorder: hysterical features, pathological narcissism. All of this in the frame of a different culture.
• Substance abuse and dependence disorder: maternal complex, emotional dependence, childishness.
• Personality disorder: pathology of the aggressiveness, paranoia, guilty feelings towards the mother.
• Bipolar disorder: basal hysterical features, superficiality, lack of implication.
• Psychotic Disorder: disruptive primary relations, oral dependence.

CONCLUSIONS
We find the FTT quite useful in our way to discover and deepen different interesting aspects of the patients' personality and emotional make-up. For all these reasons we could further elaborate different diagnosis based in a better understanding of their respective pathologies.

BIBLIOGRAPHY
CARE OF OUR OWN MENTAL HEALTH AS MENTAL HEALTH CARE GIVERS: THE EXPERIENCE OF A PSYCHIATRY RESIDENT DURING PROFESSIONAL PRACTICE WITH PSYCHODYNAMIC APPROACH TO PD

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Objectives
We aim to promote healthy mental lifestyles in young psychiatry residents during their professional training. Being involved in diverse techniques such as individual psychotherapy, participating in group therapy, or both, are experiences that would not only provide the opportunity for young practitioners to explore themselves and continue learning safely with other people, but would also become a fundamental tool which will certainly cause a positive impact on their clinical practice.

Methods
PubMed database was consulted using the keywords: psychiatry; psychiatry resident; mental health; psychoana-; psychodrama;+art. Literature was carefully reviewed, and experienced psychiatry professors and practitioners were interviewed.

Results
The authors discuss the importance for a psychiatry resident to experience different kinds of individual and group therapies from the patient’s perspective, and reflect on the relevance of developing psychodynamic training, corporal communication skills, and creative expression faculties which can be applied in every day’s psychiatric practice.

Conclusions
We believe that, as Mental Health care givers, psychiatry residents should look after their own mental health to better understand, empathize and treat mentally sick people. By experiencing different types of psychotherapy, individually with Psychoanalysis, in group therapy with Psychodrama, with both, and also with Art practice, a psychiatry resident can find a genuine and perceivable way of getting inside knowledge and understanding of their own mental structure and psychic functioning. These techniques confer personal and communicational skills that certainly affect positively the relation between the psychiatry resident and the patient, and can also help supporting any frustration or therapeutic impasse during therapy with severe psychopathology patients.
DEFENSE MECHANISMS IN PATIENTS WITH MAJOR DEPRESSION, ANXIETY DISORDERS, AND NORMAL INDIVIDUALS: A COMPARATIVE STUDY
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Objectives: At a normal functioning level, ego uses defense mechanisms to cope with stress and anxiety. Ego's deficiency in applying adjusted and influential defense mechanisms are considered as fundamental problems among people suffering from mood and anxiety disorders. The main aim of this study was to compare defense mechanisms in patients with major depression, anxiety disorders, and normal individuals. This study demonstrates the differences of defense mechanisms among the three groups.

Methods: A total of 224 individuals (87 depressed, 64 anxious, 73 normal) participated in this study, voluntarily. Following a psychiatric diagnosis of the psychological disorders, both the patient and normal groups were asked to complete the Defense Style Questionnaire (DSQ; Andrews, Singh, & Bond, 1993).

Results: The results revealed predominant defense of the depressed, anxious, and normal individuals as immature, neurotic, and mature, respectively.

Conclusions: Comparison of defense mechanisms of patients and normal individuals provides evidence of the possible impact of pathological defense mechanisms on the development and/or continuity of depression and anxiety disorders. The difference between defense styles of the two groups of depressed and anxious patients also could explain their differences in terms of the kind of psychological disorders.

Keywords: defense mechanisms, depression, anxiety, psychopathology
THE PROFESSIONAL IMPACT OF CHILD AND ADOLESCENT PSYCHOANALYTIC EDUCATION: A SYSTEMATIC ANALYSIS UTILIZING GROUNDED THEORY

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Objectives: The impact of training in child and adolescent psychoanalysis on the nature and quality of the professional activities of child and adolescent psychoanalysts (other than child and adolescent psychoanalysis) has not been systematically studied. This study continues a research program which examines the education and practice of child and adolescent psychoanalysts.

Methods: Twenty child and adolescent psychoanalysts, all members of the American Psychoanalytic Association, were interviewed using a semi-structured interview developed specifically for this purpose. Informed consent was obtained from all participants and identifying information was removed. Demographic features, professional and personal activities, and detailed descriptions of patients of a range of ages were explored in ten interviews of the sample of twenty. Grounded theory was applied to the content pertaining to how practitioners felt their training affected their general treatment of both children and adults. Two evaluators (Derish and Rice) collaboratively compiled the content and inferred categories in the method of Glaser and Strauss (1967).

Results: Six categories were found to be representative of the collected narratives. These categories suggested several distinct benefits of child and adolescent analytic education, including a decrease the clinician’s theoretical rigidity, an increase in his or her flexibility in providing an array of supportive interventions, and an increase in the clinician’s tendency to maintain realistic expectations of the clinical treatment of patients. There was additionally a hierarchy in terms of the frequency of incidents observed.

Conclusions: This study fulfilled 2 purposes. The first was to systematically evaluate the value of child and adolescent psychoanalytic education. A more broad purpose was to employ a research method that can be used for psychoanalytic research. Implications of these findings and grounds for future studies are explored and developed.
THE IMPACT OF SUPPORTIVE INTERVENTIONS IN PSYCHOANALYSIS: A SYSTEMATIC ANALYSIS OF PSYCHOANALYSTS’ PROCESS NOTES

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Objectives: Systematic studies of psychoanalytic technique offer a means to increase the evidence base within this diminishing domain of psychiatry. Psychoanalysts’ process notes provide a privileged means of accessing actual technique for systematic study. This study tested the hypothesis of more contemporary models of psychoanalysis that a flexible mix of both supportive and expressive interventions may correlate with clinical success.

Methods: The detailed process notes of four analytic case studies from the Treatment Center of the New York Psychoanalytic Society and Institute were marked for each occurrences when the analyst documented an intervention. A coding manual developed for this study enabled our group to independently code these interventions as either supportive or expressive/interpretive. Each case was evaluated by a panel for its clinical effectiveness. Linear regression was performed to assess for any putative correlation between the percent of supportive interventions in each case and the cases’ clinical effectiveness.

Results: Our coding manual demonstrated adequate inter-rater reliability. A moderate positive association was observed between the percent of supportive interventions and the clinical efficacy of the cases.

Conclusions: This study suggests that an increasing use of supportive interventions in psychoanalytic treatments was positively correlated with clinical success. As psychoanalysis reorganizes itself within the context of modern psychiatric care, this systematic finding supports analytic flexibility of technique in alignment with Eissler’s conception of analytic parameters. More significantly, it demonstrates that research methods that can be used for psychoanalytic research to reduce distance between psychoanalysis the remainder of the fields of psychiatry.
“THE PSYCHOGENESIS OF HUMOUR”: A PSYCHOANALYTICAL APPROXIMATION OF THE HUMOROUS WORKS OF MIGUEL NOGUERA, VIA THE STUDIES OF SIGMUND FREUD

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Objectives: within the so-called Spanish “post-humour” movement, the presence of Miguel Noguera stands out. The writer, artist and monologuist set out a new way of approaching humour, through which he referred to “ideas” and articulated reflections on a wide variety of themes, from a perspective dominated by the absurd and the grotesque, and by plays on words and meanings. Our study aims to analyse the intrapsychic mechanisms used by Noguera in the creation of jokes, basing our work on Freud’s “The Joke and its Relation to the Unconscious”.

Method: qualitative descriptive study in which we analyse the different techniques put forward by Freud, as a psychoanalytical model for the formation of jokes, in 20 of the “ideas” set out by the humourist Miguel Noguera in his book “Mejor que vivir”

Results: in the series of jokes we analysed, we have found at least one of the different techniques put forward by Sigmund Freud in his work.

Conclusions: the 1905 publication of Freud’s “The Joke and its Relation to the Unconscious” inaugurated a new intrapsychic understanding of the creation of the joke as a mechanism of the manifestation of unconscious material.

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UNDERSTANDING THE SENSITIVE DELUSION KRETSCHER REFERENCE FROM THE XIX CENTURY TO THE PRESENT DAY

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Objectives: Understand the sensory delusions of reference as a defense against certain internal conflicts that are mobilized during the subject's interactions with their social environment.

Methods: A case report of daily clinical practice from a Center for Mental Health whose delusional symptomatology can be understood by looking at the sensitive delusion of reference and its comparison with the case Wagner described by Gaupp in 1914. Study of the main aspects of the work of Kretschmer in comparison to the authors of the same time addressing the psychogenesis of delirium as Jaspers, Gaupp, Bleuler, Capgras, Sérieux and Freud.

Results: Looking at the paranoia from psychodynamic perspective allows for the understanding of the development of the same symptoms in patients with more than a century of difference in their biographical history, hence the importance of including the interpretations and psychodynamic mechanisms in the evaluation of these patients.

Conclusions: The sensitive delusion of reference is therefore a symptom better understood by considering the natural context of the subject and his personality; and by determining to the relations between the subject and reality, that is, by his biography.

Freud explored the individual’s reactions to an actual loss or disappointment associated to a loved person, or to a loss of an ideal. Plainly, he tried to explain why some people react with a mourning affect (surpassed after a period of time) and others succumb into melancholy (depression, as we call it nowadays).

Mourning is the reaction to the loss of a loved one or the loss of an abstraction which has taken the place of something (a country, freedom or an ideal, for example), and despite it involves significant disruptions from the normal attitude towards life, it should not be regarded as pathological. Thus, mourning occurs following an external object loss.

Melancholy, on another hand, arises from the loss of the object’s love and is an unconscious process where a remarkable decrease in self-esteem is observed. Culpability is also a feature clearly present in melancholic processes, as the object loss goes with guilt feelings, stressing the ambivalent feelings towards the lost object. Not only because the individual knows that he attacked (in fantasy or in real) the lost object, but mostly because he desired that same loss (for its unsatisfactory presence and love).

The development of manic defenses (with consequent manifestation of a grandiose, megalomaniac self) is often an “attempt” to deny melancholia, with no changes, however, in the depressive structure of the individual. Another way to (try to) "repair" depression may be, nonetheless, by psychosis (by delusions and hallucinations). To that end, as Abraham proposed, and Klein later elucidated, melancholic processes would also mobilize very primitive defence mechanisms, such as projection.

We report a case of a woman with a history of depressive disorder, admitted to our hospital with delusional and hallucinatory activity embodying a major depressive episode with psychotic features. A psychodynamic comprehension of these is attempted.
THE FEMININE AND THE MATERNAL IN INSTITUTIONAL CARE FOR ADOLESCENTS AND YOUNG ADULTS.
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All therapeutic institutions are implicitly or explicitly referred to the Maternal function as they receive, contain and surround the patients they treat. Caring functions are indeed very close to Maternal functions. The feminine (as well as masculine) introduces to the gender and generational differences, to the otherness at large, which are one of the main tool that can be used for therapeutic purposes with disorganized patients. Closely articulated with a caring environment, therapeutic sessions will have to trigger an elaboration of the connection between Feminine and Maternal, with the objective of re-building the patient's psychic space, an interiority that will allow him intimacy. This paper will discuss how, through the transference and the counter transference dynamics, conditions can be met to make possible in the patient's representations, disjunctions and articulations between Feminine and Maternal and how this can be of major usefulness in the treatment of psychically suffering adolescents and young adults. We will illustrate this hypothesis by brief vignettes of various psychopathological situations.

EL FEMENINO Y EL MATERNAL EN LOS TRATAMIENTOS PSIQUIATRICOS INSTITUCIONALES PARA ADOLESCENTES Y JOVENES ADULTOS.
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A través sus funciones de acogimiento de sostenimiento y de atención, todas la instituciones e tratamiento psiquiátrico se refieren al Maternal de manera más o menos explícita. Por su parte, el femenino (como el masculino) se refiere a la diferencia de los sexos y de las generaciones, es decir, de manera más general, a la alteridad en sus varias formas, nociones que son unos de los más útiles en el tratamiento psicoterapéutico de pacientes desorganizados. Estrechamente articulado con un entorno atento, sesiones psicoterapéuticas tendrán que desarrollar la elaboración de una conexión entre Femenino y Maternal con el objetivo de ayudar el paciente a re construir sus espacio interno, permitiéndole recuperar su intimidad amenazada por el proceso patológico. Esta ponencia discutirá como , a través de la dinámica de la transferencia y de la contra-transferencia, condiciones pueden ser reunidas para que permitir tanto las disyunciones como as articulaciones del Femenino y del Maternal en las representaciones del paciente y como este trabajo puede ser de grande aporte en el tratamiento psiquiátrico de pacientes adolescentes y jóvenes adultos. Ilustraremos esta hipótesis por viñetas clínicas de varias situaciones psicopatológicas.
WPA-0184 THE EVALUATION OF OBJECT RELATIONS IN PROFESSIONALS OF A PENITENTIARY SYSTEM HOSPITAL UNIT
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Objective: To evaluate the ability for human relationship in health professionals of a Penitentiary Hospital and the factors that influence their appearance.

Method: descriptive transversal study with the application of the socio-demographic questionnaire and the Bell Object Relations Inventory (BORRTI Form O). Exploratory analysis through descriptive statistics and univaried analyses that investigate the relation of the variables for inferential study.

Results: 458 subjects, average age of 34.2 years, 63.3% female, 49.5% with stable union. 27.5% have burnout and 9.2% have moderate to serious depression. The average out of 45 points of pathological answers regarding ability for human relationship, was 10.5, with 42.6% of the sample above this score. 15.1% have lack of basic confidence and loss of the value of interpersonal relationship; 13.9% present insecurity and vulnerability in close relationships; 33.6% have lack of empathy and distrust others’ motivation and 4.4% have discomfort and social inability to make friends. The variables that showed a statistically significant association with the BORRIT Form O results were: Young age ($p<0.001$), less than a year on the job ($p=0.05$) and not being recognised by their work ($p<0.001$).

Conclusion: The ability for human relationships reveals a consistent pattern of committed interpersonal functioning, that can potentialize the naturally difficult situations in this area and that can be complicated by the Unit’s dynamics.

Psychological Consequences of Torture and Persecution
THE ISTANBUL PROTOCOL - AN INTRODUCTION AND OVERVIEW
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The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, commonly known as the Istanbul Protocol, is a joint UN and World Medical Association standard, supported by WPA. Mental health and interdisciplinary collaboration are crucial aspects of the protocol. The workshop offers a basic training in all aspects of the protocol, that gives an excellent framework for the work with survivors of torture and similar acts of violence, based on a recent European Union funded project (ARTIP). E-learning will complement the workshop for interested participants.
THE PSYCHOLOGICAL IMPACT OF BEING A CHILD SOLDIER: A SYSTEMATIC LITERATURE REVIEW
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OBJECTIVES: To review all peer-reviewed data on the psychological impact on soldiers under 18 years old and to understand these in the context of children in antisocial gangs in the UK.

METHOD: With a systematic search strategy, 37 studies were identified and analysed for quality and prevalence of psychological morbidity and associations with war experiences. Only published articles in peer-reviewed journals were used. Validated quality checklists were used to assess the quality of studies.

RESULTS: Twenty studies reached an adequate level of quality and only two were longitudinal. Common limitations were lack of validated measuring tools, ambiguous methodology, poor sampling methods and a failure to report missing data. Depression, PTS, psychological distress, anxiety, phobias, panic disorder and conduct related problems were seen at higher rates in child soldiers. Being the victim of a war trauma was related to internalising difficulties and war crimes inflicted on others were related to externalising behaviours. The factors related to the reintegration process were seen as important mediators. There were some factors that contributed to post-traumatic growth.

CONCLUSION: Children experience a range of mental health difficulties following conscription or abduction, especially if the child is exposed to a cumulative number of toxic events and are faced with difficulties returning home with limited educational or economic opportunities. There are parallels with children in gangs in the UK, an under-investigated group. Further robust longitudinal research is required to draw similar associations.
NARRATIVE EXPOSURE THERAPY (NET) IN TORTURE VICTIMS IN POSTREVOLUTIONARY TUNISIA

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**Background:** Narrative Exposure Therapy (NET) is an evidence-based treatment for PTSD in survivors of multiple and complex trauma. A NET implementation programme was started in Tunisia in 2013 and the first target was represented by torture victims.

**Objective:** This study aims to examine the effectiveness of NET in managing PTSD in torture victims in Tunisia.

**Methods:** A prospective naturalistic study is being performed, including all torture victims benefiting from the services of DIGNITY’s local office in Tunis. Patients were divided into two groups: one which benefited from NET, and another one treated “as-usual”. Patients from both groups were assessed both initially and at the end of treatment for the following: posttraumatic stress disorder (PTSD) using the Harvard Trauma Questionnaire (HTQ); depression and anxiety using the Hopkins Symptom Checklist (HSCL) as well as disability using the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) in its 12-item version.

**Results:** The study is in progress. It started in June 2013 and will end in June 2014. Efficiency of NET is to be assessed through comparing HTQ, HSCL and WHODAS score changes with the “treatment as-usual” group.

**Conclusions:** Implementing NET in Tunisia would allow therapists to use a new tool in managing torture victims, a tool which not only proved efficient in treating PTSD but also can provide a full documentation of allegations.

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APPROACH TO THE IMPACT OF STROESSNER'S REGIME ON PARAGUAYAN PSYCHIATRIC PRACTICE
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Objectives: Characterisation of the influence of Stroessner's regime on Paraguayan psychiatric practice. Stroessner was a totalitarian leader who ruled from 1954 until he was overthrown in 1989 by coup d'état. His regime controlled the majority of Paraguayan population in both public and private sectors, leaving his mark until this day.

Methods: qualitative study based on interviews of Psychiatrists who practiced during Stroessner's regime in Paraguay.

Results: Psychiatric practice was characterised by being prominently phenomenological, not including the social aspects of the pathology, illness oriented, with no room for subjectivity and centred treatment solely on the biological aspects (drugs, ECT). Also, in some occasions psychiatry were known to act in complicity with the military dictatorship to coverup human rights violations.

Conclusion: The terror experienced during Stroessner's regime in Paraguay managed to infiltrate most of the population's way of thinking, feeling and acting. Psychiatry, acting as an organism of social control, wasn't impermeable to this phenomenon, and even in some occasions, was part of the State's reign of terror.
THE INFLUENCE OF ARMENIAN GENOCIDE ON ARMENIAN IDENTITY
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INTRODUCTION
National Identity is largely influenced by history of nation. Especially after mass trauma, such as manmade Genocide disaster, continuing their existence in various family and individual levels. In this report we will summarize the results of pilot study which we will than use for larger sample.

METHODS
The research is aimed to study consequences of transgenerational transmission of Armenian Genocide trauma.
We have chosen corresponding methodological basis. This is a report about of 6 months pilot study we conducted since summer 2013.
Data collection we are planning to get by using the following instruments:
  a) Free associations, provide basis for identifying the existing traumatic contents,
  b) TEMPS-A is a questionnaire to identify the affective temperament of the subjects and their relation to the various expressions of trauma,
  c) Structured interview to identify the psychological defense strategies utilized by the subjects,
  d) Physiological responses using the Synchronous Polygraph.
The Polygraph records Galvanic- Skin reactions (GSR), Cardiovascular and Respiratory responses up to 15 seconds after the stimulus.

SAMPLE
The research sample will include about 2500 permanent dwellers with Armenian nationality from the Republic of Armenia and Artsakh and various Armenian community individuals from Diaspora.
We consider the involvement of different generation representatives in the sample differentiating between 5 age groups and we stratify the sample according to gender criteria as well.

RESULTS
Transmission of trauma is quite important: it is differs between persons or generations with different mechanisms. For individuals who have an existential need to mourn the unresolved grief, which has been a case for Armenian Genocide, the encapsulation of psychological traumas are transmitted and re-enacted in the ongoing process and the process of transmission does not always automatically occur. An acknowledgment and understanding of their losses is a necessity for identity crisis and unfinished mourning
DEVELOPING A MENTAL HEALTH PROGRAM FOR REFUGEES BASED ON PARTICIPATORY ACTION RESEARCH: EXPERIENCE FROM SÃO PAULO, BRAZIL

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Objectives: Considering the difficulties found in the attempt to evaluate the prevalence of mental disorders in refugees, the authors used an action research for the approach to refugees’ mental health. The study is a participatory action research aimed at developing a mental health program for refugees living in São Paulo, Brazil, based on an understanding of the refugees' perceptions about their experiences and psychodynamic aspects.

Methods: Data were collected through the combination of techniques as participatory observation, focal groups and deep interviews. The participant selection represented the diversity of refugee's country of origin, gender and ages. A total of 24 focus groups and 12 in-depth interviews were conducted. All interviews were recorded and transcribed verbatim. Data from the interviews were analysed according to grounded theory.

Results: The analysis based on a theoretical model of social representation combined with a psychodynamic perspective has identified important clinical considerations for the mental health approach to refugees. Based on the results, a mental health program was developed for the refugees living in São Paulo.

Conclusions: The results demonstrated the importance of culture and the social experience in ego development. Evidence was given for splits and different types of defence mechanisms, such as projection and idealization, which adds to our understanding of refugees' relationship to health services. The study emphasized the need to revise interventions in mental health area when we are delivering care to individuals who do not belong to the so-called "western world" and who are victims of violence, reinforcing the applicability of the qualitative method in this area.
This study aims to identify the impact on socio-economic status & mental health of head of households (HoH), imprisoned in Israeli detention.

**Methods:** The study was performed Nov. 2011 among 358 West Bank families who were selected from a database of the Ministry of Detainees & Ex-Detainees whose HoH were detained as political prisoner for at least 1 year. Of all families, the replacing HoH as well as up to 4 other family members filled in a special questionnaire to identify the conditions of the arrest, & the impact on the family. PTSD, BDI, BSI, & FAD were used to measure the socio-economic & mental health impact.

**Results & Conclusions:** 35% of men & 62% of women were interviewed; the impact of the (conditions of) arrest on the family mentioned - almost 60% reported severe damage to the household; 40% mentioned their homes were repeatedly raided after detention & felt scared & intimidated, & 42% reported that family members had been verbally abused during the arrest; 89.3% of 358 reported that the HoH detainees were tortured or ill-treated during detention. When visiting their relatives, nearly 90% were harassed, intimidated, & subjected to excessive physical searches. Over 3/4 reported being detained at checkpoints; 1/3 reported being strip-searched. The socio-economic impact of detention of detention of the HoH meant that >85% of families suffered from financial hardship, the most severe among newly married women whose spouses were detained. Over half of the families reported that they lost a source of protection. The mental health assessments revealed that >60% of children suffered from recurrent nightmares; both men & women showed signs & symptoms of sadness, anxiety, stress, sleep disorders, loss of appetite & headaches. Diagnoses of PTSD (57%), depression (22%), anxiety disorder (44%) & physical pains of psychological origin (33%) were assessed.
The presentation summarises 20 years of psychological experiences with the daily work, training and supervision of the staff of the refugee shelters in Hungary.

Dealing with refugees * more than a three-quarter trauma/torture survivor - is a special psychological stress on the members of the staff: social workers, nurses, medical staff and even the administrative staff. The fluctuation in the number of the caregivers is remarkable. The stressors are the high number of the caseload, the challenging circumstances, the inability to fulfill sometimes the basic needs of the asylum seekers, the social setting. Frustration and anger raises on the side of the client evoking special psychological defences in the caregivers. The traumatic elements of the behavior of the client evokes the traumatic memories of the caregiver creating a traumatic space in their daily being. The shadow of the aggressor raises up evoking special psychological mechanisms* like projective identification, dissociation etc. - in the caregiver. It might go so far that in certain settings and the caregiver might temporarily unconsciously turn into the ÓperpetratorÓ. Social context and hierarchy also might have an input. Due to vicarious trauma and the consequential special psychological phenomena the staff members cannot fulfill their professional mandate without adequate mental support.

WPA-0371 PSYCHOPATHOLOGICAL RESPONSE OF WAR TORTURE SURVIVORS
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Objectives: The aims of this research were to register social-demographic characteristics of subjects, methods of war torture, mental disorders and stress coping strategies of the subjects who had experienced war traumas and war torture in particular.

Methods: Research involved 200 subjects divided into four groups. Experimental group consisted of 50 torture victims which were treatment seekers, and which were also traumatized as refugees. First control group consisted of 50 torture victims who did not seek treatment. Second control group consisted of 50 persons who had trauma of being refugee but did not experience torture. Third control group was 50 persons without experience of torture or being a refugee. We used: General questionnaire for social and demographic characteristics, Scale of the applied torture methods, Scale for evaluation of the stress coping strategies, SCL 90 questionnaire to register psychological symptoms, and Mississippy questionnaire to evaluate post traumatic stress disorder.

Results: The subjects of experimental group significantly differed from control groups regarding intensity of psychopathology and use no adaptable coping strategies. Correlation between torture and psychopathology is positive and statistically significant. Correlation between torture and coping strategies is not statistically significant, which impose that, beside torture, personality structure has strong impact on use of the coping strategies. Correlation between psychological symptoms and adaptable coping strategies is negative and statistically significant.

Conclusion: Torture victims are the most damaged population. It is necessary to provide them adequate rehabilitation which should include definition of their status, from which moral, legal and financial compensation will originate.
Psychological Sciences
COGNITIVE PSYCHOTHERAPY IN SCHIZOPHRENIC PATIENTS
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The construct of schizophrenia remains shrouded in mystery. Single disease? Disease Group? Etiology? There is a common pathway or multiple pathways to the full manifestation of the disorder? The distorted perception of reality seems to be the common factor of the above sets. We can not, we leave aside the broader cognitive dysfunction, and progressive over time, as neurocognitive impairment. This dysfunction becomes inadequate brain function (hyperfunction in dopaminergic hyperfunction accumbens and prefrontal cortex) and aversive life experiences. Features in schizophrenia are excessive psychophysiological reactions and cognitive, affective and behavioral abnormalities product mentioned. The integrated conceptualization of cognitive therapy for schizophrenia model encompasses the inclusiveness of the brain as a means to describe the genesis of this disease. When stress and cognitive impairment are combined, just causing hyperarousal of dysfunctional schemas and resource savings that leads to the onset of symptoms, as well as the reduced reality testing and semantic fragmentation of formal thought disorder. Dysfunctional beliefs and assumptions involved in the development and maintenance of symptomatic dimensions are also subject to therapeutic interventions. Activating networks and alternative brain structures, cognitive therapy helps patients to access their cognitive reserve to reduce symptomatology and other factors that prevent goal-oriented and achieve an improved quality of life activity.
BEYOND COMPASSION FATIGUE: PSYCHIATRISTS REPORT FEWER STRESS, PATIENT, AND CLINICAL BARRIERS TO COMPASSION THAN OTHER DOCTORS

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Objectives: Compassion is an expectation from medical regulatory bodies, from patients and from physicians themselves. Though compassion is a critical aspect of effective clinical care, studies to date have focused on compassion fatigue. Conducted within the framework of the Transactional Model of Physician Compassion, this study is the first to offer an alternative to the notion that doctors cease to care because they get tired of caring, assessing a range of factors that impede compassion in clinical care. Comparisons in terms of barriers to compassion among specialities will be made.

Methods: In 2011, a pilot sample of 75 physicians generated an initial list of barriers. A final 34 item Barriers to Physician Compassion Questionnaire (BPC), was administered to approximately 400 physicians together with measures assessing demographics and practice-related variables, stress, locus of control, and trait compassion. In 2012 a second study looking at more than 580 NZ doctors using the BPC and relevant outcome measures including burnout, income, and self-compassion was conducted.

Results: As expected, the barriers to physician compassion were not unidimensional. Component analyses revealed the presence of four distinct, face-valid, and discriminable factors – physician burnout, external distractions, difficult patient/family, and complex clinical situation. All barrier factors had adequate internal reliabilities (>0.70) and good patterns of convergent and divergent validity. Overall, psychiatrists and surgeons appear to experience fewer barriers to compassion compared to GPs, Internists, and Paediatricians. Psychiatrists report a lower barrier scores in terms of burnout/stress (relative to GPs and Internists), difficult patients/families (relative to GPs, Internists, Paediatricians) and uncertainty/complex situations (relative to GP and Internists). External distractions as a barrier to compassion was similar across all 5 specialities.

Conclusions: Remaining compassionate in clinical practice is difficult. Identifying the specific barriers to compassion illuminates targets for both future interventions as well as the training of psychiatrists and other medical practitioners.
PREVALENCE OF BURNOUT AND ITS CORRELATES AMONG RESIDENTS IN A TERTIARY CARE CENTER
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Objectives: To study the prevalence of burnout and its correlates among interns and residents at Government Medical College, Thiruvananthapuram, Kerala, India.

Methods: A Cross Sectional study of burnout of 558 interns and residents of Government Medical College, Thiruvananthapuram, Kerala, India. Data was collected by distributing among the participants the Copenhagen Burnout Inventory which assesses burnout in the dimensions of Personal burnout, Work burnout and Patient related burnout, using 50 as the cut off score for each dimension. Correlates for burnout among participants were also assessed. Univariate and Bivariate analyses were done.

Results: The overall personal, work and patient related burnout were 55.2 %, 34.8 % and 35.12 % respectively. Burnout was found to be the highest among the interns in the domains of personal burnout (64.05 %) and patient related burnout (68.62 %) and in junior residents for work related burnout (38.87%). Super specialty senior residents had the least prevalence of burnout in all three dimensions. Among the residents, Non Medical/Non Surgical residents had the least prevalence of burnout all three dimension, whereas surgical specialty residents had the highest of personal burnout (57.92 %) and Medical specialty residents had the highest patient related burnout (27.13%). Both medical and surgical specialty residents had equal prevalence of work burnout. The study also showed that as the number of years of residency increased, the burnout also increased i.e., the first year residents had the least and the third year residents had the highest prevalence of burnout in all 3 dimensions. Significant gender difference in burnout was not noticed in the study.

Conclusion: The results and findings have been discussed.
DEPRESSIVE SYMPTOMS ARE INDEPENDENTLY ASSOCIATED WITH PAIN PERCEPTION IN COLOMBIANS WITH RHEUMATOID ARTHRITIS

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Objectives: To examine the relationships between psychosocial factors and reported pain in Colombians with Rheumatoid Arthritis (RA).

Methods: One hundred and three RA patients [85% from the lowest socio-economic strata (SES) in the country] were recruited from outpatient centers in Neiva, Colombia were administered the Disease Activity Scale (DAS) , which included a Visual Analog Scale (VAS) arthritis pain / activity rating, Zung Depression Scale, State-Trait Anxiety Inventory (STAI), Interpersonal Support Evaluation List-12 (ISEL-12), and Symptom Checklist-90 Revised (SCL-90R).

Results: VAS pain was not associated with socio-demographic or medical factors, but was negatively associated with ISEL tangible subscale (r=-0.22, p<0.01). VAS pain was positively associated with Zung Depression Scale (r=0.38, p<0.001), STAI-State and STAI-Trait Anxiety (r=0.23 and r=0.25, p’s<0.01), SCL-90R Global Severity Index (GSI) and Positive Symptom Total (PST) (r=0.23 and r=0.29, p’s<0.05), and SCL-90R Somatization, Depression, and Anxiety sub-scales (r=0.30, r=0.28, and r=0.20, p’s<0.05). Socio-demographic characteristics theoretically associated with pain perception (gender, age, and SES) explained only 2.4% of the variance of VAS scores (R²=0.02, p=0.49). The full model, including psychosocial factors significantly associated with VAS scores, explained 18.9% (R²=0.19, p<0.05). The Zung Depression Scale was the only factor independently associated with VAS pain, such that higher depression scores were associated with higher VAS ratings (B=0.13, p<0.01), controlling for gender, age, SES, STAI-State, STAI-Trait, ISEL tangible, SCL-90R GSI, and SCL-90R PST.

Conclusions: Depressive symptoms, anxiety, social support, and psychopathological symptom distress were associated with pain ratings, but only depressive symptoms were found to be uniquely associated with higher pain perception taking into account socio-demographic characteristics and other psychosocial factors. Findings provide evidence for the need to assess and treat pain in RA in Colombia from a bio-psycho-social perspective, and the low SES nature of the sample permits generalization of findings to other parts of Latin America.
THE SENSE OF TIME IN CHRONIC DIALYSIS PATIENTS HAVING DIFFICULTIES WITH FLUID ADHERENCE.

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Analysis of the relationship between temporal perspective and the risk of non-adaptive behaviors, manifesting in problems with adherence to fluid intake restrictions.

Sixty-one patients, aged 23–81 years (M=59; SD=13,9) on chronic hemodialysis at the Department of Nephrology of The Krakow University Hospital were qualified to the study. The study group consisted of 30 patients with poorer fluid regimen adherence and the control group of 31 patients, who maintained fluid regimen. The patients were qualified on a basis of the average interdialysis weight gains measured nine times during three weeks. The P. Zimbardo and J. Boyd ZTPI test was used to determine the temporal perspective. The statistical analysis was performed using the Statistica Stats Soft Version 10 with the statistical significance level established at p<0,05. The authors used correlation analysis, parametric significance, t-Student’s test and logistic regression.

Comparison between groups showed, that people unable to control the thirst are characterized by temporal perspective based on a domination of negative perception of experience from the past and fatalistic sense of actual reality. In patients it manifests in problems in evaluation and in resilience, lack of reflection on consequences of their actions.

The authors proved that difficulties in adapting to the fluid intake restrictions in chronic hemodialysis patients are significantly associated with temporal orientation towards negative aspects of the present and the past.
ASSESSMENT OF IMPULSIVITY IN OBESE PATIENTS.
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Objectives and Methodology: Obesity is a multiorgan disorder that is caused by eating a much larger overeating that the body needs to live. Obese people tend to eat a lot and after hours, is there a linear relationship between increased impulsivity and obesity? Do the obese people ingest impulsively? Are there differences between the sexes regarding impulsivity? Our goal is to make an assessment of impulsivity in the obese population that is followed at the outpatient Endocrinology. We start with a sample of 125 patients attending consultation specializing in Obesity and Bariatric Surgery in Puerta del Mar Hospital (Cádiz). Patients were handed the Plutchik impulsivity questionnaire.

Results: In our sample, the majority of obese patients (61.6%) did not show high levels of impulsivity, while 38.4% did show markedly impulsive traits. A larger sample is needed to reach a conclusion and to extrapolate the results to the general population.

Conclusions:
- People with morbid obesity have higher impulsivity and a binge eating; in addition they have more psychopathology, mainly affective, greater impulsivity and greater severity on scales that assess the core symptoms of disordered eating behavior and body dissatisfaction.
- Human beings have two strong trends: impulsivity and self-control, and from these positions makes decisions based on rewards and consequences that generate such elections. Structures of the brain located in the frontal and parietal lobes have been recognized as responsible for the assessment of temporal circumstances involved in the trial to receive benefits after making a decision. Memory and the ability to associate past experiences with future consequences of decisions modulate the process.

References:
REPETITIVE THINKING QUESTIONNAIRE-10: VALIDATION OF THE PORTUGUESE VERSION

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Introduction
Although there are several measures of repetitive negative thinking/RNT available, the items of most of these instruments are content-specific and related to particular diagnostic groups. This has limited the advance of our understanding of RNT as a transdiagnostic process. Repetitive Thinking Questionnaire/RTQ (McEvoy et al. 2010) items were drawn from other well established measures and were modified to remove diagnosis-specific content. The RNT-10 is a short version of the RNT scale (Mahoney et al. 2012).

Objective
To investigate the psychometric properties of the RNT-10 Portuguese version.

Methods
The Portuguese preliminary version of the RNT-10 and the Portuguese version of Perseverative Thinking Questionnaire/PTQ-15 (Chaves et al. 2013) were administered to a community sample of 552 university students (425 girls; 80.3%). The mean age was 19.72 (±1.147). To study the temporal stability, 242 (207 girls; 85.5%) respondents answered the MCQ-30 again after approximately six weeks.

Results
The MCQ-30 Cronbach alpha was “very good” (α=.84). All the items contribute to the internal consistency. The test-retest correlation coefficient was high, positive and significant (.59; p< .001); there was not significant difference between test and re-test scores [28.88±9.481 vs. 28.81±8.545, t (233)=1.246, p=.214]. RNT-10 and PTQ-15 significantly and highly correlated (r=.540). Following Kaiser and Cattel Scree Plot criteria, only one factor was extracted, meaning that the scale is unidimensional.

Conclusions
The Portuguese version of RNT-10 has good reliability and validity. Being a transdiagnostic measure, it could be very useful to assess individuals with several emotional disorders, both in clinical and research contexts.
SUBJECTIVE WELL-BEING AND ILL-BEING: DIFFERENCES BETWEEN A CLINICAL AND A NON-CLINICAL SAMPLE

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A growing body of research suggests that positive indicators of well-being should be included in the assessment of mental health in the clinical settings (Duckworth et al., 2005). The main goal of the present research was to examine the differences between a clinical and non-clinical samples in emotional distress and subjective well-being. The clinical sample consisted of 145 out-patients (M_age = 42.48 years), divided into three groups: depressive disorders (N = 58), anxiety disorders (N = 42), and mixed anxiety-depression (N = 45). The non-clinical sample included 165 participants (M_age = 42.02 years). Participants completed measures of depression, anxiety, stress, life satisfaction, and positive affect. A one-way MANOVA revealed a significant multivariate main effect, Wilks’ λ = .58, F(15, 834.09) = 12.10, p < .001. Significant univariate main effects were obtained for all dependent variables: Depression, F(3, 306) = 42.99, p < .001; Anxiety, F(3, 306) = 40.58, p < .001; Stress, F(3, 306) = 22.56, p < .001; Positive affect, F(3, 306) = 24.73, p < .001; Life satisfaction, F(3, 306) = 15.15, p < .001. The depressive disorders group reported higher levels of depression and lower levels of positive affect and life satisfaction, than all other groups. The anxiety disorders group reported similar levels of distress and positive well-being as the non-clinical group, significantly lower levels of distress than depressive disorders and mixed anxiety-depression groups, and similar levels of positive well-being as the mixed group. The mixed anxiety group reported greater distress and lower positive affect than non-clinical group, but these two groups did not differ in life satisfaction. The findings suggest that using both ill-being and well-being measures provides a more comprehensive picture of mental health.

References
EMOTIONAL EXPRESSION IN HEMATOLOGICAL PATIENTS DURING THE PROCESS OF ADAPTATION TO THE TREATMENT

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Patients in various ages and diverse stages of chemotherapy treatment conducted because of marrow cancer were analyzed for differences in emotional expression.

90 patients, including 36 men and 54 women, 18 to 85 years old, all treated in the Department of Hematology and Internal Medicine in Rydygier Hospital in Cracow were enrolled in the study. 15 of them were in the course of diagnosis and 75 during a chemotherapy treatment. In the research a line of oncological therapy was taken into account. Courtauld Emotional Control Scale, developed by Watson and Greer and Life Orientation Test-Revised, devised by M. F. Scheier, C. S. Carver and M. W. Bridges were used. The statistical analysis was performed using the Statistica Stats Soft Version 10, Stats Direct, statistical software, Version 2.7.2 and the statistical significance level was established at p < 0.05. The material is presented in the form of distribution parameters. An analysis of variance single-and multi-factorial, containing interactions between factors was used.

Investigation of emotional self-regulation in the course of treatment revealed that experiencing anger and fear change significantly in subsequent stages of treatment. There is also a relationship between an age and an expression of negative emotions. Especially an anger, as a reaction to the threat to important values, is characteristic for young patients. The level of optimism does not change with successive stages of treatment, it is also not associated with age. However, it is important moderator of emotional control and regulates the expression of anger. This relationship does not apply to the youngest age group and patients who are in the course of diagnosis.

Adaptation to the treatment of the chronic disease is a dynamic process, in which the way of emotional expression may fluctuate over a time. Life optimism moderates the expression of negative emotions.
RELACIÓN ENTRE DÉFICIT EN RECONOCIMIENTO EMOCIONAL Y RESPUESTAS EMOCIONALES A IMÁGENES AFECTIVAS EN PACIENTES CON LESIÓN ÚNICA EN HEMISFERIO DERECHO

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OBJETIVOS
Se estudia la posible alteración en la respuesta emocional a imágenes afectivas en pacientes con lesión vascular única en hemisferio derecho (HD), respecto a población normal. Se investiga la asociación entre la alteración en el procesamiento emocional y un déficit en el reconocimiento facial emocional (RFE).

MÉTODO
Fueron evaluados 46 pacientes (µ edad=68,93; σ=12.62; 52% varones) y 46 sujetos control (µ=67,28; σ=18.29; 50% varones), homogéneos en variables sociodemográficas y clínicas, basadas en entrevista, y administración de Mini-Mental State Examination y Hamilton Depression Rating Scale.

Para evaluar REF, se utilizaron 59 imágenes (Ekman, 1993) que la muestra identificó según tipo de emoción expresada (alegría, miedo, sorpresa, tristeza, asco, ira). Para evaluar la respuesta emocional, 54 representaciones del Sistema Internacional de Imágenes Afectivas (IAPS) (Lang, 1999), fueron mostradas a los sujetos, quienes evaluaron su valencia subjetiva entre 3 categorías (agradable, neutro, desagradable) en una escala de 9 puntos.

RESULTADOS
Ambas muestras mostraron diferencias en REF total (t=2.751, p=0.007), y las emociones de ira, asco, alegría y tristeza (p<0.05). No presentaron diferencias en IAPS. Sin embargo, se observan diferencias en REF entre pacientes con puntuaciones en IAPS extremas (altas para estímulos positivos, y/o bajas para negativos), y aquellos con puntuaciones tendentes a la neutralidad (t=-2.851,p=0.007). Además, existe correlación entre valencia en fotografías agradables y rendimiento en REF, en este grupo (r=0.357,p=0.015).

CONCLUSIONES
Los pacientes con lesión única en HD presentan un déficit en REF. No muestran diferencias en procesamiento emocional. Sin embargo, existe una relación entre ambos, sugiriendo que el procesamiento y el reconocimiento emocionales podrían ser procesos interdependientes.
WPA-0119 THE DEVELOPMENT OF PSYCHOPHYSIOLOGICAL ESTIMATION COMPLEX FOR DRIVERS’ PROFESSIONAL ACTIVITIES RELIABILITY

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The analysis of driver's activity shows that it's closely connected to great psychological and power expenses, presence of considerable number unforeseen, with high level of danger and risk. Therefore working out and introduction in practice of a psychophysiological estimation of professional drivers' work reliability complex will promote to detect low reliability professional drivers, and also to prevent mental disorders of drivers.

Methods: The aim of this work is to analyzed drivers’ professional activity and to work out a complex of a psychophysiological estimation of professional drivers. Methods of supervision, the analysis of documents, expert estimations, a professiongrams and psychogramshave been applied.

Results: The complex consists of following techniques: "Looking for the numbers with switching", "Ten words", "Tapping test", "Technique for dynamic characteristics of the subject definitions" by Y. Strelyau, "The technique of colour elections" by M. Lusher, S. Rozentsveig’s methodology, "The technique of dominating strategy of behaviour in the conflict studying" by K. Tomas, test "State of health, activity and mood", "The technique of defining motivation to achieve success and avoid failures" by T. Ellers, computer tests "Visually-motor reactions" and "Speed of an estimation of installation on action formation". Drivers, whose infringements of the indicators have been detected, are characterized by the high probability of wrong actions and unreliable professional activity.

Application of the developed complex of a psychophysiological estimation of professional drivers' work reliability is one of the key links of mental disorder prevention for participants of traffic, occurrence of road and transport incidents, economic damages.
WPA-0238 THE EFFECT OF NEURO-FEEDBACK ON VERBAL AND VISUAL MEMORY OF STUDENTS AND ITS RELATIONSHIP WITH EDUCATIONAL SELF EFFICIENCY.
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Neuro-feedback is a safe, non invasive and relaxed way for which researches show that it can be an effective treatment to recognize and treat many diseases.
This research aims to study the effect of Neuro-feedback on verbal and visual memory of students in Rafsanjan medical school in 2013 and its relationship with educational self-efficiency.
In this regard 30 medical students were simply selected randomly from men and women equally.
They were classified to two groups, 15 people in experiment group and 15 people in control group.
In pre-test stage all tested people (two groups) took Kim Karad verbal and visual memory test and Wexler educational self-efficiency test.
In this experimental study, by pre- and post-test plan with control group, students in experiment group were trained by neuro-feedback in 15 sessions and students in control group weren't trained. After the end of period, all students of both groups were revaluated by Kim Karad verbal and visual memory test and Wexler educational self-efficiency test and data was analyzed by descriptive and inferential statistical test including variance analysis by repetitive sizes. The results of research show that there is no meaningful relationship between the effect of neuro-feedback on educational self-efficiency of people studied in both groups (P=0.058). But there is a meaningful relationship between the effect of neuro-feedback on students' verbal and visual memory (P<0.05).
Finally it can be concluded that neuro-feedback affects students' verbal and visual memory and there is no relationship between the effect of neuro-feedback and educational self-efficiency.

Keywords: Neuro-feedback, Verbal memory, Visual memory, Educational self-efficiency
A STRUCTURAL MODEL WITH THE FACTORS THAT INFLUENCE SENSE OF COHERENCE IN LATE ADULTHOOD

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Background and aims: This research aims to explore a structural model of sense of coherence' predictors in a cross-cultural older population.

Methods: Measures were completed using a variety of culturally appropriate methods, including mail-outs, self-administration and interviews. For the purposes of this study, the Sense of Coherence Scale, the Adjustment to Aging Scale, one measure of cognitive functioning - the Mini-Mental State Examination (MMSE) and demographics, were included. All variables prompted fewer than 1% missing values and complete data were available for 709 older adults (M = 82.4, SD = 6.45, (range 74-102)) from eight different nationalities. Structural equation modeling was used. Controlling for age, gender and country of origin, we assessed the level of sense of coherence of elderly people, and its predictors.

Results: Sense of coherence is predicted, not only by self-reported spirituality, but also by adjustment to aging, among other variables. Sense of coherence was significantly associated with age progression (β = .426; p = .001) and perception of health (β = .381; p = .001). All estimates were statistically significant (p<.01).

Conclusions: Specifically in late adulthood, changes may affect older adults' worldview and thus their SOC. The older individual with a strong SOC has a greater ability to mobilize and exploit potential resources. In brief, this study stresses the predictors of sense of coherence in older age. Recommendations for future research on older adults' sense of coherence and clinical practice are also presented.

Key Words: Predictors, structural equation modeling, older adults, sense of coherence, adjustment to aging.
PSYCHOLOGICAL STRESS CAUSES RELATIVE INFERTILITY THROUGH DIRECT CHANGE IN THE FREQUENCY PATTERN OF GNRH RELEASE FROM THE HYPOTHALAMUS

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Objectives:
Evaluation of oscillation pattern of GnRH release by the hypothalamus in different mental states

Materials and Methods:
Twenty two patients were evaluated by a computer algorithm to find oscillation of LH/GnRH pulsation measured on four sessions (day 6 and 14) every 10 minutes within two consecutive cycles in addition to the MCMI-III and Hamilton test.

Results:
The pattern of oscillation was indirectly correlated with Hamilton scale and the anxiety state and showed statistically significant lowering of frequency during anxiety and depression states. Besides, the slope of GnRH between two consecutive sessions (d0GnRH0/GnRH1dt) showed also a prominent reduction and even flattening. In addition the time to ovulation was also postponed in cycles with prominent anxiety.

Conclusions:
1. Psychological stress exerts its effect through a reduction of pulsation frequency in GnRH release.
2. Pattern of GnRH pulsation changes in the range of ¼ to 1/15 of the baseline and external stimuli have strength of changing hormonal milieu in this range.
3. MCMI-III is an excellent tool for evaluating psychological state of the patient.
4. Patients with borderline, schizoid, dependent, depressed and passive aggressive personality suffer most from irregularity of menstruation cycles.
5. Patients with chronic major depression are subject to menstrual irregularity highest during stabilization of disease and in the early phases of recovery after treatment with SSRI.
6. Treatment of depression/anxiety causes a reduction of menstrual cycles length.
7. Measurement of GnRH, FSH, LH and Estradiol on two sessions one week apart is a nice marker for regularity and ovulation.
SUPPRESSION OF MORPHINE INTAKE IN RATS THROUGH DISTURBANCES OF SEROTONERGIC SIGNAL TRANSDUCTION

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The study concerns effects of polyclonal antibodies to a novel serotonin-modulating anticonsolidation protein (SMAP) being in direct relationship with serotonin level and providing intracellular transduction of serotonergic signal, on positive reinforcement effect of morphine in rats. The task was formed in Wistar male rats in the model of morphine self-administration as a result of pressing of one of two levers attached to the wall, joined to the pump delivering each time 100 ìg of morphine directly into the vena jugularis. In the 1st series of studies brain cingulate cortex and hypothalamus were taken from the rats achieved stable level of morphine intake and SMAP level was measured with indirect immune-enzyme assay. It was shown that in the morphine self-injected rats SMAP level in the cingulate cortex was significantly upregulated (p=0.01), while in the hypothalamus it was left unchanged. In the 2nd series of studies the rats with stable level of morphine intake were administered intraperitoneally with anti-SMAP rabbit polyclonal antibodies (experimental group) or non-immune α-globulins (control group). Soon after antibodies administration the animals of the experimental group demonstrated many times decrease of morphine intake lasted for 8 days (p<0.008), whereas it did not change in the controls. SMAP upregulation in the brain cingulate cortex in the rats with stable morphine intake, obviously, indicates to its engagement in positive reinforcement effect of morphine. Blockade of SMAP activity with anti-SMAP antibodies in the nerve cells induced sharp decrease of morphine intake due to disturbances of transduction through intracellular serotonin’s signal channels.
PATTERNS OF SALIVARY CORTISOL LEVELS IN ANXIETY DISORDERS

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Objectives: Salivary cortisol level is considered as a useful indicator of hypothalamus—pituitary—adrenal axis (HPAA) dysfunction in many psychiatric disorders. Most data suggests elevated awakening cortisol response in anxiety disorders with salivary cortisol levels reaching 19 -30 mmol/l on average.

Aim: To determine whether patients with anxiety disorders show a specific daily cortisol patterns and is this pattern connected with the level of symptoms (e.g. anxiety, depression, sleep disturbances).

Methods: The study population comprised patients with primary diagnosis of anxiety disorder qualified for combined group and individual psychotherapy. Symptom Checklist was used to assess the levels of patients’ symptoms. Cortisol levels were measured in three saliva samples (at awakening, 30min after awakening, at 2200h).

Results: The obtained results were similar to previous research. There were two typical daily cortisol patterns: with higher morning cortisol levels and with lower morning cortisol levels. Morning cortisol levels correlated with the level of some anxiety symptoms.

Conclusions: Anxiety disorders are characterized by at least two specific daily salivary cortisol patterns. The question arises, what determines particular daily cortisol pattern and how particular cortisol pattern influences patients’ treatment outcome.
**ZINC AS A MARKER OF CLINICAL DEPRESSION?**

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**Objectives:** Depression is common psychiatric illness with high risk of morbidity and mortality. Recent two decades brought a new insight into the pathophysiology of depression. An excess glutamate release and hyperactivation of the NMDA receptor are the basis of glutamatergic theory of mood disorders. Zinc inhibits the NMDA receptor and seems to play an important role in clinical depression. The aim of the study was to evaluate the role of zinc in the etiology of depression and role of zinc as a possible marker of that illness.

**Methods:** Based on clinical data from databases such as PubMed, Medline and Cochrane's, mean zinc concentrations in peripheral blood were lower in depressed patients compared to healthy controls.

**Results:** The zinc concentration in the serum of patients that at the end of the observation met the criteria for remission or therapeutic response was increased, and did not differ significantly from the concentrations found in healthy subjects. The pathophysiological processes and related to these clinical symptoms of depression can be related to the excitatory processes associated with increased glutamate activity through the N-methyl-D-aspartate (NMDA) receptors. Preclinical study showed hyperactivation of glutamatergic system under zinc-deficient conditions indicating an important role of zinc in modulation of glutamatergic neurotransmission, which protects brain against neuron damage also observed in depression. Moreover, zinc deficiency leads to reduction in CREB/BDNF/TrkB dependent neural plasticity pathways, which are important in antidepressant response.

**Conclusions:** Zinc plays a significant role in the course and pathogenesis of depression. In depressed patients zinc increases the effect of antidepressants and modulates the inflammatory response in depression. There are many clinical trials needed to answer the question whether zinc may be considered as a marker of depression and how the potential of zinc ions can be used.
“THE MAN WHO COULD NOT STOP WALKING”
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Introduction:
Akathisia is a complex syndrome that is characterized by subjective inner restlessness and objective motor manifestations.

Akathisia is a frequent and common adverse effect of treatment with antipsychotic (neuroleptic) drugs.

Numerous risk factors for acute akathisia have been described and the exact pathophysiology of akathisia is still unknown. Since akathisia is a drug-induced adverse effect, optimal management involves its prevention rather than treatment.

The Case:
A 62 year old male was brought to the Psychiatry with complains of a feeling of restlessness, pacing around in the house, disturbed sleep and urinary urge incontinence. The patient and relatives gave no history of being put anti-psychotics medication prior to this presentation.

There was history head injury an year before to these complains, with neuro-imaging not revealing any significant findings.

Method:
A psychiatric-neurosurgical co-consultation was the strategy adopted with patient being management on an indoor basis. Scales like the Barnes Akathisia Rating Scale & Simpson-Angus Scale and the Abnormal Involuntary Movement Scale were run on the patient for a detailed evaluation.

Results/Conclusions:
After being admitted under Psychiatric care started on anti-cholinergic agents (Procyclidine) and Amantadine, which showed improvement in his symptoms of Akathisia, associated with Parkinsonian features.
AFFECTIVE AND NON-AFFECTIVE PSYCHOSIS: IS COGNITION AFFECTED BY OXIDATIVE STRESS IN THE SAME WAY?

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OBJECTIVES

The objective of the study is to examine the association of baseline total antioxidant status (TAS) and glutathione (GSH) levels with short and long-term cognitive functioning in patients with early onset first-episode psychosis, comparing affective and non-affective psychosis.

SUBJECTS AND METHODS

80 patients (9-17 years) an 97 healthy controls were included in the study. Blood samples were taken at admission for measurement of TAS and GSH and cognitive performance was assessed at baseline and after 2 years of follow-up. Regression analysis was used to assess the relationship between TAS or GSH levels ar baseline with cognitive performance at both time points, controlling for confounders (tobacco use, antipsychotics consumption and socioeconomic status).

RESULTS

Linear regression models found a significant relationship between baseline TAS and cognition, both at baseline (B=0.405, p=0.048) and 2 years after (B=0.705, p=0.005). By diagnostic group only the non-affective patients showed the relation between oxidative damage and cognition.

CONCLUSION

The insult of oxidative stress in cognitive performance affects affective and non-affective psychotic patients in a different manner, both at baseline and 2 years after the illness onser, being present only in the group of non-affective psychosis. This fact could be due to a different capacity of modulating damage in affective disorders, at least in the earlier stages of the illness.
PHYSICAL ACTIVITY ACROSS BODY MASS INDEX IN FEMALES: MODERATING EFFECT OF ENDOCANNABINOIDS AND TEMPERAMENT

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Objectives: Endocannabinoids and temperament traits have been linked to both physical activity and body mass index however no study has explored how these factors interact in females. The aims of this cross-sectional study were to: 1) Examine differences between distinct body mass index groups on physical activity, temperament and endocannabinoids; 2) Analyze the relationships between temperament, endocannabinoid concentrations and physical activity in subjects of varying body mass index.

Methods: physical activity was objectively measured by means of the wrist-worn accelerometer Actiwatch AW7, in a sample of 189 female participants (43 morbid obese, 30 obese, and 116 healthy-weight controls). The Temperament and Character Inventory-Revised was used to assess personality traits. Body mass index was calculated by bioelectrical impedance analysis via the TANITA digital scale, using a stadiometer to measure height. Blood analyses were conducted to measure plasma endocannabinoid concentrations. Path analysis was performed to examine the association between predictive variables and physical activity.

Results: Obese groups showed lower physical activity, and reported lower Novelty seeking, Harm avoidance, and Reward dependence than healthy-weight controls. Concentrations of plasma endocannabinoids 2-arachidonoylglycerol (2-AG) and N-stearoylethanolamide (SEA) were also greater in obese groups. Path-analysis identified that temperament traits [Novelty seeking (b=.50, p=.026) and Reward dependence (b=.37; p=0.040)] and endocannabinoid concentrations [namely anandamide (AEA), b=.19; p=.017] acted as mediators, having a significant influence on physical activity. Body mass index was negatively associated with physical activity (b=-.17, p=0.022).

Conclusions: Obese individuals showed a distinct temperament profile and plasma endocannabinoid concentrations compared to controls. Temperament and endocannabinoids may act as moderators of the low physical activity observed in obesity.
NEUROPSYCHOLOGICAL SUBSTRATES FOR MINDFULNESS
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Aim: Most of the research studying the functional and neuroanatomical basis of meditation and mindfulness are carried out with small samples or need to be replicated. Therefore, to extract entirely valid or definitive conclusions is not easy. This study means to do is to contribute to elucidate the psychophysiological and neural underlying basics nowadays according to the best good-quality available scientific information.

Development: The work is a qualitative, non-systematic, narrative review which is mainly based on the search in PubMed and ISI Web of Knowledge until the end of 2013.

Results: The knowledge of the effects of meditation on the brain physiology is limited, but there are evidences showing that it affects the function of the autonomous and central nervous system, activates the neuronal cells involved in attention and regulates emotions. Meditative practice is associated with changes in the neuroplasticity of anterior cingulate cortex, insula, temporo-parietal junction, fronto-limbic neuronal network and others. These changes can work together producing better selfregulation. Mindfulness provides more adaptative emotional metacognition and better physiological rates of autonomous regulation.

Conclusions: Specially in the long term, meditators show structural differences in grey and white brain matter due to neuronal plasticity.
BASES NEUROBiológicas del insight en los trastornos psicóticos

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Objetivos: Uno de los conceptos más característicos en psicosis es la ausencia de insight o la falta de conciencia de enfermedad. Existen diferentes modelos, no excluyentes entre sí, que a lo largo de los años han intentado explicar la causa del déficit del insight. En un extremo la falta del insight se define como defensa psicológica, mientras que en el otro como un déficit neurocognitivo. Los estudios de neuroimagen han identificado redes o circuitos neuronales responsables del procesamiento de información. Una de las regiones más consistentemente relacionada con las tareas cognitivas de auto-reflexión es la corteza prefrontal, estructura de la línea cortical media. La hipofrontalidad está perfectamente establecida dentro de las anomalías en la conectividad neuronal cortical en estos trastornos.

Método: Revisión bibliográfica al estilo Vancouver, utilizando libros de medicina, revistas científicas y artículos de la red.

Resultados: Los estudios con técnicas de neuroimagen funcional proporcionan datos de alteraciones estructurales en varias regiones en la anatomía cerebral durante las tareas cognitivas, entre ellas de auto-reflexión, relacionadas con el déficit del insight.

Conclusiones: Los estudios indican que entre un 60-80% de los pacientes no creen tener una enfermedad, y más de 50% presentan déficit moderado-grave. Cada vez hay más datos científicos que relacionan la poca conciencia de enfermedad con anomalías funcionales y estructurales del cerebro. La auto-reflexión es un proceso cognitivo que puede ser la base neurobiológica del déficit del insight en los trastornos psicóticos, por lo que cada día se da más importancia a la rehabilitación, no porque las conexiones neuronales lesionadas se puedan reparar, sino porque las funciones cognitivas se pueden desviar a otras regiones del cerebro que no estén dañadas.
CHRONOBIOLOGICAL THYROID AXIS ACTIVITY COULD PREDICT ANTIDEPRESSANT RESPONSE IN MAJOR DEPRESSION

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**Background:** We previously demonstrated that the difference between 11 PM and 8 AM TSH response to TRH tests on the same day (ΔΔTSH test) is reduced in about 75% of drug-free depressed inpatients. This study sought to determine whether this chronobiological index, at baseline and after 2 weeks of treatment, could predict antidepressant response.

**Methods:** The ΔΔTSH test was performed in 50 drug-free DSM-IV euthyroid major depressed inpatients and 50 hospitalized controls. After 2 weeks of antidepressant treatment the ΔΔTSH test was repeated in all inpatients. Antidepressant response was evaluated after 6 weeks of treatment.

**Results:** At baseline, ΔΔTSH values were significantly lower in patients compared to controls (p<0.000001): 38 patients (76%) showed reduced values (i.e. ΔΔTSH ≤ 2.5 mIU/L). After two weeks of treatment, 20 patients showed ΔΔTSH normalization (among them 18 were subsequent remitters), while 18 patients did not normalize their ΔΔTSH (among them 15 were non remitters) (p < 0.00001). Among the 12 patients who had normal ΔΔTSH values at baseline, 8 out 9 who had still normal values after 2 weeks of treatment were remitters, while the 3 with worsening thyroid axis function (i.e. reduced ΔΔTSH value after 2 weeks of treatment) were non-remitters (p<0.02).

**Conclusion:** Our results suggest that after 2 weeks of antidepressant treatment: 1) an abnormal ΔΔTSH test could predict non-remission, and 2) ΔΔTSH normalization is associated with subsequent remission. Thus, chronobiological restoration of the thyroid axis activity precedes clinical improvement and may predict the therapeutic outcome in major depression.
Psycho
neuroendocrinology
METABOLIC AND GENETIC PROFILE OF AN EXTENDED FAMILY OF BIPOLAR DISORDER SUBJECTS

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Objectives: Evidence points to a high prevalence of physical illnesses in subjects with bipolar disorder (BD), but few studies evaluated BP subject relatives. Hence, we conducted a cross-sectional study in an extended family in Merida, Venezuela, where subjects with type I BD have been detected.

Methods. After signing a voluntary informed consent, all the available subjects aged ≥ 6 years were interviewed for psychiatric diagnosis (DSM-IV-R). The following variables were assessed in fasting conditions: body mass index, waist circumference, blood pressure, serum glucose, lipids and leptin, insulin resistance index (HOMA-IR) and single nucleotide polymorphisms for the leptin receptor and promoter and for the PPAR-γ gene. The Metabolic Syndrome (MS) was diagnosed according to Latin American (for adults) and Venezuelan (for children and adolescent) criteria respectively. Results for adults were compared with the Venezuelan general population (GP) with the binary logistic regression with age and sex as covariates.

Results. Ninety six subjects (n [< 18 yrs.] = 30; [≥ 18 yrs. = 66]) were evaluated. In adults, BD was diagnosed in 3 subjects (4.5%). The MS frequency did not differ among the groups. Significantly higher frequency (p > 0.05) of abnormal waist circumference and glucose (in adults only), total and LDL cholesterol (p = 0.000) were observed in the family. More metabolic abnormalities were observed in the “wild type” PPAR-γ and leptin receptor genotypes in adults (p < 0.05) and marginally in subjects below 18 yrs (p = 0.08).

Conclusions. Relatives of BD subjects display a high frequency of metabolic abnormalities.

References:
ARIPIPRAZOLE ADJUNCT TREATMENT TO THYROID SUPPLEMENTATION FOR HYPOTHYROIDISM ASSOCIATED PSYCHOSIS
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Objectives Hypothyroidism is a medical condition encountered in a variety of clinical settings. It can present a wide range of psychiatric manifestations: personality disturbance, neurotic traits and psychotic features—myxedema madness (1). Inadequate thyroid hormone has widespread consequences for the body (2,3). Aripiprazole as an atypical antipsychotic could be initiated as an adjunct treatment to thyroid replacement. Levothyroxine or L-thyroxine is a replacement for a hormone that is normally produced to regulate the body's energy and metabolism. We report a case of clinical hypothyroidism that came to clinical attention due to myxedema madness consisting of auditory and visual hallucinations.

Method A 40 year old woman (no prior psychotic history) who was brought in by police to the emergency department of a Psychiatric clinic Sarajevo. According to the police report she stated that she was being attacked by her husband, she had heard a voice and saw microscopic bugs.

Methods Laboratory values remarkable for (TSH) level of 43.79 μU/mL, repeat TSH level of 53.13 μU/mL, (T4) less than 1.0 μg/dL, and (T3) level of 24 ng/dL. A subsequent brain magnetic resonance imaging study: normal. The patient was started on low-dose thyroid replacement therapy and low dose of aripiprazole to treat the hallucinations.

Results: Her hallucinations slowly began to disappear, and the patient had no further psychiatric symptoms. Laboratory values (TSH) back to normal range.

Conclusions: Treatment with an antipsychotic as an adjunct to thyroid replacement could lead to more rapid resolution of psychosis secondary to hypothyroidism.

ROLE OF OXYTOCIN IN THE PERINATAL PERIOD: ASSOCIATIONS WITH ATTACHMENT REPRESENTATIONS, INTER-PERSONAL RELATIONSHIPS AND PSYCHOLOGICAL DISTRESS

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Objectives: There is emerging evidence that disruptions in oxytocin function are associated with impairments in social functioning and affiliative behaviours, including maternal bonding. This study examined the association between peripheral oxytocin level and 1) maternal mood symptoms 2) attachment style, upbringing and inter-personal representations in postpartum mothers.

Methods: From a systematically sampled cohort of women recruited during pregnancy for a longitudinal study of mother-infant interactions, 57 women at 3-months post partum participated in this study examining the peripheral oxytocin levels.

Results: Lower levels of oxytocin was found to be associated with higher scores of depression (r= -.373), anxiety (r= -.35) and Adult Separation Anxiety (r= -.355). Further, oxytocin level was positively associated with confidence (r=.481) and negatively associated with discomfort with closeness (r=.385), need for approval (r= -.268) and preoccupation with relationship (r= -.395). Lower oxytocin level was also associated with avoidant (r= -.478) and anxious attachment (r= -.390) representations, higher scores on “resentful” (r= -.358) Mother-to-Infant Bonding pattern as well as experience of mother’s own upbringing characterized by “father indifference” (r= -.275) and “father abuse” (r= -.275). Further meditational analysis revealed that the unique association between anxious attachment and depression is mediated by separation anxiety and that depressed mood mediated the relationship with oxytocin.

Conclusions: In the context of a securely-attached female with a positive affect state, oxytocin release, a key regulator of the mother's mood and social response to stress assists in diminishing anxiety by reducing amygdala activation and dampening hypothalamic-pituitary-adrenal activity, thus facilitating secure attachment and positive affiliation thereby shaping optimal bonding with her infant, via the link between oxytocin and the dopaminergic reward circuitry. This coupled with the observation that lower oxytocin level is associated with negative interpersonal representations and upbringing attributes and avoidant or anxious attachment style has significant implications for understanding the biological processes underpinning negative affect state and bonding difficulties in the perinatal period.
NEUROENDOCRINOLOGICAL CORRELATES OF EMOTIONAL AND SOCIAL BEHAVIOURS
O. Lopatina
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A deficit in the healthy behavioural formation leads to limitation of human well being. Complex biological processes require in vivo analysis and facilitate translational research with using mice as a study models of various psychopathology. The neuropeptides oxytocin and arginine vasopressin are synthesized in the paraventricular and supraoptic nucleus of the hypothalamus, and involved in social behaviour formation from rodents to humans. The transmembrane glycoprotein CD38 is required for ADP-ribosyl cyclase activation, cyclic ADP-ribose production and Ca^{2+} mobilization. Neuropeptide FF (NPFF) plays an important role in pain modulation, water balance, cardiovascular control, anxiety, learning and memory. The hypothalamic paraventricular and supraoptic nucleus are main regions of oxytocin and vasopressin synthesis and targets of NPFF neuron projections. We used mice with CD38 gene disruption and show that CD38-dependent cyclic-ADP-ribose- sensitive intracellular Ca^{2+} mobilization has a key role in oxytocin release from soma and axon terminals of hypothalamic neurons, with profound consequential changes in social behaviours. Alteration of CD38 function and the resultant disturbance of oxytocin secretion may explain some forms of impaired human behaviour. We studied the interaction of NPFF with oxytocin-vasopressin system in order to assess different behavioural outputs using a mouse model lacking NPFF. We carried out a behavioural analysis and systematic in situ hybridization analysis to examine the vasopressin and oxytocin mRNA expression in the mouse hypothalamus; analyzed oxytocin and vasopressin release from the posterior pituitary. Our results indicate that NPFF gene deletion modulating anxiety-like behavior through regulating the vasopressin and oxytocin mRNA expression and release.
ROLE OF OXYTOCIN IN AUTISM SPECTRUM DISORDERS

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Objectives: Oxytocin is a nonapeptide synthesized in the hypothalamus in the paraventricular and supraoptic nuclei. It participates in the development of normal social bonds and aberrations in this system may contribute for developing independence and aloofness(2). Oxytocin in humans is involved in affiliative behaviors such as nursing, mating, social attachment, bonding, sexual behavior, social memory and support, human trust and parental behavior (3, 4). The objective was to study the hypothesis that disturbances in oxytocin function contributes to behavioral abnormalities associated with autism(5).

Methods: Literature was searched on PubMed using the keywords oxytocin and ASD. Around 50 articles from 2005 to Dec 2013 were reviewed.

Results: Multiple studies have demonstrated lower overall plasma oxytocin levels and the ratio of inactive oxytocin precursor to active oxytocin peptide was found to be higher in children with autism compared to controls (6, 7). Children with ASD also did not show increase in oxytocin with age (8). It has been hypothesized that mutations in enzymes that post translationally process oxytocin which belong to the proconvertase family, mutations in oxytocin receptor, defects in peptide processing or increased oxytocin precursor peptides may play a role in the pathogenesis of ASD(6, 9, 10).

Conclusions: Studies which research about maternal oxytocin and the correlation with that of their children with autism are lacking. Oxytocin infusion has been shown to improve maternal bonding and infant attachment, has effects on social adaptation throughout life, including increased trust, more responsive couple interaction, decreased social fear, and improved social skills among individuals with autism. Administration of exogenous oxytocin – intranasal route or by infusion decreased the core autistic repetitive behaviors (11). There was also improvement in social cognition and quality of life. Oxytocin could be a possible therapeutic agent in the management of ASD.

References:
OXYTOCIN, CLINICAL RESPONSE AND SEXUAL SIDE-EFFECTS IN SEROTONERGIC TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER (OCD) – A PLACEBO CONTROLLED STUDY

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Objectives
The drug treatments of choice for OCD are serotonin reuptake inhibitors (SRIs). However, a correlation between the neuropeptide oxytocin and the severity of OCD has previously been shown, and oxytocin and serotonin are interconnected within the brain. Furthermore, oxytocin has been implicated in serotonergic sexual side-effects in animals. This is the first study in humans exploring the possibility that oxytocinergic mechanisms contribute to anti-obsessive effects and sexual side-effects of SRIs.

Methods
In a randomized, double-blind trial, comparing SRIs (clomipramine and paroxetine) with placebo in 36 adults with OCD (characterized for subtypes), plasma oxytocin was measured with radioimmunoassay after plasma extraction, at baseline, after 1 week, and after 4 weeks of treatment. This was related to baseline OCD severity, clinical response after 12 weeks, as measured by the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), and sexual side-effects, rated in detail with an ad-hoc scale.

Results
Baseline plasma oxytocin correlated positively with baseline Y-BOCS ratings. During treatment, changes of plasma oxytocin did not differ between SRI and placebo treatment. However, in SRI responders and non-responders plasma oxytocin changed in opposite directions during treatment. After 4 weeks, treatment responders had attained higher oxytocin levels compared to non-responders. The intra-individual range of plasma oxytocin between measurements (i.e. oxytocinergic reactivity) was significantly higher in responders than non-responders, and also lower in patients with autistic traits. Contrary to previous animal findings, increase of plasma oxytocin was associated with decreased sexual interest and delayed orgasm.

Conclusions
The associations between baseline oxytocin and OCD severity and between oxytocin changes and treatment response support the notions that oxytocin is involved in OCD pathophysiology, and that the anti-obsessive effects of SRIs are partly exerted through oxytocinergic mechanisms. Furthermore, SRI-induced sexual side-effects were related to changes in the oxytocinergic system.
CORTISOL ABNORMALITIES IN DRUG NAÏVE FIRST EPISODE PSYCHOSIS AND SCHIZOPHRENIA AND RELATED PSYCHOPATHOLOGICAL IMPLICATIONS

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Objectives: Dysregulation of Hypothalamic-Pituitary-Adrenal, (HPA), axis has been hypothesized to participate in the emergence of psychosis, yet findings have been inconsistent. The aim of the study was to investigate cortisol’s function in different phases of psychosis without the confounder of medication and to evaluate potential correlation with psychopathology.

Methods: In this prospective cohort study, serum cortisol levels were longitudinally (8 am, 12 pm and 6 pm) measured in age matched males, presented with a first episode of psychosis (FEP, n:28) being drug naïve or minimally treated (<3 days), in patients with schizophrenia, (SCZ, n:17), and in healthy controls (HC, n:23). All patients were psychopathologically evaluated with the use of both PANSS and its recently suggested five factorial edition.

Results: Cortisol’s fluctuation during day time differed significantly, in the FEP group compared with HC, (p<0.05), as opposed to the SCZ group which did not show deviated cortisol fluctuation. Cortisol’s day time fluctuation was not correlated with any psychopathological parameters in any of the 2 patients’ groups apart from the FEP group that showed significant positive correlation with the excitement factor, (p=0.05, r=0.339).

Conclusions: The alteration in the stress system is more pronounced in FEP patients. The aberrant daytime cortisol fluctuation favors the stress diathesis hypothesis of emergence of psychosis. Yet, the lack of association of cortisol’s aberrant fluctuation with psychotic symptomatology obscures cortisol’s role in the aetiopathology of psychosis.

References
PSYCHIATRIC SYMPTOMS IN KLEINEFELTER SYNDROME AND TESTOSTERONE REPLACEMENT THERAPY: A BRIEF REVIEW AND CLINICAL CASE

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Objectives
The aim of this report is to do a brief review about psychiatric symptoms in Kleinefelter Syndrome and describing a case.

Methods
Review the patient clinical file, as well as published and referenced scientific articles on MedLine/PubMed.

Results
The presence of an additional X-chromosome, Kleinefelter’s Syndrome (KS), is the most common sex chromosome disorder that affects 1 in 500 men, characterized by hypogonadism, androgen deficiency and impaired spermatogenesis. Patients may exhibit the classic signs of this disorder: gynecomastia, tallness, infertility, sparse body hair, whereas others, because of the wide variability in clinical expression, lack many of these features.

The prevalence of KS among psychiatric patients is five times higher than in general population. Epidemiological studies have reported an increased incidence of XXY karyotypes in psychiatric disorders ranging from anxiety and depression to psychosis. It is also possible they have poor impulse control and attention deficit disorder.

As for the clinical case, it is a male patient, 33 years old, married, with KS. He had a history of multiple depressive episodes, characterized by increased appetite, hypersomnia and fatigue. He presents irritability, dysphoria and suicidal ideation.

Patient tried many treatments, but he always maintained some of depressive symptoms, until he starts testosterone replacement therapy.

Conclusion
According to literature, men with hypogonadism commonly report loss of libido, dysphoria, irritability and fatigue. Such sequelae overlap signs and symptoms of major depression and may be a high degree of comorbidity.

Treatment with testosterone replacement corrects androgen deficiency and also has positive effects on mood, energy and self-esteem as well as decreased anger, anxiety and irritability. The mechanism of potential antidepressant effect is unclear. Hypogonadism itself may lead to depression, and treatment of the endocrinologic condition could improve psychiatric symptoms.

This report also shows the importance of attending to sex chromosome disorder in male with resistant depressive symptoms.
WEIGHT CHANGES IN SHORT-TERM PSYCHIATRIC INPATIENT
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Objetives: the present study was to characterize the changes of weight in patients with psychiatric disorderss admitted in a short-term unit and identify contribuiting factors to these changes.

Methods: prospective, observational study by convenience sampling, performed between March and May of 2013, in acute unit - São João de Deus.at the Casa de Saúde do Bom Jesus-Braga. Questionnaires were used, carried out review of clinical processes and collection of anthropometric data, including weight, height and body mass index (BMI).

Results: 30 female patients were included, with 43.3 age (± 9.76) years; 36.7% with diagnosis of mood Disorder (ICD-10) and 16.7% Schizophrenia. The average weight at admission was 65.30 (± 12.42) kg and 66.67 (± 12.06) kg on discharge; the BMI was 25.96 (± 5.39) and 26.4 (± 5.17) respectively. The patients who reported consumptions of alcoholics have significantly lower BMI than the abstinent both in admission (p=0 .027) and discharge (p=0 .05). Patients with non-psychiatric co-morbidities have higher BMI at admission (p=0 .014) and discharge (p=0 .027)

Conclusion: the present study demonstrates that patients admitted in an acute inpatient psychiatric unit were overweight or obese at admission. It turns out that the consumption of alcohol and the presence of medical co-morbidities influence the weight both in admission as discharge. Unlike other studies, there was no association between weight and smoking, which may be related to the legal authorization to tobacco consumption in the inpatient in Portugal. The reduced sample size did not allow to identify other factors relating to the weight, particularly with regard to psychiatric drugs. The monitoring of patients ' weight seems to constitute itself as a valuable tool for the follow-up of patients.
CHRONOBIOLOGICAL TSH AND PROLACTIN RESPONSES TO TRH: RELATIONSHIP TO SUICIDAL BEHAVIOR IN DEPRESSED PATIENTS
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Background: A substantial body of evidence suggests that thyrotropin-releasing hormone (TRH) acts as a homeostatic modulator in the central nervous system. In depressed patients, TRH hypersecretion may be seen as a compensatory mechanism in order to normalize serotonergic (5-HT) activity. We have hypothesized that a decrease in 5-HT function triggers an increased TRH secretion that secondarily normalizes 5-HT neurotransmission. Furthermore, we have also recently suggested that this compensatory mechanism is not effective in depressed patients with a history of suicidal behavior (1), which could play a role in the sustained 5-HT hypoactivity consistently linked to suicidal behavior.

Methods: We studied the thyrotropin (TSH) and prolactin (PRL) responses to 8 AM and 11 PM TRH stimulation tests, carried out on the same day, in 122 euthyroid DSM-5 major depressed inpatients with suicidal behavior disorder (SBD) (current [n=71], in early remission [n=51]); and 50 healthy hospitalized controls.

Results: Baseline TSH and PRL measurements did not differ across the 3 groups. In SBDs in early remission, TSH and PRL responses (expressed as the maximum increment above baseline value after TRH [Δ]) were indistinguishable from controls. Compared to controls and SBDs in early remission, current SBDs showed lower 11 PM-ΔTSH (both p<0.02), lower DDTSH values (differences between 11PM-DTSH and 8AM-DTSH) (both p<0.00001), and lower baseline free thyroxine (FT4) levels (both p<0.00001). In current SBDs, ΔΔPRL values (differences between 11PM-DPRL and 8AM-DPRL) were lower than in controls (p<0.006) and were negatively correlated with lethality (r= -0.45; n=71; p<0.0001). Among current SBDs, violent suicidal attempters (n=15) showed lower TRH responses than non-violent attempters (n=56) (8 AM-ΔTSH, p< 0.006; 11 PM-ΔTSH, p<0.00002; ΔΔTSH, p<0.03; ΔΔPRL, p<0.04).

Conclusions: Our results suggest that central TRH secretion is not altered in depressed patients with SBDs in early remission. The findings that current SBDs exhibit reductions in both TRH-induced TSH and PRL evening responses, associated with decreased FT4 levels, support the hypothesis that hypothalamic TRH drive is reduced (2)—leading to an impaired TSH and PRL resynthesis in the pituitary during the day after the morning TRH challenge. In violent suicide attempters, the marked abnormalities of TRH test responses might indicate a greatest reduction in central TRH drive. We suggest that a decreased hypothalamic TRH activity may play key role in the pathogenesis of suicidal behavior.

References:

INTRODUCTION: Secondary depression is a depression in an individual who has one or more preexisting, nonaffective psychiatric disorders or an incapacitating or life-threatening medical illness which precedes and parallels the symptoms of depression. Depression is a common symptom in diseases of the thyroid and adrenal glands. A pheochromocytoma is a rare, catecholamine-secreting tumor that may precipitate the symptoms associated with their release. Psychological signs associated with pheochromocytomas include: a sense of impending death, the symptoms of fear, panic and agoraphobia.

OBJECTIVE: to highlight the importance of a multidisciplinary approach for timely diagnosis and appropriate therapeutic treatments.

METHOD: a retrospective analysis of case.

CASE REPORT: 38 year old woman, was first examined by internist because of the intense headaches followed by sleep difficulties, loss of appetite, anxiety, agitation and fear of death. The beginning of symptoms she linked to loss of her brother. After that she was admitted to the psychiatric hospital under the diagnosis of suspected depression. During the psychiatric examination she showed symptoms of reactive depression. Because of persisting symptoms of headache and frequent hypertensive crisis a detailed diagnostic evaluation was performed. It was found that the levels of cortisol were increased. Furthermore, CT of the adrenal glands showed the presence of tumor. At the end surgical treatment was recommended. After completing the surgery, symptoms of depression disappeared.

CONCLUSIONS: This case points out the growing importance of Liaison Psychiatry in terms of the development of a multidisciplinary approach. Endocrinology is the only one of the branches of the somatic medicine which needs psychiatrists as consultants.

KEYWORDS: secondary depression, endocrine disorders, Liaison Psychiatry

REFERENCES:
FROM HYPOPHYSIS TO AGGRESSIVE BEHAVIOUR – A 37-YEAR-OLD MAN WITH HYPOGONADOTROPIC HYPOGONADISM

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Objectives
To review a clinical case of a 37-year-old man with mental disability and new-onset hypogonadotropic hypogonadism caused by a craniopharyngioma.

Methods
Case file study and presentation, supplemented by literature review.

Results
Hypogonadotropic hypogonadism is caused mainly by hyperprolactinemia, pituitary lesions, Cushing syndrome, opiates or alcohol abuse, use of anabolic steroids, severe or chronic illness, infiltrative or infectious processes, or space-occupying lesions, among others. The diagnosis is made by the observation of a delay or blockage of the normal pubertal sexual maturation and by low serum testosterone levels. Testosterone replacement therapy is one of the treatments available (1). Craniopharyngiomas are rare epithelial tumors of the craniopharyngeal tract and because of their unpredictable expansion nature they can cause significant morbidity and mortality (2).

A 37-year-old man previously diagnosed with mental disability without any history of other psychiatric comorbidities, showed a progressive loss of muscle mass, lack of male pattern baldness and gynecomastia. Further work-up revealed a low serum testosterone, low serum LH and FSH. A hypogonadotropic hypogonadism diagnosis was made and testosterone replacement therapy was initiated. After 2 months he was admitted to a psychiatric inpatient unit with extremely aggressive behaviour, irritability and secondary persecutory delusions that only responded to increasing doses of zuclopenthixol and withdrawal of testosterone. A brain MRI was ordered, which showed a space occupying lesion in the sellar region suggestive of a craniopharyngioma.

Conclusions
The presence of a change in the patient’s physical appearance prompted a search for endocrine causes. The subsequent testosterone replacement therapy for hypogonadotropic hypogonadism induced a difficult to treat psychosis and aggressive behavior, which prompted admission to an inpatient setting. The work-up revealed a space occupying craniopharingioma leading to destruction of the hypophysis.

References:
WPA-0446 USE OF SSRI IN MANAGEMENT OF HYPERPHAGIC BEHAVIOUR AND ACHIEVING GLYCEMIC CONTROL IN 84 YEAR OLD LADY - A CASE REPORT
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Background and aims:
In medicine hyperphagia refers to excessive hunger and abnormally large intake of solids orally. Disorders such as diabetes mellitus, craniopharngiomas, frontotemporal dementia etc. can lead to hyperphagic behavior. Previous research shows role of serotonin receptors in regulating feeding behaviour, controlling obesity along with glycemic control leading to better treatment of diabetes mellitus type 2.

Methods
A case study was performed in a tertiary care Center in Karnataka state of India after approval from institutional ethics committee, written informed consent and results were noted.

84 years old lady with nil significant past and family history of psychiatric illness and with nil medical co morbidity presented with 4 years history of excessive hunger with carbohydrate craving taking up to 14 meals per day with fragmented sleep and awakening due to hunger and nocturnal binging. Since 6 months patient has history of severe anxiety symptoms. She was recently diagnosed with diabetes. After detailed evaluation and investigations a diagnosis of organic anxiety disorder with diabetes with hyperphagia was considered after consultation with 2 consultant psychiatrists.

Result
She was treated with sertraline for her anxiety symptoms and showed significant improvement in anxiety symptoms, hyperphagic behavior along with glycemic control and was taken off oral hypoglycemic on follow up after necessary investigations

Conclusion
This case shows complex interaction between serotonin and organic brain syndromes, diabetes, hyperphagia and also implicates role of serotonin in regulating eating behaviour along with glycemic control in diabetes mellitus type 2.
Psycho-Oncology and Palliative Care
IMPROVING THE QUALITY OF LIFE OF SOUTH TYROLEAN PALLIATIVE PATIENTS IN HOME CARE – A WORK IN PROGRESS STUDY
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Objectives: In the palliative home care, a high degree of commitment is expected from all involved to improve the quality of life of patient and their family. This is a pilot study of a planned intervention aiming to improve the quality (as outcome quality of life) of palliative home care in South Tyrol. The purpose is to define the general parameters necessary for evaluation of home care.

Methods: Patients in palliative home care and their informal caregivers, nurses and general practitioners were included in the study (n = 38), together constituting a palliative network. Standardized questionnaires (EORTC-QLQ-C30, SF-36, MIDOS², HOPE, BDI-II, HPS, SOC-13 & SCNS-SF34-G) and visual analogue scales (VAS) were used in the assessment of relevant dimensions.

Results: Analysis of the health-related quality of life (HRQoL) of patients resulted in a “global health status” of $M=46.67, SD=20.49$ (EORTC QLQ-C30). Scores were lower for the functional scales of “social functioning” ($M=23.33; SD=28.54$) and “role functioning” ($M=15.00; SD=18.34$). In respect of the caregivers’ HRQoL the results of the SF-36 “mental component summary score” achieved for informal caregivers ($M=39.9; SD=14.5$), nurses ($M=51.6; SD=7.9$) and general practitioners ($M=46.0; SD=9.3$). Specialist staff rated quality of communication within the team, which has a significant role to play in palliative care, as rather moderate.

Conclusion: The results indicate a need for psychosocial support. A follow-up study therefore should address the need for intervention in the fields of team communication and cooperation, dialogue with patients and family and the handling of emotional stress of nurses and general practitioners.
THE INVESTIGATION OF THE FACTORS PREDICTING THE TRAUMATIC GROWTH IN PATIENTS WITH AN OPERATED BREAST CANCER DIAGNOSIS

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Objectives: Psychological trauma is described as forening of cognitive and emotional response which is reacted when a person confronts with events that occurs suddenly such as war, rape, natural disaster, acute disease. Posttraumatic growth refers to positive psychological change in his or her view of his or her self concept and perception of life experienced as a result of the struggle with highly challenging life circumstances. This study aimed evaluation of factors predicting the posttraumatic growth in patients diagnosed with breast cancer.

Methods: 80 out patients aged between 18-65, who appealed Ankara University School of Internal Medicine of Oncology Department and diagnosed with breast cancer and previously operated for it, were included. Patients were applied Sociodemographic data form, Traumatic Growth Scale, Coping Style Inventory, Multidimensional Scale of Perceived Social Support, Hospital Anxiety and Depression Scale, Body Perception Scale, Impact of Events Scale. Sociodemographic datas are evaluated. The influences of the varaibles to subcales and total scores of posttraumatic growth scale were investigated.

Results: Mean age of our examples were found 52,7 (SS: 9,6). Mean scores of our patients’ posttraumatic growth scale were found 71,3. Influence of type of breast operation, having psychosocial stressor and planning to have prothesis were found statistically meaningful with total and subscores of posttraumatic growth scale (p<0.05).

Conclusion: While using qualitative research methods evaluating cognitive, dynamic, onthological factors that influence PTG, future studies that will be achieved to understand every each patients’ experiences and PTG will be benefical.
MECHANISMS OF DEFENSE IN PATIENTS WITH CANCER
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Objectives
Cancer is well known to be a difficult disease, affecting patients and their families both physically and emotionally. Despite biomedical progress, cancer is still often considered synonymous with death, pain and suffering. It is argued that cancer is not just a single event with a certain end but a permanent condition characterized by ongoing ambiguity, potentially delayed or late effects of the disease or its treatment and concurrent psychological issues.

Studies have reported the presence of psychological disorders (i.e., anxiety, depression, adjustment disorders) in approximately 30% of patients, although this percentage varies depending on the specific disorder and study. The prevalence of depression, in particular, ranges from 1.5% to over 53%. Studies have reported that roughly 25% of cancer patients report severe depressive symptoms, with the prevalence increasing in those with advanced illness to 77%.

Factors contributing to the variability in the prevalence of depression are many and include age and gender of the patient, hospitalization status, cancer diagnosis, and stage of cancer. The diagnosis of depression in physically ill patients is difficult because symptoms of depression are often similar to those of the physical illness or its treatments. This is especially true when diagnosing depression in the cancer patient. Treatments for cancer (e.g., chemotherapy, biological therapy) often result in many of the symptoms needed for a diagnosis of depression such as fatigue, weight loss, anhedonia, and psychomotor retardation. As such, it is difficult to determine with reasonable accuracy the source of these symptoms.

Methods
Cancer patients may be at higher risk for development of anxiety or depressive disorders. Chronicity of illness medication and uncertainty over the outcome may contribute to the development of psychopathology.

Depressive and anxiety disorders, though commonly encountered in patients with cancer, are frequently under diagnosed and under treated. The challenge of diagnosing depression in patients with cancer is complicated by neurovegetative symptoms that may be secondary to either the neoplasm or cancer therapy.

We studied 47 cancer patients that were submitted in chemotherapy [team A], and 47 healthy individuals [team B]. The screening instruments that were used in the study were questionnaires DSSI - SAD, HDHQ, and SCL -90R, for the estimate his stresses, the depression, the paranoid hostility, the aggressiveness, the guilt’s and the somatization.

Results
Team A when it is compared with the B presents increased paranoid hostility, extroverted and total aggressiveness [p < 0.03, p < 0.005 and p < 0.01], but also tendency for more stress, depression and extroverted aggressiveness.

Conclusions
The cancer patients at the duration of chemotherapy are possessed by intense sentiments because the sudden change of conditions of their life but also their fear for befalling death. The adoptive and defensive mechanisms that they develop them they lead to better management of their sentiments.
ATTACHMENT STYLE AND PERCEIVED SOCIAL SUPPORT AS PREDICTORS OF BIOPSYCHOSOCIAL ADJUSTMENT TO CANCER

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Background & Aims: Social support was associated with a decrease in psychological symptoms and a better life quality in cancer patients. The aim of this study was to investigate the role of attachment dimensions on social and psychological adjustment to cancer and, exploration of the social, psychological adjustment and medical adherence among patients (1-3).

Methods: The study was conducted with 68 cancer patients, between 18 and 74 years of age. The measures taken were Demographic Information Form, Multidimensional Scale of Perceived Social Support (MSPSS), Experiences in Close Relationships-Revised (ECR-R) and Psychosocial Adjustment to Illness Scale (PAIS-SR).

Results: The results showed that avoidant attachment style was related to difficulties in social relationships and increase in psychological distress following cancer diagnosis and, people who perceive social support more easily orient to health care than people who perceive less social availability. It was shown that perceived social support has a positive impact in adjustment to family relationships and they would experience less psychological distress than people who perceived less social support.

Conclusion & References: Considering the complicated nature of the cancer disease, a multi-perspective approach should be applied during the treatment process and it is important to determine the psychosocial factors and the causal pathways by which they lead to a better adjustment in developing effective interventions.

FERTILITY ATTITUDES AND DECISIONS OF YOUNG WOMEN AFTER BREAST CANCER TREATMENT
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Objectives: Breast cancer survivors at reproductive age often need to deal with treatments’ adverse effects on their reproductive function. Many survivors have not yet started or completed their families; therefore, fertility issues are paramount during clinical care. Current research has demonstrated that failure in addressing fertility concerns may lead to poorer Quality of life and psychological difficulties. In Portugal, there is little knowledge about this topic. A cross-sectional study was devised to understand survivors’ fertility attitudes and decisions from their own perspective.

Methods: Breast cancer survivors (18–40 years), who underwent chemotherapy or radiotherapy for their treatment, were recruited from Health Institutions in Portugal. Participants are requested to complete a questionnaire on fertility attitudes after treatment. The questionnaire is also available online, for those survivors who wish to participate and do not belong to the Institutions where recruitment is taking place. Recruitment is still ongoing.

Results: Preliminary data on 47 women, showed that majority (57%) were concerned about treatment impact on their fertility; however, only 4 (8%) stated that fertility issues influenced treatment choice and timing. Only 14 (30%) had the desired number of children before diagnosis. Those without the desired number of children were more likely to be concerned about treatment impact on fertility (p< 0.001) and to have current fertility concerns (p< 0.001). Eleven women (23%) did not recall fertility discussions with health professionals. Three women underwent fertility preservation procedures before cancer treatment.

Conclusions: Fertility is a relevant matter for these survivors, namely those who did not initiated or completed their families at the time of diagnosis. Fertility issues should be routinely discussed in clinical settings. Understanding survivor’s attitudes about this topic is vital to provide adequate medical and psychosocial support, and to help survivors to make responsible decisions about fertility and childbirth.
PREVALENCE OF BURNOUT SYNDROME AND COPING STRATEGIES AMONGST TUNISIAN ONCOLOGISTS

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OBJECTIVES: The aim of this survey was to determine the prevalence of burnout syndrome amongst Tunisian oncologists and to identify their coping strategies.

MATERIALS AND METHODS: An anonymous questionnaire was submitted to a random sample of 50 oncologists. The Burnout was assessed by the Maslach burnout inventory. Coping strategies were estimated using the French version of the ways of coping checklist.

RESULTS: The response rate was 90% (N=45). The average age of participants was 30.06 ± 3.4 years and the sex ratio was 0.6. The Burnout prevalence rate, which is defined as a severely abnormal level of either emotional exhaustion or depersonalization, was 64.4% (n = 29). Demographic and professional features (age, sex, marital status, seniority in the curriculum) were not predictive for the burnout. The most coping strategy used was the “focused on the problem”. A positive correlation between depersonalization of the relationship and coping strategies focused on emotion (p <0.01) was found.

CONCLUSION: The burnout level is high amongst oncologists. Many factors may be responsible especially overwork and care of critically ill patients. Many actions should be undertaken to improve these situations, such as the establishment of discussion groups, theoretical and practical training at the announcement of bad news and stress management.

REFERENCES:
CROSS SECTIONAL STUDY OF QUALITY OF LIFE IN PATIENTS WITH HAEMATOLOGICAL MALIGNANCIES – AN INDIAN STUDY
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Objective: Primary objective of this study was to assess the quality of life in patients with haematological malignancies

Methods: This study was carried out at a tertiary care centre between Jan 2012 to Jun 2013. It was a cross-sectional study. 132 patients admitted in the oncology unit above the age of 15 years with no past history of psychiatry illness were included in the study. Validated European organisation for research and treatment of cancer quality of life (EORTC-QLQ-C30) version 3, self reporting scale was used to assess the functional status, symptoms and global health status. Data collected was analysed using linear transformation as per the EORTC manual, ANNOVA and Statistical package for social sciences (SPSS) program version 17.0.

Results: In our study the most common reported functional impairment was in social functioning (62.85%). Among the various haematological malignancies patients with multiple myeloma had the overall poor quality of life/global health status. Most common symptoms were dyspnoea, fatigue and insomnia respectively. The above findings and other outcomes will be discussed.

Conclusion: Finding of this study revealed that quality of life was adversely affected in patients with haematological malignancies highlighting the need for psychiatric/psychosocial intervention and multidisciplinary team approach.

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Santos FR, Kozasa EH, Chauffaille ML, Colleoni GW, Leite JR. Psychosocial adaptation and quality of life among Brazilian patients with different haematological malignancies. J Psychosom Res 2006;60(5): 505-511
Santos FR, Kozasa EH, Chauffaille ML, Colleoni GW, Leite JR. Psychosocial adaptation and quality of life among Brazilian patients with different haematological malignancies. J Psychosom Res 2006;60(5): 505-511
PREVALENCE OF ANXIETY AND DEPRESSIVE SYMPTOMS IN CASES OF HAEMATOLOGICAL MALIGNANCIES – A CROSS-SECTIONAL INDIAN STUDY.

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Objective: The primary objective of this study was to assess the prevalence of anxiety and depressive symptoms in cases of haematological malignancies.

Methods: This study was carried out at a tertiary care centre. 132 patients of haematological malignancy above the age of 15 years with no past history of psychiatric illness were included in the study. It was a cross-sectional study; patients admitted to the oncology unit between Jan 2012 to Jun 2013 participated in the study. Validated Hospital Anxiety and depression scale (HADS) self report questionnaire was used to assess the prevalence of anxiety and depressive symptoms. Data collected was analysed using Statistical package for social sciences (SPSS) program version 17.0.

Results: Significant numbers of patients were found to have anxiety and depressive symptoms. 21.21% patients had a score of more than 11 on anxiety scale indicating moderate to severe anxiety. 18.93% patients had a score of more than 11 on depression scales indicating mild to moderate depression. In our study, patients with multiple myeloma reported higher anxiety symptoms while patients with Hodgkin’s lymphoma reported higher depressive symptoms. The above findings and other outcomes of the study will be discussed.

Conclusion: Significant numbers of haematological patients suffer from anxiety and depressive symptoms which need to be addressed.
ONCOPET: VIDEOGAME AS SUPPORT AND FACILITATOR PSYCHOTHERAPEUTIC
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Objectives: To compare the degree of psychopathology and psychosocial health of children and adolescents with cancer vs healthy controls and patients with psychiatric illness while being supported with psychoeducational ONCOPET videogame.

Methods: A correlational, cross-sectional, experimental, non-blind, comparative descriptive study. Instruments: General Health Questionnaire Goldberg (GHQ28) Family Assessment Scale Efficiency EEFF-17, registration Exposure to Family Violence (EVF), International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) and Adults (MINI). They are given a username and password to access the videogame ONCOPET where knowledge questionnaire applies to health and diet questions as a psychoeducational and support therapy.

Results: Caregivers, 12 males (14%) and 76 women (86%) and 88 children in 3 groups: 45 patients with cancer (51%) controls healthy in 15 subjects (17.0%) and 28 healthy with psychiatric treatment (31.8%). No statistically significant difference in preference for the videogame or the psychopathology profile of subjects. The ONCOPET reported as a facilitator to open the theme of cancer with therapists and caregivers. Psychopathology and psychosocial health in adults is associated with children and adolescents with cancer (p = 0.004), but not to that of children with mental health problems. There was a statistically significant association between cases detected by the GHQ28 and adults MINI. They had predominance of major depressive disorder (MDD). Psychopathology in adults was 25% and 2.6% in children, similar in frequency to those reported in depressive disorders in the general population (2.27%). Caregivers of Cancer’s patients had twice more depressive psychiatric disorders (25% vs 12%) than the caregivers of controls.

Conclusions: ONCOPET was reported as facilitator to start the theme of cancer issue at psychotherapy. Caregivers of children with cancer suffer more psychopathology than those of healthy and psychiatric controls. More studies are needed to help problems in the parents of cancer patients.
PSYCHOPHARMACOLOGICAL APPROACH IN CANCER PATIENT

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Objectives: Cancer is accompanied by intense psychological suffering associated with significant prevalence of depression and anxiety, influencing treatment adherence, quality of life, functional status, hospitalization and possibly the prognosis and mortality. Treatment should be multidisciplinary with psychotherapeutic, psychopharmacological and psychosocial intervention. This review will address them psychopharmacological options in cancer patients.

Methods: Non-systematic review of the literature through the PubMed database, with time constraints, including articles in Portuguese, English and French.

Results: Most studies focus depression and anxiety, which occur at certain stages of the disease: after diagnosis, relapse or treatment failure. Selective Serotonin Reuptake Inhibitors (SSRI) emerge as first choice in the treatment of depression and anxiety disorder or panic disorder previously existed. Venlafaxine should be used in breast cancer patients under tamoxifen therapy, for being a weak inhibitor of cytochrome P450 2D6. Tricyclic antidepressants should be reserved for the cases with neuropathic pain, because of the side effects and drug interactions. Haloperidol is the safest antipsychotic, with less drug interactions and metabolic risk. Benzodiazepines are used in anxiety states for short periods. Psychostimulants arise as a treatment option for depression in terminal cancer patients, because of their rapid onset of action and potentiation of analgesic effect of opioids. No data on mood stabilizers was found. It is important to pay particular attention to possible drug interactions between psychotropic drugs and chemotherapy, either by their toxicity and by the possibility of reducing the effectiveness of anti-tumoral treatment.

Conclusions: The treatment of psychiatric illness in cancer patients improve adherence to anti-tumor therapy, chemotherapy or radiotherapy, leading to improvement in quality of life.
CANCER CHRONIC PAIN: SUPPORT NETWORK AND QUALITY OF LIFE

Objective: To evaluate the type, quality of social support network and their association in the quality of life in patients with chronic cancer pain.

Methods: The study is an observational, cross-correlation analysis scope, conducted between May 2013 to April 2014. 62 subjects with a total sample size of 135 were studied, as it continues to date the research study, patients were evaluated with diagnosis of cancer (various kinds), with late complications like chronic cancer pain, at Cancer Center University Hospital, with three Self-administered scales, two were administered to assess quality of life of the European Organization for Research and Treatment (- Quality of life in cancer, EORTC-C and the Functional Assessment of Cancer Therapy - General, FACT – G) and another to assess social support network, social support Questionnaire SSQ and socio-demographic profile.

Results: Of a total of 62 subjects were found to date a statistically significant association between the degree of satisfaction with the support network and a better quality of life.

Conclusions: The association between the qualities of social support network provided the patient with the patient's quality of life, there is a direct relationship was observed. This study emphasizes the complexity of the issue of partnership between the two and the need for further research lines.

References
THE RELATION OF EMOTIONAL INTELLIGENCE AND COPING FOR IMPROVED SATISFACTION WITH LIFE IN ONCOLOGIC PATIENTS

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The role of coping in the area of psycho-oncology has proven to be essential for effective adaptation over the illness process. Due to the limited research on its relationship with emotional intelligence on oncological disease, it becomes of concern to analyse the relationship between these constructs identified in the literature as predictors of success and achievement in multiple contexts. The present study aims to examine the mediation effects of the coping strategies on the relationship between emotional intelligence (EI) and satisfaction with life (SWL) in cancer patients. A total of 202 cancer patients from two hospitals from the North region of Portugal (\(M_{\text{age}} = 58.65\) years) completed the Questionnaire of Self-perceived Emotional Intelligence, the Satisfaction with Life Scale (SWLS), and the Mini-Mental Adjustment to Cancer Scale (Mini-MAC). Results from multiple mediation analysis revealed that IE predicts the perception of SWL, and the coping strategies showed significant direct and indirect effects on the relationship between the IE and SWL. Specifically, the strategies of (Fighting spirit) and (Helpless-hopelessness) showed direct and indirect effects on the relationship between the variables of the IE (i.e., Perceiving and expressing emotion, Assimilating emotion in thought, Understanding emotions, and Reflectively regulating emotions) and the SWL, suggesting partial mediation. Additionally, these same coping variables showed a full mediation between Emotional Regulation and the SWL. In resume, findings revealed that the coping strategies and the IE variables are critical to increase self-perception of SWL, resulting in an effective adaptation to the disease process.

**Key-words:** Coping, emotional intelligence, satisfaction with life, oncological disease, multiple mediation.
IMPLEMENTATION OF A MULTIDISCIPLINARY PROGRAM OF PSICONCOLOGY IN A DAY HOSPITAL
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Objectives: It is widely documented in the literature that psychological treatments improve the quality of life of people with cancer. It is a multidisciplinary program of health education and psychological care where the Oncologist, Mental health Psychiatrists and Nursing Service aimed at cancer patients who are on chemotherapy treatment in Medical Day Hospital. The objective has been put into operation for detection and intervention of altered emotional, improving adaptation to new situations related to illness and preparing psychologically for the oncology patients.

Methods: Nursing assessed by scales of self-esteem of Rosenberg and Body Image Scale (BIS) intervening in health education. Patients with greater than 20 scores, are derivatives structured individual psychological care program with a weekly frequency and a duration of 6 months, which deals with understanding and acceptance of the disease and its consequences, handling of the associated emotions to cancer, experiences of loss, elaboration and acceptance, family relationships, healthy habits that improve the readjustment to everyday life. If detected psychopathology susceptible of psychopharmacological approach involved the Interconsultor psychiatrist.

Results: In December 2013 start the Multidisciplinary Program, include 20 patients with breast, lung and colon cancer and may reduce emotional disturbance and improve the adaptation to new situations linked to the disease have derived; 7 patients have derived the interconsultor psychiatrist.

Conclusions: Multidisciplinary care of health education, psychological and psychiatric care for patients with Cancer, improve the understanding and acceptance of the disease and its consequences by facilitating the management of associated emotions and improve the readjustment to everyday life.

PSYCHIATRIC MANIFESTATIONS OF CENTRAL NERVOUS SYSTEM TUMORS
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Objectives: Primary Central Nervous System (CNS) tumors occur in about 10/100,000 adults, are ten times more common in psychiatric patients. It may manifest itself through any psychiatric symptom, however this kind of symptoms are rarely at the initial presentation. Metastatic tumors seem to be more associated with a higher incidence of psychiatric symptoms which ranging from 50.0% to 78.0%. Our objective is to reflect on the relationship between CNS tumors and psychiatric symptoms by reviewing literature on the subject.


Results: The most common locations of CNS tumors are in the frontal (23.6%) and temporal (12.2%) areas. Regarding psychiatric symptoms, the most common are: mood disorders (36.0%), cognitive disorders (24.0%), psychosis (22.0%) and delirium (4.0%). Nevertheless, studies failed to show statistical association between tumor location and psychiatric symptoms, except for hypothalamic tumors and anorexia. Likewise, no correlation were found between tumor histology and psychiatric symptoms. It is important to note that tumor symptoms are not only caused by mass effect itself, since CNS tumors may cause indirect effects in other areas, through the mass effect "diaschisis" (loss of function in a portion of the brain connected to a distant brain area).

Conclusions: In CNS tumors, early diagnosis is an important determinant of prognosis. As CNS tumors may be manifested through numerous psychiatric symptoms, more studies directed to this subject are needed.
PSYCHO-EDUCATION IN BREAST CANCER: THE EFFICACY IN THE DECREASE OF THE LEVELS OF ANXIETY, SADNESS AND ANGER ANT THE INCREASE OF SELF-CONTROL PERCEPTION.

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Background
In this study we wanted to show the effectiveness of the psycho-education to reduce the levels of anxiety, sadness and anger. Furthermore, we aimed to examine the level of self-control, by comparing pre and post therapeutic treatment of the degree of such emotional experiences in patients treated with breast illness.

Methods
From the total sample of patients that were informed (n=329) over the to the 36,1%, they accepted to the treatment (n=91) with an average age of 51.72 (SD: 9,11). The participants performed the HAD Saale, as well as the Zigmond AS, Snaith RP (1983), in the beginning and at the end of the end of the treatment of el Distress Thermometer de Holland (NCCN practice guidelines for the management of psychosocial distress.

Results
Within the self-applied scale HAD, the levels obtained were (7,45; SD: 4,48) and depresion (4,43; SD: 3,85). The analysis after the treatment, by T Student, was of a decrease in anxiety (HAD/A-D: 6,91;SD,40; T: 2,19; p=0,033), whereas we did not find any statistical difference in depression score (HAD/D: 4,14; SD: 3,35; T: 1,14; p=0,26).
The emotional scale showed about the basal levels of intensity in mild-severe anxiety, sadness and anger in the self-control assessment. In the therapeutic sessions there was a decrease of the ongoing anxiety, sadness and anger, and thus this is involved with the basal significantly decreased levels. The self-control scale describes as well as performance compared to the initial level.

Discussion
After applying this treatment we obtained that we could get a decrease of the levels of anxiety, sadness, and anger. The results show that there is a tendency to have an increase in the self-control perceived, although there is not still any statistically significance. These results are in accordance to previously research studies where they showed that there is an important and a value of the programs of psycho-educational and cognitive-behavioural field, in order to obtain the best emotional regulation in patients with breast cancer.
PSYCHOSOCIAL CORRELATES OF PATIENTS WITH BREAST CANCER IN INDIA

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Objective: To explore the nature of self image, body image, perceived social support, subjective wellbeing and coping in breast cancer patients during post-operative care (after modified radical mastectomy) in relation to their clinical and socio-demographic variables (age, marital status, level of education, socio economic status, motherhood status, family type).

Methods: The sample comprised of 50 females aged 26-59 years with biopsy-proven breast carcinoma & receiving post-operative adjuvant chemotherapy (after modified radical mastectomy). The participants were in Stage I, Stage II, & Stage III breast cancer. Sample was diverse with regards to socio-demographic characteristics and current clinical status. All participants were subjected to detailed psychological assessment in an individual setting using standardised questionnaires & inventories.

Results: Results showed that majority of the patients reported very poor levels of body image, & self image, poor sense of self esteem, lower degree of self satisfaction, inadequate coping, and low levels of subjective wellbeing. Most of the participants perceived moderate to high levels of overall social support. However, despite this, majority of the participants reported to receive low levels of affectionate support and low levels of positive social interaction. Significant correlations were obtained between many socio-demographic variables and the psychological variables. Significant correlations were also obtained between a few clinical variables and subjective wellbeing.

Conclusions: It was concluded that specialized and intensive psychotherapeutic interventions addressing the psychosocial needs of women with breast cancer will prove beneficial in improving their overall psychological health and in preventing the development of any psychiatric morbidity.
MODEL OF COMMUNITY CARE, IN PALLIATIVE CARE UNIT. TREATMENT OF PATIENTS PSICOONCOLOGICOS AND/OR SERIOUS AND DETERIORATING PHYSICAL ILLNESS. APPROACH TO THE PROGRAM

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Objectives:
In the routine practice of the palliative care unit, it is carried out the approach of the terminal patient, supporting psychological and psychotherapeutical care, medical care and drug support necessary, to ensure a quality of comprehensive care.
We respond to the identified needs from the line of social work, with the articulation of a model of specific attention to patients with severe and prolonged mental illness from the community, which held follow-up in its mental health center, and which admitted to the palliative care unit, with measures of detection, contact the health center, and the corresponding case manager, valuation, establishment of contact, - with completion of assessment, awareness of physical illness, degree of information of diagnosis and prognosis, status, contact family/guardian-, and parallel psychopathological assessment.

Methods:
Concerning the revision of several clinical cases, three patients, bipolar disorder, schizophrenia, paranoid, and schizoaffective disorder, we value from a style of community psychiatric, accompaniment, reference, and continuity of care, tailored to the needs of people with mental illness, facing the duel themselves.

Results:
It is observed the evolution, phases, from carrying out activities such as the therapeutic accompaniment, without application of specific psychopharmacological measures - receiving visits from her usual psychiatrist-, until the application of psychotherapeutic, or psychopharmacological actions in the treatment of insomnia, relating to physical diagnostic measures or even the palliative therapeutic planning

Conclusions:
Valuation guides us to the satisfaction and continuity of community actions at a decisive moment in the life of every human being, including that suffers from a mental illness.
WPA-0345 TANATOLOGIA CLÍNICA E CUIDADOS PALLIATIVOS: CUIDANDO DO PACIENTE E DO CUIDADOR

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OBJETIVO: Investigar a relação entre cuidados paliativos e ano tanatológica aplicados a crianças com câncer, tendo como premissa a necessidade de competências específicas para favorecer o bem-estar ao paciente oncológico pediátrico em estado terminal e favorecer a resolução do luto no cuidador.

MÉTODO: Investigação transversal de artigos publicados em periódicos e de obras das áreas de Psiquiatria, Oncologia, Puericultura, Psicologia, Teologia e Tanatologia. Revisão bibliográfica concernente aos cuidados paliativos oferecidos a crianças tendo os Estudos da Organização Mundial da Saúde como referenciais teóricos.

RESULTADOS: Medidas educativas e práticas de cuidado, destacando a promoção de atividades e ações que proporcionem prazer e conforto para a criança são expedientes úteis para o enfrentamento da terminalidade e da administração de cuidados paliativos. Ações como o toque e o aconchego, são facilitadores do luto e benéficos para cuidadores e paciente.

CONCLUSÃO: É relevante a pesquisa sobre o cuidado dispensado aos cuidadores que atuam em cuidados paliativos. Pacientes terminais, família e cuidadores são beneficiados com medidas e práticas de fomento e manutenção do equilíbrio mental e psicológico de todos os envolvidos. Investigações futuras serão úteis para aprofundamento da questão.
WPA-0441 ETHNICITY, TRADITIONAL HEALING PRACTICES AND ATTITUDES TOWARDS COMPLEMENTARY MEDICINE OF A PEDIATRIC ONCOLOGY POPULATION RECEIVING HEALING TOUCH IN HAWAII

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Background: Cultural competence among healthcare providers is becoming increasingly important. Hawaii is an ethnically diverse island state that has a high rate of traditional and complementary medicine use. We previously reported on the feasibility of delivering Healing Touch (HT) to pediatric oncology patients, and its impact on pain, distress and fatigue. Our current objective is to examine the ethnic and cultural characteristics of this patient population, including traditional healing practices.

Methods: A literature review on health related behaviors among different ethnic groups was performed. Demographic data and feedback from subjects and their families from the 2009-2010 HT study conducted in Honolulu were analyzed.

Results: Filipino and Native Hawaiian/Part Native Hawaiian ethnicities were most prevalent, followed by Hispanic, Samoan, Marshallese and Hapa-Haole.

Traditional cultural health related beliefs sometimes aligned with patient’s experiences with HT, however, degree of acculturation/time living in the United States seemed to play a role as well, with younger generation perhaps being less “traditional”.

Common health related themes/values across the predominant cultures were 1) emphasis on family/clan and 2) mind/body connection.

Conclusions: HT appeared to be well accepted by subjects from a variety of ethnic backgrounds. Several patients had attitudes/beliefs around healthcare that were rooted in their traditional cultural values, but this was not universal. Knowledge of different cultural attitudes on health, and traditional/complementary medicine, will improve patient care. Future areas of research could examine the acceptance of HT among pediatric oncology patients in geographic areas with differing cultural demographics (i.e., mainland United States or internationally).

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Psychophysiology in Psychiatry
PRIAPISM AND CLOZAPINE USE IN A PATIENT WITH HYPOCONDRIACAL DELUSIONAL SYNDROME
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Objectives: Priapism (PP) is an urologic emergency that results from a penile or clitoral engorgement, having several triggers which the most relevant is the use of medications, such as vasomotor drugs, neuroleptics and antidepressants. It can result in fibrosis of the cavernous corpus with a significant risk of persistent erectile dysfunction. It is believed that in the case of antipsychotics, this side effect is mediated by an imbalance in alfa1adrenergic blocking (A1AB), with large variation affinity for these receptors among drugs. This rare but severe side effect can limit both treatment adherence and the reproductive future of our patients. We describe the case report of a patient with a delusional hypochondriac syndrome (DHS) who had multiple episodes of PP during clozapine (CZP) usage and its clinical management.

Methods: Case report and review from medical literature (review articles and case reports from 2002 to 2013) about neuroleptics-induced PP.

Results: Neuroleptics have different profile of A1AB. Richelson at al suggests, in vitro samples, a variation among neuroleptics and its A1AB: ziprasidone, chlorpromazine, risperidone and tioridazine possess high affinity; flufenazine and clozapine, middle affinity; haloperidol and olanzapine, low affinity.

Conclusions: More studies focused in comprehension of the single specificities related to varied sensibility of A1AB effects. Literature suggests the avoidance of antipsychotics with high affinity to A1AB in patients with hemopathies or antecedent of PP. This data should be investigated during anamnesis as andrologic personal anecedents. The patient and supporters should be informed about the risk of PP and what to do when it happens: provide local refrigeration, make physical exercise (ride bicycle or stair climbing) and look for an emergency department service with adequate urologic support. The substitution of the antipsychotic based on the A1AB affinity is supported by clinical practice, but has no consensus. The avoidance of neuroleptics polypharmacy is also stimulated.
CARDIAC REPOLARIZATION ECG-INDICES IN DEAF AND HEARING PATIENTS DURING PSYCHOPHARMACOTHERAPY

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Objectives: QT-prolongation and ventricular arrhythmias (Torsade de Pointes) is a concern with psychopharmacotherapy [1]. Potential genetic mutations in cardiac ion channels, might cause deaf patients to be at higher risk of cardiac repolarization diseases and QT-prolongation [2]. We wished to describe cardiac repolarization as seen on a digital ECG in a group of deaf psychiatric patients and compare them to a reference group of non-deaf psychiatric patients.

Method: After informed consent, a digital standard 12-lead ECG (GE MAC1600) was taken in supine position. The ECG was analyzed using the GE Marquette 12SL ECG analysis program. The following ECG-variables were analyzed: Heart Rate, PR-Interval, QT-interval, Heart Rate corrected QT-interval, QRS-duration, T-wave amplitude, T-wave area, Tpeak-Tend interval and J-point amplitude. Further morphology combination score (MCS) was calculated, a score that describes three aspects of the T-wave shown to be associated with abnormal cardiac repolarization [3, 4].

Results: Eleven deaf patients (mean age 35 y, range 20-54 y, 5 women) and 11 non-deaf control patients (mean age 47 y, range 19-71 y, 5 women) were included. Diagnoses included depression (4 deaf patients + 4 control patients), bipolar disorder (3+2), psychosis/schizophrenia (3+5) and personality disorder (1+0). Most frequent pharmacotherapy was Quetiapine, Olanzapine, Aripiprazol, Clozapine and Citalopram. ECG-variables for deaf vs non-deaf were HR (71 bpm vs 82 bpm, p=ns), QT (393 msec vs 370 msec, p=ns), QTcF (412 msec vs 410 msec, p=ns), Tpeak-Tend interval (103 msec vs 91 msec, p=ns) and MCS (0.82 vs 0.79, p=ns). Three patients had abnormal high MCS (>0.92).

Conclusion: ECG-variables did not differ between the two groups, but in both groups, there were ECG’s with signs of affected cardiac repolarization with high MCS scores despite normal QT-interval. Continued focus and detailed ECG-monitoring including T-wave morphology might help guide cardiac risk stratification in both deaf and hearing psychiatric patients.

References:
LEARNING OF INTERPERSONAL CONFLICTS IN HEALTHY INDIVIDUALS USING FEAR CONDITIONING PARADIGM

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Objectives: Simple physical aversive stimuli have been used to investigate the pathophysiology of anxiety disorders and personality disorders in experimental settings; however, they are too simplistic to understand mechanisms underlying these disorders. No study has tested complex social fear including interpersonal conflicts in the fear conditioning paradigm.

Methods: Twenty-nine healthy individuals underwent fear conditioning and extinction experiments in response to three types of stimuli: (1) a simple aversive sound, (2) disgusting pictures, and (3) pictures of an actors’ face with unpleasant verbal messages designed to cause interpersonal conflicts. Conditioned response was quantified by skin conductance response (SCR). Correlations between the changes in the SCR amplitudes during the conditioning and extinction, and personality traits measured by the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD) and Revised NEO Personality Inventory were explored.

Results: The interpersonal conflict stimulus resulted in successful fear conditioning (SCR amplitude=0.59μS, t28=3.33, p=.002), which was subsequently extinguished (SCR amplitude=0.12μS, t28=1.17, p=.25), in the similar way to the other two stimuli. Moreover, a greater degree of conditioned response to the interpersonal conflict stimulus correlated with a higher ZAN-BPD total score (β=.82, p=.02).

Conclusions: Fear conditioning and extinction can be successfully achieved, using interpersonal conflicts as a stimulus, which represents the feasibility of the use of the interpersonal conflict stimulus in the fear conditioning paradigm. Given that conditioned fear caused by the interpersonal conflicts is likely associated with borderline personality traits, this paradigm could contribute to further understanding of underlying mechanisms of interpersonal fear implicated in borderline personality disorder.
THE DEVELOPMENT OF PSYCHOPHYSIOLOGICAL ESTIMATION COMPLEX FOR DRIVERS’ PROFESSIONAL ACTIVITIES RELIABILITY

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The analysis of driver's activity shows, that it’s closely connected to great psychological and power expenses, presence of considerable number unforeseen, with high level of danger and risk. Therefore working out and introduction in practice of a psychophysiological estimation of professional drivers’ work reliability complex will promote to detect low reliability professional drivers, and also to prevent mental disorders of drivers.

Methods: the aim of this work is to analyze drivers’ professional activity and to work out a complex of a psychophysiological estimation of professional drivers. Methods of supervision, the analysis of documents, expert estimations, a professiongrams and psychograms have been applied.

Results: The complex consists of following techniques: “Looking for the numbers with switching”, “Ten words”, “Tapping test”, “Technique for dynamic characteristics of the subject definitions” by Y. Strelyau, “The technique of colour elections” by M. Lusher, S. Rozentsveig’s methodology, “The technique of dominating strategy of behaviour in the conflict studying” by K. Tomas, test “State of health, activity and mood”, “The technique of defining motivation to achieve success and avoid failures” by T. Ellers, computer tests “Visually-motor reactions” and “Speed of an estimation of installation on action formation”. Drivers, whose infringements of the indicators have been detected, are characterized by the high probability of wrong actions and unreliable professional activity. Application of the developed complex of a psychophysiological estimation of professional drivers’ work reliability is one of the key links of mental disorder prevention for participants of traffic, occurrence of road and transport incidents, economic damages.
NEUROPHYSIOLOGICAL BASIS OF CREATIVITY IN HEALTHY ELDERLY PEOPLE: A MULTISCALE ENTROPY APPROACH
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Objectives: Creativity, which presumably involves various connections within and across different neural networks, has been proposed to serve as a buffer against psychiatric disorders affecting elderly people. A recently developed entropy-based approach “multiscale entropy (MSE) analysis” can characterize the complexity inherent in EEG dynamics with multiple temporal scales and can therefore provide useful insight into a wide range of neural networks.

Methods: We investigated the positive effects of individual creativity on brain function in healthy elderly subjects by assessing a resting state EEG functional neural network using MSE and its relation to structural changes using voxel-based morphometry.

Results: Higher individual creativity was linked closely to the increase of EEG complexity across higher temporal scales (i.e., low frequencies) without morphological changes, although no significant relation was found with intellectual function (assessed by IQ score) instead of a creativity score.

Conclusions: Considering the general “loss of complexity” theory of aging, our finding of increased EEG complexity in elderly people with heightened creativity supports the idea that creativity is associated with activated wide range of neural networks, which might act as a buffer against psychiatric disorders of elderly people. Results reported here underscore the potential usefulness of MSE analysis for characterizing the neural bases of elderly people with heightened creativity.
COGNITIVE IMPAIRMENTS IN PATIENTS WITH FIRST EPISODE PSYCHOSIS: THE RELATIONSHIP BETWEEN NEUROPSYCHOLOGICAL AND PSYCHOPHYSIOLOGICAL ASSESSMENTS

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Objectives: Cognitive deficits in schizophrenia have been widely reported and psychophysiological and neuropsychological assessments have been conducted to study these impairments. Event-related potentials (ERPs) are relevant markers of cognitive deficits in schizophrenia, and reductions in specific ERP components have been found. The MATRICS Consensus Cognitive Battery (MCCB) was developed to obtain a consensus battery for the assessment of cognitive deficits in schizophrenia. We aimed to study modulations of several ERP components in first episode psychosis (FEP). We examined neuropsychological deficits using the MCCB, and correlations between ERP and MCCB impairments.

Methods: Thirty-eight FEP patients were compared to thirty-eight healthy controls. The following ERP components were examined: P1, N1, MMN, P2, early-P3 and late-P3. We used an auditory three-stimulus oddball paradigm, with standard, target and distractor stimuli. Neuropsychological assessment was performed using the MCCB. The temporal interval between both assessments was less than a month.

Results: FEP patients showed significantly lower amplitudes of P2, early-P3 and late-P3 components than controls, whereas no differences were found within P1, N1 and MMN. FEP patients also showed significant deficits in all the MCCB cognitive domains. Finally, correlational analyses found strong associations between amplitudes of P2, early-P3 and late-P3 components and the MCCB tests for attention and speed of processing.

Conclusions: These findings indicate that deficits in late auditory ERP components are present in FEP, whereas early components are still preserved in the early stages of the disease. These reductions in late ERP components were related to attentional deficits in FEP as assessed by MCCB. These findings indicate that MCCB is a valid battery for studying cognitive impairments in the initial stages of schizophrenia, and they highlight the utility of converging psychophysiological and neuropsychological measures to examine attentional impairments in schizophrenia, since the very early stages of the disease.
IMPORTANCE OF DEPRESSION SCREENING IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

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Objectives
Acute myocardial infarction (AMI) remains one of the main major causes of morbidity and mortality in industrialized countries. On the other hand, Depressive Disorders (DD) are often disabling and chronic. AMI and DD are two of the leading causes of disability worldwide predicted for 2020. We aim to go in depth about this, despite available data nowadays suggest that depression is often underdiagnosed and undertreated in cardiac patients.

Methods
Literature review of the relation between them.

Results
Previous studies suggest the existence of a different nosological entity, which is called “specific incident post-myocardial infarction depression” (SIPMID)”. Psychopathological differences comparing with other types of depression have been proposed, in particular after AMI somatic dimension in the constellation of depressive symptoms (fatigability, weight loss, etc...) predominates over cognitive dimension (guilty ideas, suicidal thoughts, etc ...). There have been proposed several etiopathogenic hypotheses to explain it, such as decreased heart rate variability, inflammatory factors (proinflammatory cytokines and other acute phase reactants) and endothelial dysfunction.

The presence of SIPMID has demonstrated impairment in cardiovascular morbidity and mortality in long-term prognosis, and severity of depressive symptoms is inversely related to survival. Studies with SSRIs suggest that there is no improvement in cardiovascular prognosis.

Conclusions
We consider strongly relevant identify or rule out SIPMID, to continue investigating psychopathological characteristics of the disease and its etiopathogenic basis to optimize treatment and improve survival and quality of life in long-term prognosis.

As recently suggested by NIMH, current diagnostic classifications sometimes difficult daily work as they aren’t based on pathogenetic factors and are biased by high subjectivity. In the future would be helpful to consider other classifications (dimensional) and a diagnosis based on the etiopathology.

References

“SPECIFIC INCIDENT POST-MYOCARDIAL INFARCTION DEPRESSION” OVERESTIMATED?

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Objectives:
Recent studies have suggested the existence of specific incident depression post-myocardial infarction (SIPMID) estimating around 25% incidence in cardiac discharge1. With this study we aim to estimate the incidence of SIPMID in a group of patients admitted for acute myocardial infarction (AMI)1, and the possible factors that differ from other types of depression, trying to determinate the psychopathological profile, neurobiological basis and assessing an appropriate comorbidity prognosis.

Methods
Descriptive, comparative, concurrent study, among patients with clinical suspicion of SIPMID and two matched-control groups in two different hospitals2. A screening of patients admitted (BDI and HADS) for AMI was carried out by the nursing team research to identify possible cases and then a detailed psychopathological interview was fulfilled by the team of psychiatry (modified SPPI). Statistical analysis was performed using SPSS data.

Results:
Our sample consisted of 413 candidate patients, 373 negative and 40 positive screening, screenings (BDI>14 or HADS>8), or with clinical suspicion of SIPMID, 30 males (75%) and 10 women (25 %), mean age of 55 (σ=9.15), 56 years old in males (σ=7.86) and 52 in females (σ=11.36), none of which was diagnosed of SIPMID case.

Conclusions:
The incidence of SIPMID in our environment has turn out lower than expected, therefore we proposed several hypotheses that could explain this result such as an early discharge of patients treated by AMI(not having the material time to objectify the development of the syndrome), our methodology that underestimates the incidence of or the previous studies’ methodology that could overestimate it, or different incidences depending on the environment.

References
PHYSIOLOGICAL RESPONSES PATTERN TO THE SOCIALLY EVALUATED COLD PRESSOR TEST (SECPT) IN PATIENTS WITH SCHIZOPHRENIA


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6 University of Alcalá, Madrid, Spain.
7 Biomedical Research Center Network for Mental Health (CIBERSAM), Madrid, Spain,
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Objectives: Stressful stimuli provoke in schizophrenic patients an activation in the autonomic nervous system (ANS) and a hypothalamic-pituitary-adrenal (HPA axis) impairment, accentuating the dysfunction of the dopaminergic system, among others, responsible for much of psychotic symptoms observed in these patients. This hypothesis has been studied checking the neuroendocrine response of schizophrenic subjects to different physiological and psychosocial stressors. Aim of the study was to investigate the existence of a differential response in subjects with schizophrenia in reactivity to acute stress caused by socially evaluated cold-pressor test (SECPT).

Methods: Fifty-eight male patients who met diagnostic criteria for schizophrenia (DSM-IV) treated with haloperidol, and 28 healthy male subjects, were selected. Salivary cortisol (determined using a RIA, ng/ml, with Salivettes, Sarstedt Inc.) and heart ratio (HR) were measured at basal (T1) and 30 minutes post-SECPT (T2). All experimentation sessions began at 13:00 h and were completed by 15:30 h, permitting changes in salivary cortisol following the SECPT to be observed without extensive correction. A 2x2x2 mixed design ANCOVA was carried out with one between-subjects variable of group (schizophrenia vs. non-psychiatric), and two within-subject variables: assessment condition (SECPT vs. non-SECPT) and salivary cortisol or HR (T1 vs. T2).

Results: The results of the study (after controlling for body mass index and number of cigarettes) showed that there was a significant increase of cortisol response of groups during SECPT condition, and that there was a significant intensification of HR in the SECPT condition for both groups. The increase of cortisol at T2 measure, in the SECPT condition, was significantly higher in the control group than in the schizophrenia group. The results also showed significantly higher levels of HR in the schizophrenia group than in the non-psychiatric group, with and without SECPT.

Conclusions: The implication of the stress habituation processes in schizophrenic patients is discussed.
PSYCHOPHYSIOLOGICAL COGNITIVE PROCESSES IMPLIED IN ALCOHOL DEPENDENCE

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Objectives: Alcoholism is a chronic disorder and patients have trouble to abandon the habit and the desire to drink. Therapies usually are oriented to drinking avoidance, however, little is known about what are the processes that impulse patients to drink. Recent research centred their attention into physiological alterations that could provoke patients to relapse: a) alcoholics attend more and with more intensity to stimuli related to alcohol (Attentional Bias), b) when exposed to alcohol stimuli, physiological mechanisms activating drinking desire will be more activated (Affective Modulation of the Startle Reflex, AFSR) and c) patients that cannot control the urge to drink will return to drinking habits (Inhibitory Mechanisms). Our aim was to evaluate the alteration of those three components of attention in alcoholic patients once initiated the abstinence period and to study their relation with relapse.

Methods: 127 alcoholic individuals and 64 healthy controls were assessed. Alcoholics were recruited at the beginning of the abstinence period, before any cognitive-behavioural treatment, commonly protocolized in the Addiction Unit from the Hospital. Attentional Bias, AMSR and Stop Signal Reaction Time (SSRT) were used to assess attentional processes at the beginning of the abstinence period (T1) and 12 weeks after (T2), and were confronted to relapse occurrence. Linear regression models and correlations were also performed.

Results: Attentional Bias predicted 8.6% of relapse probability when considered alone, and together, Attentional Bias and SSRT predicted 15.1% of relapses, but not AMSR. More Attentional Bias was related to more relapse probability and better inhibition capacities predicted lower odds for relapse.

Conclusions: Emotional valences of stimuli determine attentional processing. An elevated attentional bias and a lower behavioral inhibitory capacity predict relapse probability. AMSR is not a fine technique to predict relapse in those patients.
MEG BEAMFORMER ANALYSIS REVEALED IMPAIRED VISUAL INFORMATION PROCESSING IN SCHIZOPHRENIA

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Objectives: Our purpose of this study is to determine the abnormal patterns of resting state activity of brain in patients with schizophrenia using magnetoencephalography (MEG).

Methods: We tried to investigate the correlation of these abnormalities with cognitive measures and clinical features of schizophrenia. Twenty-two schizophrenia patients and 20 normal controls participated. For statistical neuroimaging analyses, we calculated current source density of power changes by using multiple source beamformer.

Results: We found decreased upper alpha ERS after eye closing in the left posterior temporal region, with maximum decrease over the posterior middle temporal gyrus in patients relative to controls. We also applied the correlation analysis after correction for multiple testing and revealed that there was a trend towards a positive correlation between alpha ERS deficit and visual memory score on the visual paired associate subtest of the Wechsler Memory Scale-Revised.

Conclusions: It was suggested that left posterior temporal dysfunction likely underlying impaired visual information processing in schizophrenia. Upon further confirmation, this abnormality might represent a physiological state marker of schizophrenia. Alpha reactivity disturbance might represent an early sign of cerebral dysfunction.
RISK FACTORS FOR CARDIOVASCULAR ADVERSE EVENTS DURING ECT AMONG PATIENTS WITH PSYCHIATRIC DISORDERS

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Objectives
Electroconvulsive therapy (ECT) is used occasionally to treat mood disorder and schizophrenia. Recently, some case studies have reported cardiovascular-related events during ECT. However, little is known about what factors increase risk for cardiac adverse events. The aim of this study is systematic evaluation of potential risk factors for cardiovascular adverse events during ECT in psychiatric patients.

Methods
We investigated 214 patients who underwent ECT between 2009 and 2012 retrospectively. The use of cardiovascular drug (CV drug) during ECT was defined as measure of adverse events. We performed multivariate logistic regression and analysis stratified by disorder type to evaluate factors associated with CV drug use during ECT.

Results
All of them, 111 patients were used CV drug during ECT. There were statistically significant difference in age, taking antihypertensive drugs at baseline, and disorder type (mood disorder or schizophrenia) between the patients with CV drugs and without CV drugs. In logistic regression, increasing age (adjusted odds ratio [AOR] = 1.05; 95% confidence interval [CI]: 1.02-1.09), males (female vs male AOR = 0.45; 95% CI: 0.21–0.95), taking antihypertensive drug at baseline (AOR = 1.05; 95% CI: 2.18 – 17.53) and greater number of ECT sessions (AOR = 1.12; 95% CI: 1.04–1.22) are independently associated with an increased risk of cardiovascular drug use during ECT. Additionally, in logistic regression analysis stratified by disorder type, age (AOR = 1.22; 95% CI: 1.09–1.15) and number of ECT sessions (AOR = 1.23; 95% CI: 1.07–1.42) were specifically related to patients with mood disorder and not schizophrenia.

Conclusions
There are no previous reports evaluating this relationship in detail, especially in a population size. Identification of these factors may help to predict patients at higher risk of developing unfavourable cardiovascular events and critical in the process of determining the safety of ECT treatment.
POST-MYOCARDIAL INFARCTION DEPRESSION AND ITS FUTURE
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Objectives
In the past few decades the myocardial infarction and its relation with depression has been investigated, having in account the important incidence these two diseases have over morbidity and mortality, around the world. Past studies have found an increase in the incidence of depression in post-myocardial infarction patients, but there is still a lot of work in this area, the evaluation of depressive symptoms in this type of patients it’s a challenge to any physician. It is fundamental to establish exclusion criteria that would allow physicians to design studies which can help in the search of their relation and the way we can manage de post-myocardial infarction; here we want to show the results we have arrive, the difficulties we found and finally discuss which are the best exclusion criteria for future studies in this area.

Methodology
This is a descriptive, multicentric study. The population is made of patients hospitalized in the coronary unit of the two hospitals included, between January 2012 and May 2013. With this data we have established the characteristics of our population, we discuss the difficulties we have found in the evaluation process and how are related with our population characteristics. All this with a bibliographic support, let us make recommendation about exclusion criteria for future studies in this specific area.

Results
373 patients have been excluded and 40 positive screening. The studied population shows a high proportion of patients over the age established as exclusion criterion (over 75 years), 108 (29,35%), being the primary cause of exclusion over the cardiac events that were not myocardial infarction(81 patients, 22%).

Conclusions
Patients over 75 have a higher rate of comorbidity, hindering a proper assessment of symptoms of depressive episodes and significantly increasing confounders. We consider this as a valid limit, covering a large part of the population, however this exclusion may drive away the sample from the population, providing less generalizable results and preventing the detection of positive cases.
Psychosomatic Disorders
QUALITY OF LIFE IN ADOLESCENTS WITH INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW OF THE LITERATURE

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Inflammatory bowel disease is a chronic disease that occurs frequently in adolescence and its incidence is increasing. Adolescence is a transition period marked by change course and physical, psychological and social adjustment. The adolescent not only has to adapt to a new physical condition, often seen as limiting, but also manage the disease and its symptoms with your family, social and school environment.

This study aims to analyse the impact of inflammatory bowel disease in adolescents in all its dimensions.

Was used as the research methodology Systematic Review of the Literature and the research was conducted in the search engine b-on. The research question was prepared by the method of PI[C]OD - What is the impact of inflammatory bowel disease on quality of life of adolescents?.

A literature search was performed the b-on electronic platform, we used the following keywords adolescen*, inflammatory bowel disease*, impact and quality of life, the timeframe between two thousand and eight (2008) and two thousand and thirteen (2013), not setting any language. To intersetar research articles the Boolean operator "AND" was used.

This research was returned six hundred sixty-seven (667) results. The search was refined by descriptor (MeSH) inflammatory bowel diseases, and returned twenty-eight (28) results. Applied the inclusion and exclusion criteria, we selected six scientific articles.

Analysed the results of each research paper, it is concluded that the quality of life of adolescents with inflammatory bowel disease have an impact on the biological, psychological and social dimension, especially physical health, self-image and functioning and school.
PSYCHOSOCIAL EVALUATION OF HEART TRANSPLANTATION CANDIDATES

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OBJECTIVE:
Describe epidemiological, psychiatric and psychological features of a large sample of HT candidates during the waiting list period.

METHODS:
Design:
Cross-sectional, observational and descriptive study.

Sample:
125 adult patients included consecutively in waiting list for HT between 2006 and 2012 were evaluated. All the patients were previously assessed by the HT medical team committee of Hospital Clinic of Barcelona and were suitable for being included in the program and meet general cardiology criteria for HT candidates.

Assessments and procedure:
A cross-sectional psychiatric and psychological assessment of the candidates was performed at the moment of being included in the HT waiting list using the following questionnaires: HADS, SCID-CV, COPE, NEO-FFI-R, Apgar-Family and Multidimensional Health Locus of Control.

RESULTS:
- Patients were aged 55.47 ± 10.9 years. The mean of cardiac disease duration before transplantation was 9.86 ± 8.2 years.
- Axis I diagnoses were present in a 30.4% of patients of the sample, all of them included in depressive, anxiety, sleep and adjustment disorders. The mean score of HADS was 11.52 (SD = 6.3).
- COPE showed that this group of patients used most frequently engagement strategies, mainly acceptance and positive reinterpretation (> 70%).
- NEO-FFI-R scores: conscientiousness 35.4, agreeableness 34.3, openness 28.3, extraversion 27.7 and neuroticism 20.9.
- The mean score of family function test was 9.1 points.

CONCLUSIONS:
Our HT candidates sample presents:
- High prevalence of axis I diagnose
- Mainly use of adaptative coping strategies
- NEO-FFI-R scores similar to general healthy population
- A good family function
- Locus of control profile similar to other severe diseases
PSYCHOLOGICAL DISORDER AND HYPERTENSION
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Objectives: Stress can have a negative effect on man's physical and psychological health. The connection is between psychogenic conditioned hypertension and psychiatric disorders.

Methods: 80 patients have been treated with hypertension, from among which 40 with acute stress and 40 with chronic stress. Dialogue with patients took place in the psychiatric medical office, blood pressure was measured at the beginning and end of the dialogue. The dialogue lasted for 45 to 60 minutes.

Results: Examinees distributed by gender: M-45 (56.25%), F-35 (43.75%). Gender distribution of examinees with acute stress: M-23 (57.50%), F-17 (42.50%). Gender distribution of examinees with chronic stress: M-22 (55%), F-18 (45%). Mean age of all examinees (range): 55.2 (20-85) years of age. Mean age of examinees with acute stress (range): 54.7 (20-82) years of age. Mean age of examinees with chronic stress: 55.7 (24-85) years of age. Most frequently established psychiatric diagnoses according to MKB-10 in patients with acute stress is F 43.0 (acute reaction to stress), 82.5%. In the group of patients with chronic stress the most frequent diagnosis is F 32 (depression disorder), 40%. The most frequent psychiatric diagnoses where hypertension appears as a consequence of stress activity are acute stress disorder and depression disorder. The most frequent psychiatric diagnosis in patients where hypertension appeared as a consequence of stress is psychotic disorders, which makes further research possible.

Conclusion: Attention is to be paid to a timely solution to stress in order to prevent hypertension comorbidity and psychological disorders.
EVALUATION OF SOME PSYCHOLOGICAL FACTORS IN PSORIATIC PATIENTS
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Background: Psoriasis is a disease which may have direct impact on the psychological and social aspects of the patient, particularly due to its visibility. To date, we are unaware of any study showing relationship between psoriasis and psychological parameters such as psychological vulnerability and coping strategies.

Objective: to evaluate the effects of psoriasis on psychological parameters in an Iranian population.

Methods: Patients having histopathologically confirmed psoriasis for at least 6 months attending the Dermatology Clinic of Razi Hospital of IRAN were included if they agreed to participate in the study. Patients with history of psychiatric disorders were excluded. The patients were then referred to the researchers for filling out appropriate questionnaires under the guidance of an involved psychology expert. Psoriasis Area Severity Index score was calculated.

Results: There were 101 females and 99 males with the mean age of 43.2 (±16.32). The mean PASI Score was 6.58 ± 6.04. Diffuse skin involvement was the commonest form of disease (133 patients, 66.5%). the highest score for Illness perception belongs to those with genitalia involvement (185.2, worst illness perception) and the lowest score for Illness perception belong to those with nail involvement (168.2). Consistently, the lowest score of facing with the problems (CISS: approach strategy to disease) belongs to those with hand involvement (50.5) whereas the highest score belongs to those with genitalia involvement (60.4). There was significant correlation between psychological vulnerability vs. Illness perception score as well as psychological vulnerability vs. coping strategies score. Surprisingly, PASI score had non-significant relationship with illness perception, coping strategies or psychological vulnerability score.

Conclusion: PASI score as a representing factor of skin involvement has limited role in predicting effect of psoriasis on mental status and illness perception of psoriatic patients. Psychological vulnerability of patients is the main predicting factor of illness perception and coping strategies.
THE EFFECT OF ISOTRETINOIN (ROACCUTANE®) THERAPY ON DEPRESSION AND QUALITY OF LIFE IN SEVERE ACNE

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Objective: Acne is the most common skin disease and among various treatment drugs isotretinoin is the most powerful one but has some adverse effect. The aim of present study was to evaluate the effect of isotretinoin on depression and quality of life in a group of patients undergoing isotretinoin therapy before and after the treatment course.

Methods: 98 patients with severe acne were enrolled in this prospective study consecutively, and underwent isotretinoin therapy receiving 0.5mg/kg/d of isotretinoin for 16 weeks. Isotretinoin effects on quality of life and depression were evaluated using DLQI and BDI questionnaires, respectively.

Results: 98 patients suffering from severe acne (38 male and 60 female) were enrolled. Treatment of acne was associated with improvement of quality of life scores in both male and female patients (p=0.001). Considering the cutoff value of 13 for mild depressive mood in BDI score, totally 48 (49%) of enrolled patients (21 male and 33 female) had mild depressive mood before commencement of treatment in this study. Analysis of before and after treatment BDI scores, showed that number of patients and also mean score of BDI were increased in both male and female patients after treatment (p<0.05).

Conclusion: Isotretinoin therapy of patients suffering from acne improved their quality of life, although, depression accentuated in patients to some extent.

Key words: isotretinoin, depression, quality of life
PRELIMINARY FINDINGS ON A POTENTIAL ASSOCIATION BETWEEN JOINT LAXITY AND FEAR-RELATED BEHAVIOUR IN THE DOMESTIC DOG

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Objectives: There is a well-described benign joint laxity disorder of the connective tissue affecting a significant proportion (14%) of the general population, which shows a positive correlation with the occurrence of anxiety related disorders, including simple phobias. The domestic dog is now recognised as a good naturalistic model for anxiety-related disorders, for it shows a variety of clinical conditions related to fear and anxiety, including social fears, noise phobias and separation anxiety. A study was designed to explore a potential association between joint laxity and fear-related behaviour in dogs.

Methods: First, joint mobility of carpus, shoulder, tarsus, hip, elbow and knee was measured in a population of 30 laboratory dogs through repeated measures under light sedation with Dexmedetomidine. Second, joint mobility was compared between 15 fearful and 16 non-fearful laboratory dogs.

Results: measurements from the carpus were the most consistent. Our preliminary results indicate increased extensibility of the carpal joint of fearful dogs versus controls (U Mann-Whitney; p=0156).

Conclusions: the results of this study could suggest a similar association between joint laxity and anxiety-related behaviour as found in human beings. Further research is needed to confirm this hypothesis, which could give some insights on the biological factors and the evolutionary roots of anxiety-related disorders in humans.
NIVELES DE HOSTILIDAD EN PACIENTES CON PATOLOGÍA CORONARIA
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Objetivos: La hostilidad, indirecta y manifiesta, es uno de los factores psicosociales de riesgo cardiovascular más estudiados, encontrándose ampliamente asociada a la patología coronaria, por la activación fisiológica constante propia del estado de hipervigilancia y la elevada reactividad cardiovascular que caracteriza a personas hostiles.
Por su destacado papel en el origen, curso y pronóstico de esta enfermedad, hemos decidido centrar en él el interés de nuestro estudio, de cara a perfilar la intervención llevada a cabo sobre este factor.

Métodos: Para la evaluación de esta variable se ha utilizado el Inventario de Hostilidad de Buss-Durkee (BDHI), inventario autoadministrado que consta de 8 escalas: Violencia, Hostilidad Indirecta, Irritabilidad, Negativismo, Resentimiento, Suspicacia/Recelos, Hostilidad Verbal y Culpabilidad.
Se analizaron los datos recogidos durante la fase de evaluación inicial (al inicio de nuestro Programa de Rehabilitación Cardíaca) de aquellos pacientes que participaron del mismo, comparándose tanto las diferencias en puntuaciones entre subescalas como las posibles diferencias entre las mismas en asociación a la variable sexo.

Resultados: En la comparación entre escalas (con independencia de la variable sexo), se observa que son hostilidad verbal e irritabilidad las que mayores puntuaciones obtienen, seguidas de hostilidad indirecta y suspicacia/recelos.
De la comparación en la puntuación global en hostilidad entre hombre y mujeres apenas se desprenden diferencias, obteniendo las últimas puntuaciones ligeramente superiores.
En la comparación entre escalas en función de la variable sexo se observa una distribución de puntuaciones similar para ambos grupos, ligeramente aumentadas a favor de las mujeres, especialmente para las escalas recelos/suspicacia y resentimiento.

Conclusiones: La variable hostilidad constituye un factor de relevancia en la patología coronaria.
Los componentes hostilidad verbal e irritabilidad son los factores que dentro de esta variable se encuentran más elevados en estos pacientes, no observándose diferencias de relevancia en función de la variable sexo.
EFECTO DE LOS PROGRAMAS DE REHABILITACIÓN CARDÍACA EN EL PERFIL PSICOLÓGICO DE PACIENTES CON CARDIOPATÍAS
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Objetivos: Evaluar el efecto de la actuación psicológica en los niveles de ansiedad y depresión en los pacientes cardiópatas que asisten a un Programa de Rehabilitación Cardiaca (PRC); tanto a nivel global en todos los pacientes, como en función del tipo de cardiopatía, isquémica o no isquémica.

Métodos: Estudiaremos los datos obtenidos al inicio y al final del PRC en N pacientes consecutivos. Un porcentaje muy elevado de la muestra ha sido diagnosticado de cardiopatía isquémica. El PRC incluye: psicoeducación, entrenamiento físico, técnicas de relajación y control de factores de riesgo, psicoterapia individual, terapia de grupo y valoración sociolaboral. Se cuantificarán los niveles de depresión, ansiedad rasgo y ansiedad estado mediante el Cuestionario de Depresión de Beck (BDI) y el Cuestionario de Ansiedad Estado/Rasgo (STAI), al inicio y al final del PRC. Estos datos serán comparados en toda la muestra de pacientes y, posteriormente, en función de su cardiopatía (isquémica vs. no isquémica). El análisis estadístico se realizará con el paquete estadístico SPSS 20.0. comparando medias con la prueba t Student. Para evaluar la interacción entre variables y cambios psicológicos será utilizado el modelo de regresión lineal múltiple.

Resultados: El estudio se encuentra en proceso de recogida y análisis de datos.

Conclusiones: Actualmente, contamos con evidencia científica que confirma la efectividad de los PRC y, por tanto, su efecto beneficioso en los niveles de ansiedad y depresión de los pacientes que lo realizan. Así, esperamos constatar la efectividad de nuestro PRC multidisciplinar, encontrando una mejora media significativa en depresión y ansiedad en todos los pacientes, independientemente del tipo de cardiopatía (isquémica o no isquémica). Se pretende de otro lado encontrar diferencias en las tres variables de estudio, en función del tipo de cardiopatía diagnosticada.
DIFERENCIAS EN MEJORÍA ENTRE HOMBRES Y MUJERES CON CARDIOPATÍAS EN ESTADO ANÍMICO Y ANSIEDAD TRAS INTERVENCIÓN PSICOLÓGICA

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**Objetivos:** Analizar la situación inicial y final en una muestra de pacientes cardiópatas tras la realización de un Programa de rehabilitación Cardiaca (PRC), con el objetivo de valorar la existencia de diferencias en la mejoría media de dichos pacientes en función del sexo.

**Métodos:** Para la realización de este estudio se ha utilizado una muestra de pacientes con cardiopatía que han completado el PRC. Para la comparación de los datos psicológicos obtenidos por el grupo de hombres y el de mujeres (estado de ánimo y niveles de ansiedad estado y rasgo) utilizamos el Cuestionario de Ansiedad Estado-Rasgo y el Cuestionario de Depresión de Beck, autoaplicados tanto al inicio como al final del programa.

El análisis estadístico se realiza con el paquete estadístico SPSS 20.0, utilizando una comparación de medias mediante la prueba t Student. Se planteará un modelo de regresión lineal múltiple para la evaluación de la interacción entre variables y los cambios psicológicos evidenciados.

**Resultados:** El estudio se encuentra en proceso de recogida y análisis de datos.

**Conclusiones:** Hasta la fecha disponemos de amplia evidencia científica que confirma menores niveles de ansiedad y depresión al finalizar el PRC con respecto al inicio del mismo, habiéndose demostrado la efectividad de estos programas. Por ello, se espera confirmar la efectividad de nuestro PRC multidisciplinar, arrojando datos de mejoría media en depresión y ansiedad en ambos sexos.

En función del sexo las conclusiones a obtener son las que siguen:
- Mejoría en el grupo de mujeres superior al de hombres en la variable depresión tras la realización del programa.
- Mejoría superior en el grupo de hombres en la variable ansiedad.
THE GANSE SYNDROME
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Objectives
The revision of the differential diagnosis of simulation cases versus real psychopathological cases. Analysis of a case of the Ganser Syndrome by revising the diagnosis criterions and their historical characteristics.

Method
We analyze the case of a 38 years old male who came to the community mental health team and reference hospital. Following symptoms were observed: involuntary movements of the upper extremeties associated with delirium coinciding with the premature birth of a child. This refers also to a compatible episode of a dissociative fugue.

Results
To establish the diagnosis we differentiate against disorders such as Simulation, Factitious Disorders with psychological symptoms or Factitious Disorders with somatic symptoms (Münchhausen Syndrome). In order to support our diagnosis we base on the CIE-10 and the DSM-IVTR classification.

Conclusions
We don’t diagnose the clinical pictures in which we don’t think. The Syndrome of Ganser could be positioned between neurosis and psychosis and between illness and simulation. The recommended treatment includes hospitalization in order to insure the diagnosis. While some authors recommend neuroleptics and others - anxiolytics, the psychotherapy is obligatory. The goal is to help the patient restore function and adapt to his environment again.
CORRELATION BETWEEN PATIENT PERSONALITY, AFFECTIVITY AND QUALITY OF ACHIEVED METABOLIC CONTROL OF DIABETES

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Objectives: The latest results show that personality structure has important influence on patient acceptance of disease, advised therapeutic procedures and achieved success of treatment. The aim of this study was to determine connection between personality type and personality traits and patient relation to disease and therapy, depressive or anxious reaction and quality of achieved metabolic control.

Methods: This study included 90 patients with type 1 and 2 diabetes, age 20 to 75 years who were followed during six months.
At the beginning we collected patients social-demographic data and information about diabetes and determined their personality types (Persona test - according to dominant personal need there are four personal types: promoters, facilitators, analytics and controllers) and personality traits (Eysenck Personality Questionnaire). During the study plasma glucose concentrations, HbA1c, body weight and height and BMI were followed. We also followed the presence of depression and anxiety by using Hamilton anxiety and depression scales and estimated patients acceptance of advised therapeutic procedures (author’s test).

Results: Almost all patients (96,67%) had expressed trait of neuroticism (p<0,01). Most patients (51%) had facilitator personality type (p<0,01). The presence of depression and anxiety didn’t depend significantly on patient personality type. The duration of diabetes had high influence on manifestation of depression and anxiety, especially in patients with diabetes type 1 (p<0,01). During this study the number of highly anxious patients decreased in group type 2 (p<0,05) but remained the same in group type 1 diabetes (p<0,05). The positive correlation between expression of depression and anxiety was found (p<0,01). At the end of this study glycoregulation was improved in all patients (p<0,01), especially in group of facilitators and promoters.

Conclusion: The achieved improvement in therapy acceptance and diabetes control points out the importance of patient psychological evaluation and appropriately well adjusted support, motivation and education in their treatment.
PSYCHOLOGICAL DISTRESS IN TEENAGERS WITH FUNCTIONAL CARDIOVASCULAR PATHOLOGY

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We can see the steady rise of the number of adolescents with cardiovascular pathology. Many of the modern cardiologists attach great importance to psychosocial risk factors in its development.

Objectives: The aim of this study was to examine the signs of psychological distress and its reasons in teenagers with functional cardiovascular pathology.

Methods: 47 teenagers (13 - 16 years) with functional cardiovascular pathology and 71 healthy persons had been examined with Spilberger Trait Anxiety Inventory, Reeder Inventory, SCT (Sentence Completion Test). We used SCT created by prof. Tatara M. (Japan).

Results: Teenagers with functional cardiovascular pathology have high levels of trait anxiety and psychosocial stress. High levels of trait anxiety have been found twice frequently among girls than among boys. 100% of ill teenagers feel severe distress in connection with their school study not depending whether it is successful or not. 45% of them have interpersonal problems (none in control group). 30% of ill adolescents develop distress in their families (15% in control group). 62% of ill adolescents (34% in control group) have negative attitude to the future.

Conclusions: psychological distress in teenagers promotes the development of functional cardiovascular pathology and depends on sex, school study, interpersonal and family relations as well as negative attitude to the future.

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THE ECHOCARDIOGRAPHIC CORRELATIONS OF TYPE D PERSONALITY IN A ROMANIAN SAMPLE OF CORONARY HEART DISEASE PATIENTS

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Objectives: Cardiovascular diseases remain the leading cause of death across Europe.1 Our research aimed to assesses the echocardiographic correlates and prognostic issues associated with coronary heart disease patients that also met criteria for type D personality conceived by Denollet.2

Methods: The study was of a cross-sectional nature involving the 84 subjects admitted in Timisoara Institute of Cardiology for a diagnostic of coronary heart disease. DS-14 scale for type D personality and its components (Negative Affectivity NA and Social Inhibition SI) were administered in studied subjects. A control sample that consists in 84 healthy subjects was done, being both gender and age matched. Echocardiographic measures has implied determination of parameters that explores left ventricular (LV) systolic [LV ejection fraction (LVEF), peak systolic mitral annular velocity (S')] and diastolic function [left atrial volume (LAV), the early diastolic transmitral velocity/early mitral annular diastolic velocity ratio (E/E')].

Results: The NA scores were significant higher in subjects with coronary disease comparatively with healthy subjects (t = 4.081, df = 166, p < 0.001). In patients with CAD, the subgroup with type D personality presented more important systolic [lower LVEF (not statistically significant) and S’ wave (t = 3.956, df = 82, p < 0.001)] and diastolic [higher E/E’ ratio (t = 4.834, df = 82, p < 0.001), larger LA (U = 379.0; z = -2.551, p = 0.011)] dysfunction.

Conclusions: In patients with CAD, the subgroup with type D personality presented more important systolic and diastolic dysfunction.

References:
ASSOCIATION BETWEEN SOMATIC SYMPTOMS AND SUICIDE IN THE ELDERLY

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Objectives: Older adults commonly experience somatic symptoms, and those who do are more likely to have depressive disorders as well. Our goal in this study is to examine the influence of the somatic symptoms on the suicidality in elderly adults.

Methods: This study was a community-based cohort study in Ansan City, South Korea. A total of 3210 elderly adults aged 60 years or over (1388 males and 1770 females) participated in this study. The Korean version of the Beck Depression Inventory (BDI) was used to measure depressive symptoms and suicidality. Somatic symptoms were assessed by the Patient Health Questionnaire-15 (PHQ-15).

Results: The PHQ-15 scores in depressed elders with suicidal ideation (7.71±5.25) and suicidal intent (8.19±5.35) were also higher than those in depressed elders without suicidal ideation (6.14±3.04; df=3; P<0.001). Both mild and severe somatic symptoms significantly increased the odds of any depression (OR = 1.169, 95% CI = 1.130–1.208, P<0.001; OR = 1.626, 95% CI = 1.497–1.766, P<0.001; respectively).

Conclusions: Somatic symptoms are closely associated with late-life depression, even after adjustments for comorbid physical illnesses and other confounding factors. The presence of somatic symptoms concurrent with, but not fully explained by comorbid physical illness or disability, seems to be an independent marker for predicting the severity of late-life depression and suicidality.
DIFFICULTIES OF TREATMENT OF AN OBESITY HYPOVENTILATION SYNDROME AND MENTAL DISORDERS

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Objective: Obesity hypoventilation syndrome is a multifactorial clinical condition developing in obese people. The symptomatology of the disease is dominated by disorders of breathing during sleep, and hypoventilation leading to chronic hypercapnia with underlying metabolic and hormonal disorders leading to complications of the cardiovascular disease.

Methods: Here we describe a case of a patient treated for many years because of pulmonary hypoventilation syndrome accompanied by obesity and metabolic syndrome followed by a reduction in blood oxygen tension.

Results: Despite the exacerbation of the underlying disease (parameters on admission 66mmHg pCO₂, pO₂ 29mmHg, SaO₂ 43%) our patient showed no signs of a mental disorder. Slight short-term memory problems, decreased mood and drive relevant to the degraded state of somatic were present. During the hospitalization, the use of oxygen therapy led to the improvement of blood parameters, however the mental state became more complicated. The patient started to develop symptoms of delirium with a delusional interpretation of reality. Despite administered pharmacotherapy and further improvement in respiratory parameters (at discharge pCO₂ 62mmHg, pO₂ 59mmHg, SaO₂ 89%) the patient’s cognitive dysfunctions showed no further improvement and delusions of persecution were still present. This required further psychiatric care alongside with patient’s somatic treatment.

Conclusions: A strong link exists between disorders of cognition, and chronic respiratory failure (hypoxia with concomitant hypercapnia). This may be also accompanied by psychiatric symptoms, which may become difficult to treat even if the somatic parameters are successfully improved.
ALEXITHYMIA IN A SAMPLE OF RESIDENTS OF PUERTO RICO: ASSOCIATION WITH OTHER SYMPTOMS, DEPRESSION AND ANXIETY.
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Objectives:
The present study aimed to assess whether there is any correlation between the results of the Toronto Alexithymia Scale (TAS-20), the Symptom Checklist-90 (SCL-90), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (IAB) in a sample of residents of Puerto Rico. According to statistical data, the population of Puerto Rico have a high incidence of anxiety and depression, which specifically relate to the condition of alexithymia, besides the factor of general malaise. It is time to contribute to study this phenomenon and see how it behaves in the country's residents because alexithymia tends to be seen more in psychiatric patients.

Methods:
The study includes 59 persons, 34 women and 25 males, with an mean age of 30 years old, who completed the TAS-20, the SCL-90, the BDI and the IAB as part of a graduate course of Assessment of Personality.

Results:
Alexithymia scores were statistically significantly higher in women than in men (Mean 26.2, 24.4 and SD 11.5 and 10.0), which is a discrepancy when compared to the literature. Similarly, the results indicate that females report more characteristics of anxiety (Mean 10.5, 3.8 and SD 7.0, 2.9), depression (Mean 10.2, 3.9 and SD 5.1, 2.5 respectively) and somatisation (Mean 10.3, 9.3 and SD 7.3, 8.1 respectively) than men. The TAS-20 scores obtained higher correlations with measures that use somatic more than behavioral items.

Conclusions:
We suggest the use of the TAS-20 when working therapeutically with a patient with symptoms of depression and anxiety, especially with a female, in order to fine tune the underlying causes of their complaints.
RELEVANCE OF MULTIDISCIPLINARY APPROACH IN PSYCHOCGENIC MOVEMENT DISORDERS

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Objectives: Psychogenic movement disorders (PMD) are commonly seen in psychiatric and neurological practice, but their pathophysiology is still unclear. Diagnosis and treatment of these disorders are challenging, with great impact in patients’ quality of life and a tendency to become chronic. The authors aim to discuss the influence of early multidisciplinary intervention in patients’ prognosis.

Methods: Case report.

Results: A 36-year-old female patient was admitted to our Neurology Unit due to sudden onset of dizziness, gait imbalance and involuntary movements three days before. Neurological examination revealed a bizarre gait with dramatic swaying and lurching, without ever falling; involuntary movements of head and arms that disappeared while seated or lying down, and were also altered by distraction (video available). Imaging and laboratory studies were normal.

Psychiatric observation was requested afterwards, and showed anxiety, depressive mood, with low affective resonance. She had a previous history of a depressive episode with a suicide attempt two years earlier and non-compliance to therapeutic plan. She related her symptoms to similar ones observed in her son, admitted to the hospital a year earlier due to encephalitis. She also had multiple recent adverse life events (including losing her job and a significant amount of money gambling); a difficult relationship with relatives; impulsive acts; puerile contact; and ambivalence to the need of psychiatric care. The patient quickly improved with adjustment of medication and became asymptomatic.

Conclusions: An early multidisciplinary approach (in this case, Psychiatry and Neurology) to patients who develop mental disorders expressed by physical symptoms may be beneficial to prevent impairment and chronicity of these symptoms.
EVALUATION OF IRRITABILITY IN CHRONIC HEPATITIS C PATIENTS
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Objectives: the psychiatric comorbidity has frequently been reported among patients with Chronic Hepatitis C (CHC). In addition, the antiviral treatment can in turn cause psychiatric symptoms. The aim of this study was to investigate the prevalence of irritability in CHC patients (pts).

Methods: A cohort of 42 CHC pts, referred to a hepatology center with psychiatric counseling, were prospectively studied. State Trait Anger Expression Inventory (STAXI) was used to assess levels of anger. The raw scores were converted into percentiles. In this study, scores above the 75th percentile corresponded to the feelings of anger expressed or tested that may interfere with a normal overall functioning.

Results: Overall, 22/42 (52.4%) pts were female. Median age was 57.5 years (range 22-70). Positive psychiatric history was present in 17/42 (40.5%) pts. An analysis of the scores for the S-Anger scale showed that 8/42 (19%) pts experienced relatively intense irritability, for the scale T-Rabbia/R 9/42 (21.4%) pts had powerful feelings of anger in different situations, for the scale Ax/In 13/38 (34.2%) pts tended to repress these feelings while for the AX/Out 10/39 (25.6%) pts expressed them with aggressive behavior directed at people or things, for the scale AX/Con 8/40 (20%) pts controlled the expression of anger and the AX / EX 18/39 (46.2%) pts had powerful feelings of irritability . No significant difference was observed regarding the scores between pts with or without a psychiatric history.

Conclusion: CHC pts feel intense irritability which might be expressed in some situations and repressed in the others. The scores show a probable difficulty of these people to establish interpersonal relationships and the predisposition to other physical diseases. It is highly recommended to evaluate the level of irritability during the antiviral therapy to determine the onset of psychiatric disorders and the impact on the adherence to such treatment.

Key-words: irritability, anger, chronic hepatitis C
HIGH PREVALENCE OF DYSFUNCTIONAL PERSONALITY TRAITS IN CHRONIC HEPATITIS C PATIENTS: RESULTS OF A PROSPECTIVE COHORT STUDY

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Objectives: about 3% of worldwide population suffers from Chronic Hepatitis C (CHC) infection. The treatment and management of CHC can be influenced by several psychological factors. Considering that data on such argument are scarce, we aimed to investigate the prevalence of personality traits in patients (pts) with CHC.

Methods: we conducted a cohort prospective study on 54 CHC pts. The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) questionnaire was used for the evaluation of pts by means of clinical scales expressed in T-scores (≥ 56 requires clinical attention). Tests with items’ omissions ≥ 10 within the first 370 questions were excluded.

Results: a total of 31/54 (57.4%) pts were female. Median age was 58 yrs (range 22-75). In this sample 20/54 (37%) have a psychiatric history. Only 43/54 (79.6%) questionnaires were considered valid. The highest scores were founded at the following scales: Hypochondria (26/43; 60.5%), Depression (21/43; 48.9%), Hysteria (21/43; 48.9%) and Schizophrenia (21/43; 48.9%) without a significant differences between genders and presence/absence of psychiatric history.

Conclusions: CHC pts have characteristic personality traits related to health problems, pessimism and particular stress response. There are not difference between pts with and without psychiatric history, then the unique condition of liver disease may cause psychological distress. It would be advisable to investigate the personality traits before and after antiviral therapy to determine whether such treatment can influence these aspects.

Key-words: personality, MMPI-2, Chronic Hepatitis C
The aim of the present study was to compare two samples of consecutive patients, diagnosed with fibromyalgia and depressive disorder recruited in the Consultation of Psychiatry of Coimbra University Hospitals, including measures of psychopathology and biographical trajectories. The duration of the clinical condition was similar in both groups.

The study followed a quantitative methodological approach. Various psychometric instruments and a self-report questionnaire were administered to both samples of patients. The psychometric instruments we used comprised an Abridged Inventory of General Psychopathology (BSI, Derogatis, 1993), the Somatosensory Amplification Scale (SSAS, Barsky et al., 1990), and two Positive and Negative Affectivity Scales (PANAS, Watson et al., 1988). The self-reported questionnaire included items related to socio-demographic characteristics, lifetime psychiatric diagnosis, pain intensity and number of symptoms in different organic systems, mood disturbance, causal attributions, current life situation (working conditions, familiar and social problems, perception of functional social support), childhood adversities, life events and chronic stress.

The quantitative data were put together in an Excel spreadsheet, being subsequently transferred to a statistic analysis program. Descriptive statistics were used to analyze the data.
MIGRAINE COMORBIDITY IN CHILDREN AND ADOLESCENTS
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\textbf{Introduction:} It has been studied the association between migraine and physical problems and between migraine and psychiatric disorders (Wang et al, 2010). The importance of psychiatric comorbidity affects migraine evolution, eventually modifying the outcome of this important disorder (Antonaci et al, 2011). In studies with children and adolescents it has been found comorbidity with hyperkinesia, sleep disorders, aggression, anxiety, shyness and depression (Cárdenas et al, 2004).

\textbf{Objectives:} Perform a cross-sectional study to know the comorbidity associated with migraines.

\textbf{Methodology:} A sample of 19 children (6 males, 13 females) aged between 5 and 15 years (mean 10.63) with migraine. The sample consists of all patients that were referred during 2013 to the program Consultation-Liaison Psychiatry for children and adolescents. Were collected clinical data in order to found other diagnoses (medical and psychiatric), stressful life events and personality traits.

\textbf{Results:} We found family history of migraines in 42.11 %. High comorbidity with other somatic symptoms (52.6 %) and with allergies (47.4%). Moderately comorbidity with skin problems (21.1%) and asthma (21.1%). Regarding the comorbidity with other psychiatric diagnoses, we found sleep disorders in 36.8 %, anxiety disorders in 26.31% of the sample, tics in two cases and one child with ADHD. 36.84% of children have problems in social relationships, related to shyness. 47.4% had experienced stressful life events.47.4% of children had excessive self-requirement.

\textbf{Conclusions:} We can conclude that our sample is characterized of a tendency to have a variety of somatic complaints related to migraines, sleep disorders and anxiety. However, there may be certain personality factors, such as shyness and self-imposed, which could be closely related to migraine, having to consider whether these features precede or are a consequence of it. Hope to have a larger sample to study these results to a quantitative level and can draw general conclusions.
FIBROMYALGIA SYNDROME, IDENTITY IN NOSOGRAPHY, PARALYSIS IN LABEL, PRISON IN DIAGNOSIS... AND THE CHANCE FOR JAILBREAK. A FIVE-YEAR GROUP PSYCHOTHERAPY EXPERIENCE IN AN OUTPATIENT SETTING

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Taking the Fibromyalgia Syndrome phenomenon as a starting point, this poster analyzes the identity consequences of the medical labels implying chronicity, reflects about the way in which that identity affects the whole functioning of the individual, and specifies a proposal of group psychotherapy developed the last five years in an outpatient setting.
CONVERSION DISORDER: A DIAGNOSIS “NOT FOR THE FAINT OF HEART”
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Objectives: Explain the importance of a thorough differential diagnosis in suspected Somatoform Disorder or Somatic Symptom and Related Disorders (exclusion diagnosis).

Results: We present the case of a woman aged 48, admitted to Internal Medicine for seizures. She was previously in psychiatric and psychological treatment for Generalized Anxiety Disorder, and also she had an history of cardiac surgery (hypertrophic cardiomyopathy) eight months before. After cardiological and neurological examination (including Video-EEG with registered seizures without bioelectric brain abnormalities), the diagnosis of psychogenic non-epileptic seizures was suspected, and a Psychiatric examination was required. After a rigorous psychiatric assessment, we found some organicity symptoms, and advised to keep watchful and cardiac monitoring, since no conclusive evidence was found to establish the diagnosis of a Conversion Disorder (Functional Neurological Symptoms Disorder, in DSM5 nomenclature). Two days after, the patient presented a new episode, with complete Atrioventricular block and loss of ventricular contraction in cardiac monitoring, so it required the implantation of a permanent pacemaker, DDDR. She was discharged after eight days with the diagnosis of Stoke Adams Syndrome.

Conclusions: The presence of dysfunctional personality traits and comorbid psychopathology can operate as a confounding factor in these illnesses, having at least one previous similar report. Literature suggests that the stability and reliability in the diagnosis of a Conversion Disorder (CD) is best explained by the exclusion or inconsistency with neurological disease (or other medical disease with neurological symptoms), than by psychiatric formulation based on elements such as personality traits, belle indifference, the presence of a "symptom pattern" or secondary gain. In our case, the absence of some of these symptoms and the presence of organicity symptoms, allowed us to maintain a judicious conduct and, thus, avoid the dire consequences that would have had a misdiagnosed CD in the context of this patient.
FUNCTIONAL DISABILITY AND PSYCHIATRIC DISORDERS IN DIABETES
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Objectives:
Describe the presence of psychiatric comorbidity and the association with functional disability in patients with diabetes.

Methods:
We realize a cross-sectional study, which included 61 patients who were attended in the outpatient department of Endocrinology of a General Hospital, which were selected according to a random number table and agreed to participate in the study. We used a structured diagnostic psychiatric interview (MINI-Plus) and Sheehan Disability Inventory. We collected sociodemographic and clinical parameters of the hospital files. Data were analyzed with SPSS 18, using frequencies, means and X2.

Results:
The average age of patients was 58.5 years and most of them were overweight according to BMI, with an average rate of 27.58.
Most of the population had medical comorbidities associated with diabetes (93%) being the most common dyslipidemia (59%), followed by hypertension (46%), thyroid disorders (21%) and heart disease (8%).
Among the chronic complications of diabetes, retinopathy was the most frequent with 41%, followed by peripheral neuropathy 36%, nephropathy by 28% and peripheral angiopathy with 20%. Nearly 20% of the population consumed alcohol or snuff.
Functional disability was significantly associated with the presence of Hypertension and Diabetic Nephropathy (p 0.034, 0.018), perceived stress was associated with affective disorders in general (p 0.019), with the diagnosis of current major depressive episode (p 0.000) and dysthymia (p 0.017).
Social support from family and friends of the patient had a significant association with Anxiety Disorders in general (p 0.05), dyslipidemia and heart disease (p 0.05 for both).

Conclusions:
The psychiatric disorders are associated with more disability, stress and poor social support in patients with diabetes.

References
QUALITY OF LIFE IN PATIENTS WITH ULCERATIVE COLITIS AND CROHN’S DISEASE
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OBJECTIVES

Inflammatory bowel disease (IBD) are chronic relapsing inflammatory disorders. Two major diseases in this group are ulcerative colitis and Crohn’s disease. Beside objective gastroenterological status, a subjective perception of own health, known as quality of life (HRQoL), must be considered too. The aim of our study was to examine the quality of life in IBD patients and compared to those without IBD.

METHODS

In this study, 180 subjects of both genders, aged 19-65 years, were divided into two groups: experimental and control one. The experimental group consisted of 90 IBD patients in clinical remission. The control group consisted of 90 subjects without IBD. HRQoL was measured by the Short Form Health Survey (SF-36v2) which contains two subscales: the Mental Component Summary (MCS) and the Physical Component Summary (PCS). Data were analyzed by using Quality Metric Health Outcomes Scoring Software 2.0.

RESULTS

There were a statistically significant difference between experimental and control group according their PCS and MCS (p<0.01).

CONCLUSIONS

To identify predictors of quality of life in IBD patients could help to establishing and conducting appropriate programs for quality of life improvement.
PSYCHOSOCIAL BACKGROUND OF DISABILITY IN PATIENTS WITH CHRONIC LOW BACK PAIN
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Objectives: To assess the impact psychosocial factors on pain intensity and disability in patients with chronic LBP.

Subjects: This is a cross sectional descriptive study. Thirty adult patients complaining of low back pain which lasts more than six months, of mechanical origin (confirmed with radiological diagnosis), were randomly recruited from rheumatology outpatient clinic to participate in the study after approval of the ethical committee. Patients with low back pain less than six months and those having low back pain as a result of, inflammatory, infective, neoplastic, traumatic, metabolic, or congenital abnormalities were excluded from the study. All participants provided informed written consent and consented to the study findings being shared. Thirty healthy individuals matched for age, sex and body mass index, served as a control group.

Methods: Clinical psychiatric assessment, Visual Analogue Scale, Oswestry Disability Questionnaire, anxiety and depression assessment, Survey of Pain Attitudes, Chronic Pain Coping Inventory and Multidimensional Health Locus of Control Scale were used in the evaluation.

Results: There was a statistically significant difference between the patients and control groups regarding anxiety (P < 0.001), and depression (P < 0.001). There was highly significant positive correlation between Visual Analogue Scale and Oswestry Disability Questionnaire total and its all sub scales (P < 0.001).

Conclusion: Chronic LBP patients had multiple psychosocial factors affecting their pain and disability. Psychological parameters have to be taken into account in any comprehensive concept of conservative treatment.
WHEN THE BODY IS PRESENT IN ORDER TO EXIST: A CASE STUDY IN PSYCHOSOMATIC
Cordeiro, SN¹; Souza MTU²; Ortiz ND;

A theme of interest for a clinical practice, psychosomatic phenomena constitute one of the most frequent complaints in consulting rooms, both in psychology and psychiatry, and can be considered as currently one of the forms of expression of psychological well-being. Starting from the experience of clinical patient attendance carried out at the Clinical School of a Tertiary Education Institution in Brazil, aspects of the body falling ill as a manner of the subject giving continence to their own existence were covered in this study, along with reflections about the manner of conduction of the treatment when using the techniques and procedures of psychoanalysis. Although there had been discussions in the literature about the possibility for these patients of being able to be analyzed, there was agreement about the possibility of treating them by way of the psychoanalytical technique. Thus, by way of listening and a delay in interpretation, the therapy can establish with the patient a relationship that is a promoter of psychic development, providing at some moments the capacity of symbolization and the creation of a psychic space, having as its consequence the decreasing of the somatic symptoms.

References:

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LONG-TERM OUTCOME OF MULTIDISCIPLINARY TREATMENT PROGRAM FOR CHRONIC FATIGUE SYNDROME: A ONE-YEAR FOLLOW-UP STUDY

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Objective: To evaluate the long-term outcome of a multidisciplinary treatment program for patients with chronic fatigue syndrome (CFS).

Method: 98 patients fulfilling CFS-criteria (Fukuda) were included in a prospective outcome study of a six-month treatment program, consisting of CBT with graded exercise therapy (GET) based on adaptive pacing. The scores on depression- and anxiety-scales at baseline did not differ significantly from a healthy population at baseline.

Measures: Multidimensional assessments at baseline, after treatment and at 6 and 12 months follow-up: Checklist Individual Strength; Epworth Sleepiness Scale; Pittsburgh Sleep Quality Index; Hospital Anxiety Depression Scale; Symptom Checklist; Short Form General Health Survey and Self Efficacy Scale.

Results: After the treatment, core CFS symptoms including fatigue severity, concentration problems, somatic complaints, sleep disturbances and behavioral consequences of fatigue, such as activity reduction, improved significantly (p<0,001). The quality of life related to health perception, measured in items as vitality, role-physical limitations and social functioning, also improved significantly (p<0,001). Treatment did not change depression- and anxiety-scales but the scores did not differ significantly from a healthy population at baseline. At 6 and 12 months follow-up, the significant improvements are maintained. Significant improvements correlate significantly with an increase of sense of control of the symptoms (Self Efficacy Scale).

Conclusion: Symptoms, health-related quality of life and psychosocial functioning in CFS-patients improve after a six-month CBT and GET multidisciplinary treatment program. The one-year follow-up study shows that results of the treatment are maintained.
**CAUSAL REATTRIBUTIONS AND TREATMENT OUTCOME IN CHRONIC FATIGUE SYNDROME**

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**Introduction:** Previous outcome data of treatment in chronic fatigue syndrome (CFS) illustrate that attributing complaints to a somatic cause is associated with a poor outcome. Clinically, this would imply that treatment in CFS should be directed towards causal re-attribution.

**Method:** 175 patients fulfilling Fukuda CFS criteria participated in a six-month treatment of CBT associated with graded exercise therapy (GET) based on adaptive pacing in a group setting. No change in causal attributions was aimed for during treatment. The patients were included in a prospective outcome study with multidimensional assessments at baseline and after treatment: Checklist Individual Strength (CIS); Short Form General Health Survey (SF36), Causal Attribution List (CAL).

**Results:** After treatment, patients had more physical and psychosocial causal attributions (CAL) than at baseline (p<0,001). Correlation analyses indicated that improvement of subjective fatigue (CIS-severity, SF36-vitality) was not correlated significantly, neither with physical or psychosocial causal attributions scores at baseline, nor with individual changes of physical or psychosocial causal attributions after treatment.

**Conclusion:** Causal reattribution is changed but not associated with symptomatic improvement in a CFS treatment program based on CBT and GET, which does not target causal attributions.
THE UTILITY OF PROCALCITONIN IN THE PSYCHIATRIC ADMISSION PROCESS
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Objectives
Many inpatient psychiatric units require patients to be medically cleared prior to admission. This clearance is often done in the emergency department. However, essential psychiatric admissions may be delayed if the admitting psychiatrist is concerned about the presentation, especially if the patient meets criteria for Systemic Inflammatory Response Syndrome (SIRS). Non-infective SIRS may be seen in psychiatric patients admitted to the emergency department with acute agitation or anxiety. However, the criteria for SIRS could be mistaken for psychiatric manifestations of an underlying serious illness, resulting in an inappropriate admission to a psychiatric unit, delaying potentially life-saving treatment. Procalcitonin, a biochemical marker that has been described in the literature as a way to differentiate sepsis from other non-infectious causes of SIRS, may be a useful tool to aid in the admission process to psychiatric units in situations where SIRS criteria is met.

Methods
Two inpatient psychiatric cases were reviewed (Patient A and Patient B). Both patients met criteria for SIRS upon admission to the emergency department.

Results
Patient A was admitted to the inpatient psychiatric unit despite meeting criteria for SIRS. The patient’s condition deteriorated requiring urgent transfer to a surgical unit. A procalcitonin level was not obtained. Patient B met criteria for SIRS, but the procalcitonin level was found to be normal, and the patient was admitted to the psychiatric unit.

Conclusions
This abstract may be the first attempt to utilize procalcitonin to aid in the psychiatric admission process, especially in medically complicated patients. It is hopeful that procalcitonin may find utility in differentiating patients meeting SIRS criteria from an underlying infectious source versus psychiatric agitation, resulting in an appropriate admission beneficial to the patient.
DEPRESSION IN DIABETIC PATIENTS
Razi Hospital-Manouba-Tunis-TUNISIA

Objective: The aim of our study was to assess for undiagnosed depression in adult patients with diabetes and associated factors.

Methods: It was a cross-sectional study including 35 patients with diabetes followed in the service of internal medicine Razi hospital. A structured questionnaire was used to collect socio-demographic data to describe the participants and aspects of their diabetes. Depression was assessed by using the Hospital Anxiety and Depression Scale (HADS) in its Arabic version validated.

Results: The patients' mean age was 49.9 (SD±15) years. The diabetes study population was predominantly female (62%). Diabetes was type 2 in 73.5% of patients. Average duration of diabetes was 11(SD±15) years. Prevalence of depression was 32.4%. 67.64% of patients had poor glycemic control. Type 2 diabetes, advanced age, long duration of diabetes, poor glycemic control, associated hypertension, obesity, diabetes complications, the lack of physical activity, combination of oral agents with insulin therapy, poverty and the presence of stressors, were factors significantly associated with depression.

Conclusion: Patients with diabetes demonstrated significantly more depressive symptoms than the general population. Such symptoms were associated with poor glycemic control, obesity, associated hypertension, diabetes complications, worsened prognosis and quality of life. It is recommended to screen systematically for depression in patients with this condition.

References:
ANXIETY IN DIABETIC PATIENTS
Razi Hospital-Manouba-Tunis-TUNISIA

Objective: The aim of our study was to determine the prevalence of anxiety disorders in diabetic patients and to assess associated factors.

Methods: It was a cross-sectional study including 35 patients with diabetes followed in the service of internal medicine Razi hospital. A structured questionnaire was used to collect socio-demographic data to describe the participants and aspects of their diabetes. Anxiety was evaluated by using the Hospital Anxiety and Depression Scale in its Arabic version validated.

Results: The patients' mean age was 49.9 (SD±15) years. The diabetes study population was predominantly female (62%). Diabetes was type 2 in 73.5% of patients. Average duration of diabetes was 11(SD±15) years. Prevalence of anxiety was 35.3%. 67.64% of patients had poor glycemic control. Long duration of the diabetes, poor glycemic control, obesity, associated hypertension, the lack of physical activity, diabetes complications, poverty and the presence of stressors, were factors significantly associated with anxiety.

Conclusion: Anxiety has been associated with poor glycemic control, diabetes complications. Physician must identify any potential anxiety disorder among diabetic patients to take it load, in order to increase treatment adherence and control of diabetes and improve patients’ functioning and quality of life.

References:
SYMPTOM-EXTENSION, OR THE TWO FACES OF HEAVY BREATHING
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University of Szeged, Szeged, Hungary

Aims
Asthma, the classic psychosomatic disease, is the most frequent chronic illness in childhood. A significant proportion of the patients are later also affected by panic disorder. This symptom-extension raises the question what the basis for this co-occurrence can possibly be, considering that both are characterized by heavy breathing. The aim of my study was to explore the psychosocial background of this question.

Methods
I used Gehring’s Family System Test (FAST) which makes it possible to investigate the individuals’ static and dynamic family representations about the organization of their families in various situations. Young adults with asthma, panic disorder (with asthmatic history) and healthy status participated in my research, 12 in each group. They were asked to lay out their family structure and these static family representations were compared among the groups. Furthermore, three families from each group were also involved in the study in order to demonstrate dynamic representations about their perceived family organization.

Results and conclusion
My results confirmed that family structures of psychosomatic patients are more rigid regarding both static and dynamic family representations. Dynamic family representations showed that there was an „invisible alliance” among the family members during joint problem solving. Characteristics of family representations and behavior patterns suggest that psychosocial background is relevant for the better understanding of these psychosomatic problems and it is important to further pursue research along these lines.
BODY, SYMBOL, AND THE PSYCHOSOMATIC PROBLEM
IP, ESPINOSA
Private practice, Mexico City, MEXICO

While traditional medicine used to consider the reality of the body as a broken down machine that can be fixed, with the arise and development of Psycho-neuro-immunology, that perception substantially changed after de recognition that it may suffers the effects of a network of historic assumptions and representations, all of them open, according to this approach, to a resignification process in which individual experiences have an essential role. In this sense, "the imagery", the place where think in semiological images happens; "the symbolic" -the psychic registration as a result from language, and the psychoanalytic concept known as "the name of the father", beside the "body image idea", all of them are the fundament to understand what we call: the "psychosomatic " field. Thinkers like Libermann, among others, considers that this phenomenon lies on the construction of the symbolic system and the Self, that generate some kind of "over adjustement" to the environment in a way that the person sacrifices it´s needs, using the body as an expression field of several emotional conflicts through "somatic codes" that result in somatic symptoms.
ATOPIC DERMATITIS, ANXIETY AND OXIDATIVE STRESS IN A MEXICAN PEDIATRIC SAMPLE
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Instituto Nacional de Pediatria. México City

Introduction: Atopic dermatitis (AD) is a dermatologic disease, in which psycho-immunologic factors and enviromental stress are shown to be related. The role of oxidative stress has been recently explained a molecular link between psychological stress, immune disregulation and inflammatory skin disorders.

Objective: To describe the relationship between atopic dermatitis severity, anxiety disorders and oxidative stress in a sample of pediatric patients evaluated in a mexican pediatric hospital.

Material and methods: Cross- sectional study of atopic dermatitis children evaluated at dermatology and child psychiatry departments of a pediatric hospital. Newley diagnosed atopic children were recruited from October to December 2013. Dermatologic evaluation was performed using SCORAD for atopic severity. Psychiatric screening included structured interview, Children Behaviour Checklist (CBCL) and Pediatric Anxiety Rating Scale (PAARS) for anxiety. Blood and urine samples were tested for enzymatic markers as lipoperoxidation and Reactive Oxigen Species (ROS). Non parametric statistics was performed.

Results: Sample of 10 patients; mean age 10.1±1.7 years. Anxiety disorders were found in 50%, separation anxiety in 40% and 60% had comorbid attention deficit disorder (ADHD) was reported. Spearman test showed significant relationship for SCORAD mean for AD severity and urinary ROS (p=0.03). Generalized anxiety was associated with GSSG/GSH (p=0.01) and separation anxiety disorder with oxidized/reduced glutathione ratio (p=0.02)

Discussion/Conclusions: Significant association between (AD) severity and oxidative stress markers was found. There was a high frequency of generalized anxiety and separation anxiety in (AD) patients with a significant association with oxidative stress. This preliminary findings support the relationship between psychological stress, immune disregulation and oxidative stress as damage mechanisms in atopic dermatitis.

Bibliography:
WPA-0017 COMPARISON OF PSYCHOLOGICAL STATUS BEFORE AND AFTER CORONARY ARTERY BYPASS GRAFT
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Introduction: Coronary artery bypass grafting (CABG) is a procedure used to help improve and save the lives of thousands of coronary artery diseases patients every year. Measuring psychological status significantly contributes to understanding patient perceptions of outcomes attributable to this surgery. The aim of this study was to comparison of psychological status s in patients before and 3 months after CABG.

Methods: After informed consent, 120 patients who submitted to CABG were examined a few days before and 3 months after CABG at the Akbatan hospital in Hamadan/Iran. They completed the SCL-90 Questionnaire.

Results: Significant differences were found between patients before and after CABG in the SCL-90 scores for somatization, obsession-compulsion, interpersonal sensitivity, depression, and Anxiety

Conclusion: The liaison psychiatrist has an important role to play in the management of these patients and Psychological preventive counseling and psychiatric intervention can reduce patientsÕ emotional distress, medical and economic costs.
General definition of aggression as range of behaviors that result in physical and psychological harm to oneself, other or objects in the environment and motivated by hostility, anger or concurrence is not sufficient. The term should be widened by use of its constructive destructive and deficient dimensions with the distinguishing of adaptive and maladaptive forms. Aggression profiles of 2 groups of patients suffering from schizophrenia and psychosomatic illness, coronary heart disease were studied. The latter group showed prevalence of deficient aggression with excessive reglamentation of emotional reactions that causes accumulation of unrealized aggressive tendencies, which develop congestive excitation focus, accompanied by increased muscle and vessel tension, that creates conditions for hypertension reactions.

The results proved that in both groups personality changes during the cause of illness bring about the increase of destructive aggression that declares itself in either sharpening of premorbid traits or development of new ones like excitability, hostility, suspiciousness, decrease of individual positive qualities and attitudes were also observed. Marked intensification and aggravation of the negative personality features at the beginning of illness but it diminishes with the time and can't be considered as risk factors at the further stages of disease. Among the psychopathological symptoms the strongest correlation was proved between maladaptive aggression and anxiety, fear, anger and depression. In patients prone to frequent destructive aggressive acts dominates negative psychopathological symptoms as psychopathy-like states, whereas positive hallucination-delusional states causes severe, but single cases of violence.

Common traits of high aggressive patients are unfavorable microsocial factors, domination of acute affective disorders, reflecting the state of psychic hyperesthesia, excitable premorbid personality features, residual symptoms of cerebral deficiency. Acute aggressive reactions in patients with low aggression level develop under severe psychotraumatic conditions and should be considered as defense operation.
Background and aims: While some studies have found disparities between subtypes of IBS, others didn’t find such differences. This study aimed to investigate if differences in psychological features between the subtypes of irritable bowel syndrome (IBS).

Methods: 153 consecutively diagnosed IBS patients (using Rome III criteria); including 80 constipation-predominant (IBS-C), 22 diarrhea-predominant (IBS-D) and 51 mixed IBS (IBS-M) were asked to complete the Symptom Checklist 90 Revised (SCL-90-R). Pearson’s chi-square test was used to compare nominal variables. One-way ANOVA was used to compare continuous variables.

Results: Although IBS-C patients were more suffered from psychiatric disorders, there were no statistical differences between mean score of IBS-C, IBS-D and IBS-M patients regarding to all of SCL-90-R subscales and three global indices including Global Severity Index (GSI), Positive Symptom Distress Index (PSDI) and Positive Symptom Total (PST) (P<0.05).

Conclusion: Our finding showed that, there are no different symptomatic profiles between IBS subtypes.

Keywords: Irritable bowel syndrome, psychiatric aspects, Rome III criteria, Symptom Checklist-90-Revised
WPA-0161 PSYCHOPHARMACOLOGY IN HEART TRANSPLANTATION
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²Department of Psychiatry, Institut de Neurociències. Hospital Clinic i Provincial de Barcelona. IDIBAPS, Barcelona, Spain
³Department of Cardiology, Heart Transplantation Division, Instituto Clínico del Tórax. Hospital Clinic i Provincial de Barcelona. IDIBAPS, Barcelona, Spain

INTRODUCTION:
Heart transplantation is a potentially life-saving procedure for people with terminal cardiac disease. The period between being listed for transplantation and receiving a heart is often particularly difficult and very stressful. Rates of psychiatric morbidity of around 50% have been found in these patients. Psychopharmacological treatment is also very common, but no conclusive quantitative data are available.

PURPOSE:
Describe the psychopharmacological treatment profile of patients in waiting period for heart transplantation. The secondary objective was to describe the cardiological and psychiatric features of these patients.

METHODS:
Descriptive analysis of 125 adult patients enrolled between 2006 and 2013 in heart transplant program of Hospital Clínic of Barcelona, during waiting list phase. We analyzed the variables: age, sex, years of disease progression, etiology of cardiopathy, axis I disorders applying structured clinical interview for DSM-IV and HADS, and description of psychopharmacological pattern.

RESULTS:
Demographic and clinical characteristics: On average, the 125 patients of the sample were aged 55.47 ± 10.9 years. 98 were male (78.4%) and 27 female (21.6%). The main etiologies of cardiopathy were ischemic cardiomyopathy (41.6%), non-ischemic cardiomyopathy (28.8%) and valvular cardiomyopathy (12%).
Psychopharmacological treatment profile: A 31.2% of the sample (39 patients) was treated with psychopharmacological drugs at time of inclusion in waiting list: Benzodiazepines 16%; Selective Serotonin Reuptake Inhibitors 6.4%; Selective Serotonin Reuptake Inhibitors + Benzodiazepines 5.6%; Serotonin*Norepinephrine Reuptake Inhibitors 1.6% and other antidepressants 1.6%.
Psychiatric evaluation: Axis I diagnoses were present in a 30.4% of patients of the sample, all of them included in depressive, anxiety, sleep and adjustment disorders. The mean score of HADS was 11.52 (SD = 6.3).

CONCLUSIONS:
About one third of patients in waiting list phase showed an axis I diagnosis and received psychopharmacological treatment. Selective Serotonin Reuptake Inhibitors was the most used group of antidepressants (used in 12% of the sample, 15 patients).
COPING STRATEGIES IN HEART TRANSPLANTATION CANDIDATES
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2Hospital Clínic i Provincial de Barcelona - IDIBAPS, Barcelona, Spain

INTRODUCTION: Recently, coping has been examined as a predictor of treatment outcome in the transplant population. In heart transplantation patients, the use of avoidant coping before transplantation increased risk for developing a psychiatric disorder after transplant.

PURPOSE: Describe coping strategies of patients in waiting period for heart transplantation.

METHODS: Descriptive analysis of 125 adult patients enrolled between 2006 and 2013 in heart transplant program of Hospital Clinic of Barcelona, during waiting list phase. Coping strategies were measured using COPE questionnaire. This instrument shows the frequency of using each of the emotional and behavioral responses to a stressful situation. It is a theoretically 60-items driven self-report questionnaire. These items form 15 scales and, after a factor analysis, we can obtain three factors (engagement, disengagement, and help-seeking).

RESULTS
Clinical characteristics: On average, the 125 patients of the sample were aged 55.47 ± 10.9 years. 98 were male (78.4%) and 27 female (21.6%). The main etiologies of cardiopathy were ischemic cardiomyopathy (41.6%), non-ischemic cardiomyopathy (28.8%) and valvular cardiomyopathy (12%).

<table>
<thead>
<tr>
<th>COPE scales</th>
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<th>SD</th>
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<tr>
<td>Acceptance [E]</td>
<td>77.39</td>
<td>18.2</td>
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<tr>
<td>Positive reinterpretation [E]</td>
<td>72.56</td>
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<tr>
<td>Active coping [E]</td>
<td>62.41</td>
<td>18.3</td>
</tr>
<tr>
<td>Seeking instrumental support [HS]</td>
<td>61.06</td>
<td>25.1</td>
</tr>
<tr>
<td>Seeking emotional support [HS]</td>
<td>59.31</td>
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<tr>
<td>Planning [E]</td>
<td>56.56</td>
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<tr>
<td>Restraint coping [E]</td>
<td>56.26</td>
<td>22.3</td>
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<td>Suppression of competing activities [E]</td>
<td>52.02</td>
<td>19.4</td>
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<tr>
<td>Venting of emotions [HS]</td>
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<tr>
<td>Religion [D]</td>
<td>39.62</td>
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<tr>
<td>Mental disengagement [D]</td>
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<td>Humor [*]</td>
<td>26.62</td>
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<tr>
<td>Denial [D]</td>
<td>22.74</td>
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<tr>
<td>Drugs [*]</td>
<td>0.38</td>
<td>2.6</td>
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COPE dimensions

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<tr>
<td>Engagement</td>
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<td>Help-seeking</td>
<td>53.41</td>
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<td>Disengagement</td>
<td>31.15</td>
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</table>

Coping strategies: COPE showed that this group of patients used most frequently engagement strategies, mainly acceptance and positive reinterpretation (> 70%). Other engagement scales such as active coping and two help-seeking scales (seeking instrumental and emotional support) were used by approximately the 60% of the patients. Among the three factors, engagement presented the highest total percentage score with a 62.87% and disengagement the lowest with a 31.15%.

CONCLUSIONS: Our sample of heart transplantation candidates used mainly adaptive coping strategies.
WPA-0280 THE RELATIONSHIP BETWEEN PSYCHOLOGICAL FACTORS (PERSONALITY TRAITS, ANXIETY, DEPRESSION AND STRESS) WITH THE SELF-CARE OF HEMODIALYSIS PATIENT.

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¹psychiatry, Isfahan University of Medical Sciences, Isfahan, Iran

Background & Aims: Appropriate self-care is the base of treatment in hemodialysis patients. The aim of this study was to determine the relationship between psychological factors (personality traits, anxiety, depression and stress) with the self-care of hemodialysis patient.

Methods: This is a cross-sectional study of correlation type that was done on 125 patients under chronic hemodialysis admitted to Al-Zahra and Noor hospitals of Isfahan city in 2012. Samples were enrolled to study by the census and with regard to the inclusion and exclusion criteria. Data collection tools were including three questionnaires (the five-factor personality inventory (Neo Big-5), Depression Anxiety Stress Scale (DASS) and Hemodialysis Self-care checklist that after the choice of samples were given to complete. the data obtained from the study were analyzed by SPSS software and Pearson correlation test, the mean and standard deviation index and multivariate regression analysis.

Results: 74 (59.2%) males and 51 (39.8%) female with a mean age of 42.8 ± 18 participated in this study. Anxiety and depression both have the negative correlation with self-care but only depression was statistically significant. Conscientiousness was the only personality dimension of five personality dimensions (Neuroticism, Extroversion and Introversion, Passion for new experiences, Agreeableness, Conscientiousness) have a positive and significant correlation with self-care.

Conclusion: Depression and conscientiousness are two psychological variables with significant correlation with self-care in hemodialysis patients. There is an inverse correlation between self-care and depression and a direct correlation between conscientiousness with self-care.
WPA-0301 SOMATOFORM DISORDERS AND HEALTH CARE SYSTEM
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Background and aims. At the present stage of a society development in Ukraine among based medical care problems the special priority has been provided the problem of somatoform vegetative disorders. A prevalence somatization clinical disturbances at patients with frustration various nosologic accessories and necessity of development of clinical criteria of differential diagnostics with somatic diseases were the precondition for studying this area. At the same time, in Ukraine the diagnosis ÒVegetative-vascular dystoniaÓ which is ciphered G 90.8, according to ICD-10 instead of ÒSomatoform disordersÓ F40.0-F48 is used.

Methods. It leads unreasonable treatment significant contingents of neurotic patients in neurological departments. On the basis of complex study 727 patients of city policlinic and hospital are conducted determination of structure and prevalence of somatoform disorders in ambulatory-policlinic practice in the conditions of Kharkiv-city.

Results. Clinic-epidemiological and clinic-statistical research allowed to define the structure of somatoform disorders in ambulatory-policlinic practice. Organ neuroses with cardiorespiratory functional violations make 10%, organ neuroses with functional violations of gastrointestinal system - 5.7%, organ neuroses with functional violations of the urinal system - 12.2%. Set personality psychological, social-psychological and social constituents of somatoform disorders.

Conclusions. On that ground has been developed complex level differentiated system of medical- psychological and psychotherapy correction of somatoform disorders with the 75% high efficacy.
CHRONIC STRESS, FEAR AND PSYCHOSOMATIC DISORDERS
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Objective
To analyse the occurrence of psychosomatic disorders PD subsequent to anxiety disorders AD. The prevailing emotion in anxiety condition is fear. When the patient remains chronically fearful, physiological overload persists, leading to the emergence of PD and worsening pathophysiological process of several diseases.

Methodology
Case analysis.
50 men and women, 21 to 72 years old were selected when the AD preceded the onset of PD. Anamnesis, semi-structured questionnaire, rating scales for AD, clinical examination and laboratory tests.

Results
The patients presented isolate or simultaneously such somatic disorders/diseases: Gastrointestinal (80%); joint/muscularpathies (76%), cardiovascular (54%); eating/weight (52%); endocrinopathies (50%); allergic/skin (44%); respiratory (40%); addiction (18%); sexual impairment (14%); herpes simplex (10%); migraine (6%).

Conclusion
This paper highlights the importance of AD in the origin and evolution of acute and chronic PD, degenerative and autoimmune diseases and their evaluation and proper therapeutic management in order to achieve more favorable clinical outcomes.

References
Psychotherapies
DILEMMA-FOCUSED THERAPY: RESEARCH AND PRACTICE
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Campus Mundet-Facultat De Psicologia. Universitat De Barcelona. Spain

Several psychotherapies have put forward internal conflicts and their resolution as a central issue for patient progress but few have defined these conflicts in operational terms usable both in research and therapy. Personal Construct Theory (PCT), a constructivist theory that regards the meaning attributed to events as the basis of human functioning, assume that cognitive systems are far from being logical. The implications of one construct onto another (e.g., people who are seen as “effective” also being perceived as “insensitive” by a given subject) may create cognitive conflicts which in PCT are termed Implicative Dilemmas (ID). Using the Repertory Grid Technique, an assessment tool devised to explore in detail the structure and content of construct systems (semantic memory), IDs can be identified for a given subject. Results from different studies support the idea that IDs play a role in various clinical conditions (e.g., depression, anxiety, eating disorders, fibromyalgia), and especially in blocking the process of change or improvement. Also, a therapy manual has been created to focus on the resolution of these conflicts which might be of interest as a component of various treatment packages. Thus, the assessment of cognitive conflicts and the use of a therapy manual addressed to their resolution, at least as a part of the applied treatment, is a reasonable research-based recommendation for psychotherapists. This workshop is designed to: (1) provide the clinician methods to identify internal conflicts, (2) use them for case formulation, and (3) offer the clinician specific guidelines for a dilemma-focused intervention.
TRANSMISION GENERACIONAL DEL APEGO. A PROPOSITO DE UN CASO.

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Objetivos: Este trabajo pretende hacer una revisión de la hipótesis desarrollada por Bowlby en su teoría del apego sobre la transmisión de una generación a las sucesivas de los patrones de apego inseguro.

Métodos: Para ello, nos servimos de un caso clínico estudiado a nivel del equipo de salud comunitario. El caso se centra en una paciente de 29 años que padece una psicosis esquizofreniforme grave de unos 10 años de evolución con dos suicidios frustrados por defenestración. En él, se sospecha un fenómeno de la transmisión intergeneracional del apego inseguro a través de tres generaciones, apreciándose además el aumento en la gravedad de los patrones de apego inseguro en generaciones sucesivas. A partir de ahí se realiza una revisión bibliográfica de la hipótesis de Bowlby.

Resultados: Tras la revisión realizada, en su evaluación para inicio de psicoterapia reglada se aprecia un patrón de apego inseguro desorganizado, procediéndose a la evaluación de sus padres y, a través de éstos, de la rama familiar materna, poniéndose de manifiesto patrones de apego inseguro en todas las generaciones estudiadas. Este hecho provocaba psicopatología de distinto orden pero progresivamente más grave, hasta llegar a la situación clínica de la paciente señalada.

Conclusiones: Basándonos en el caso relatado, podemos apreciar la confirmación a nivel clínico de ideas expuestas inicialmente por Bowlby y Ainsworth y desarrolladas posteriormente por autores como Bateman, así como lo fundamental de tenerlas presentes en la psicoterapia de los pacientes donde se aprecie un patrón de apego inseguro.
POSITIVE PSYCHOTHERAPY VERSUS POSITIVE PSYCHOLOGY:
SIMILARITIES AND DIFFERENCES

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Wiesbaden Academy of Psychotherapy, Wiesbaden, Germany

Objectives:
1- Definition and characteristics of Positive Psychotherapy – a humanistic psychodynamic psychotherapy method developed by Nossrat Peseschkian since 1968.
2- Definition and characteristics of Positive Psychology – an approach to focus on positive psychological traits and building positive qualities developed by Martin E. P. Seligman since 1998.
3- Historical development of the term “Positive Psychotherapy” based on an analysis of the correspondence between N. Peseschkian and M. Seligman
4- Overview of the present state of Positive Psychotherapy in treatment, training and research world-wide.

Methods:
- Major publications on Positive Psychotherapy since 1974 and Positive Psychology since 1998 are reviewed. An analysis of the correspondence between the two founders during 2009/2010 is included in the presentation.

Results:
1- Both approaches share a resource- and growth-oriented approach.
2- Positive Psychotherapy is a psychodynamic treatment method for psychosomatic and psychotherapeutic disorders
3- The term “Positive Psychotherapy” was used by Nossrat Peseschkian 29 years earlier than by Martin Seligman.

Conclusions:
1- The focus on the “positive” helps us to move from a pathological perspective in psychiatry to a more salutogenic approach.
2- Positive Psychotherapy and Positive Psychology have different aims and objectives.

References:
OBJECTIVES
To know the benefits of psychotherapy on psychological disorders affecting pregnant women.

METHODS
A bibliographic review has been carried out on different data bases such as MEDLINE, PUBMED, COCHRANE PLUS, SCIELO, CUIDEN. Selected articles are within the last 10 years. Some articles found to be not directly related to the objective of this work were excluded. Descriptors used were: pregnancy, psychological changes and psychotherapy.

RESULTS
During pregnancy, women undergo certain physiological changes that may be related to socio-economic, psychological, physiological factors, stress and social support. Emotional health of women should be assessed according to the ability to cope with such a new event on their life and the ability to adapt themselves to changes involved. Major psychological manifestations that may occur during pregnancy are anxiety, dysphoria or euphoria. These symptoms are usually transient, and are a direct cause of pregnancy and they lessen when it ends. Physiologic changes in pregnant women usually do not meet necessary criteria for a diagnosis. However, an adequate treatment is often necessary and beneficial for the most vulnerable women. Psychotherapy is often applied to intervene problems related to adaptability changes in life, stress, anxiety, depression, dysphoric mood, marital problems and difficulties with interpersonal relationships.

CONCLUSIONS
Psychotherapy in small groups is applied the most for psychological disorders that appear in pregnant women, with short interventions which are focused and targeted. It helps mothers improve their relationship with their babies. Psychotherapy applied during pregnancy contributes to a more pleasant pregnancy for women, family and the future baby.
COLLABORATIVE SCHOLARLY AND TECHNOLOGICAL ENDEAVORS -- AS A PSYCHOTHERAPEUTIC EXPERIENCE

Allan Tasman1, Renato Alarcon2, Jeffrey Anker3

WPA Section On Psychotherapies - USA-
Mayo Clinic – PE - USA
University Psychiatric Practice Inc.. Bufalo. New York. USA

Background: Exponential accumulation of knowledge, increased depth of details and concepts, as well as continuously-increasing sophistication and complexity of fast-changing technologies, require specialization of experts on narrowly-focused fields.

However, advancement of overall knowledge and operational applications of technologies are mostly beyond the realm of an isolated scientist or technician. A team-work of experts with complementary skills and resources is essential for productive advancement. Each member of the collaborative team brings to the conference table and to all interactions and productions, his/her own personality, past experiences, culture and biases -- all have to be considered and managed in order to achieve a smooth working relations which are a fundamental requirement for forward movement. Indeed, professional and personal advancements will enhance the team spirit. An optimal collaborative working-together may contribute to satisfaction and happiness of the participating individuals and actually serve as a Psychotherapeutic experience.

Methods: we will examine some of the ways to get closer to achieving collaborative goals. Interdisciplinary collaboration: Problems, obstacles and solutions -- will be delineated, emphasizing cultural sensitivity and Ethics in Psychotherapy and Collaborations, suggesting structuring collaborative scholarly endeavors to achieve a productive Psychotherapeutic milieu. Self-Psychology model of Psychotherapy -- application for professional collaborations -- will be illuminated.
GROUP PSICOTHERAPY OF ADDICTIONS
A. Felices de la Fuente1, L. Blanco Presas2, M. Álvarez-Riedweg1, B. Gonzalvo Cirac1, J. Bordas García1, J. Solé Puig1.

1. CAS (Centre Atenció i Seguiment a les drogodependències), Benito Menni CASM Sant Boi de Llobregat (Barcelona), Spain.
2. Unidad Patología Dual, Benito Menni CASM Sant Boi de Llobregat (Barcelona), Spain.

Objectives: To explain the dynamic processes that happen, in the space of 6 months of treatment, in the different psychotherapy groups that take place in an outpatient’s addictions unit, having in mind both the stage of change the individuals and the group are in, and the interventions that are more appropriate and effective for both the individuals and the group.

Material and Methods: Prior to the patients joining one of the semi-opened therapy groups, they are both evaluated in terms of stage of change re. their addiction, and of their psychological and psychiatric wellbeing. We used the Rhode Island’s University change evaluation scale (URICA) for the pre-test of the state of change, and the DSM-IV-R for the clinical diagnosis.
In order to understand the dynamic processes that happen in groups, we support our analysis in Bion’s understanding of groups, specially attending to his concepts of basic assumptions and working group. Once analyzed, the interventions that the group therapist chooses from vary from a range of cognitive-behavioural techniques such as coping skills, relapse prevention, etc. to interpretations of how the group’s here and now influence the development of therapeutic relations and attachments among the group members.

Results: Every patient complied with the clinical requirements to be diagnosed with a substance abuse related diagnosis, i.e. cocaine addiction or alcohol addiction, and the majority placed themselves in the contemplative state or the maintenance state of change. This last belief was proven wrong as the group dynamics showed a desire to “resolve the addiction problem” rather quickly, a wish to go through the treatment in an easy, superficial and (emotionally) non-painful way.

Conclusion: The group therapy was successful in providing a better insight into their illness, in offering a space where to confront their fears about their addictions, shown both by the reduction of relapses and the low drop-out rates.
GROUP PSYCHOTHERAPY EFFECTIVENESS - CHANGES IN PERSONALITY

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The usefulness of selected tools in the assessment of the effectiveness of psychotherapy has been indicated in various studies. One of the questionnaires which is useful in the assessment of personality traits profiles is MMPI-2.

Objectives: Analysis of changes of various dimensions of personality measured with MMPI-2 questionnaire in patients with neurotic and personality disorders (F40-45, F60 and F61 according to the ICD10 classification) treated with intensive integrative (mostly psychodynamic) psychotherapy in day hospital.

Method: The results of the MMPI-2 questionnaires filled in by 50 patients at the beginning and at the end of 12 week intensive group psychotherapy (120-210 hours) were analyzed from the perspective of psychotherapy effectiveness, taking also into account the characteristics of the observed changes.

Results: The analysis confirmed that in the process of intensive integrative, mostly psychodynamic group psychotherapy significant changes of many traits of personality are observed. The ego strength significantly increased in many patients, while the general personality profile and the values of particular scales became similar to the results characteristic for healthy population. The application of MMPI-2 has provided data useful in the assessment of psychotherapy effectiveness.
Background and aim

The work demonstrates personal experience of many years of psychotherapeutic work with the addicts by using psychoanalytic methods in some possible elements. The structure of the personality of the addict is reflected precisely in the fact that the addicts have no insight in the basic intra-psychical economy.

Methods:

We comparatively show the group psychotherapeutic processes in the two therapeutic environments: penal hospital and psychoanalytic milieu in the framework of the orthodox community. The author of the work is educated in psychoanalysis and she is a therapist in all the groups. With the members of the group, we verbalize the basic rule of free associations, and the basic instrument for measurement is the countertransfer.

Results:

Our experience confirms that the development of the communicative group process with the addicts is possible only with the verbalization of the rule of free associations. Therapeutic goals are directly equal to the overcoming of the passive attitude of the members of the group - which is achieved by the interpretation of the actual contents between the members of the group mutually and the members of the group and the therapist.

Conclusions:

Psychoanalytic education of the therapist in the circumstances of work with the addicts both in the penal circumstances and the orthodox community finds its realization and contributes to the general therapeutic goals of the development of the personality of the addicts that accept the basic therapeutic milieu of the orthodox community or penal hospital environment.
EFFECT OF NARRATIVE GROUP THERAPY ON HAPPINESS AND NEGATIVE EMOTION IN ADOLESCENT
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Objectives: The purpose of this study was examine the effect of narrative group therapy applied to improve happiness and reduce negative emotions (i.e. depression, fear of negative evaluation, state anxiety, trait anxiety).

Methods: The participants consisted of thirty middle school students with high depression (CDI), anxiety (STAIC) and fear of negative evaluation (BFNE) score. Fifteen students participated in eight sessions of narrative therapy group and fifteen students were assigned to the control group. The research design of this study was based on a pre-test and a post-test the both groups. Happiness test and CDI, STAIC, BFNE were used as the measurement tools. Happiness test consists of four subscales (i.e. self-esteem, optimism, positive perception about friendships, positive perception about home environment). The narrative therapy program consisted of eight sessions. A session was carried out once a week for sixty minutes. We performed t-test and AVOVA to analyzed the data.

Results: As results, in treatment group, depression and state anxiety, trait anxiety, fear of negative evaluation score were decreased after narrative group therapy. In addition, Self-esteem and optimism, positive perception about friendships, positive perception about home environment score were improved after narrative group therapy.

Conclusions: In conclusion, the narrative group therapy not only produced desirable effects for decreasing depression and anxiety, fear of negative evaluation but also improving happiness. These result means that participants of the narrative group therapy can live more happy life and feel less anxious and depressive mood.
GROUP COGNITIVE BEHAVIORAL THERAPY AND GROUP RECREATIONAL ACTIVITY FOR ADULTS WITH AUTISM SPECTRUM DISORDERS: A PRELIMINARY RANDOMIZED CONTROLLED TRIAL

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Objectives: Although adults with autism spectrum disorder are an increasingly identified patient population, few treatment options are available. This preliminary randomized controlled open trial with a parallel design developed two group interventions for adults with autism spectrum disorders and intelligence within the normal range: cognitive behavioural therapy (CBT) and recreational activity.

Methods: Both interventions comprised 36 weekly 3-h sessions led by two therapists in groups of 6–8 patients. The group CBT intervention consisted of five elements; (i) structure, (ii) group setting, (iii) psycho-education, (iv) social training and (v) cognitive behavioural techniques. The recreational activity intervention relied on (i) structure and (ii) group setting, and the patients took part in recreational activities, such as going to museums. A total of 68 psychiatric patients with autism spectrum disorders participated in the study. Outcome measures were Quality of Life Inventory, Sense of Coherence Scale, Rosenberg Self-Esteem Scale and an exploratory analysis on measures of psychiatric health.

Results: Participants in both treatment conditions reported an increased quality of life at post-treatment (d = 0.39, p < 0.001), with no difference between interventions. No amelioration of psychiatric symptoms was observed, neither was any increase in self-esteem or sense of coherence. The dropout rate was lower with cognitive behavioural therapy than with recreational activity, and participants in cognitive behavioural therapy rated themselves as more generally improved, as well as more improved regarding expression of needs and understanding of difficulties.

Conclusions: Both interventions appear to be promising treatment options for adults with autism spectrum disorder. The interventions’ similar efficacy may be due to the common elements, structure and group setting. Cognitive behavioural therapy may be additionally beneficial in terms of increasing specific skills and minimizing dropout.
DYSTHYMIA FROM A GROUP VIEW
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Objectives: To elucidate the clinical spectrum of a group of 8 patients diagnosed as dysthymia and to assess the efficacy and dynamism that group therapy has on these patients.

Methods: We analyse the clinical characteristics of patients and their development along the group process from the transcriptions of the group sessions and the results of the tests applied (Clinical Anxiety Scale, Beck’s Depression Inventory, Social Adaptation Selfevaluation Scale and HoNOS scale) at the beginning and after six months of group therapy.

Results: The demonstration and display in the group sessions of the different aspects of patients allows a major approximation to their diagnostic complexity. The group dynamics centered on the identifications and multiple transferences allow a major development of insight and, in consequence, a major comprehension of their biographic stories. This change is objectively reflected upon the data obtained from the tests and other clinical parameters such as the reduced psychopharmacological need and the reduced sanitary cost (diminution of emergency consultations, better work adaptation, resource optimization and other clinical parameters).

Conclusions: The group sessions are constituted as an optimum place to comprehend the nuclear aspects shared by the patients normally included under the broad clinical spectrum of dysthymia. Additionally, the group constitutes an adequate and effective setting for the therapeutic management of these patients.
OUTCOMES OF AUTOGENIC GROUP TRAINING IN PATIENTS DIAGNOSED WITH ANXIETY, DEPRESSIVE DISORDERS OR BOTH

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Objectives: To develop and measure an autogenic group training program, with the aim of evaluating the benefits of relaxation in patients with anxiety, depressive disorders or both.

Methods: A total of 67 patients were enrolled: 67% were female and 33% male, with a mean age of 37 years. The study went on for twenty-four months. Each subject completed twelve group sessions. Sessions lasted for 60 minutes and were held always on the same weekday and at the same time. During the sessions, subjects were taught respiratory training techniques, Schultz's Autogenic Training (inferior and superior cycles), Jacobson's progressive relaxation, creative visualization and meditation, group exercise dynamics and the hug technique. To evaluate results, two scales were applied, in the beginning and in the final session of the program: the Portuguese Depressive Screening Test (IACLIDE) and the Hamilton Anxiety Rating Scale (HAM-A). A final questionnaire in order to obtain the feedback of each patient was also performed. The data was statistically analysed using SPSS version 19.0.

Results: There was a statistical significant (p<0.0001) decrease in the overall level of anxiety (from 24.16 to 18.85), in the global depression (from 43.39 to 34.22), in the inability to general life (from 1.70 to 1.30) and an improvement in the symptoms of appealing personalities with addiction and emotional instability. There was also improvement in sleep, mood, vigor, self-esteem and self-control.

Conclusions: An autogenic group training program can be used has a tool to reduce anxiety levels, both psychic and somatic. It can also contribute to a reduction of symptoms and disabilities associated with depression, with consequent improvement of the general condition of the patient.
ERICKSONIAN PSYCHOTHERAPEUTIC INTERVENTION IN A RURAL MENTAL HEALTH OUTPATIENT UNIT
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Objectives: To describe part of a psychotherapeutic process that resorted to prescribing behavior as useful tool for achieving a second order change in a male patient of 63 years with a diagnosis of ICD F 40.01 10.

Methods: Based on clinical history and identified patient outcomes, by measuring the effectiveness of the intervention through the Hamilton Anxiety Scale (HAS), the Scale for the Assessment of Global Activity (GAF) and registration of psychotropic drugs before and one year after it.

Results: EAH before: 26 after: 10. GAF before: 55 after: 65. Registration of psychotropic drugs: the patient remained stable the number and doses of antidepressants used, however a decrease in benzodiazepine dose was recorded one year after psychotherapeutic intervention.

Conclusions: Psychotherapy is an effective tool to reduce human suffering and to improve the level of functioning of a patient in a mental health outpatient unit.

References:
POST-DISCHARGE TRANSDIAGNOSTIC ADAPTATION FOCUSED COGNITIVE GROUP THERAPY FOR PATIENTS WITH DEPRESSION, ANXIETY AND PERSONALITY DISORDERS

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Objectives: Group-based cognitive behavioral therapy (CBT) is generally delivered in a closed group format with participants who have the same condition or problem. In the outpatient emergency service on Psychiatric Centre Ballerup, it was not acceptable to have the waiting time, that this group format frequently leads to. Consequently, we developed a CBT concept with an open group for patients with a range of different non-psychotic disorders. After an initial individual course of 5 sessions, group therapy consisted of 8 times 2 hours given 2 times a week, i.e. a course of 4 weeks. Therapy sessions were highly structured, but not manualized. Presently, we investigate the effect of the new brief group therapy.

Methods: An open trial of acute group CBT including 60 patients who participated in group therapy in the period December 2010 to December 2012. Psychiatric symptoms were measured at start and end of therapy with the Kessler Psychological Distress Scale (K10), Becks Depression Inventory (BDI) and the WHO Well-being Scale (WHO-5). During therapy progress was measured within therapy sessions with Scott Millers’ Outcome Rating Scale (ORS) and Session Rating Scale (SRS).

Results: A pilot analysis (N = 14, of which 9 with depressive states) showed that group therapy reduced depressive (BDI) symptoms and non-specific psychological stress markers (K10). Descriptive data and results of therapy for the total sample will be presented.

Conclusions: Patients are significantly improved at end of group therapy. The lack of manual therapy and control of content makes it difficult to know which elements of group therapy that effected the improvement, the general group therapeutic aspects or the specific cognitive techniques.
RENEW –DK: RECOVERY-ORIENTED PSYCHOTHERAPY SERVICE FOR YOUNG ADULTS WITH EMOTIONAL DISORDERS
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Objectives: RENEW - DK is a network -oriented psychotherapeutic approach for young people adapted from the American RENEW for young people in transition phase. The RENEW [Rehabilitation for Empowerment , Natural Supports , Education and Work] method was developed in the school system (secondary level) at the University of New Hampshire, USA . At Mental Health Centre Ballerup we translated the manual and implemented the therapy among our younger patients (18-24 years ) with depression, stress conditions or personality disorder and we need to evaluate the effect of this new approach.

Methods: A mixed methods investigation of the new intervention using questionnaires and interviews. The intervention consists of 15 sessions of individual therapy and group therapy 7 times, devoted to youth problems. Individual therapy resembles in many ways systemic narrative therapy.

Results: The project started first December 2013 and so far 8 patients have been enrolled in our youth team. We expect to present data from 28 patients from self-rating questionnaires before and after treatment as well as results of the qualitative study of patients ' and therapists' experience of the new service.

Conclusion: The project is still in very early phase and it is too early to conclude about the feasibility of RENEW for young adults.
APPROACHING PATIENTS WITH HYPERREFLECTIVITY AND PERPLEXITY: AN EMPIRICAL QUALITATIVE INVESTIGATION

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Objectives: Perplexity and hyper-reflectivity are considered important aspects of the self-disorders (SDs) of schizophrenia, yet knowledge of the appropriate psychotherapy for these patients is sparse. Thus we wished to explore how phenomenological psychologists or psychiatrists describe their approaches to these patients as well as their own emotional responses, when hyper-reflectivity and perplexity emerged in consultations or psychotherapy.

Methods: Four email interviews with experienced clinical researchers within the field of phenomenology and schizophrenia were examined using interpretative phenomenological analysis.

Results: The informants offered reassurance by authority and the encouragement of sharing of experiences interlaced in the beginning of therapy. Later they went on relating expressions of hyper-reflectivity and perplexity to emotions, life events and goals. They described feelings of admiration and professional recognition along with worry, insecurity and sadness.

Conclusions: The approaches described corresponded with widely acknowledged interventions within psychotherapy. However, elaborate interpretative, experiential confronting or cognitive interventions were not reported.
How to choose different types of psychotherapy in Brazil

Psychotherapy is a wide process of psychological treatment. The most patients in Brazil don’t know the characteristics of each kind of it. So, it is very difficult to a patient to choose what kind of therapy is the best choice to him/her. The objective of this paper is to show the way the author proposes either type of psychotherapy, considering the Brazilian context. Which elements can be used to guide this kind of choice? The method is an association between literature and his practice in private office for more than 20 years, both as a psychiatrist as psychotherapist. The results can be summarized as follows:

The different kinds of directed psychotherapy should be applied to people who search for help to face specific situations. On the other hand, undirected psychotherapy aims to help the patient to achieve a greater consciousness of himself or herself and the environment he/she lives. Consequently, he/she can make changes in order to reduce his/her suffering. Beyond reasons he/she looks for help, it is important to consider the patient’s personality in the choice of the method.

Conclusions: it is possible to help Brazilian people to choose a suitable kind of psychotherapy according to their demand and their personality profile.

References:


MULTI-FAMILY GROUP THERAPY, DIFFERENT PERCEPTIONS OF THE SAME GROUP ENVIRONMENT.
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Objectives: The main objective of this research is the analysis of the correlation in the perception of group environment by different therapeutic-team members in the Multi-Family Group Therapy.

Method: The Group Environment Scale is a questionnaire created by Moos in 1981, and contains 10 subscales which valued the social environment of psychotherapeutic and self-help groups. This questionnaire is taken by the therapeutic-team members to evaluate the group environment. Results are input into a database in order to be automatically corrected and statistically processed. This sample is made up of 4 permanent coordinators and 12 observant residents.

Results: Items showing less coincidence in the perception of the group environment by the therapeutic-team members are related to the group’s freedom regarding the expression of their feelings and keeping the group’s order and structure. Results show a high correlation between permanent coordinators and observant group, but perception by the observant group is usually kinder. Permanent group tends to think feelings are not commonly expressed and their organizational and coordinating task is poorly performed. Observant group’s answers do not match this perception.

Conclusions: This disagreement regarding expression of feelings is probably related to the burden inherent to the observant task. Observant group’s perception is usually kinder towards the task performed by the therapeutic team than that of the own permanent coordinators. This may be related to the self-demanding nature of the permanent coordinators team and the trust from the observant residents, mostly trainees, towards the therapeutic team.
THE EFFICACY OF AUTOGENIC TRAINING ON TENSION-TYPE HEADACHE AND MIGRAINE SYMPTOMS. A STUDY ON 568 CASES

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Objectives Autogenic Training (AT) is a technique that has been found to be effective in many areas (Stetter and Kupper 2002). However studies with more than 200 subjects are extremely rare. We present a study evaluating the efficacy of the AT for tension-type headaches and migraine symptoms in a cohort of 568 patients.

Methods We evaluated the results of AT on patients that completed the first of the 4-Steps “Gastaldo-Ottobre” AT path (DaRonch, Gastaldo et al. 2010). These patients were evaluated clinically and through a battery of various tests (IPAT test (Cattell 1957) for anxiety, Zung test (Zung 1965) for depression, physical symptoms list, subjective improvement) before and 2 months after the AT course.

Results Of the total 2869 people who attended the AT course between 1980 and 2008, 1974 completed the 2-months follow-up evaluation. Of these 568 presented symptoms related to tension-type headache or migraine or both. After the first Step patients showed significant improvements, in fact 72.9% (414) referred a subjective global improvement, 21.1% (120) to be more or less the same, 5.5% (31) to have worsened. Concerning headache and migraine symptoms, 14.5% disappeared, 44.8% diminished intensity, 35.7% remained unchanged and 5% got worse. Significant associations between physical and psychological improvements were also found, in particular regarding back of the neck pain, diffuse headaches, migraine reduction and IPAT test improvement (p<0.05), and between reduction in diffuse headache and improvement in Zung test (p<0.05).

Conclusions AT can be an effective technique for dealing with symptoms such as tension-type headache and migraine. The parallel positive effects on the psychological side reinforce the idea of a reciprocal interconnection between physical and psychological well-being that can be increased through AT.


PSYCHOEDUCATIONAL INTERVENTION FOR CAREGIVERS OF BIPOLAR PATIENTS: DIFFERENCE IN EVOLUTION OF FAMILIES IN BURDEN AND IN THE FUNCTIONALITY OF THE PATIENTS ALONG ONE YEAR

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Objectives
Bipolar disorder has an important effect in life of patients and their relatives, producing a bidirectional influence. The family is one of modifiable variables and is related to the prognosis.

Analyse the impact of a psychoeducational family intervention group compared with a control group in the level of burden of families and in functionality of the patients during one year of follow up.

Method
152 bipolar patients and their relatives were recruited, finally continued 148 patients and families. The caregivers were assigned randomly to control (8 sessions of group meeting) or experimental group (8 group sessions of psychoeducative therapy). We made 3 evaluation and collected clinical and sociodemographical data’s (ECF, GAF). We analysed with mixed mathematical models.

Results
There aren’t any basal differences in patients and caregivers (all p<0.01). We found significant differences in the evolution of each group (EG and CG) in objective burden (t = -3.9129, p = 0.0001). The CG did not show significant changes (t = 0.7253, p = 0.4691), in return, the EG significantly decreases its objective burden along the time (t = -4.850742, p = 0.0062). In subjective burden, we found significant differences in the evolution of each group (t = -2.7916, p = 0.0058). The CG did not shows significant changes (t = -0.9964, p = 0.3203), and EG reduced their subjective burden significantly over time (t = -5.0058, p = 0.0031). In the patient's functionality, we found significant differences in the evolution of each group (t = 7.7047, p <0.0001). CG did not shows significant changes (t = -0.874233, p = 0.3828), in contrast patients of EG significantly improving global activity (t = 10.61594, p = 0.000).

Conclusions
The intervention shows an important effect along one year, improving the burden of the families and the global activity of the patients.
EL TOC COMO PROTECCIÓN DE LA PAREJA
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Con el presente trabajo se estudian cinco casos clínicos derivados desde Atención Primaria a un CSM, durante el período 2012-2013, por clínica compatible con TOC (DSM) de reciente aparición, de diferentes intensidades y sin factores de atribución aparentes. Casos en los que la psicopatología inicial fue remitiendo conforme se iba poniendo de manifiesto un trastorno mental en la pareja del paciente derivado.
Para ello haremos una descripción retrospectiva y análisis cualitativo de los mismos.
Los resultados vienen a reflejar hallazgos encontrados por múltiples autores en cuanto a la función del síntoma, es decir cómo la psicopatología inicial del paciente identificado y derivado al CSM, de alguna forma puede enmascarar un trastorno mental severo en la pareja, que amenazaba con la ruptura de la misma. Los cinco casos que se exponen, cumplían criterios diagnósticos para TOC, sin antecedentes previos en SM y de aparición en los últimos doce meses. En ellos, tras abordaje multidisciplinar psicoterapéutico y psicofarmacológico de la clínica que motiva la consulta, se produce mejora paulatina de la misma y se pone de manifiesto un agravamiento en la psicopatología de la pareja del paciente identificado; psicopatología que sí llevaba años de evolución y que amenazaba con la ruptura de la pareja. dos casos de alcoholismo, uno de ludopatía y transexualismo, otro de trastorno delirante y un quinto caso de pedofilía.
La importancia de valorar el sistema familiar /de pareja del paciente de SM se pone una vez más de manifiesto como herramienta imprescindible en el abordaje global del paciente psiquiátrico. Integrar esta valoración en el tratamiento individualizado del paciente, más allá de la demanda que éste exprese y de la psicopatología que se objetive, es necesario; de no hacerlo, probablemente fracasemos en las estrategias psicoterapéuticas que desarrollamos.
GROUP PSYCHOTHERAPY SIDE EFFECTS IN PSYCHIATRIC INPATIENTS: SYSTEMATIC DESCRIPTION AND RELATION TO PERSONALITY STRUCTURE

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Objectives
Side effects are a major risk in psychotherapeutic treatments but poorly studied due to a lack of evaluation tools and systematic studies. In recent research different groups led by Linden and Brakemeier developed self-assessment questionnaires especially for inpatient group treatments. Such treatments can trigger specific adverse or side effects due to high dosage of psychotherapy in short time. For instance, strains or conflicts caused by group therapy could lead to a reduction of self-efficacy. Nevertheless personality variables of patients could play a role by reducing or increasing the risk of specific side effects. As severity of illness in psychiatry inpatients can be expected to be high, we include the assessment of personality pathology related to Kernberg’s and Rudolf’s concepts of personality structure. We examine and systematically assess side effects in an explorative naturalistic approach.

Methods
This ongoing study is carried out in a department of psychiatry of a general hospital in Berlin, Germany. The department offers disorder-specific and non-specific group therapies, including psychodynamic and cognitive behavioural orientated therapies. Patients fill out self-assessment questionnaires including symptomatic and personality variables during their inpatient treatment. Side effects are measured weekly by the evaluation tools mentioned above.

Results
First results of the ongoing evaluation indicate that side effects are moderated by impairment of personality structure and are positively related to severity of illness. We expect preliminary results of a minimum of 50 inpatients by September 2014.

Conclusions
The relationship between personality variables and side effects can shed light on how patients respond to group therapy. The results will be helpful for risk management of psychiatric inpatient treatments and will provide patients detailed information prior to group psychotherapy in terms of the informed consent. Group therapies could be improved by more specific indications and the awareness for side effects could be heightened in therapists.
EFFECTIVENESS OF COGNITIVE BEHAVIOUR THERAPY WITH PARANOID SCHIZOPHRENIA: CASE STUDY SERIES
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Advances in psychosocial treatments in Schizophrenia have been instrumental in increasing research on effectiveness of cognitive behaviour therapy as primary treatment along with medications in schizophrenia with persistent psychopathology. The current paper analyses the feasibility and usefulness of CBT in three case studies presenting in psychiatric centre in India with Chronic Paranoid Schizophrenia with persistent positive symptoms. The total duration of illness in all the three patients was more than 10 years with poor response to combination of antipsychotic medications in past. Measures of psychosocial functioning and severity of psychopathology were used along with subjective improvement reports over a period of six months. The results indicate considerable improvement in both subjective and objective outcome variables. These preliminary findings suggest potential usefulness of CBT in patients with chronic schizophrenia with partial to poor treatment response. Further research in this area is needed to substantiate the results.

References:
COGNITIVE BEHAVIOURAL THERAPY AND INTELLECTUAL DISABILITY

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Objectives: In traditional psychotherapy the presence of Intellectual Disability (ID) was a reason for excluding people from treatment. However, since the mounting evidence of high psychopathological vulnerability, new psychotherapeutic intervention have increasingly been conducted, even in more severe cases. One of most frequently used seems to be Cognitive Behavioural Therapy (CBT). This summaries findings of a systematic mapping of meaningful literature on the use of CBT in people with ID.

Methods: A systematic mapping of the literature was performed on the basis of the following questions: “is CBT effective for mental health problems in ID?”, and “which cognitive-behavioural strategies and techniques are most useful?”. Systematic mapping varies from a systematic review in the breadth of the topic area, questions, and the limits of data extracted.

Results: Although research on the topic is quite limited, CBT seems to be fruitfully used in people with ID, mainly in those with lower severity. Nevertheless, CBT procedures need some adaptation and simplification to meet specific cognitive skill.

Conclusions: Many studies demonstrated that people with mild or moderate level of ID and psychological problems can take advantage of CBT. CBT has been acknowledged as one of the most effective psychotherapies in people with IDD. However, clinical research is encouraged to provide further evidence and to explore possible adjustments of therapeutic strategies.

References:
OVERGENERAL MEMORY IN DEPRESSED PATIENTS: CLINICAL IMPLICATIONS

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Overgeneral memory is an overly generic, unspecific and diffuse memory retrieval pattern. Investigations of mnemonic patterns typical to depression indicate a trend in depressed patients to process memory in an overgeneralized way. The current research aimed to investigate these patterns by clinical studies based on evidence. Researches of this nature are justified by providing experimental data on relations between cognitive processes and psychiatric disorders, leading to more consistent interventional strategies in clinical practice, especially in psychotherapy. In order to verify the presence of this memory retrieval pattern identified in depression, a systematic review on literature was performed. It was made a search on Medline, PsycInfo, Web of Science, Redalyc, Lilacs and Scopus electronic databases, with three descriptors: overgeneral, memory and depression, in the period between 2000 and 2014. 156 items were identified. The inclusion criteria were: the presence of these descriptors in the abstracts; being clinical studies without comorbities, including other psychiatric disorders. 136 publications were selected. The results indicated the presence of systematic reports at literature of depressed individuals who have a tendency to process memory in an overgeneralized way. However, there is no consensus about such specificity in the retrieval pattern in depressed patients, and also that this pattern is only present in depression. Among the clinical and psychotherapeutic implications of said pattern in the treatment of depressed patients, we identified a relationship between access to mnemonics records and expectations of future events. This means that overgeneral memories can damage the capacity of formulating future "scenarios". Such damage may be associated with hopelessness and a higher risk of suicide.

Keywords: overgeneral memory, depression, psychotherapy
EXPOSURE AND RESPONSE PREVENTION VERSUS ACCEPTANCE AND COMMITMENT THERAPY IN THE TREATMENT OF OBSESSIVE COMPULSIVE DISORDER

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Objective: Obsessive-Compulsive Disorder (OCD) is a complex and difficult to treat disorder. The first line recommended treatment for OCD is the exposure with response prevention (ERP). However, since the emergence of Acceptance and Commitment Therapy (ACT), the range of treatment options for this disorder has significantly been expanded. The objective of this study is to perform a functional analysis procedures of EPR and ACT in the treatment of OCD, and compare the efficacy of both forms of therapy.

Method: A systematic review of the literature was performed to examine the evidence of EPR and ACT in the treatment of OCD. PubMed, PsycINFO, Cochrane and MDConsult databases were searched, reference lists examined and citation searches conducted. Selected studies covering the last six years.

Results: The results indicate that EPR and ACT are based on different processes of change. While EPR is based on control of internal experiences (obsessions), ACT does not focus on the symptoms, but in the acceptance and patient life values, resulting in a decrease in scores of Acceptance and Action Questionnaire-II (AAQ -II) of up to 40%. Regarding the effectiveness of EPR, various studies are of improvement between 40-75% of patients with OCD. For ACT, the available evidence points to a significant reduction in compulsive behaviors between 50% and 81% at follow-up, a decrease in depressive symptoms of 73% and an increase in quality of life score of 26% at posttreatment. Furthermore, treatment acceptance score was only 4 or 5 points below the highest score of the Treatment Evaluation Inventory-Short Form (TEI-SF) (86% of the maximum score).

Conclusions: ACT may be a good alternative for those who do not benefit from treatment with EPR, in addition to achieve relapse prevention.

Keywords: exposure with response prevention, acceptance and commitment therapy, obsessive-compulsive disorder.
EXPOSURE IN VIVO THERAPY WITH RESPONSE PREVENTION. IN RELATION TO A CASE.

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Objectives: To observe the effectiveness of exposure in vivo therapy with response prevention and treatment of obsessive compulsive disorder (OCD)

Methods: Review of a case and the outcome of therapy given. Describing the case of an 18 year-old man with obsessive and compulsive sympthoms which cause a high level of anxiety and avoidance behaviours that interfere with the patient’s daily life. The symptomatology do not improve despite the psychopharmacological treatment recieved. Description of the therapy: Exposure in vivo therapy with response prevention was started. Firstly a hierarchy of obsessions ordered by the degree of interference in daily life was carried out. Fifteen sessions were accomplished for three weeks (five sessions per week). The sessions were two hours long with self-exposures programmed between each session.

Results: After one month the evolution was positive. Obsessive symptoms’ frequency and intensity decreased as well as the discomfort and anxiety level associated. Avoidance behaviour was confronted and so the patient gave up making compulsions. Alter four months he appears to be totally asymptomatic. The drug treatment was gradually reduced and after fourteen months it was totally supressed. Nowadays, the patient lives an ordinary daily life.

Conclusions: Exposure in vivo therapy with response prevention is the most effective treatment and with a lower relapse for OCD. As a consequence of the reduction of the rituals there is a decrease in the rate of anxiety and depression as well as a better familiar, working and leisure life adaptation. It consists of exposing the patient to the feared stimulus and then, avoid the ritual behaviours. When there is a change in expectations regarding the non-execution of the rituals after the feared stimulus exposure, usually leads to the extinction of such rituals.

References
Nowadays, there are several psychological interventions aimed for patients diagnosed with Bipolar Disorder. Those who have demonstrated their effectiveness are Psychoeducation, Psychosocial Therapy, Cognitive Behavioural Therapy, Family Intervention and Interpersonal and Social Rhythm Therapy.

Psychoeducational Therapy is a theoretical and practical framework, focused on a better understanding and coping with the disorder and the possible consequences. It is based on the premise that a better knowledge of the disease and its management will favour its prognosis. It provides training in practical skills to improve the competence of the subject on the coping of the disorder. Psychoeducation aims to raise awareness of disease; enhance adherence to treatment; training for early detection and management of prodromal symptoms; and promote healthy and regular lifestyles. It encourages active collaboration and a professional-patient trust, and highlights patients experiences in living with the problem.

In this study, a review of the effectiveness of this type of intervention is performed, from its pioneering interventions (Peet and Harvey -1991 - or Perry and coll. -1999-). Different models whose effectiveness has been demonstrated are examined, such as the Barcelona Psychoeducational intervention model (Colom). A comparative analysis with other psychological interventions, aspects that need improvement and studies that focus on the cost-effectiveness of such approaches are also performed.

Finally, the conclusions show that Psychoeducational elements are a way to improve compliance and early identification of prodromal symptoms. In general, the greater the knowledge of the disease is less of a burden on the patient and practitioner.
„REASON AND EMOTIONS“ - COMPREHENSIVE PROGRAM FOR BORDERLINE PERSONALITY DISORDERS IN DAY HOSPITAL SETTING
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Objective: Symptoms of borderline personality disorders (BPD) pose significant difficulties in the overall functioning of the individuals with BPD. Studies indicate effectiveness of different psychotherapeutic methods in the treatment of BPD. In this paper the therapeutic program of three months duration for BPD in day hospital setting of the psychiatric hospital is presented.

Methods: The program includes psychodynamic group psychotherapy in median group, psychoeducation, CBT workshops, art therapy and medication. It is aimed to enhance mentalization, self understanding, quality of life, knowledge and understanding of the disorder, and to reduce impulsivity. In this paper all components of the program taking place in the Day hospital are described.

Results: The program has been successfully implemented for the last two years, with 42 patients included, and 12 drop-outs. Thirty patients completed the program. The evaluation gave promising results, especially in self-concept and quality of life.

Conclusion: Integration of different theoretical and therapeutic approaches can lead to harmony between emotional and rational part of the personality, better self-understanding and understanding of others. Also, integration can lead to more successful functioning in intimate and social relations.
EVALUATION OF THE RIO THERAPEUTIC PROGRAM DESIGNED FOR PATIENTS WITH BORDERLINE PERSONALITY DISORDER

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Objective: Psychiatric hospital offers an outpatient RIO (˝Razum i osjećaji˝, eng. ˝Reason and emotions˝) program for patients diagnosed with borderline personality disorder (BPD). The program runs for a period of three months, and consists of psychodynamic group psychotherapy, cognitive-behavioral workshops, art therapy, psychoeducation for the patients and their families, and pharmacotherapy. The aim of this study was to examine changes in self-esteem and self-concept in patients with BPD during the participation in the program.

Methods: In the last two years, the total of 30 patients diagnosed with BPD completed the RIO program. 23 of them were women, and 7 were men. The average age was 33.2 years. The patients filled out the Rosenberg self-esteem scale, and the Tennessee self-concept scale (2nd edition), at the beginning, and upon the completion of the program. Their responses in two measurement points were compared using t-test and Mann-Whitney U test.

Results: The results showed significant changes in self-esteem and self-concept in patients with BPD. At the end of the program, the patients perceived their self-esteem, the overall self-image, and the social aspect of self-image as significantly improved. Also, a trend of positive change was observed for the personal and family self-image.

Conclusions: While acknowledging the limitations of this study, it can be concluded that participating in the RIO program is related to positive changes in self-esteem and self-concept of self-image. The findings are promising, and provide a sound basis for the future research.
THE POSSIBILITY OF TREATING SCHIZOPHRENIA BY PSYCHOTHERAPY BASED ON NEUROPSYCHE’S PHYSIOLOGY AT HUMAN BIRTH

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Objectives
The idea of possibility to cure schizofrenia through relationship has been reported by classical main authors in psychiatry, while the knowledge of a treatment based on neuropsyche’s physiology has been harder to consider. The idea and the knowledge of the human mind physiology are essential for an intervention finalised to healing, as in medicine. The aim of this work is connecting mind physiology with a mental illness therapy.

Methods
We take in consideration the “human birth’s theory”, formulated by Fagioli in 1971. The theory is focused on the activation of cerebral cortex and human thought, together by stimulation of light energy at birth. This theory recognises a neuropsyche’s physiology that is current in every human being at birth, as in body physiology, that can be converted to pathology by external noxa.

Results
The psychophysical activation by light at birth, theorised by Fagioli, includes the physical “capacity to react” and “viability”, and the mental “capacity to image”. Those features appears at birth and involves body and mind, that act together. Recent physiological findings strongly support this theory. Those qualities are partially or totally lost in psychiatric disorders or in severe mental illness.

Conclusions
This discovering suggests to relate pathology of schizophrenia to the loss of this complex psychosomatic human physiology, naturally current at birth. Intervention, aimed at recreation of psychophysiology, as observed in medicine, can be applied. The non conscious psychotherapic relationship should focus on research of natural features that must have been lost in a previous, early and non conscious relationships (pathogenetic noxa) at first months of life.
Consequently, according to a previous idea of curability in psychosis and in schizophrenia through psychotherapy, considering this theoretical approach and this medical method of thinking, curing schizophrenia in order to healing as possible “restitutio ad integrum” can be conceived and applied.
PSYCHOTHERAPEUTIC HELP IN EMERGENCY SITUATION
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During the last 10 years in the city of Minsk and Belarus is a series of disasters and terrorist acts "stampede" in a subway station ("Nyamiha", 2002), the collapse of the roof of the school (Krasnopole 2005), the explosion in Minsk (Prospect The winners of 2008), the explosion in Minsk subway station "October" (2011).

Metolit research
The victims were of various psychiatric disorders, which met the criteria for post-traumatic stress disorder (ICD -10).

Results and discussion: These psychiatric disorders had varying degrees of severity and depended on the presence or absence of feel threatened his life. If there is a sense of threat of life in victims mentioned acute stress reaction (Nyamiha 2002, Krasnopole 2005). In the absence, the awareness of the danger arose later and expressed psychopathology initially absent (winner of the 2008 prospectus; metro station "October" 2011)

Conclusions: Psychotherapeutic help to victims of emergencies, should be differentiated and depend on the presence or absence of a sense of threat their lives. There are feelings of threat to life psychotherapeutic help is directed for study of the painful memories that lead to a sense of threat and fear of his own life. In the absence of psychotherapeutic help aimed at reducing unwarranted feelings of anxiety and worry. Focus on awareness of the danger of their lives out on the second or third day of therapy
MEDICATION AND ELECTROCONVULSIVE THERAPY-RESISTANT MAJOR DEPRESSION: IS PSYCHOTHERAPY HELPFUL?
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Introduction:
Antidepressants have shown clear usefulness in the treatment of depressive disorders. However, in many patients the response is not optimal, often leading to different pharmacological combination/potentiation strategies. One of these strategies is the combination of pharmacological treatment and psychotherapy.

Case report:
We report the case of a 70 year-old male who was diagnosed with his first major depressive episode at age 24. Since then, he has not presented periods of clear clinical improvement, despite a variety of drugs in multiple combinations, including valproate, lamotrigine, topiramate, trazodone, moclobemide, nortriptyline, amitriptyline, maprotiline, clomipramine, paroxetine, methylphenidate, mirtazapine, escitalopram, venlafaxine, bupropion. Electroconvulsive therapy was also used on 2 occasions, with little response.

The patient was admitted to our inpatient unit, where cognitive behavioral psychotherapy was started (2 sessions/week) focusing on cognitive distortions and using cognitive restructuring, identification of automatic thoughts, exposure with response prevention, gradual allocation of tasks and activities. After the first 13 sessions the Hamilton Depression Rating Scale (HDRS) score decreased from 39 to 2.

Once discharged the patient continued psychotherapy (12 sessions). Elements of a systemic approach were introduced such as redefinition, symptom prescription and restructuring of family subsystems, because the patient's improvement had induced changes in the family homeostasis, producing a transient worsening of symptoms. Following these sessions the score on the HDRS went back to 2.

Discussion:
When major depression does not respond to biological treatments, combination with psychotherapeutic interventions may prove to be successful.

References:
FROM SUPPORT TO CONFRONTATION IN PSYCHODYNAMIC PSYCHOTHERAPY FOR DEPRESSION. ON THE IMPORTANCE OF TUNING THE FOCUS IN THE COURSE OF THERAPEUTIC PROCESS

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In psychological treatments of depression there is strong evidence to support effectiveness of adapting therapeutic techniques, not only to each specific subtype of depression, but also to the way in which different components underlying depression intertwine with patient’s personality traits. The adoption of such an approach should contribute to improve the success in treatment by adjusting the kind of intervention the patient may need at each stage of the therapeutic process. It is clear that the future of the treatment of depression may lie in a combined disorder- and person-centered, tailored-made approach, which takes into account, particularly in chronic depression, the broader interpersonal context and life history of the individual. Psychodynamic therapies have an important role to play in this respect. In those depressed patients with traumatic biographies, and with a heavy burden of resentment, with anger-driven behaviour, it may be essential to start psychotherapy emphasizing support and validation, with the aim of introducing afterwards, once the therapeutic alliance is established, a confrontation-based therapeutic approach. Otherwise, even though depressive symptoms are alleviated, the achievement of solid therapeutic outcomes may be in trouble if resentment persists. A great amount of underlying and expressed aggression (managed to direct it towards a paranoid style, or towards scepticism, or towards furious selfprivation) may then destroy therapy benefits and generate relapses.
GROUP PSYCHOTHERAPY FOR HOARDING DISORDER PATIENTS: A PILOT STUDY
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Objectives. To date, there is a sparse research regarding group psychotherapy for hoarding disorder patients. This lack of evidence is striking as this type of patients tends to be refractory to traditional (individual) treatments.

Methods. This pilot study comprises a group of 6 hoarding disorder patients as ascertained by the DSM-V. The treatment consisted of 20 sessions over 5 months. A follow-up assessment was carried out 3 months later. The Wisconsin Card Sorting Test, the Saving Inventory, the Beck Depression Inventory, the Liebowitz Social Anxiety Scale, the International Personality Disorders Examination, the Brown Assessment of Beliefs Scale, the University of Rhode Island Change Assessment Scale, and the Clinical Global Impression were employed.

Results. Rate of attrition was low (n=1). At the end of the treatment, the remainder of the patients improved in almost all clinical and motivational scales (p<0.05). Significant improvements on both neuropsychological and personality scales were not evidenced.

Conclusions. This pilot study demonstrates that hoarding disorder patients may ameliorate by undergoing group psychotherapy. Further evidence is warranted from clinical trials with case-control patients and higher sample sizes.
LIFE PARTNERS IN SUPERVISORY RELATIONSHIP
( MULTIPLE RELATIONSHIP PERSPECTIVE)
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By „multiple relationships“, we are referring to the situation where a systemic supervisor is in supervisory role with a person and at the same time fulfills another role which leads them to come into contact with the same person. I chose the topic about multiple supervisory relationships because I am very familiar with it, and it refers to my situation. My life partner and me work in private psychiatric office. In our work till date we went through the period of observation, demonstration and educational phase, and started supervisory relationship a year ago.

Basic principles that lead me are ethics, reflexive learning and responsibility for professional development of supervisee.

Multiple relationships have their dynamics; it seems that complexity of our relationships was favourable atmosphere for their progress. We used the crises as "lessons" and development of relational reflexivity.

I described the topic that is very challenging for me. Bringing my private relationship into a broader more complex frame is a big investment. Supervisees and supervisors should make informed decisions, whether they will enter such relationship or not. Organizing supervision of supervision (SOS) and consultation with other colleagues should be organized so as to recognize the first signs of complications. In our context, in the conditions of economic crises and transitions, numerous families organized themselves and set up private enterprises in which significant cohesiveness is pronounced. Challenges such as change of context and passage from an institution to a private practice, are certainly present.
Objectives: This study aimed to analyze change in the subjective pain experience of patients with Chronic Pelvic Pain (CPP) after a Mindfulness based group treatment. CPP is a common and complex disease with no effective treatment. Psychiatric comorbidity has been found in one third of this population. Previous studies showed that mindfulness meditation and visual imagery interventions improved psychological distress in patients with CPP, although the benefit differed individually.

Methods: Twelve female patients with CPP participated in an 8 sessions Mindfulness Based Somatosensorial Psychotherapy Program involving visual imagery and other sensorial interventions. Twelve pre-post interviews were videotaped, transcribed verbatim and analyzed by a group of experts, formed by psychiatrists and clinical psychologists. The ATLAS.ti software package (version 5.2) was used to evaluate change in pain coping tools after the treatment. The Visual Analogue Scale (VAS) provided a quantitative measure of pain perception.

Results: The average age of the patients was 39.3 years and the average pain duration was 3.7 years. They identified changes after the treatment in the following codes: acceptance, serenity, consciousness in the present experience, changes in mental images related to pain, and new pain coping tools. No significant change was found in the Visual Analogue Scale.

Conclusions: Patients considered the Mindfulness program as a helpful tool in terms of increased attitude of acceptance, feelings of calmness and the provision of new coping practices. These results are encouraging to design mindfulness based interventions that fit the unique experience of each patient.
DIETARY RESTRAINT AND QUALITY OF LIFE: THE MEDIATIONAL ROLE OF EXPERIENTIAL AVOIDANCE

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Objectives: Body weight and shape have been recently linked to marked impairment in quality of life concerning mental health and psycho-social functioning (e.g., Kearns, Ara, Young, & Relton, 2013; Mond et al., 2013). According to Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), psychological suffering is not determined by experiences but rather how one chooses to deal with them. Indeed, experiential avoidance (i.e., attempts to avoid or control internal experiences) has been associated with poorer psychological well-being. The aim of the current investigation is therefore to explore whether BMI, body dissatisfaction (BD) and also dietary restraint (DIS) predict psychological quality of life (QoL) and whether experiential avoidance (AAQ) mediates the impact of these variables on QoL.

Methods: In the present study participated 482 female college students (mean age of 20.53 ± 1.90; BMI 21.71 ± 3.06 on average) who completed several self-report measures.

Results: BMI, BD and DIS presented negative correlations with general and psychological QoL. Specifically, DIS presented negative associations with all the domains of QoL. A regression analysis revealed that BMI, BD and DIS explain a total of 29.6% of psychological QoL's variance, with DIS emerging as best predictor. Moreover, a mediation analysis showed that the relationship between DIS and psychological QoL is partially mediated by AAQ ($R^2 = .29$).

Conclusions: These results showed the impact of body weight and shape, and especially, of the dietary restraint on women’s psychological quality of life. Moreover, it was revealed that the relationship between DIS and psychological QoL is partially mediated by the unavailability to contact with internal experiences without trying to avoid or control them (i.e., experiential avoidance). These results give empirical support to the ACT model in what concerns the pervasive impact of experiential avoidance on psychological quality of life and well-being.

References:
WOMEN’S QUALITY OF LIFE AND BODY IMAGE: THE ROLE OF A DECENTERED STANCE TOWARDS INNER EXPERIENCES
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Objectives: Research has found that quality of life (QoL) and well-being are influenced by body-related psychological experiences, such as body dissatisfaction (Mond et al., 2013). In fact, higher levels of body image-related difficulties are associated with poorer quality of life, regarding all life’s domains and especially the psychological-related. According to the third wave of cognitive-behavioural therapies, the suffering resulting from one’s undesirable experiences may be attenuated if one adopts a decentered attitude towards them. The process of decentering is defined by the detached observation of thoughts and feelings as temporary internal events, and is indeed linked to lower levels of psychological distress (Fresco et al., 2007). Therefore, the aim of the current study is to analyse decentering’s role on the associations between body dissatisfaction (BD) and QoL, and between social comparisons based on physical appearance (SCPAS) and QoL.

Methods: 460 female college students, with a mean age of 20.62 ± 1.89 years old and a mean BMI of 21.73 ± 3.04, participated in this study.

Results: It was revealed that SCPAS and EQ are positively correlated with all QoL’s domains, and that BD presented negative associations with psychological, social and general QoL. Two mediational analyses conducted to explore EQ’s impact on QoL, demonstrated that EQ partially mediated the relationships between BD and psychological QoL, and between SCPAS and psychological QoL. The final models explained a total of 39.4% and 44.8% of these relations, respectively.

Conclusions: The present results emphasize the key effect of decentering on women’s psychological quality of life. Indeed, this study highlights that engaging in a decentered attitude towards one’s inner experiences attenuates the impact of body dissatisfaction and social comparisons based on physical appearance on quality of life. Thus, psychological interventions for women with body image difficulties should address decentering as a central ability to develop.

References:
AN EVALUATION OF FAMILY THERAPY IN EATING DISORDERS PATIENTS
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Objectives: A sample with diagnosis of eating disorder AN, BN and NOS (ED) (1) included in a family therapy program from 2006 to 2012 was assessed to confirm the efficacy of an integrative therapy (IT) over traditional treatment.

Methods: All the cases had poor outcome under traditional treatment (TT) (a psychiatrist, psychopharmacology + endocrinology approach) (2). Exclusion criteria: neurological disorders, intellectual deficits. 20 families with severe AN, BN and NOS diagnoses were studied by two family therapists. The one-hour, videotaped sessions were held twice a month for five to nine months. Family interactions and verbal communication were assessed in the initial and final sessions (3). All were reassessed on the Morgan and Russell scale.

Results: Significant correlation was observed between the normalized change of conflictual communication and the improvement in BMI. 8% of patients are now under treatment.

Conclusions: As other research indicates (3) (4), our patients with severe ED improve with IT more than with an individually focused approach. More evaluations on cost-benefit are needed.

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A RETROSPECTIVE STUDY OF A FAMILY THERAPY PROGRAM
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Objectives: An approach with integrative therapy (IT) is more effective than traditional (individual) treatment (TT). IT was identical to TT but included family therapy sessions.

Methods: The recruitment of cases was done when there was no improvement with TT (a psychiatrist or psychologist plus psychopharmacology approach). The sample is: 56 families with severe mental disorders included in a five-year family therapy program, 4 schizophrenia spectrum disorders, 10 affective disorders, 11 eating disorders, 1 PTSD, 2 addictive disorders, 8 anxiety disorders, 4 obsessive-compulsive disorders, 5 personality disorders, 10 anxiety disorders and 1 neurocognitive disorder. The team was involved in one-hour sessions, twice a month for five to nine months. The sessions were videotaped. Diagnostic assignment and assessments (family structure, interactions and verbal communication) were made in the initial and final sessions and were determined consensually by two professionals (1).

Results: Demographic data and results are analyzed as well as family traits.

Conclusions. Consistent with other research we found better outcomes in our population (2) and improved intrafamilial structure and communication with IT than with TT (3). Further randomized research is needed.

BIBLIOGRAPHY:
EL OGRO DEL ALCOHOL
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Objetivos. Exponer a través de un caso el trabajo que se realiza en una familia donde el alcohol es el protagonista.

Métodos. Mujer de 24 años con diagnóstico de depresión en seguimiento por salud mental que se remite a terapia familiar debido a sospecha de disfunción en estructura familiar formada por una madre con consumo crónico de alcohol y su hija que conviven en domicilio del abuelo materno.

Resultados. A lo largo de las entrevistas, se observa el rol de cuidadora mantenido por la hija, quien teme de manera constante la vuelta de ese ogro en forma de alcohol.

Conclusiones. Esta hija se encuentra atrapada en esta dinámica de tal forma, que se plantea como única vía de escape el abandono del domicilio.
RELATION BETWEEN BELIEFS AND ATTITUDES TOWARD SUPERVISION IN COGNITIVE BEHAVIORAL THERAPY AND COMPETENCIES OF THE TRAINEES IN COGNITIVE BEHAVIORAL TRAINING

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Objective: Cognitive behavioural therapy emphasize the role of supervision during the training of the therapists. Our study measured the trainees’ expectations from the supervision and relation of the expectations with the therapeutic competencies.

Method: Beliefs and attitudes toward supervision were assessed by the Attitudes and Beliefs about Supervision Scale (ABSS). It is a 25-item questionnaire which measures the attitudes in 5 domains of therapy and supervision (therapeutic relation, skills, self-reflection, structure, and process). Trainers and supervisors rate the level of competencies of trainees in Therapy Competencies Questionnaire (TCQ).

Results: The trainees (n=50, mean age 34.8 ± 7.3 years) prefer helping with self-reflection and understanding of therapeutic relation (mainly counter-transference) during supervision slightly (but significantly) more than supervision of classical CBT domains like skills, structure, and process. There were not the correlations of the most of ABSS domains with the trainees’ therapeutic competencies measured by CTQ with the exception of domain “skills”, which statistically highly correlate with some specific CBT competencies like skill to reward patient, using conceptualization and leadership of the social skills training.

Conclusion: The trainees of cognitive-behavioural therapy courses expect from the supervision helping in the understanding of the therapeutic relation (mostly counter-transference) and the improvement of the self-reflection and these expectations are higher than the expectations about supervision of skills and therapy structure. Nevertheless, on the other side, only level of expectations of the supervision of domain “skills” highly correlate with the level of some competencies of the trainees rated by their trainers and supervisors.
FAMILY THERAPY IN A MENTAL HEALTH CENTER: REASONS FOR REFERRAL, OBJECTIVES AND FOCUS OF INTERVENTION

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Objective
Know the reasons for referral to family therapy by the mental health professional as well as the objectives of intervention from this orientation of psychotherapy in a group of patients treated in a public Mental Health Center.

Method
We have analyzed the medical history and transcripts of the sessions of family intervention of 100 of the cases that we have worked on the last two years.

Results
El most common reason why was the derivation of the patient to family therapy was the family dynamics altered (38%), followed by problems of couple (27%), communication difficulties (13%), complicated divorce situation (9%), the non-differentiation between subsystems (5%), the non-independence of children (5%), and the triangulation of children (3%). Regarding the main objectives which were worked, the interventions focused on aspects relational and communicational in 24% of cases, followed by the establishment of rules and limits (16%), help the process of separation and autonomy of children (16%), improve the relationship (14%), join in new situations (10%), achieving the de-triangulation (8%), working on a divorce situation complicated (6%), change the discourse about the disease (4%) and help encourage some separation from the family of origin (2%).

Conclusions
There is correspondence between the focus of work detected during individual interviews for professional reference and the objective by the team of family therapy. The majority of the goals for work during the sessions have consisted of the approach to communication, relational or structural problems in the family, being less cases in which there is a demand for specific help to work a situation that has broken the family homeostasis.
PSYCHOTHERAPY OUTCOMES: PROBLEMS OF ALLEGIANCE AND ADVERSE EVENT

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In contrast to all psycho-pharmacotherapy studies there are precious little information about safety of psychotherapeutic treatments; also for their effectiveness there are studies with debatable points of view. These are badly evaluated issues, of considerable clinical relevance, given that “talking” or “psychosocial” interventions are so frequently recommended for patients management. Historically the evaluation of psychotherapy has over-weighted the benefits and there has been tacit assumption by therapists and patients that psychotherapies are largely devoid of risks. Nevertheless there is a need for greater awareness and appropriate monitoring for two aspects: researcher allegiance and adverse events of psychological therapies. The “allegiance bias” is contamination of psychotherapy efficacy outcome studies by distortion of findings because of investigator’s preference or interest; “the therapeutic allegiance of the experimenter might in some way influence the results” (Luborsky et al., 1975). Researcher allegiance is widely discussed as a risk of bias in psychotherapy outcome research and “the findings of this meta-meta-analysis suggest that research-allegiance outcome association is substantial and robust” (Munder, Brutsch et al., 2013). It has been proposed that results from all such studies should be adjusted to cancel the presumed distorting effects of allegiances, especially in studies head-to-head between two different type of psychotherapy or when it is used in combination or in alternative to pharmacotherapy. More importantly, we don’t know enough about psychotherapies adverse events. It is to be accepted the principle that all effective treatments risk adverse events; in some illnesses, in some patients, in some instances also psychotherapy could be harmful or associated to adverse events or unwanted effects that need to be noted. Actually empirical research on negative effects of psychological treatments is largely insufficient; unfortunately many psychotherapists won’t discuss or acknowledge about this aspects, including undue stress, potential overstimulation, increased family conflicts, symptom exacerbation, psychological dependence and withdrawal, inappropriate diagnosis, etc. Psychotherapies could be an efficacious treatment in current practice nevertheless adverse events monitoring should be mandatory for good therapist.
Objetivos
El objetivo del presente trabajo consiste en la revisión de la aplicación de la Psicoterapia Psicodramática en la Clínica.

Metodología
Se efectúa una revisión bibliográfica y se extraen conclusiones de nuestra propia experiencia en diferentes ámbitos: Unidades de Salud Mental en Hospitales Generales (Montevideo), en Comunidades Terapéuticas urbanas y a nivel privado (Barcelona). Trabajamos a nivel individual, y grupal.
El número de integrantes en los grupos es de 8 a 10 pacientes, adultos: franja etaria de 18 a 45 años y en grupos de adolescentes edades entre 14 y 18 años.
Se efectuaron sesiones con objetivos y tiempos limitados (1 año) acorde a las características psicopatológicas de los integrantes.

Resultados
Hemos utilizado esta técnica como excelente medio diagnóstico y terapéutico en la población adolescente y adulta.
De acuerdo a nuestra experiencia, consideramos las indicaciones clínicas más relevantes las siguientes:
- Relaciones interpersonales conflictivas
- Trastornos de ansiedad
- Trastornos somatomorfos
- Diversos trastornos de la personalidad.(Técnicas específicas para el trastorno límite)
- Pacientes psicóticos, en las evoluciones deficitarias con mayor retraimiento del contacto.

Destacamos como contraindicaciones:
- Trastorno antisocial de la personalidad
- Alto nivel de impulsividad que interfiera en la dinámica
- Trastorno paranoide de la personalidad.

Conclusiones
Podemos afirmar que el psicodrama se configura como una técnica de indudable capacidad diagnóstica, exploratoria y terapéutica en clínica psiquiátrica
De acuerdo a las evaluaciones efectuadas, detectamos mejoría notoria en la calidad de vida y en el funcionamiento global de los pacientes, logrando también una mayor adherencia al tratamiento psiquiátrico instaurado. Ha habido una disminución de las recaídas recurrencias, ingresos y asistencias a urgencias.
EFFICACY OF PSYCHOEDUCATION IN BIPOLAR DISORDER: A SYSTEMATIC REVIEW OF RANDOMISED, CONTROLLED TRIALS

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Introduction: In the light of several recent reports on long-term effectiveness of psychoeducation the Dutch Foundation for Bipolar Disorders (DFBD) decided to update the psychoeducation program.

Objectives: The aims of this review are to determine the long-term effectiveness of psychoeducation in terms of symptoms, relapse, suicide, quality of life and care-giver burden in order to develop a new prototype of a psychoeducation course.

Methods: After a protocol-based systematic literature search and review we developed a consensus-based new prototype for psychoeducation in bipolar patients and their care-givers.

Results: We found four randomised controlled trials (RCTs) of group psychoeducation for patients. One study was negative (1), the remaining three showed an absolute risk reduction of relapse (ARRR) between 25% and 45%(2,3,4). Individual psychoeducation shows numerical, but non-significant ARRR in two studies(5,6). The results of a third trial are unclear. Multifamily psychoeducation resulted in an ARRR of 37%(7). Group psychoeducation for relatives reduced the ARRR in their cohabitating (non-attending) bipolar family member in two trials by 18% and 24% respectively (8) and in a third trial led to better quality of life in the patients. Two additional studies found better knowledge, lower subjective burden and/or better coping in care-givers after the psychoeducation group.

Conclusions: Psychoeducation is efficacious in bipolar disorder. The reviewed trials show many similarities in psychoeducational content, but differences in delivery. Based on the extensive experience in bipolar psychoeducation in the Netherlands and the results of this review we chose for a prototype of psychoeducation in a multifamily format with twelve sessions.

Efficacy of a Dilemma-Focused Intervention for Depression: Study Protocol and Preliminary Data

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Objectives
Several treatments for unipolar depression are available but still too many cases evolve with only partial remission, relapse and recurrence. Cognitive models have contributed to the understanding of depression and its psychological treatment. However, they need to elaborate further the difficulty these patients experience in responding to treatment and in maintaining gains.

The psychological changes required to overcome depression may involve conflicts and dilemmas in the structure of the cognitive structure of patients which can be identified using the repertory grid technique (RGT). Previous studies suggest that about 90% of depressive patients have one or more of those conflicts. This fact might explain their blockage and the difficult progress, especially the more severe and/or chronic. These results justify the need for specific interventions focused on the resolution of these internal conflicts.

This study aims to test the hypothesis that an intervention focused on the dilemma(s) specifically detected for each patient will enhance the efficacy of cognitive behavioral therapy (CBT) for depression.

Methods
Patients meeting criteria for major depressive disorder or dysthymic disorder, with a score of 19 or above on the Beck depression inventory (BDI-II) and presenting at least one cognitive conflict or dilemma in their RGT, are randomized to two treatment conditions: combined group CBT (eight sessions) plus individual dilemma-focused therapy (eight sessions) and CBT alone (eight group plus eight individual sessions).

Results
Data with the BDI-II corresponding to 75% of the sample indicates significant change for both treatment conditions at the end of therapy with some non-significant superiority of the dilemma-focused condition.

Conclusions
Dilemma focused-therapy could be a promising addition to the repertoire of psychological interventions for depression if results with the full data set and at follow-up (one year) confirm the data presented here.
IMPACT OF MINDFULNESS TRAINING PROGRAM ON PSYCHOTHERAPISTS IN TRAINING: A QUALITATIVE APPROACH

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Objectives: Mindfulness is defined as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience, moment to moment” (Kabat-Zinn, 1994). Mindfulness techniques increase the therapist’s awareness of self and of his/her experience, as well as awareness of the moment-by-moment interactions with the patient, improve concentration, and the ability to relate to others and one’s self with kindness, acceptance, and compassion. The qualitative approach allows us to explore the change process involved in the Mindfulness based-stress reduction program (MBSR) as described by participants themselves, capturing individual differences and commonalities in participant’s experiences of the training process.

Methodology: A mindfulness-training course based on a MBSR program (Kabat-Zinn, 1994), is offered as part of the psychotherapy training program. 14 participants were recruited for the study. The participants were interviewed in four different focus groups, conducted by a psychiatrist who had previous experience of meditation and MBSR but was not the course trainer. Data from the focus groups were analysed using Atlas it to identify themes concerning the effects participants experienced by adding meditation to their lives and to their psychotherapy practice.

Results: Important areas of change were identified, including the development of mindfulness skills, an attitude of acceptance and ‘living in the moment, been able to respond in a more mindful way and be more empathetic. Participants were in general, more aware of thoughts and emotions after the MBSR training. The generalization of these skills to everyday life was seen important and it helped in their relationships with others.

Conclusions: Training in psychotherapy is a key element of educational programs for psychiatrists and clinical psychologists. Mindfulness practice can help them to improve their empathy, their awareness of their thoughts and emotions, and their attention to goals in treatment showing an attitude of acceptance.
RESULTS AND PREDICTIVE FACTORS IN BRIEF PSYCHOANALYTIC PSYCHOTHERAPY (BPP)
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Introduction
The use of BPP as a limited time, focus oriented, and active intervention psychotherapy is still under investigation, particularly regarding efficacy and duration.

Objectives
The evaluation of efficacy and predictive factors of duration in our population.

Methods
68 patients, 27 male, 41 female, age average 34±12 years, 53% Single, 37% Married, 10% Other.
Symptom Check List 90 R (SCL90R) was administered in sessions 1, 12 and 24. Millon Clinical Multiaxial Inventory II (MCMI-II) at session 1. Exclusion and inclusion criteria for BPP was considered.

Results
Sample 1(S1) (n:27): patients discharged at session12; sample 2 (S2) (n:41): patients discharged between sessions 13 and 24.
MCMI-II showed no significant differences for S1 and S2.
SCL90R was very significantly (p≤.001) or significantly (p≤.01) different between S1 and S2 and also between sessions 1, 12 and 24 in almost all dimensions, except Hostility.
SCL90R average symptom severity was significantly reduced between session 1 and 12 for S1: 29±3,7 vs.16±3,5 (p≤ .001) and for S2, 43±7,4 vs. 30±5,3 (p ≤ .001). Patients that reach session 24 showed a significantly reduction from baseline: 20±2,8 vs 43±7,4 (p≤ .001)

Conclusions
BPP reduces average symptom severity effectively. SCL90R average symptom severity at baseline predicts psychotherapy duration. Both samples showed improvement rates accordingly to their severity at baseline.

References:
INTEGRATED TREATMENT TO ACHIEVE CLINICAL AND FUNCTIONAL RECOVERY IN FIRST PSYCHOTIC EPISODE.

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Objectives
Psychosis is a chronic and severe mental illness that appears in the adolescence and youth. Early treatment of these disorders improves their evolution improving the prognosis of the illness. So, the early detection and correct treatment is a good approach to improve our patients. The aim of this study is to analyse the effectively of integrated treatment to reduce the clinical symptoms and to improve the function of the patient with a first psychotic episode.

Methods
94 first psychotic episode were recruited and randomized to two treatment conditions, integrated treatment (include pharmacotherapy, psychiatry treatment and 16 psychoeducation session with cognitive behavior therapy orientation N = 47) or to usual treatment (include pharmacotherapy, psychiatry treatment N = 47). Patients were evaluated at baseline and after 6 months, after the treatment. We did a 2 years follow up of the recovery of the patients.

Results
Both groups reduce psychotic symptoms (positives, negatives and generals), depressive symptoms and anxiety symptoms from the basal moment to after treatment. The functionality of all patients was better after both treatments. However, the improvements in negative symptoms and in the functionality of the patients who enrol in the integrated were significantly better than in usual treatment.

Regarding relapses after 2 years of their first hospitalization, a 40.4% of the patients in the control group relapse compared to 29.8% of the relapses in the experimental group.

Conclusions
The integrated treatment is a good strategy to improve the patients after their first episode of psychosis. These patients get reduce the negative symptoms of psychosis and improve their functionality, being these two factors usually very difficult to improve. This new treatment reduces the relapses, reducing the costs to health system.
STANDARDISED, TIME RESTRICTED CARE PACKAGES FOR ANXIETY DISORDERS: IMPLEMENTATION AND TREATMENT OUTCOMES
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Objectives Treatment in terms of standardised, time restricted, pre-coordinated care packages for anxiety disorders as well as other non-psychotic disorders has been introduced in the public mental health services in Denmark. Currently, the impact of treatment standardisation on patient outcome and service delivery remains unknown.

The aim of the study is to investigate i) the effect of care packages on patient outcome and ii) the implementation and service outcomes of care packages in clinical practice. The care package for anxiety disorders is selected as a case approach.

Methods The study is conducted as a quasi-experimental prospective pre-post study in a naturalistic setting. Patients included are aged above 18 years and are randomly referred to care package treatment for anxiety disorders (F40-41) at two mental health centres in the capital region. In accordance with Proctor et al [1] outcomes are distinguished at three levels: Implementation, Service and Client. In this study the clinical outcome at client level is measured by the Symptom Check List-90R, Beck Anxiety Inventory, Global Assessment of Functioning and WHO Wellbeing Index. Implementation and services outcomes are measured in terms of timeframes for waiting and treatment course and resource spending. An internet-based registration and questionnaire system accessed by patients, administrative personnel and therapists is used for data collection.

Results The first patient was included in October 2012. In March 2014, 100 patients have completed treatment and 121 are still in treatment.

SYMPTOMATIC, FUNCTIONAL AND SUSTAINED REMISSION IN PATIENTS WITH SEVERE SCHIZOPHRENIA-SPECTRUM DISORDERS AFTER 3 YEARS OF TREATMENT IN THE "ACCESS-MODEL" OF INTEGRATED CARE INCLUDING THERAPEUTIC ASSERTIVE COMMUNITY TREATMENT

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Objective: The ACCESS treatment model offers assertive community treatment embedded in an integrated care program to patients with psychoses. Compared to standard care and within a controlled study, it proved to be more effective in terms of service disengagement and illness outcomes in patients with schizophrenia-spectrum disorders (SSD) over 12 months. ACCESS was implemented into clinical routine and its effectiveness assessed over 36 months in patients with severe schizophrenia-spectrum disorders (DSM-IV) in a cohort study.

Method: All 115 patients treated in ACCESS (from May 2007 to October 2009) provided informed consent and were included in the study. The primary outcome was rate of remission according to the criteria of Andreasen et al. 2005. Secondary outcomes were sustained remission (symptomatic plus functional remission over 24 months). Predictors for achieving symptomatic, functional and sustained remission were investigated.

Results: After 36 months of treatment in the ACCESS-model, 34.2% (n= 26) patients achieved symptomatic remission (SR). Functional remission (FR) was achieved by 40.8% (n= 31) of the patients. 27.6% (n= 21) fulfilled simultaneously criteria for SR and FR and 52.6% (n= 40) achieved neither SR nor FR. Sustained symptomatic remission (SuSR) after 36 months was achieved by 13.2% (n= 10) of the patients, sustained functional remission (SuFR) by 18.4% (n= 14). 13.2% (n= 10) of the patients were in SuSR and SuFR at the same time. Neither SuSR nor SuFR was achieved by 76.3% (n= 58) of the patients. Predictors of symptomatic, functional and sustained remission will be reported.

Conclusions: The ACCESS treatment model was confirmed to be efficacious in a clinical routine setting for patients with severe and mostly multiple-episode schizophrenia-spectrum disorders regarding symptomatic and functional remission. Rates of sustained remission were lower but it has to be regarded that criteria for achieving sustained remission were very strict.
TRANSLATING RESEARCH INTO CLINICAL PRACTICE: EFFECTIVENESS OF INTEGRATED CARE INCLUDING THERAPEUTIC ASSERTIVE COMMUNITY TREATMENT IN SEVERE SCHIZOPHRENIA-SPECTRUM AND BIPOLAR I DISORDERS – A 48-MONTH FOLLOW-UP STUDY (ACCESS-II STUDY)
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Objective: The ACCESS treatment model offers assertive community treatment embedded in an integrated care program to patients with psychoses. Compared to standard care and within a controlled study, it proved to be more effective in terms of service disengagement and illness outcomes in patients with schizophrenia-spectrum disorders (SSD) over 12 months. ACCESS was implemented into clinical routine and its effectiveness assessed over 24 months in severe SSD and bipolar I disorder with psychotic features (BD) (DSM-IV) in a cohort study.

Method: All 115 patients treated in ACCESS (from May 2007 to October 2009) provided informed consent and were included in the study. The primary outcome was rate of service disengagement. Secondary outcomes were change of psychopathology, severity of illness, psychosocial functioning, quality of life, satisfaction with care, medication non-adherence, length of hospital stay, and rates of involuntary hospitalization.

Results: Only 8 patients (6.8%) disengaged with the service. Another 11 (9.3%) left because they moved outside the catchment area. Patients received on average 1.6 outpatient contacts per week. Involuntary admissions decreased from 34.8% in the 2 previous years to 7.8% during ACCESS. Mixed models repeated-measures analyses revealed significant improvements among all patients in psychopathology, illness severity, functioning level, quality of life, and client satisfaction. At 48 months, 78.3% were fully adherent with medication, compared to 24.3% at baseline.

Conclusions: ACCESS was successfully implemented in clinical routine and maintained excellent rates of service engagement and other outcomes in patients with SSD or BD over 48 months.
RESULTS OF A COMPARISON BETWEEN A PSYCHOEDUCATIONAL AND A PSYCHOTHERAPEUTIC GROUP PROGRAM FOR PATIENTS WITH BIPOLAR DISORDER

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Objectives
This presentation is about the comparison between a 9 month psychotherapeutical group program and a 5 week psychoeducational group program for patients with bipolar I and II disorders.

Methods
122 bipolar I and II Patients were included in the study and assigned to either psychoeducational or psychotherapeutical group setting. Data was collected before treatment, after 9 month and after a one year catamnesis.

Results
Results show that time to hospital readmission is longer for patients in the psychotherapeutical group setting, also with a shorter duration of admission than in the psychoeducational group setting.

Conclusions.
With regard to hospital admissions a 9 month psycotherapeutical group shows clear advantage over psycoeducation for bipolar I and II patients.
PSYCHOLOGICAL AND CLINICAL PROOF OF LONG-TERM PSYCHOTHERAPY EFFICACY WITH MITRAL VALVE PROLAPSE PATIENTS SUFFERING ANXIETY DISORDERS

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Objectives
To demonstrate efficacy of long-term integrative psychotherapy of mitral valve prolapse (MVP) patients with anxiety disorders (AD).

Methods
During 15 years 32 MVP patients with AD attended psychotherapy on request. Among them 18 MVP patients received medication with Alprazolam in addition to psychotherapy. Patients assigned to these groups attended courses about systemic integrative psychotherapy (12-16 sessions per year, individual assessments). Psychological and clinical examinations of the patients were made before and after psychotherapy courses. Psychological testing embraced the assessment of “quality of life” (QOL) indicators by VAS, DISS and the PWB Ryff Scales as well as anxiety level (Spilberger Scales), the level of frustration tolerance (modified version of Rosenzweig test [2]) and personality characteristics (MMPI and Thematic Apperception Test).

The control group comprised 18 MVP patients suffering AD; they were not seeing therapist and not receiving medicamental treatment; they were reexamined within 15 years.

Results
72% patients attended psychotherapy demonstrated valid improvements of QOL self-rating, reduction of anxiety level, increasing of frustration tolerance after psychotherapy, a sound tendency toward the development of personality reflection and emotional-state reflection; the structuring and recognition of emotional experience; and a reduction in the clinical aspects of MVP, which accords with the published data [1]. The decrease of prolapse depth was observed in all the patients after long-term psychotherapy.

The control group did not reveal significant dynamics in psychological or clinical indices during the 15 years.

Conclusions
The results show effectiveness of psychotherapy in working with MVP patients suffering AD.

References
SENSE OF HUMOR IN PSYCHIATRIC INPATIENTES IS A PREDICTOR TO CLINICAL RECOVERY?
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Objetives: The study to pretend evaluating the sense of humor in a sample of psychiatric inpatients and their relation with clinical variables to recovery such as: time to hospitalization and frecuency of relapse.

Methods: 62 psychiatric inpatients were assessment after to obtain the informed consent. Interview was conducted by a psychologist training and the participants completed the Mini-International Neuropsychiatric Interview (MINI) for to obtain a gold standard for diagnostic condition; EAHU questionnaire for humor appreciation, and semi-structured interview for to obtain clinical data.

Results: The sample was composed by anxiety disorders and mood disorder patients. Appreciation to non-sense humor and incongruence-resolution humor is most associated with low rate to relapse in the sample. So, higher scores in appreciation of humor is related to less time for hospitalization. This difference was significative (p<,05) for women. Non differences were found between mood disorders patients and anxiety disorders.

Conclusions: The humor must be an important resource for coping in clinical sample because increase the cognitive flexibility in persons and allow a positive revaluation to clinical condition according to the approach to cognitive behavioral therapy.
TRANSFORMING SUFFERING INTO QUESTION: THE ESTABLISHMENT OF DEMAND ANALYSIS

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This work purports to discuss the course of the formulation of a demand analysis as unfolds the complaint from the patient to the point of becoming a matter of evil – being psychic in which he finds himself. Due to the complexity of the topic, some theoretical points relevant will be exposed from the thought of Freud and Lacan. The individual when searching for an analyst, for the most part, have an expectation that he finishes with his suffering. The situation the condition in which he finds himself is helplessness. However, he often has no clarity than did go to a psychoanalyst, as well, may have been driven by a third person for this type of treatment. The analyst will check the position of the person about your pain apathetic during the first sessions – which does not occur with the simple act of questioning-if questioning on the subject: "There is demand for analysis? There is desire to extricate your symptom?". To get the patient a targeting to the answers of these questions, makes it possible to start what will become a process of analysis, through the establishment of transfer. The change of processing of the complaint involves a repositioning of the subject before his suffering. When you inquire about your dissatisfaction, he assumes a new position, responsible for what he does. In this way, the individual can recognize subjugated to your unconscious and take over their behaviour and its consequence, rather than as an outside instance that made him act like this. And the subject will be in partnership with his symptom, along with him and bear his product - bear the responsibility to live according to your wish. This establishes your freedom, since it will handle differently from others due to what makes your symptoms.
CLINICAL CASES: ALTERNATIVE TREATMENT FOR EMOTIONALLY TRAUMATIZED WOMEN IN THE PERINATAL PERIOD
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OBJECTIVES: This paper will address alternative treatment therapy for emotionally traumatized pregnant women living under poverty conditions.

METHODS: Three clinical cases of pregnant women who presented to an inner city hospital, obstetrics clinic for their regular obstetric appointment. Women reported an extensive history of childhood trauma including physical and emotional abused by their care taker and sexual abuse by family friends, symptoms of dissociation, relationship problems, history of substance abuse. The women underwent an in-depth psychosocial evaluation and were offered Eye Movement Desensitization and Reprocessing (EMDR) treatment to help decrease their anxiety, and facilitate the process of their trauma.

RESULTS: The women lived in poverty conditions, single parents, and qualified to receive aid from the government. The women participated in EMDR treatment as an alternative intervention for therapy. This treatment helped them express their pain verbally rather than physiologically. For some of the women, their pregnancy brought unwelcome childhood memories of neglect and abuse that were forgotten. For instance, one of the women reported feeling dirty and disgusted during treatment, through EMDR, she recalled having the same feelings when her mother drank and she cleaned her vomit. Another woman had recollections of inconsistent affection and warmth from her caregiver. Another women recalled memories of being forced by her babysitter to give her oral sex. All the women struggled with trust. The women who participated in EMDR became less reactive, less anxious, more expressive, and more engage in their pregnancy.

CONCLUSION: Traumatic events have impending psychological and physiological consequences. Therefore, is it paramount to offer trauma specific intervention to those individuals with histories of antecedents of abuse and neglect in particular to women during their perinatal period as they embark into motherhood. Eye Movement Desensitization and Reprocessing (EMDR) treatment prove to be effective in the treatment of pregnant women; It allowed the women to identify an internal safe place, feel less anxious, and process their childhood trauma.

TOWARDS MONOTHERAPY: EXPERIENCES AT A CENTER FOR MENTAL HEALTH
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Objectives
To study the use of antipsychotics in a Center for Mental Health (CMH) and the tendency to monotherapy with long term treatments such as Paliperidone Palmitate.

Methods
Observational study of 129 patients in a Center for Mental Health.

Results
129 medical records in a Center for Mental Health were reviewed from March 2013 to February 2014, obtaining 62.8% with Schizophrenia, 14.7% with Bipolar S., 9.3% with Schizoaffective S. and 2.3% with Mental Retardation. Overall, 72.8% were male (94) and 27.2% were women (35).

The prevalence of antipsychotic monotherapy is 63.7% (82), whereas 24.8 % (32) were treated simultaneously with two antipsychotics, 7.8% (10) with 3 antipsychotics and 0.7 % (1) with 4 antipsychotics (injectable Paliperidone, oral Paliperidone, Haloperidol and Risperidone).

This CMH had 34 patients undergoing treatment with Paliperidone Palmitate, 19 of them in monotherapy (56 %) and 15 with associated treatments: 2.9% with Haloperidol (1), 5.8% with quetiapine (2), 29.3% with oral paliperidone (10) and 5.8% with Modecate (2).

17.6% of patients treated with Paliperidone Palmitate are using correctives, 29.4% carried benzodiazepines, 14.7% SSRIs and 5.8% anticonvulsants.

The doses of the 34 patients treated with Paliperidone Palmitate are distributed in the following way: 5.8% (2) are with 50mg, 2.9% (1) with 75mg, 17.6% (6) with 100mg, 47% (16) with 150mg and 26.4% (9) >150mg. Among all antipsychotics in monotherapy, the highest percentage is taken by Paliperidone Palmitate with 14% of patients. In addition, regular checks of serum prolactin levels in patients under the study are underway, not finding sexual dysfunction as a side effect from any of the patients. Subsequent results will be communicated as soon as possible.

Conclusions
Paliperidone palmitate is an effective treatment in long-term monotherapy, requiring minor oral supplementation and is very well tolerated by patients being first choice treatment in our CMH with good clinical results.
PSYCHIATRIC/ PSYCHOTHERAPEUTIC TREATMENT IN THERAPEUTIC COMMUNITY
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Aims: The main objective of this work relates to the analysis of two clinical cases treated at the therapeutic community. Publicize the work performed in a therapeutic community, focusing on psychotic and depressive disorder.

Methods: The authors present a description and analysis of two clinical cases followed in the therapeutic community Dorial Saúde Mental. Two distinct pathologies are presented - psychosis and depression, as well as strategies for psychiatric and psychotherapeutic intervention used.

Results: After treatment performed in the therapeutic community, inpatient, yielded results / gains on positive recurrence of symptoms, long-term psychiatric stabilization, acquisition and maintenance of social skills that provided the labor integration of users.

Conclusions: These two cases are presented as examples of the many successful cases occurred in Dorial Saúde Mental. It is intended in this way promote our multidisciplinary work, and the benefits of treatment in therapeutic community, especially for patients with psychotic disorders. The authors present these cases as a way to highlight the treatment of psychotic disorders in the therapeutic community, due to the scarcity of suitable responses to these specific pathologies.
WPA-0124 INTEGRATIVE PSYCHOTHERAPY: NEW APPROACHES
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Objective:
To develop a general theory of psychotherapy, justification of the status of professional psychotherapy as an independent scientific and practical direction, increasing the efficiency of the psychotherapeutic practice. Methodology of research: the main method - epistemological analysis, supporting - method of cultural and historical reconstruction, hypothetical- constructive method.

Results:
1. The systemic basis of integrative psychotherapy has been identified and comprises: current contexts; conceptualized phenomenological field; basic and applied concepts of the general theory of psychotherapy (e.g., the three-level model of a universal therapeutic communication, the system of indicators and parameters that determines the speed of the person’s adaptive abilities development).

2. The basic research programme corresponding to the main statements of the general psychotherapeutic theory has developed.

3. The innovative models of professional psychotherapy that demonstrated much better performance to compare with the traditional psychotherapeutic approaches towards people with chemical and destructive psychological dependences have been developed and tested.

Conclusion:
The general theory of psychotherapy (hypothetical thesis) has confirmed its efficiency and effectiveness within the frames of different researches.
The importance of experimental researching in the field of psychoanalysis and psychodynamic psychotherapy was emphasized. Psychotherapy can be considered as specially constructed relations between a psychotherapist and a patient. No doubt that a psychoanalyst is a powerful object for a patient and relations of a patient with him can be studied through consideration of motivation structure. The purpose of this research was to create a motivational typology, i.e. scenarios of relationships between a psychotherapist and a patient. In this research for obtaining desired aims next methods and means were used: Ego structure ISTA-test and projective MMI as general methods, method of evaluating psychical health (MOPH), and structural biographical interview as a clinical psychological method. Results were exposed to qualitative analysis and statistical method of main components; statistical Kaiser's coefficient of normalizing data was applied. On the base of analyzing 14 motivational scenarios were drawn up. This classification will also help to realize selection of congruous psychotherapist, answering patient's expectations in respect of empathic and personality characteristics. Extracted types of motivational scenarios can be useful in practical work. More precise prediction of special features in contact with a patient can be made on the base of them; data can be obtained concerning patient's unique subjective reality. This classification will also help to realize selection of congruous psychotherapist, answering patient's expectations in respect of empathic and personality characteristics. For example, in the case of anxious-collaborating type of motivation more guardian-like therapist must be selected; in the case, when a patient of destructive-expansive type 'wins back' the fear of being abandoned, the therapist must be ready to continue sincere collaboration with him. Though we have a great diversity of methods and techniques for today, the outcome of psychotherapy finally is determined by the fate of contact with a psychotherapist.
The aim of this presentation is to show how brief psychotherapeutic work centred on parenthood processes can lead to rapid improvement in some specific child and parent disturbances. The main idea is that a large number of symptoms can be behavioural expressions of intra-psychical parental conflicts, which are reactivated either by normal developmental milestones or by particular events occurring during the birth and early childhood. The focus is placed on a priori parental psychical representations, which are projected onto the child. The unconscious parental attitude supports the child’s symptom. The parental intra-psychical conflicts could be connected to their relationship to their own parent, or to their mental representations of childhood. This psychoanalytically-inspired technique helps to arouse the parental conflicts underlying the infant’s symptoms.

The above concepts will be illustrated using two vignettes that demonstrate the considerable psychic mobility that exists in the perinatal period.

Understanding connections between conflicts in the past and those that exist in the present relieves the present conflict of the projections and emotional charge from the past. In this way, the parent-child relationship is freed to develop in the real field of their actual meeting. As Nathalie Nanzer (2013) says: Òtherapies centred on parenthood [E] can represent a real opportunity for the psychotherapist to have the privilege to investigate the fantasy life of patients.Ó We can profit of this moment to work out depressive and anxious symptoms, either from the child and the parents.

WPA-0432 EFFECTIVENESS OF A GROUP-BASED FORM OF ACCEPTANCE AND COMMITMENT THERAPY FOR FIBROMYALGIA: A 6-MONTH RCT

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Background and aims. In the last decade, there has been burgeoning interest in the effectiveness of third-generation psychological therapies for managing fibromyalgia (FM) symptoms. The present study examined the effectiveness of Acceptance and Commitment Therapy (ACT) on functional status as well as the role of pain acceptance as a mediator of treatment outcomes in FM patients.

Methods. A total of 156 patients, diagnosed with FM, were enrolled at primary healthcare centres in the city of Zaragoza (Spain). The patients were randomly assigned to a group-based form of ACT (GACT), recommended pharmacological treatment (RPT; pregabalin + duloxetine), or wait-list (WL). The primary endpoint was functional status (measured with the Fibromyalgia Impact Questionnaire, FIQ). Secondary endpoints included pain catastrophising, pain acceptance, pain, anxiety, depression, and HRQoL. The differences between groups were calculated using linear mixed-effects (Intention-to-Treat approach) and mediational models through path analyses.

Results. Overall, GACT was statistically superior to both RPT and WL immediately post treatment and improvements were maintained at six months with medium effect sizes in most cases. Immediately post treatment, the NNT for 20% improvement compared to RPT was 2 (95%CI 1.2*2.0), for 50% improvement was 46, and for achieving a status of no worse than mild impaired function (FIQ total score < 39) was also 46. Unexpectedly, four of the five tested path analyses did not show a mediation effect. Changes in pain acceptance only mediated the relationship between study condition and HRQoL.

Conclusions. These findings are discussed in relation to previous psychological research on FM treatment.
WPA-0464 EFFECTIVENESS OF A PSYCHOEDUCATIONAL PROGRAM APPLIED IN CHRONIC PSYCHIATRIC PATIENTS.

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In the last decade several pharmacological drugs have made increasingly effective treatments in the field of mental illness, but still, we find there is a lack of psychoeducational programs that complement and help improve the quality of life in people with chronic mental illness. Reviewing the literature of this subject, our psychoeducational program aims to be a useful therapeutic tool for this purpose.

Our work has been developing over the past two years, with a group of twenty patients admitted in long stay units of our hospital, in weekly sessions of one hour and fulfilling the following inclusion criteria: people with chronic mental illness and a history of more than three years of institutionalization in the center, low awareness of mental illness, behavioral disorders or disturbances secondary to psychopathologic decompensation and with voluntary participation. The conclusion of analyzed results are: an overall clinical improvement resulting in fewer annual decompensation, better attitude toward pharmacological treatments, better mental illness awareness, improved self-esteem and quality of life. The key may be in the conditions that come into play: frequency and duration of sessions, voluntary attendance, loseness to other patients and therapist, and inexhaustible problematic resources.
WPA-0333 EMOTIONAL DISTURBANCES IN THE STRUCTURE OF ANXIETY DISORDERS

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Background and aims. It is well known that the social and economic costs of anxiety and depressive disorders are considerable and are often associated with the flaws of diagnostic, late aid or insufficient treatment. We studied and systematized predisposition factors of social and psychological problems that caused special formation features of anxiety disorders, particular clinical manifestations. The research also showed some pathopsychological features.

Methods. Within the scope of the research, a comprehensive experimental psychological examination was conducted, using Spielberger-Khanin Anxiety Scale, Eysenck Personality Questionnaire (EPI), Hamilton Depression Scale (HDRS) to assess depression, as well as Leongard-Shmishek method.

Results. We examined 115 patients with the following diagnoses: panic disorder (F41.0), generalized anxiety disorder (F41.1), mixed anxiety-depressive disorder (F41.2), who were examined and treated in the psychiatric ward of A.I.Yuschenko Vinnytsia Regional Psychoneurological Hospital. The groups constituted of men and women, aged 18-55. The research has shown the main factors and conditions of formation, clinical and psychopathological structure and characteristics of emotional problems in anxiety disorders in neurotic register. Our research results were used to develop recommendations regarding the system of psychotherapy and psychological treatment of patients with anxiety disorders in neurotic register.

Conclusions. We have found that a wide range of psychotherapeutic interventions, carefully picked to treat anxiety disorders according to the severity and duration of clinical symptoms, and psychological characteristics, contributes to a more rapid and sustained reduction of symptoms, as well as the reconstruction of the social and psychological adaptation of the patients' personalites.
WPA-0407 PSYCHOTHERAPY WITH SINGLE DIAGNOSIS, FIVE SYMPTOMS, AND SINGLE TREATMENT

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Aims: The author demonstrates how he has simplified and transformed his practice (and his life) almost beyond recognition (for the better) by adopting a single diagnosis (unhappiness), five symptoms (anxiety, anger, physical symptoms, depression, and psychosis), and same treatment method (bringing committed couples closer than ever before).

Method: Working with the patient and his/her partner in life, therapy focuses on the single goal of bringing the couple far closer than they have ever been, provoking and overcoming waves of defense (symptom spikes), guided by their daily self-rating on 41 parameters via Internet, which allows accurate tracking of dynamic mental status and subtle changes in their personalities, providing critical leverage for improvement beyond the couples' previous best levels of adjustment, wherever the patient, partner, and therapist may be. In the process of bringing patient couples closer, waves of defense (symptom spikes) are provoked and overcome until it is weakened by exhaustion into extinction.

Results: Of 1,170 patients treated over the last 20 years, 48% of patients with various diagnoses reached levels of adjustment beyond their previous maximum level according to their own daily self-rating. Of those who failed to reach their previous maximum, 75% showed significant improvement at the time of their premature dropping out.

Conclusions: Psychiatric symptoms (anxiety, anger, physical symptoms, depression, and psychosis) disappear, in the process of increasing incremental (better than ever before) self-assessment of closeness in committed couples.

WPA-0427 EFFICACY OF PSYCHOEDUCATION IN THE TREATMENT OF UNIPOLAR DEPRESSION: A MULTI-CENTRIC RANDOMIZED CONTROLLED TRIAL

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Background: Psychoeducation is widely seen as an attractive treatment option for a number of mental health disorders. Given the burden of depression worldwide, particularly in Bosnia Herzegovina, where depression comorbid with PTSD is very frequent, it lends itself to be used in our low resource setting.

Aims: To compare the efficacy of psychoeducation (PE) for depression based on Lewinsohn's "Coping With Depression" as an adjunctive treatment, on depressive symptoms and quality of life in subjects with unipolar depression with treatment as usual.

Methods: Subjects were 120 adults with unipolar depression recruited from outpatients at three study sites in the country (Sarajevo, Brcko, Gorazde) and randomized into two groups of 60. Treatment consisted of 8 sessions, 12 week PE course. Assessment instruments: International Neuropsychiatric Interview, Mini Mental State Exam, Beck Depression Inventory, Hamilton Depression Scale, and Manchester Quality of Life Scale. Assessments were performed before and after intervention and in 9 months follow-up. The study was registered ISRCTN10760801, funded by EC INCO-CT-2007-043654 FP6 project.

Results: Primary outcome measures were analyzed from scores on depression scales (BDI, HAM-D), secondary outcome measure was MANSA QOL score. Treatment effect was established on changes in BDI and HAM-D scores that was significant at >1% (f=48,548 and p=0,000) for BDI and (f=43,516 and p=0,000) for scores on HAM-D. F-ratio for MANSA score changes (f=8,243 and p=0,000).

Conclusions: This study provides further evidence about the efficacy of psychoeducation as a concomitant treatment for unipolar depression. Our results may provide justification for wider use of psychoeducation as an intervention in mental health service planning.
When we apply a clinical program, our hypothesis aims to demonstrate its effectiveness. To try to make that clear we use quantitative criteria. Rarely, the results obtained with the application of such scales are compared with the subjective assessment of the patients on the benefits of implementing the program on their quality of life. We have been working for the past two years with a psychological training program with a group of twenty patients admitted to long-stay units of our hospital, in weekly sessions of one hour and fulfilling the following criteria: people with chronic mental illness, a history of more than three years of institutionalization in our hospital, low awareness of illness, behavioral disorders or disturbances secondary to psychopathology decompensation and voluntary participation. Analyzed results conclude that, clinical and patient agree on the improvement of quality of life, although they speak different "languages": for therapist the improvement of their quality of live have resulted in fewer decompensations per year, less number of psychopharmacological and dosis needed and less behavioral disorders associated with their psychiatric pathologies. For the patient, more awareness of mental illness, better adherence to drug regimens, improved self-esteem and their quality of life in general.
Public Psychiatry
PERSONALITY AND STUDENT'S ACHIVEMENT

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Objectives: Students with higher average grade are in benefits when hiring, and their employers expect them to have all desirable properties in order to be more effective in their work. We have examined personality traits of the final year students of the faculty of Economics in city of Nis.

Methods: The BFI-Big Five Inventory Questionnaire was applied in graduated students of economics in order to measure five personality dimensions: extroversion, neuroticism, agreeableness, conscientiousness, openness to new experience. We measured the intensity of positive or negative correlation of individual personality and achieved an averaged score during the study. There were over 200 participants of both sexes aged 24-30 years.

Results: The cumulative average rating, which all subjects gained during the course of study, was 7.49 (M = 7.49, SD = 0.71). The dimension as „Conscientiousness“, exhibits the highest positive correlation (0.084) with average rating. „Openness to Experience“ has 0.080 and Extraversion 0.035. „Agreeableness“ has negative correlation -.028, and „Neuroticism“ -.105, as well.

Conclusion: Positive correlation between personality traits: conscientiousness, openness to new experience, extroversion and cumulative average rating are possible indicators of better effectiveness of students.
PSYCHIATRY: SOMEWHERE OR NOWHERE?
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During the last decades, Psychiatry has progressively moved away from the other medical specialties, becoming a second-rank component of the Mental Health and the Psycho-Social Well-Being. In the field of mental health, we find increasingly more talks and fewer facts, while the offer of services and the resources for treatment remain insufficient, thus affecting the state and course of the patients.

The authors outline in a critical manner several aspects of the present situation of Psychiatry: a) dilution, marginalization, stigmatization; b) primary prevention, mental health promotion; c) community-based services and d) patients’ rights vs. patients’ state.

Our effort is motivated by the current crisis of Psychiatry and tries to trigger its resurrection within the medical specialties by clearly separating itself from the vast domain of Mental Health and Psychological Well-Being that are beyond medicine and belong to the entire society.
STUDY OF PSYCHIATRIC COMORBIDITY AMONG PATIENTS IN PARTIAL HOSPITALIZATION

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Objectives
The aim of this study was to identify psychiatric comorbidity of Axis I and Axis II in patients who have been in partial hospitalization among 2013, and to define diagnostic comorbidity and examine whether it is more frequently identified during partial hospitalization.

Methods
A descriptive retrospective study of patients was performed in partial hospitalization (N=112). We have selected the group who was assessed for psychiatric and personality disorders according to DSM-IV criteria. The characteristics of patients with both types of disorder were studied and compared with those without comorbid disorders. We have analyzed which type of personality disorder is more frequent in every Axis I diagnose.

Results
Comorbidity of psychiatric and personality disorders was present in 55 patients (41 female and 14 male) which means the 46% of all de group. Focused in Axis II, 21 patients had a borderline disorder, 17 patients had a mixed personality disorder, 8 patients had only one cluster personality disorder and 6 patients had intellectual disability. Affective disorders were the most frequent diagnoses in Axis I (30 patients with Major Depressive Disorder or Bipolar Disorder) in comorbidity with Axis II.

Conclusions
The recognition of comorbidity has important clinical significance. Nearly one of every two patients who needed partial hospitalization had a personality disorder apart from the Axis I diagnose. Patients with mood disorders had elevated levels of borderline traits.

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HOUSEHOLD COST OF SEVERE MENTAL ILLNESS IN INDIA – A LAMIC COUNTRY
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Published work on cost of severe mental illness from lower and middle income countries like India is exceedingly sparse. However, there is an urgent need for such work to plan policies and program towards training, capacity building and services establishment in these countries.

Objectives: An exploratory study of House Hold Burden of Severe Mental Illness namely Schizophrenia (Schiz n -150), Bipolar Affective Disorder (BPAD n-149) and Recurrent Depressive Disorder (RDD n-147) diagnosed according to ICD 10 was carried out.

Procedure: The patient and the family care-giver were interviewed at length with the proforma developed for the study to elicit various out of pocket (OOP) costs of care and the source of finances over the previous one month and one year thereof.

Results: Average duration of the psychiatric condition was 71 months. There were more women among the RDD group than BPAD and Schiz groups-66.7%, 50.7%, 48% respectively. 42.6% of the patients (n – 446) were illiterate.
The median income of the sample studied was INR 14,400/ per annum. Hence 80.6% received free medication and hospitalization in case of exacerbation of the psychiatric symptoms in this government - funded hospital. None of the patients had health insurance other than the ‘Below Poverty Line’ card issued by the government. 98% of the sample lived with their immediate family which undertook the following ‘out of pocket’ expenses over the span of illness. Less than 10% of the sample was receiving disability or other welfare allowances by the government.

Conclusions: Study presented enormous challenges in accounting for the various family-based costs direct, indirect and informal costs in a set-up where such an exercise is not carried as a routine by the system for severe mental illness. The various costs for the 3 severe mental Illness and the challenges will be presented.
DEFINE THE STANDARD COST IN PSYCHIATRIC CARE: AN ANALYSIS ON A PROVINCE POPULATION IN ITALY

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Objectives: There is a growing interest in defining the fair cost for psychiatric intervention. Despite psychiatric disorders are related to a relevant part of medical disabilities, in most countries psychiatric services result underfinanced. In Italy there is a model of psychiatric intervention based on a community model with a mix of public (most on community center and inpatients interventions) and private (most on sheltered intervention).

Using the database of ASL of Varese regarding the psychiatric interventions about nearly 800,000 people living near the town of Varese in the year 2012, we tried to define the standard cost in 3 homogeneous area of the psychiatric intervention.

Methods: All psychiatric intervention received by people living in Provincia of Varese in 2012 were recorder and analysed in term of quantity and cost. All interventions were analysed separated by three different area where there are three different Public Psychiatric Department, and divided on outpatients, inpatients and sheltered one.

Results: We observed that the variability on outpatients interventions was smaller than 10% in term of quantity and cost despite an observed variability about 25% on inpatient interventions and of nearly 50% for sheltered ones.

Sheltered accomodations involved 6% of the 8279 patients treated but motivate nearly 59% of all cost. Inpatient interventions involved nearly 13% of all patients and motivate 17% of all cost. Outpatient interventions addressed to more than 9,000 patients sign out only 14% off all the annual budget.

Conclusions: This study show the difficult to define the fair cost in psychiatry. The most of the cost are beared for the sheltered interventions. These type of intervention showed the wider variability suggesting that they are more qualified by variables such affordability of resources or scarcity of familiar or social aid.
COGNITIVE-BEHAVIOUR THERAPY AS A PROJECT OF MENTAL HEALTH IN WELFARE STATE CRISIS

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Objective: The aim of this study was to discuss Cognitive-Behaviour Therapy (CBT) as a project related to Welfare State Crisis (WSC).

Methods: Review of selected papers.

Results: The cost of funding social rights as health started to be questioned in late 1970's and lead to a redefinition of public policy, the WSC. At this time, there was a validation crisis on clinical psychology, specially psychoanalytic tendency, wich therapeutic results were being questioned as fallibility was being purposed a novel form of differentiating scientific and pseudoscientific research. WSC public policy called for evidence-based treatment as a way to best apply funds in health. CBT, purposing the cognitive mediation model new paradigm, allied with the redefinition of mental health disorder by objective and epidemiologic description, attached the cognitive mediation model to behaviouristic learning theory and exposition therapy favorable results, described psychologic intervention in a way to promote the possibility to compare with usual care, and used the major depressive disorder vague mentalistic conception as an opportunity to empirically test the efficacy of interventions in the fallibilism scientific design. Other mental health disorders were found to be responsive to CBT intervention after that. This aproach suggested CBT to contrast with behaviouristic psychology insufficiency and to replace psychoanalytic pseudoscientific inefficacy. Possibly radical in its synthesis purposal, CBT turned the dominant paradigm in clinical psycholgy in the WSC.

Conclusion: CBT can be understood as a project in the context of WSC mental health policies. More studies are needed to comprehend the relationship between CBT and WSC.
INCOME GENERATING ACTIVITIES AS TOOL FOR PSYCHOSOCIAL RECOVERY OF PERSONS WITH MENTAL ILLNESSES

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Objectives
Due to the stigma in the society people with mental illnesses or mental problems are often segregated, and in the work market there is an inappropriately prejudice that they cannot work or create a profit. Therefore, one of the main reasons for the institutionalization of people with mental illnesses is lack for working engagement and regular financial income.

Methods
In the frame of mental health reforms in last 15 years, a range of income generating activities were introduced, with main aim to significantly improve all health aspects and social functioning of the people with mental illnesses:

• Professional training / re-education
• Supported employment
• Real employment - Social firm

Results
2 social firms established
3 types of supported employment
Several programs for professional training and reeducation for chronic patients established
Improved health indicators – QoL

Conclusions.
The creation of possibilities for a working engagement or (re)education is a powerful promoter of the process of reintegration in the society, giving possibility for economic independence.
PSYCHOSOCIAL ASPECTS OF SUICIDAL BEHAVIORS IN PATIENTS ADMITTED IN ICU FOR DELIBERATE SELF HARM
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Deliberate self harm (DSH) contributes substantially to global mortality with suicide being in top 10 causes of mortality.

Objectives:
To know the socio demographic profile of and prevalence of psychiatric disorders in these patients, methods used and to understand the significant live events associated with the attempt.

Methods:
30 patients who attempted DSH and admitted in ICU after getting voluntary consent data was collected in specially designed semi structured peroforma. EMIC guidelines related to suicide attempt by Parker and Weiss was used for life events Singh et al scale was used and DSM VI TR clinical guidelines for psychiatric diagnosis were used.

Results:
There was female predominance (53.33%) in the study. The mean ages were Male-30.9 yrs and female-27.9 yrs. Mostly the patients belonged to Hindu religion (60%). 50% patients were married and 46.33% were unmarried. Mostly the patients were primary educated above 96.67%. 53.33% patients had psychiatric diagnosis. Depression was the major diagnosis (14.28% male 25% female), followed by alcohol dependence, adjustment disorder contributing 10% each. 3 patients had schizophrenia. Most common method of DSH was self poisoning (90%) followed by hanging (66%) and throat cutting (3.33%). 50% of the contributory life events had occurred within the last 6 months. Marital conflict 12.8% ranging highest followed by financial problems and family conflicts 8.97% each, unemployment, job and finance led to DSH in males while in females marital conflicts, familial stress and addiction of spouse were contributory factors.

Conclusion:
The idea of DSH came from models in society feeling of entrapment or retro flexed anger. Life events related traditional gender roles were seen to be more significantly affecting suicidal attempts.
RTMS (REPETITIVE TRANSMAGNETIC SIGNALING) OFF-LABEL HIGH FREQUENCY USE ON TRD (TREATMENT RESISTANT DEPRESSION)

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Background
Repetitive transcranial magnetic stimulation (rTMS) has shown important efficiency on the treatment of psychiatric disorders. However, only a limited number of studies have examined rTMS off-label high frequency therapy for treatment resistant depression (TRD) and depression remission rate afterward.

Objectives
We aimed to investigate the efficacy of high frequency 10 Hz rTMS of left and low frequency 1Hz rTMS exposure to the right dorsolateral prefrontal cortex (DLPFC) on TRD.

Methods
A cross-sectional design was used to obtain information on socio-demographics and Hamilton Depression (HAMD) Scale in a sample of 26 TRD patients, age 19 - 64, who were prescribed TMS treatment.

Patients received active high frequency 10 Hz at 120% MT (4000 pulses) rTMS of the left DLPFC and active low frequency 1 Hz at 110% MT (1000 pulses) rTMS of the right DLPFC.

Results
A Wilcoxon signed-rank test showed that a 4 week, 30 daily sessions of rTMS treatment at 10 Hz, elicited a statistically significant change in HAMD score in individuals with TRD (z = -3.605, p= 0.000). Indeed, median HAMD Score rating was <16 for all post-treatment.

Conclusion
This sample showed improvement of HAMD score for TRD with rTMS high frequency up to 4 weeks of follow up.

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CHILDREN MENTAL HEALTH IN A COMMUNITY NETWORK PROGRAM

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Objectives:
To describe the participation of an outpatient child mental health clinic in a network program in the community.
Lack of coordination between health, education and social work was detected by professionals in public care services for children attending complex families. A network program, “Programa Interxarxes”, started in 2000 to respond to this problem.
Inclusion criteria to the program are subjects from 0 to 18 that are visited in a minimum of three public services and who live in Horta-Guinardó, a neighborhood in Barcelona.

Methods:
Revision of cases included and documents of the meetings since it was started (2000).

Results:
A total of 65 cases have been included since the beginning of the program.
“Programa Interxarxes” is structured around four main lines of action which are interrelated:
- Quality of care improvement: A protocol including a meeting every three months with all the services involved in the case is established. A responsible is assigned for each case. In every meeting professionals reach a consensus about strategies and issues that need to be prioritized. All the decisions are registered in an official document.
- Professionals continuous training
- Research
- Prevention and community programs: Parents training, programs for abused children…

Conclusions:
This program has become in the last fourteen years a way of networking for children and families at risk or with complex situations.
The participation of the health care system in community programs facilitates the coordinated work and gives to the psychiatrist or psychologist an overview of the child situation.
This way of working allows the community resources optimization, facilitates the treatment attachment and the patient follow-up so it improves quality of care and makes work easier for the different professionals involved in the case.
SHARPENING THE COMMUNITY PSYCHIATRY MODEL: A PARADIGMATIC CASE REPORT, ILLUSTRATING THE ORGANIZATION AND INTERVENTION OF A COMMUNITY MENTAL HEALTH TEAM

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Objectives: To describe a particular community mental health (CMH) team organization and functioning, emphasizing how the CMH model of care was adapted to better answer specific needs of the served population. The authors further illustrate this model through the description of a clinical case.

Methods: Case report of a 24-year-old female with Bipolar Disorder, and characterization of the CMH team.

Results: The authors report the case of a 24-year-old female, with Bipolar Disorder and a history of poor adherence to therapy and follow-up. In 2013 the patient had several admissions in psychiatric inpatient units for manic episodes with psychotic symptoms, and had a precarious socioeconomic situation. Therefore, it was necessary to conceive a number of community-oriented interventions that were the mainstream of the reintegration process and therapeutic success: articulation with a rehabilitative structure in the community, close communication between the social worker and a pastor of the religious movement in which the patient was engaged, assertive clinical follow-up and therapeutic monitoring with the CMH team, referral for a nutritional consultation in the hospital, among others. The CMH team is part of an adult psychiatry department integrated in a general hospital. Its functioning has been shaped by a set of complex needs, in a geographic area characterized by a large, predominately young, multicultural and social disadvantaged population, with a high prevalence of major psychiatric disorders.

Conclusions: This case paradigmatically illustrates the multidimensional challenges and interventions of a CMH team towards the patients’ therapeutic success, stressing the relevance of the CMH model. This model preconizes greater community outreach, focusing on deinstitutionalization, strengthening links to individual, and articulation with family and community structures. Thus, allows a biopsychosocial approach to the patient, and enables the reintegration and rehabilitation of individuals with mental illness.
BUILD, OPERATE AND TRANSFER MODEL; DEVELOPMENT OF MENTAL HEALTH SERVICES IN THE CENTRAL PROVINCE OF SRI LANKA BY A NGO

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Objectives
The paper will describe the development of mental health services in the Central province of Sri Lanka through the collaboration of the Department of Health, academic psychiatric unit, national and international NGO.

Methods
Nivahana Society of Kandy a NGO established to assist the health services to develop mental health services obtained aid from Finland, Volunteers Australia, VSO, U.K. and the W.H.O to initially build the first state run medium term residential rehabilitation facility for mentally ill person. This was followed by the development of Mental Health Resource Centre, the first of its kind in the country. These two facilities were initially operated by the NGO and later handed over the Department of Health.

Results
There are now three residential facilities in the Central Province in each of its three districts The Mental Health Resource Centre now trains health workers to deliver mental health services through a network of primary, secondary and tertiary health care facilities. A provincial mental health committee was established which was initially managed by the NGO and it is now run by the provincial Ministry of Health.

Conclusions
This demonstrates the success of the build, operate and transfer model to develop mental health services by a NGO in a developing country in contrast to providing services. NGOs tend to run services and more often than not run the risk of duplicating services rather than adding to services.
FREQUENT ATTENDANCE AT PSYCHIATRIC EMERGENCY SERVICES. EFFECTIVITY OF LONG DURATION ANTIPSYCHOTIC TREATMENT IN PATIENTS WITH SEVERE MENTAL DISORDER.

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Objectives: To compare the frequency of attendance of psychiatric emergency services between patients who have a severe mental disorder (SMD) and are receiving long-term antipsychotic treatment with patients who are not receiving this treatment.

Methods: A descriptive and retrospective study of frequent users (≥ 5 visits per year) to the psychiatric emergency services between 2011 and 2013 was carried out. SMD patients who met criteria for frequent users were selected of the total of the sample. A comparative study of patients receiving long-term antipsychotic treatment and those who did not receive it was carried out. Sociodemographic data, clinical characteristics, number of emergency visits through databases of Mataró’s Hospital (Maresme Health Consortium) were recorded. A descriptive and comparative analysis between the two groups of patients was carried out.

Results: During the period of 2011-2013, a total of 193 patients who met criteria for frequent attendance were recorded, of which 112 belonged to psychiatry service. Patients were classified into the following groups: patients without SMD diagnosis (n = 16), patients with SMD (n = 96). Of the total SMD; those receiving long duration treatment (n= 3) and those not receiving it (n = 93). Statistically significant differences (p = 0.04) were observed. Patients receiving long duration treatment showed a lower number of emergency visits (mean = 4.05, SD = 9.3) than patients who did not received it (mean = 14.8, SD = 8.3).

Conclusions: Patients with SMD receiving long-term treatment showed lower number of visits to emergency services than patients with this diagnosis who received no such treatment. These data show the long-term efficacy of this kind of treatment: it ensures drug compliance, adherence to outpatient care, reduces attendance at services and the number of relapses.
In all states of Australia, people who access the mental health systems experience them as largely crisis driven. Practices of mental health inpatient care vary according to model of care, regional expectations, and demands on existing resources. The overriding principle of inpatient care is the provision of effective care within a minimally restrictive environment, in accordance with the Mental Health Act. The decision to utilise more restrictive interventions include level of dangerousness, ability to cooperate with the care, adequacy of support system. Often admission is indicated to protect the patient and others and or to pursue diagnosis and treatment.

Methods: This is a retrospective study comparing various patient sociodemographic and clinical factors contributing to the clinical decision of admission across High Dependency Unit and inpatient unit in the same regional hospital in New South Wales, Australia over the past 12 months.

Results: The criteria for admission to different care levels don't confirm to uniform approved guidelines. It is decided by admitting clinician's subjective perception.

Conclusion: Admission to different levels of inpatient settings lacks defined criteria. While imperatives of professional skill and knowledge are a crucial factor and a well-defined admitting criteria has its own challenges, variations in models of service delivery are reflected in policy and procedures that influence practice and lead to differences in service responses and is experienced by patients as very confusing and It can affect patients appropriate care and use of resources.
Many research, notably that of Gene Cohen (2007), have shown positive impact of artistic activities for seniors. In 2006 in Quebec City, three professional painters have created a non-profit organization called « les pinceaux d'or » («The Golden Brushes»). Its mission is to create a positive experience of painting learning in elderly needing persons. The organization operates in long-term care facilities or in low-income housing and day centers. It offers free painting courses to elderly persons referred by local community health centers or community organizations as persons with psychosocial needs. The only condition for participation is to be a person. The person often uses his memories to personalize the subject, positive emotional exchange with others, not to mention pleasant moments, sharing, discovering that we still can learn, even in the presence of Alzheimer's or stroke sequel. Participants averaged 81 years old, and four of them are over hundred (one person is 109 years old). We expect to present the humanistic approach of the organization and, in summary, the results of a qualitative study of the perceived impact of those courses on participants (Steve Paquet et al, 2011). The results pay a particular attention on the meaning given to life, self-esteem, communications with the family and the effect on lifestyle. Finally, we want to illustrate that we face there an evolutionary artistic process and that artistic activity is a form of hygiene, especially when you are getting older. Second, we suggest that the process of healthy aging involves an adjustment of personal development that should never stop. Through these courses, the seniors develop a personal growth congruent to the recovery ideology: a life project (mostly leave a mark to family members); empowerment; social inclusion; and finally; citizenship.
Quality Assurance in Psychiatry
THE THERAPEUTIC RELATIONSHIP MODEL - A GUIDE FOR CLINICIANS IN THE LEAST RESTRICTIVE PRACTICES TO SUPPORT RECOVERY

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Ontario Shores Centre for Mental Health Sciences is a teaching hospital specializing in comprehensive mental health and addiction services for those with complex serious and persistent mental illness. The Canadian facility has 17 specialized inpatient units and extensive outpatient and community services. The Centre is staffed by approximately 1200 employees and provides mental health treatment for 339 inpatients, with approximately 50,000 annual outpatient visits.

Objectives: Our recovery-oriented model of care places direct emphasis on effective communication with patients and families in order to implement a proactive and collaborative approach towards care. One goal is the early identification of alternative interventions for patients who may be at risk for restraint and/or seclusion (R/S) use and the proactive implementation of a management plan as a preventative approach to strengthening the therapeutic alliance. Our Therapeutic Relationship Model guides clinicians in communicating with and promoting patients’ strengths and well-being while ensuring the least restrictive and least intrusive practices to support recovery.

Methods: Ontario Shores current focus is on enhancing staff’s knowledge, communication skills and attitude in advancing a culture of excellence and quality and safe care. The presentation will review key communication activities including:

- New policies and procedures
- A fully integrated electronic health record
- Debriefing
- Trauma-informed care
- Recovery rounds

Results: Our most recent 2012/13 data indicates a reduction of 57% in our incidents of restraint and 51% decrease in seclusion use from April to August 2012. Similarly, we have reduced our total hours of restraints by 86% and seclusion by 48% since April 2012. Overall, the incidents of mechanical restraints have reduced from 3,101 in 2006 to just 206 incidents in 2012/13. New data from 2013-4 will be presented.

Conclusions: Reducing R/S requires multidimensional interventions influencing diverse staff in various ways to support changing attitude, practice and culture.
MEETING THE MENTAL HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

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Objectives: Around 20,000 applications for asylum are made in the UK each year. Liverpool is being increasingly utilised by immigration services as a region with low cost housing. This population has a unique set of needs requiring knowledgeable input as to their physical health, social needs and mental health issues. Anecdotal evidence suggests that knowledge and expertise as to the needs of asylum seekers within mental health services is poor and service provision has much room for improvement. In 2008 the Faculty of Public Health (FPH) released a briefing statement with specific guidelines for the management of the health needs of asylum seekers and refugees, many of which apply to mental health, and will be measured against by this report.

Methods: Standards were developed from FPH guidelines and local advisory documentation. Patient records from inpatient admissions between Jan 2013/Jan 2014 were searched and 20 asylum seekers/refugees were identified. Documentation was searched, compared against standards, and data analysed using Excel.

Results: The majority of asylum seekers were treated for PTSD/depression. Issues with housing/benefits and challenges liaising with social services and Home Office teams led to delayed discharges. Third party organisations were not utilised appropriately and did not demonstrate proficiency in mental health. Staff felt unsupported in meeting the needs of these service users due to lack of expertise within the Trust and the wider community.

Conclusions: A source of combined expertise in social policy, asylum law and mental health is needed to fill the knowledge gap currently affecting the care of asylum seekers in mental health services. Greater clarification as to the roles and responsibilities of mental health and social services in meeting the needs of these patients is warranted.
QUALITY OF CARE FOR SEVERE MENTAL ILLNESS IN LOMBARDY (ITALY)
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Objectives: To evaluate routinely quality of care addressed to patients with severe mental illness through a set of clinical indicators. These indicators are related to the process of care, are specific for each disorder and can be totally drawn from current health information systems.

Methods: 41 clinical indicators for schizophrenia, 33 for bipolar disorders and 14 for depression have been identified by experts of the Italian Society of Psychiatric Epidemiology (SIEP) through Delphi rounds. These indicators cover both main quality domains (accessibility, continuity of care, appropriateness, safety) and phases of care (first episode, acute care, maintenance and promotion of recovery). Indicators have been subsequently applied to health databases of Region Lombardy containing data on mental health activities, hospital admissions, specialist health treatments and pharmaceutical prescriptions. The sample is composed by 28,191 patients with schizophrenic disorder (ICD 10 F2 category), 7,752 with bipolar disorder (ICD 10 F30-31 categories) and 19,271 with depressive disorders (ICD 10 F32-33 categories) that during 2009 were cared by the Departments of Mental Health (DMHs) of the Region. Benchmarking has been adopted to evaluate DMHs.

Results: Indicators have been analyzed by axis of the quality (i.e. accessibility, continuity, appropriateness, safety, sentinel events) and by phase of care (onset, acute phase, maintenance), showing strengthens and weaknesses of the mental health system in Lombardy.

Conclusions: Clinical indicators are useful for evaluating quality of care in the mental health system and quality assessment could be done routinely using current information system data.
QUALITY IN PSYCHIATRIC CARE – AN INTERNATIONAL PROJECT

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Objectives
The project Quality of Psychiatric Care (QPC) is a larger research program aiming at adapting the QPC versions for patients and staff to different international settings, to test the psychometric property and equivalence of dimensionality of the different language versions, and to describe and compare the quality of, in-patient, out-patient and forensic in-patient psychiatric care across different countries.

Methods
The QPC is a family of instruments based on a definition of quality of psychiatric care from the patients’ perspective. The definition was developed from a phenomenographic interview study with in- and out-patients. Currently the QPC family covers three areas of psychiatric care: out-patient (QPC-OP), in-patient (QPC-IP) and forensic in-patient care (QPC-FIP). The three QPC-versions are also available in versions adapted for measuring the staff’s perception of quality of care (QPC-OPS, QPC-IPS and QPC-FIPS, respectively). Each of the six versions are available in the Scandinavian languages, Finnish, English and Persian. Shortly, several instruments are available for addiction care, social psychiatry and next of kin.

Results
The first data collection of the Danish versions of QPC-FIP and QPC-FIPS is completed.

Conclusions
The psychometric test and validations of the instrument QPC in different language and countries versions allowed countries comparison of quality of care, permits benchmarking and quality improvement.
IMPLEMENTATION OF SYSTEMATIC RISK MANAGEMENT IN A PSYCHIATRIC HOSPITAL
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Objectives: In addition to the general risks of hospital treatment, psychiatric inpatient care involves specific risks, including management of aggression and suicidal behavior, and application of coercive measures. Against this background, systematic measures are required to deal with these specific psychiatric risks with the aim of ensuring safety of patients and staff members.

Methods: Based on the recommendations of the international standard ISO 31000 “Risk management – Principles and guidelines”, a systematic risk management system has been developed at the Department of Psychiatry and Psychotherapy of the University Medical Center Mainz. This has been embedded in an already implemented quality management system in the hospital, certified according to ISO 9001.

Results: Presenting our clinical data which have been evaluated to date, the key components of the risk management process will be described: risk identification, risk analysis and evaluation, and risk treatment. The basis is made by a comprehensive collection of all critical events occurring in the hospital, recorded by means of standardised forms for subsequent detailed analysis. Data are evaluated continuously by the risk management team and serve as a starting point for the initiation of improvement measures. Aggregated data are presented once a week in the clinical department conference in order to give feedback regarding the current risk situation. Relevant issues are put into the senior staff meeting of the hospital for discussion and decision making regarding potential risk treatment measures.

Conclusions: The embedding of the risk management system in the hospital’s organisational processes, its potential benefits as well as problems regarding its implementation into clinical routine are discussed. From our present experience, ISO 31000 provides a useful framework for developing and implementing an effective risk management system that also fulfils the specific needs of psychiatric inpatient care.
AUDIT OF PHYSICAL EXAMINATION ON ADMISSION TO A FORENSIC INPATIENT UNIT

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Objectives
Patients with severe mental illness are recognised to be at considerably increased risk of premature death. Access to GP care is reduced and detailed physical examination on admission to hospital is an opportunity to address physical health needs. This audit aimed to identify the percentage of patients in a medium-secure forensic psychiatric unit who received a physical examination on admission.

Methods
Records of every admission over a six-month period were examined retrospectively for documentation of a physical examination. If it was omitted, data was collected on whether or not the patient subsequently had an examination and, if so, by whom (trainee psychiatrist or GP).

Results
31 patients were admitted during the period under scrutiny. 19% (n=6) had no physical examination carried out on admission. Three patients were secluded on admission and their risk of violence was judged to be too high to examine them safely. In the cases of two patients, the admission interview was terminated due to escalating hostility. One patient was sent to the Emergency Department due to immediate physical health concerns. Of the six patients who had no physical examination completed on admission, five subsequently had an examination carried out. Two of these were examined by a GP providing sessional care to the hospital. One patient was discharged without having had a physical examination.

Conclusions
While only 81% of patients had a full physical examination on admission, reasons for omitting an examination were clearly documented in all records. In recognising the higher risk of violence in a forensic inpatient admission unit, it is acknowledged that while all patients should be examined physically, this is not always practicable. The provision of sessional GP care helps to provide a safety net to ensure that the physical health of this vulnerable patient group is not neglected.
SERIAL AUDIT AND FEEDBACK TO IMPROVE THE QUALITY OF PRESCRIBING ON AN ACUTE PSYCHIATRIC INPATIENT UNIT

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Introduction
Poor prescribing is recognised as one of the leading causes of medication error and adverse events. Didactic sessions and passive dissemination of guidelines have been found to be ineffective in improving prescription quality. While audit itself is unlikely to alter prescriber behaviour, serial audits combined with feedback improve prescription quality in inpatient hospital settings.

Aims
This study aimed to improve the quality of prescribing practices on an acute psychiatric inpatient unit by combining serial audit with feedback.

Methods
An audit template was created with 13 variables attributed to good prescribing practice. Medication prescription sheets for each inpatient were examined. The first audit was carried out in November 2012, the second in December 2012, the third in December 2013 and the fourth in February 2014. Feedback was given in a group educational setting after the first and third audit.

Results
100% of medication sheets were written in ink, with name, date of birth, dosage and times of administration documented. This finding remained consistent throughout the audit spiral. 100% of prescriptions were also consistently signed and dated. Quality indicators such as prescribing in capital letters, legibility and clear discontinuation improved immediately after feedback, but this improvement was not sustained when re-audited after one year. Documentation of Irish Medical Council registration numbers and generic prescribing consistently fell below the audit standard of 100%. While documentation of drug allergy status improved after the first audit feedback, it remained consistent thereafter at only 67%.

Conclusion
Audit and feedback improved the quality of prescribing but needs to occur more regularly than once per year for improvements to be sustained. The arrival of new medical staff every six months poses a challenge in terms of consistency of quality prescribing. It may also present an opportunity for educational feedback during induction sessions in relation to standards expected.
STUDY OF QUALITY OF LIFE IN PATIENTS WITH DEPRESSIVE SYNDROME.

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OBJETIVE
It is a descriptive, observational and transverse study that pretends to investigate diverse psychopathological aspects and quality of life in patients diagnosed of depressive syndrome, in follow-up for an ambulatory service of mental health by means of a battery of widely recognized tests.

METHOD
In the first consultation in addition to clinical evaluation of our investigation team, we have used questionnaires in relation to 129 clinics variables.
Likewise, we have applied the following battery of tests: BDI, HARS, Detection of the Disorder of Somatization of Othmer and DeSouza, PSQI, CGI and WHOQOL-BREF.
To comparative effects, we have established two groups of depressive patients:
GROUP 1: Patients with WHOQOL-BREF score <60 (worse quality of life))
GROUP 2: score >60

RESULTS
In relation to the 110 patients initially evaluated, by the different tests we have established two groups to comparing:
GROUP 1: Worse quality of life
39 patients (35.45%). Female: 30/ 76.93% and Male:9/23.07%
Is the study group we are most interested.
= Variables with higher scores showing a significant difference compared to group 2 have been: Trauma history and cancer, Suicidal ideation, 1 suicide attempt, Substance abuse.
= Regarding the battery of tests:
- BDI 31,74 (serious depression).
- PSQI 12,36 (severe alteration of sleep) and with involvement of all dimensions Latency, Quality, Efficiency, Disturbances and Daytime dysfunction.
- HARS 35,59 (moderately-severe anxiety), and alteration of its two dimensions Psychic anxiety and Somatic anxiety.
- Othmer De Souza questionnaire 5,74 (somatization)

CONCLUSIONS
Patients with the lowest scores in the WHOQOL-BREF test, and poorer quality of life, are those in our study have more gravity in the symptoms of depression, anxiety, somatization and sleep more severe involvement
The Challenges of Measuring Quality in Social Care: Social Care and Its Interfaces with Mental Health Care
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Objective: Since social care interventions play a key role in supporting personal recovery it is important to develop a methodology to assess the quality derived from mental health care, on one side, and social care on the other side. The project presents three core objectives: to investigate and describe (1) the quality of social care using a measure of social care-related quality of life as rated by service users, (2) the quality of social care using a measure of service users’ continuity of care, and (3) the relationships between social care-related quality of life, continuity of care and organizational and staff characteristics.

Methods: Both staff and service users in three Italian psychiatric services were involved in a multicentre study. All staff was asked to complete anonymously the Professional Quality of Life Scale (ProQOL) and an ad hoc questionnaire measuring the organizational climate in mental health services. Three hundred patients with an ICD-10 diagnosis of a psychiatric disorder were asked to complete the Adult Social Care Outcomes Toolkit (ASCOT) and a measure of continuity of care (CONTINU-UM). Three focus groups were organized to pretest the instruments as well as investigate service users perspectives on quality and continuity of care.

Results and conclusions: Participants considered extremely important to participate to the decisions of the therapeutic plan, as well as to decide of the conclusion of their care programme. All participants agreed and rated as extremely important to receive a prompt answer when experiencing a crisis. The promptness of the intervention was perceived as relevant together with its effectiveness. These findings will be presented in correlation with the results of the instruments administered (i.e., ProQOL, Organizational climate in mental health services, ASCOT, and CONTINU-UM).
Psychomotor agitation and aggressive/violent behavior represent a psychiatric emergency that requires immediate intervention. The approach and treatment of the agitated patient (AP) varies according to several factors such as mental health professional opinion and experience, as well as the institution where this episode may occur (Psychiatric Hospital vs. General Hospital). In order to standardize the treatment and management of the agitated patient and improve the quality and humanization of health care, the Portuguese Directorate-General for Health (DGH) published a clinical orientation in 2011 concerning the patients' physical and mechanic constraint.

**Objectives:** In this transversal study, we analyze the mental health professionals' opinion about psychomotor agitation and approach to the aggressive/agitated patient. We also test the professionals’ knowledge about the Portuguese DGH orientations.

**Methods:** The authors developed a questionnaire and applied it to different professional categories working in two distinct hospitals (Psychiatric Hospital and General Hospital). The sample included doctors, nurses, social service assistants and psychologists. The population was 104.

**Results:** The mean age was 45.1 years old and 67.3% were women; 31.5% were doctors, 39.1% were nurses, 7.3% were psychologists and 6.4% were social service assistants. Approximately two thirds of the population (62.5%) worked at a Psychiatry Hospital and 37.5% worked in a General Hospital. None of the social service assistants or psychologists answered the items concerning patient treatment; 61.8% of the professionals were aware of the DGH orientations and 71.8% were informed about patients’ rights. Among doctors and nurses, the opinions about the best first approach to the AP were: seclusion (48.6%), pharmacological management (48.6%), physical restraint (1.43%) and mechanical restraint (1.43%). The results differed within professionals of a Psychiatric Hospital vs. General Hospital.

**Conclusion:** Although this study does not focus on the mental health patient care quality, the heterogeneity of the results emphasizes the importance of establishing standardized regulation for the AP considering each institution’s peculiarities.
NEW AGES OF PSYCHIATRIC WARDS: THE VISION OF MENTAL HEALTH PROFESSIONALS

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Portuguese mental health care has evolved according to the European concepts and pharmacotherapy guidelines. The 2007-2016 National Mental Health Plan aims at reducing the stigma associated with the psychiatric patient by improving therapeutics, rehabilitation and decreasing the number of institutionalized patients. Therefore, it is important to review the main procedures of a psychiatric ward considering the professionals’ opinion, experience and specificities of each service.

Objectives: To analyze and compare the opinions of different Mental Health professionals (working in a Psychiatric Hospital vs. General Hospital) about the ward regulation and functioning.

Methods: Based on the scientific literature, the authors developed a questionnaire and applied it to different professional categories working in two distinct hospitals (Psychiatric Hospital and General Hospital). The sample included doctors, nurses, social service assistants and psychologists. The total number of participants was 104.

Results: The mean age was 45.1 years old and about two thirds of the population (67.3%) were women. Approximately one third were doctors (31.5%), 39.1% were nurses, 7.3% were psychologists and 6.4% were social service assistants. Around two thirds of the population (62.5%) worked in a Psychiatry Hospital and the other part worked in a General Hospital. The opinions differed significantly in subjects such as “permission to temporarily get out of the nursery”, “wear a hospital identified pajama”, “dashboard with patient information (accessible to the patient or visits)”, “presence of locked/unlocked doors”. The results also showed a significant difference between the opinions of General Hospital and Psychiatric Hospital professionals, which we will present and discuss.

Conclusions: The heterogeneity of the results demonstrates the different opinions and habits while managing a psychiatric patient. Thus, it is very important to create and establish regulation and guidelines to standardize the psychiatric wards procedure in order to improve the quality and humanization in Mental Health care.
ESTUDIO DESCRIPTIVO DE INDICADORES DE RENDIMIENTO HOSPITALARIOS EN EL ÚLTIMO SEMESTRE DE 2013 EN TALAVERA DE LA REINA

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OBJETIVOS:
Medir diferentes indicadores de rendimiento hospitalario: índice de ocupación, índice de rotación, estancia media, el porcentaje de reingresos en el último semestre del año 2013.

MATERIAL Y MÉTODOS:
Se trata de un estudio descriptivo transversal retrospectivo.
Se recogen datos de todos los pacientes ingresados en la UHB durante el segundo semestre del año 2013.

RESULTADOS
Los resultados obtenidos se miden a nivel mensual, obteniendo unos índices de ocupación mayor en el último trimestre, oscilando entre el 85,34 % al 93,33 %, siendo menores los índices de ocupación en el verano, oscilando entre el 69,21% al 82,99%.
La estancia media ha sido menor en los meses de agosto (8,43 días) y septiembre (9,32 días), siendo mayor la estancia media en los meses de diciembre (13,17 días) y Julio (13,48 días).
Otro dato relevante es el tanto por ciento de pacientes reingresados, presentando un porcentaje elevado en todos los meses estudiados, oscilando entre el 35,71 % y el 65,52%.

CONCLUSIÓN
En relación al índice de ocupación se puede observar que en el último trimestre del año en relación al 3º trimestre del año existe un incremento de ocupación de camas, lo cual sería interesante realizar un estudio prospectivo para evaluar si existiera concordancia en los resultados y estudiar posibles factores predisponentes que condujeran a un mayor índice de ocupación.
Otro de los aspectos importantes de los indicadores medidos en este estudio se encuentran en relación, serían la estancia media y el % de reingresos, presentando una estancia media baja acompañada de un porcentaje de reingresos elevadas. Estos indicadores nos permiten la reflexión de la posible necesidad de aumentar la estancia media en la búsqueda de una mayor estabilización al alta hospitalaria, con la esperable disminución del porcentaje de reingresos.
IMPLEMENTATION OF RECOVERY ROUNDS IN THE PREVENTION OF RERAINT AND SECLUSION

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Introduction
Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is a teaching hospital specializing in comprehensive mental health and addiction services for those with complex serious and persistent mental illness.

Objectives
The presentation will review a key communication activity in advancing a culture of excellence and quality and safe care, Recovery Rounds

Methods
The purpose of Recovery Rounds is to elevate the importance of restraint minimization and recovery-oriented care through witnessing of restraint and seclusion events by senior staff. The Recovery Team is comprised of representatives from Senior Management, Professional Practice (PP), Peer Support Specialists (PSS) and Ethics. On a daily basis one member from each group attend all Code Whites and the daily Unit Recovery Rounds.

Results
The average duration of incidents of seclusion and mechanical restraints decreased after Recovery Rounds implementation. The average duration of seclusions dropped 22 hours immediately when Recovery Rounds were implemented, and continues to show a decreasing trend of half hour less on average each month. Incidents of seclusion were on the decrease pre-rounds and though rate of decrease is less sharp, incidents continue to decrease by 0.9 incidents each month post-rounds implementation. A similar pattern is seen with incidents of mechanical restraints, with a decreasing trend pre-rounds, and a significant change in trend post-rounds, demonstrating a 0.8 hour increase on average each month.

Conclusions
Witnessing contributes to organizational change through oversight, accountability, timely communication, and the commitment that will surround every restraint and seclusion event.
AN AUDIT ON DEPRESSION: DIAGNOSIS AND REVIEW WITHIN A UNITED KINGDOM GENERAL PRACTICE
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Background: During initial diagnosis of depression the use of the World Health Organisation’s biopsychosocial model is incentivised and monitored via the Quality Outcome Framework. The National Institute of Clinical Excellence recommends patient review two weeks after initiating pharmacotherapy due to an increased suicide risk.

Objectives: Quantify patients in an inner city general practice (GP) who received a biopsychosocial assessment on the day of diagnosis for depression (QOF [DEP001]) (standard 90%) and the number of patients with a review 10-35 days following this (QOF [DEP002]) (standard 80%). Investigate reasons behind non-assessment and review.

Methods: 50 patients (13.7%) were systematically sampled from the denominator population (n=363) who had received a diagnosis of depression between 1/4/2013- 31/3/2014, using Emis Web.

Results: 86% (43/50) of patients had a biopsychosocial assessment coded at diagnosis. Of the 14% (7/50) who were not assessed on the day of diagnosis, 71.4% (5/7) had a delayed assessment, averaging 115 days later (range 28-299). A further 28.6% (2/7) had a free text record of assessment but were not coded. 46% (23/50) of patients had a review within 10-35 days from diagnosis. Of the patients with no follow up (27/50), 50% (14/27) did not attend the practice after day of diagnosis. 43% (12/27) had a delayed review but 50% (6/12) continued to attend for other problems. The remaining 7% (2/27) were incorrectly coded.

Conclusions: The GP had sub-optimal assessment of patients on the day of diagnosis (86% vs 90%) and for review (46% vs 80%). Reasons for non-review included non-attendance since diagnosis, reviews done late and coding issues. Recommendations (1) Present findings to GP to highlight correctable areas such as encouraging review within consultation (2) Use mail/text/home visits to reach infrequent attenders (3) limit prescription length to encourage patients to attend review (4) Re-audit 1st April 2014 – 1 March 2015.
WPA-0135 INITIAL ATTITUDES TO HOSPITAL MISSION STATEMENTS IN A UK HOSPITAL
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Objectives:
To investigate the potential of a hospital mission statement to raise hospital standards and support morale within a failing hospital. This study examined the preliminary orientation of two key groups; staff and patients/carers.

Methods:
A questionnaire was designed to elicit information from all diners (staff, patients, carers) presenting to the hospital canteen within a one-hour period on a working day. Responses were provided by 105 subjects. The resulting data was analysed for the whole group and each subgroup. The cumulative binomial distribution probabilities were used to establish whether the opinions expressed reached significant levels.

Results:
Both hospital staff and patients/carers indicate a broadly positive view of the value of mission statements for hospitals but this is perceived as relating largely to the inspiration of staff. There is a significant lack of faith in the mission statement as a management tool to deliver strategic improvements in caring attitudes or medical outcomes.

Conclusions:
The results indicate that introduction of a mission statement could be undermined by the presence of a significant number of cynical stakeholders and that there is little understanding of the use of the mission statement as an active management tool. This suggests that any such introduction within UK hospitals should be supported by an initial phase of education and involvement of both staff and the local community. To derive full value from the mission statement would require the development of organisation-wide understanding that its content would direct all future innovations and changes.
LATINO AMERICANS' ACCESS TO PSYCHIATRIC AND NEUROLOGICAL SERVICES: A PILOT STUDY

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Background/Aims: Disparities exist in accessing mental health services for the Latino population in the United States. Limited access to care can increase the burden of mental illness. In this pilot study, we examine individual and societal factors influencing Latinos access to psychiatric and neurological services in designated centers of the Partners healthcare system in Massachusetts.

Methods: Data was obtained through a 35 item mixed method questionnaire. Twenty (N=3 male; N=17 female) Latino Americans, mean age of 58.3, were recruited. Descriptive statistics, logistic regression models and thematic analysis were used in the analysis.

Results: Majority of the sample reported living in the United States for 5 years or more. Same language providers were preferred over providers of identical Latin American descent and gender. Transportation was a limiting factor in accessing care. Despite low English proficiency, participants self reported good comprehension of illness, treatment, and potential side effects. Primary care physicians were the source for depression and anxiety referrals. Faith and prayer were considered essential in the healing process, however religious and cultural beliefs did not impact seeking mental health services. Citizenship status was associated with a 3.73 fold-increased odds of seeing a psychiatrist for trauma.

Conclusion: This pilot study provided preliminary information on the individual preferences and non-medical aspects that influence Latinos use of psychiatric and neurological services. Additional research is needed on a larger scale to ascertain our results so that health care services can be improved. New data samples should focus on different Latino ethnic subgroups.
WPA-0417 THE USE OF THE NATIONAL EARLY WARNING SCORE (NEWS) IN AN OLD AGE PSYCHIATRY UNIT

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Objectives
The National Early Warning Score (NEWS) was introduced to standardize acute illness assessment across all inpatient settings in the UK. Focusing on six physical observation parameters, such monitoring is invaluable\(^1\). Many psychiatry wards are separate from acute centres and lack medically experienced staff, thus use of the NEWS to aid detection of physical deterioration is particularly important. Recommendations are for weekly NEWS monitoring\(^2\). This audit aimed to identify and improve the NEWS practice in an old age psychiatry unit.

Methods
Standards were based on hospital guidelines. Data was collected retrospectively using the NEWS charts. Scoring frequency over six weeks was assessed. A subsequent educational program of two weeks duration was delivered to staff and a NEWS Trigger-Sticker outlining recommended score responses was designed and placed on each chart. The charts were then re-audited.

Results
28% of patients (n=32 patients) had weekly NEWS calculations, of which only 14% were correctly scored. The greatest error for incorrect scoring was in respiratory rate. Post quality improvement (n=27 patients) 72% of patients had weekly NEWS calculations of which 70% were correctly scored.

Conclusions
The NEWS is relevant to old age psychiatry given the multiple comorbidities occurring in the elderly. This audit identified suboptimal NEWS scoring, putting patients at risk. Following simple, cost-effective intervention scoring quality has greatly improved benefiting patient safety in psychiatry settings.

References:
\(^2\)AWP NHS: National Early Warning Score (NEWS) Procedure
Religion, Spirituality and Psychiatry
DSM 5 IN RELATION TO CULTURE, SPIRITUALITY AND RELIGION
Alexander Moreira-Almeida, Nahla Nagy, Walid Sarhan
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Background: DSM 5, published in 2013, pays more attention to cultural and religious diversity which have its implications for psychiatric diagnosis and treatment.

Objectives: To discuss the most important aspects of DSM-5 that have cultural, spiritual, and religious relevance.


Results: showed psychiatric presentations in various diseases as depression (religious guilt feeling), anxiety (somatic complaints), schizophrenic delusions (possession, controlled by gene), obsessive compulsive disorder (religious obsessions) should be included in the diagnostic system to help psychiatrists understand their patients worldwide. Such a system would be particularly important for cultural psychiatry and psychology in relation to matters such as subsyndromal symptom categories, experience of illness, behavior during illness, the transition from normality to deviancy, culturally responsive research.

Conclusion: DSM 5 needs to look for cultural and spiritual issues in psychiatric presentation.
AFRICAN AMERICAN SPIRITUALS AND RESILIENCE
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Objectives:
1. To demonstrate the healing aspects of Negro-Spirituals during the height of the slave trade.
2. To explore their potential application in contemporary society.

Methods:
Using excerpts from recordings and films, the presentation provides examples of resiliency in the face of unimaginable treatments and suffering of men, women and children during the American slavery trade.

Results:
At the end of the presentation, the participants will be more knowledgeable about not only the role of music in resilience and healing, but also the potential relevance of Negro-Spirituals in contemporary society.

Conclusions:
Deliverance and special relationship to God are common features of enslaved and colonized people. Examples of these themes are found in Jewish history and literature and Calvinist paintings from the Golden Age of Dutch painting. A universal theme is suggested.
ANCIENT BELIEVES, ISLAM AND OFFICIAL MENTAL HEALTH SERVICE IN KYRGYZ REPUBLIC

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A unique combination of ancient beliefs and Islam is a characteristic feature of contemporary spiritual life in Kyrgyzstan. With the arrival of Islam as the main religion in Central Asia, the peoples of Kyrgyzstan chose to merge the two influences; there was a fusion of the official religious ideological system of Islam with local pagan religious philosophical systems. This combination, well-known as a “Domestic Islam” (D. Montgomery, 2007), has been successfully adjusted to the everyday life of the Kyrgyz people, and has a great influence on views on psychopathology and healing practices existing in the Kyrgyz Republic. The most popular model of mental disorders (E. Molchanova et al, 2013) occurs to be the “natural” one, which considers a disorder being a result of imbalance between an individual, nature and world of spirits (‘arbactar’). Kyrgyz people usually start their healing paths from visiting the sacred site (mazar), where a traditional healer, who must possess Kyrgyzchilyk (an ability to heal people) performs a number of sacred rituals. There have been movements to render the official mental health service the dominant approach in Kyrgyz society and relegate traditional healing practice to the past. Given the popularity of traditional healing in Kyrgyzstan, however, this seems to be an impossible aim for the near future. One of the promising choices is creating a bridge between traditional healing and official mental health services. Author lists plumps and pitfalls of the previous attempts to establish communication between traditional healers and representatives of official mental health services, and discusses the possible strategies of how to live together being different.
RELIGIOSITY AND WELLBEING IN COLOMBIAN COLLEGE STUDENTS
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² University of Magdalena, Santa Marta, Colombia

Objective: To estimate the association between religiosity and wellbeing in college students from a university at Santa Marta, Colombia.

Method: A cross-sectional study was designed which participated college students older than 18 years-old. Wellbeing measurements included positive and negative self-esteem (Rosenberg scale) (α=0.75 and 0.56), depressive symptoms (WHO-5) (α=0.76), and anxiety symptoms (Zung-5) (α=0.72). Religiosity was quantified with the five-item Francis Scale of Attitude toward Christianity (α=0.96). Logistical regressions were computed to adjust by sex associations between religiosity and wellbeing measurements.

Results: A total of 1,349 students completed the survey. They were aged between 18 and 30 years old (M=20.6, SD=2.4); and 50.7% were males. Frequency of high positive self-esteem was 86.1%; high negative self-esteem, 79.5%; clinically depressive symptoms, 9.6%; clinically anxiety symptoms, 34.0%; and high religiosity, 56.0%. Adjusted association between religiosity and wellbeing measurements were for positive self-esteem (OR=1.65; 95%CI 1.20-2.26), negative self-esteem (OR=0.91; 95%CI 0.69-1.19), clinically depressive symptoms (OR=0.69; 95%CI 0.46-1.01), and clinically anxiety symptoms (OR=0.98; 95%CI 0.78-1.24).

Conclusions: High religiosity is a protective factor for positive self-esteem; but it is not related to negative self-esteem and clinically anxiety and depressive symptoms. More researches are need.

References
THE BAHAI FAITH: A PSYCHOLOGICAL PERSPECTIVE
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Objectives: As the youngest monotheistic world religion, the Bahá’í Faith offers an interesting and challenging ground for mental health professionals: it is confronted with the challenge of individualism after millennia of collectivism in religious history; it has one of the most cultural diverse communities in the world; its aim is the unity of humankind in diversity; harmony between science and religion is one of its main principles; the existence of thousands of pages of original and authentic scripture and biographical literature offers the unique possibility of independent investigation – just to name a few aspects which make the encounter between mental health professionals and this religion interesting.

Methods: Based on a study of the available literature, some principles of the Bahá’í Faith which are of special interest to psychiatrists and psychotherapists are analysed and discussed: the free will and individual responsibility, the human nature, the importance of self-reflection, conflict resolution tools, the purpose of life and the harmony between religion and science.

Results:
1- Principles of the Bahá’í Faith can offer a new insight into spiritual issues dealt with in psychotherapy and psychiatry.
2- The Bahá’í conception of human nature offers a salutogenetic and resource-oriented basis for mental health professionals.

Conclusions: The Bahá’í Faith challenges the dichotomy of science and religion by offering a new way to understand the role of these two major forces.

References:
SPIRITUALITY AND MEDITATION IN MENTAL HEALTH
Dr. Avdesh Sharma, Dr. Sujatha Sharma
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Psychiatry as a speciality has made excellent strides in the last 50 years yet, there are many areas that need addressing specially in the developing world with woefully inadequate number of mental health professionals, apart from the cost of medical treatment. The need is also to focus on the person and community through holistic culturally acceptable management strategies. The indigenous belief systems and spiritual practices are being utilized by the population for these purposes.

It has been found that Meditation produces certain psychophysiological and socio-cultural changes. These includes lowering of triglyceride levels in the body, achievement of lower stable heart rate, lowering of blood pressure, stable G.S.R., improved rhythm and more delta and alpha rhythms on EEG, fewer psychosomatic symptom and fewer use of prescription and non-prescription medication, better productivity at work, less man days loss and scores on interpersonal relations and self-actualization. Meditation has been found to be useful in treatment and prevention of many psychosomatic illnesses and minor mental illnesses as well as addictions. It is probably most useful in reducing problems of living in the normal population.

It would be worthwhile to incorporate systems like Meditation, which in some cultures are already acceptable as complimentary to modern medicine. Spirituality including non-religious is being explored for cognitive restructuring and management of emotions. There are also many scientific discoveries happening on the role of Spirituality and Meditation in Mental health. It may not only reduce costs and burden of disease on society but also lead to holistic treatment, relapse prevention as well as growth of the individual. The presentation would be to focus on a model for interphase of Spirituality and Mental Health.
RELIGIOUS EXPERIENCES AND PSYCHIATRIC SYMPTOMS: CRITERIA FOR DIFFERENTIAL DIAGNOSIS

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**Objectives:** Summarize practical and helpful criteria for clinicians to evaluate psychiatric symptoms with religious content and to attain a differential diagnosis from healthy religious experiences.

**Methods:** Literature Review using a phenomenological and critical approach. Combine different approaches from Psychopathology, Psychology of Religion and Religious Studies.

**Results:** There is a plurality of conflicting positions defining boundaries between mental disorders and religious experiences. Some criteria can be offered for differential diagnosis for severe mental disorders with “religious-like” symptoms. Severe psychiatric symptoms with religious content: (1) are usually in the context of personal impoverishment; (2) appear odd in cultural environments and within a person's biography; (3) do not enhance action or, better expressed in the phenomenological tradition, (4) these symptoms come from a weakening of the “intentional arc”.

A guiding map is proposed to evaluate religious expressions and their relationships with mild or moderate mental disorders and –from a positive perspective— with mental health and personal growth. This map is built by adapting different traditions from the Psychology of Religion –especially William James’ tradition and psychoanalytical legacy— that may offer some principles to psychologically validate or assess religious experiences.

Psychiatric and psychological judgment on religious experiences should be self-limited. There is a judgment about its content and about its validity or truth which is only possible within the different religious traditions.

**Conclusions:** Psychopathology offers criteria to discriminate some psychotic symptoms from mystical or religious experiences. In reviewing Psychology of Religion, some general principles are obtained to guide the psychological evaluation of religious beliefs in their contributions to mental well-being and personal growth. This review opens different fields for future research in relating psychopathology and the study of religious experience.
COGNITIVE BEHAVIOUR THERAPY IN THE LIGHT OF NOBLE QURAN
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Objective: To discuss case histories of Muslim psychiatric patients with different psychiatric diagnoses and to discuss the effectiveness of cognitive restructuring in the light of Noble Quran and Hadith (sayings of Prophet Mohammad (PBUH)).

Background: A Muslim is supposed to believe in one God (Allah). He has to submit his will to the will of Allah (SWT). He is supposed to do all that Allah (SWT) desires and refrain from all that Allah (SWT) forbids.

Methods: Five case histories of different psychiatric disorders will be presented and their cognitive restructuring in a rational and religious way will be discussed with active participation from the audience. Different cases coming under diagnostic category of ICD10 are included in this presentation. Cases included in the discussion will be those who have already been on medicines and gone through adequate sessions of psychotherapy on non-religious basis and were not satisfied. They were then given psychotherapy using guidelines given by Noble Quran and Prophet Mohammad (PBUH).

Results: These patients showed remarkable improvement with religious psychotherapy.

Conclusion: Most of the psychiatrists who are not aware of basic principles of Islam are likely to be helped by this presentation.
MENTAL HEALTH, ACCULTURATION AND RELIGIOSITY OF
JEWISH MIGRANTS FROM THE FORMER SOVIET UNION IN
AUSTRIA
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2University of Heidelberg, Heidelberg, Germany
3Medical University Vienna, Vienna, Austria

Objective: While it is known that in general migrants often have poor mental health, the data for particular migrant groups in Europe is still very limited. Especially only very few studies were conducted in Austria by now. We studied the mental health of a defined migrant group, the Jewish migrants from the former Soviet Union in Austria, and its links to different post-migration factors.

Methods: A population-based study was conducted examining differences in mental health by comparing the migrants and native-born Austrians. Mental health – defined as levels of depression and anxiety – was measured by the Beck Depression Inventory, the State-Trait Anxiety Inventory and the Brief Symptom Inventory. Acculturation attitude was assessed with the Vancouver Index of Acculturation and religiosity with a custom scale. Several relevant additional factors were also measured.

Results: Jewish migrants from the former Soviet Union were found to be more depressed and anxious than native-born Austrians. Religiosity was a resilient factor against depressions, but not against anxiety, and language preferences played an important role for mental health. In contrast, acculturation attitude, cultural distance, experiences with xenophobia and discrimination, as well as legal situation did not influence mental health.

Conclusions: Our results suggest that members of the migrant group under study are more distressed than their Austrian counterparts. Notably, most of the investigated post-migration factors did not influence the mental condition of this migrant group. Possible explanations will be discussed.
RELATIONSHIP BETWEEN MYSTICISM AND SEEKING HELP OF MENTAL DISORDER IN YOGYAKARTA INDONESIA

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Mental health is increasingly recognized today as an important subject with which psychiatrist should be acquainted. There is also a growing awareness of the need and the possibility of treating and preventing the development of serious mental disorder and the less serious but sometimes crippling, psychoneurotic and other psychiatric conditions.

Mysticism in Indonesia, perhaps more pronounced in Java, Bali and Yogyakarta but also founds in other islands, plays an important role in the lives of the people. Health and disease are believed to be linked by mystical forces, just as the social order itself is supposedly based on balance of good and evil powers. People believe that mental disorder is not a medical problem, but it is a sickness caused by supernatural power. Due to those mysticism believe, most of the people seek help to non medical health services for their psychiatric problem.

A study was carried out in Sardjito hospital Yogyakarta, Indonesia, among Schizophrenia patients. Data would be analyzed using Chi square technique (Mantel Haenszel) and contingency correlation coefficient. The result would be showed that there was any significant difference between groups of subjects who believe and did not believe in mysticism cause of schizophrenia according to seeking help. The results also identified that there was any correlation between such believe and the seeking help.

Key words: Schizophrenia – believe – mysticism – seeking help
WIFE BEATING: PREVENTING THROUGH RELIGION
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Objectives
The objective of this research is to prevent domestic violence such as wife beating in the name of Islam which creates physical and mental health hazards for women (pregnant or non pregnant) and is also a threat to their lives throughout the world.

Methods
Researcher searched for the verses of the Quran on wives and found that Chapter 4:34, is one of the most abused verses of the Quran. One of the Arabic words in the verse is an ambiguous word, which is often mistranslated as 'to beat' [the wife]. This word was considered and searched in Arabic-English dictionaries and in the commentaries of scholars, and then explained in the framework of the Quran and Sunnah. The various uses of the same word in the Quran were also considered to clarify that this word is not usually used for beating a person. This verse was also compared with other verses related to behavior, attitude towards women, purpose and value of family and its responsibility, to infer a lucid conclusion.

Results
After the analysis, it was clearly indicated that there was no provision for wife beating in Islam. Rather at the time of extreme discord one of the spouses should move away temporarily from the other, as suggested by the Quran.

Conclusions
The author concludes that wife beating can be reduced through educating the Muslims about the correct explanation of Islam. As wife beating causes profound health problems to pregnant and non pregnant women, religion may play a significant role to change the attitude and behavior of Muslims.
FAITH-BASED ADAPTATIONS OF PSYCHOLOGICAL THERAPIES FOR DEPRESSION AND ANXIETY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMISED CONTROLLED TRIALS

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2. University of Leeds, United Kingdom

Objectives: To evaluate the clinical efficacy of faith-based (religious or spiritual) adaptations of bona fide psychological therapies for treating depression or anxiety, using evidence from randomised controlled trials (RCTs)

Methods: Multiple databases were selected to cover a range of mental health, religious, social sciences and grey literature. Our search concepts covered mental health or psychotherapy, faith, and RCTs. Further studies were identified from the reference lists of included studies and by reverse citation. All eligible studies were assessed using the Cochrane Risk of Bias tool. Pre-planned subgroup analyses were performed to investigate differences between comparators, mental health problems and faiths.

Results: The literature search yielded 2,274 citations of which sixteen publications (21 studies) were finally eligible for inclusion. All included studies used cognitive behavioural models as the basis for their faith-adapted treatment (F-CBT), and several used a three-arm study design. Eight studies (n=277) compared F-CBT with a secular version of CBT, and thirteen studies (n=878) used a passive comparator. Our results (see table) identify some statistically significant benefits of using F-CBT. Further, tests for subgroup differences suggest possible differences between subgroups by faith (Christian versus Muslim) and by comparator.

Conclusions: All the identified studies were small-scale and had methodological weaknesses, but there remains some indication that faith-adapted CBT may out-perform both standard CBT and passive (waiting list or ‘treatment as usual’) conditions. There is a need for further, high-quality research in this area.

<table>
<thead>
<tr>
<th>Comparator</th>
<th>Subgroup</th>
<th>Number of studies</th>
<th>Total number of participants</th>
<th>I²</th>
<th>Standardised mean difference [95% CI]</th>
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<tr>
<td>Secular CBT</td>
<td>Depression</td>
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<td>231</td>
<td>28%</td>
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<td></td>
<td>Anxiety</td>
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<td>46</td>
<td>-</td>
<td>-1.58 [-2.25, -0.91]</td>
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<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>277</td>
<td>63%</td>
<td>-0.52 [-0.93, -0.10]</td>
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<tr>
<td>Passive comparator</td>
<td>Depression</td>
<td>7</td>
<td>335</td>
<td>80%</td>
<td>-0.93 [-1.49, -0.38]</td>
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<tr>
<td></td>
<td>Anxiety</td>
<td>6</td>
<td>543</td>
<td>79%</td>
<td>-0.51 [-0.89, -0.12]</td>
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<tr>
<td></td>
<td>Total</td>
<td>13</td>
<td>878</td>
<td>79%</td>
<td>-0.69 [-1.00, -0.37]</td>
</tr>
</tbody>
</table>
TRADITIONAL HEALERS IN THE TREATMENT OF MENTAL ILLNESS: A SYSTEMATIC REVIEW
G. Nortje 1, B. Oladeji 2, O. Gureje 2, S. Seedat 1
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Objectives: Traditional healers form a major part of the mental health workforce worldwide. Despite this, there has been little systematic examination of their efficacy in treating mental illness. In this systematic review we focus on the efficacy of those traditional magico-religious healing modalities which explicitly appeal to supernatural or meta-physical explanations for illness or misfortune.

Methods: Four medical and social science databases (Medline, Scopus, PsycArticles, Social Science Citation Index) were systematically searched by two reviewers, followed by reference chaining of potentially eligible papers. Key authors were contacted to suggest additional sources. Eligible papers were classified according to their level of evidence. Data describing outcome was extracted and summarized. Qualitative data describing treatment practices and potential therapeutic mechanisms was also extracted and grouped into themes.

Results: Traditional healers across the world use broadly similar models for illness, diagnosis and treatment. Many non-specific aspects of treatment overlap with those used by allopathic psychiatrists. There are very few studies which rigorously evaluate the efficacy of traditional healers in treating mental illness. The evidence base consists largely of anthropological case series and anecdotes, with some exceptions. Traditional healers may relieve distress and improve well-being by providing meaning and context for illness, and by facilitating social engagement and improving coping strategies. Symbolism used in rituals and ceremonies facilitates a shift from the sick-role towards recovery. These techniques may be effective in disorders with prominent social and psychological components, but are less effective in psychotic disorders.

Conclusions: There is little good quality evidence that traditional healers are efficacious in treating the symptoms of mental illness. However, the broader contributions of traditional healers to well-being and healing may be inadequately captured by conventional psychopathological rating scales. We outline the challenges of evaluating the efficacy of traditional healers in a systematic and rigorous way.
INSTRUMENTS TO MEASURE RELIGIOUSNESS/SPirituality: IMPORTANT CONSIDERATIONS ABOUT CULTURAL ADAPTATION AND VALIDATION PROCESS

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Objectives: to present from a literature review of available Religiousness/Spirituality (R/S) scales in Portuguese, a discussion of some important and peculiar aspects of the cultural adaptation and validation process of this kind of measure.

Methods: literature review of scales about R/S available in Portuguese, and of adaptation and validation processes of these kinds of measures.

Results: there are 21 scales in Portuguese (43% assessed Religiousness, 38% Spirituality, 9,5 % Religious/Spiritual Coping, and 9,5 % assessed as much Spirituality as Religiousness). Only 42,9 % have concurrent validation, 47,6 % discriminative validation, and 19% test-retest . Some terms found in these scales were judged as "not suitable" for determining the assessed concept.

Conclusions: it is important to emphasize the need for a more specific process for cultural adaptation (for example: “Semantic and Idiomatic Equivalence Evaluation”, Conceptual and Cultural Equivalence Evaluation”, Focus Groups (FG), Back-translation and Pilot Test) and a more accurate assessment of psychometric characteristics (Concurrent and Discriminate Validation, Test-retest) of instruments for R / S in order to determine their applicability in a culture different from the original one.
RELIGION – A POTENTIAL RESOURCE IN REHABILITATION, AMONG CHRISTIAN PATIENTS WITH NEGATIVE MENTAL HEALTH

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2. Public Mental Health Promotion Research Area, IMPACT Research Programme, Uppsala University, Sweden.

Objectives
To expand our knowledge of how religious worldviews of Christian patients in Sweden, one of the world’s most secular countries, function as explanatory systems for understanding health and illness as well as for interpreting their own experiences of negative mental health.

Methods
An on-going qualitative study, based on in-depth, thematically-structured interviews with ethnic Swedish Christian patients, who have experienced psychiatric illness. Recruited from different Christian communities, informants represent different ages, professions, and genders. Thus far 16 informants have been interviewed. Content text analysis is done using the Open Code 4 data analysis programme.

Results
Identified themes that will be discussed:
1. Religious faith was generally described as a powerful resource in rehabilitation, more important than drugs, psychotherapy and medical care.
2. Religion was understood to be helpful mainly through its ability to give hope and meaning to life, even in the presence of negative mental health.
3. Different aspects of religiosity were related to interpretation of: symptoms, consequences, and comprehension of disease.

Conclusions
Sweden is one of the most secularized countries in the world. As a result a strict division between religion and medical care has been standard. Though attention to religious issues has emerged as part of cultural competency discussions in transcultural psychiatry, no systematic inclusion of this in education or training has been established. Our conclusion is that this current state risks to overlook the possible positive effects that religion could have as a resource in rehabilitation among Christian patients with negative mental health. A more open discussion of how religious and other meaning-making worldviews need to be comprehended and dealt with in person-centred, mental healthcare settings would be beneficial.

References

ADDITIVE EFFECT OF RELIGIOUS ACTIVITY IN THE MANAGEMENT OF PATIENTS WITH SCHIZOPHRENIA: A STUDY FROM BANGLADESH

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2National Institute of Mental Health and Hospital, Dhaka, Bangladesh

Objective: To see the additive effect of religious activity and practices in addition to antipsychotics in the management of schizophrenia.

Methods: 52 patients with schizophrenia taking antipsychotics and religious activity comprises group A and 46 age, sex, religion and duration of illness matched patients with schizophrenia taking only antipsychotics comprises group B were selected purposively for the study in National Institute of Mental Health (NIMH), Dhaka, Bangladesh from October 2012 to March 2013. Among the group A most of them were Muslim. Religious activity and practices started according to their own religion.

Results: Patients with schizophrenia who received antipsychotics and religious activity showed reduced relapse rate (17%), increases treatment compliance (89%) and improve quality of life (82%).

Conclusion: Religious coping assigns significance to life challenges and provides a sense of meaning and purpose, emotional comfort, personal control, intimacy with others and a higher power. Further broad based study is needed in this regard.
PSYCHOSIS AND SPIRITUALITY
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2. Psychiatric military hospital of Marrakesh, University Hospital Mohamed VI, Marrakesh, Morocco.

Spirituality and religion are often included in the beliefs and experiences of psychotic patients, and therefore become the target of psychiatric interventions.

Objective: The main objective of this work is to emphasize the impact of spirituality on schizophrenic delusions, as well as the repercussions of the religion on psychosis evolution.

Methods: It is a retrospective analytical study, case series having as target population 180 schizophrenic patients, hospitalized in the psychiatric department of Marrakech between 2010 and 2014.

Results: The study shows that the most frequent themes are: persecutory, control, religious, and grandiose believes. The mystical theme is related to God in 17.9% of cases, to a divine mission in 15%, to the prophets or the Coran in 4.5 %. Some triggering events may influence the delusional theme, in fact 8.2 % of the patients in our series suffered from mystical delusions after a religious event.

Conclusions: The delusion of psychotic patients in Morocco is largely influenced by the local culture. Some themes are triggered by some particular events especially the religious ones. Delusions with religious content have been associated with a poorer prognosis in schizophrenia. Nevertheless, positive religious coping is frequent among this population and is associated with a better outcome.
ST. GREGORY OF NAREK’S REMEDY FOR MENTAL CURE
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Objectives The Prayer-Book of 10th-century Armenian theologian Gregory of Narek, written through the Holy Spirit, is a remedy for the mental cure and spiritual salvation of mankind, with the help of which, man can reach perfection. The Narek is a comprehensive course of prayer and meditation based on a distillation of biblical wisdom and Christian doctrine. The Armenian linguist M. Abeghian defines it as the earliest existing book on psychiatry and St. Gregory of Narek as the oldest psychiatrist in the world.

Methods In order to go deeper into the meaning of this miracle-working book and interpret its effects through the method of hermeneutics, we examined patients suffering from mental disorders who had listened to the prayers.

Results The Holy Book of Narek is already being used in psychotherapy as a most powerful tool of bibliotherapy. It brings peace into man’s psyche and pacifies his emotions, affects, mood, memory and reason smoothing away disorders in his inner self and settling his relations with his fellow creatures. It does away with troubled sleep, restores lost appetite, dispels all fears and helps overcome different asthenic-vegetative syndromes as well as depressive and neurotic phenomena. The effects of the Armenian-language Prayer-Book as observed with foreigners are explained through hermeneutics—the soul can perceive and feel what is divine regardless of national identity.

Conclusions While attempting to understand these prayers, which are addressed to humanity in general, people undergo changes of identity and achieve the truth, with which the identity is enriched with wisdom. The prayers help people in their struggle against their inner EGO. Thanks to them, they overcome their egotism and endow their soul with what is divine—virtue, abstention, restraint, justice, enlightenment, and what is most important, love, through which one can avoid strictness, rudeness, ambitions for power, cruelty, indifference and egocentric seclusion.
STONING TO DEATH: RELIGIOUS APPROACH

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Objective

The objective of this paper is to clarify that the Quran does not talk about stoning to death for adultery though it is practiced in some parts of the world. This paper also intends to elucidate that giving false accusations is forbidden in Islam, which becomes a tool for local village leaders to blame people and give punishment of stoning as has happened at Sylhet in Bangladesh.

Methods

Verses on adultery were searched and critically analyzed. Side by side the verses on false accusation were also gathered and examined carefully.

Results

After rigorous analysis some findings are noteworthy -

- The penalty for adultery is 100 lashes, not stoning to death
- 4 witnesses are needed to confirm the crime (the condition of 4 witnesses seems to be very hard, possibly to save the innocent people, especially women.)
- There is no place for confession
- The Qurān does not differentiate between married/unmarried and man/woman when mentioning the penalty.
- The person who charges a chaste woman for adultery and fails to present 4 witnesses will be punished by 80 lashes and his/her evidence will be rejected forever after the incident (Until he repents and mends his conduct)

Conclusions

The Quran does not give death penalty for adultery, but 100 lashes. According to the Quran, the punishment of adultery cannot take place without presenting four witnesses and the case should be dealt by Islamic court not by the village leaders.

False accusation is forbidden in Islām. So, no one can kill or punish man or women by stoning to death through false accusation.
ATTITUDES AND PERCEPTIONS OF MENTAL HEALTH SYMPTOMS AND CAUSALITY AMONGST YOUNG MUSLIMS IN SCOTLAND: A QUANTITATIVE PILOT STUDY COMPARING MUSLIMS AND NON MUSLIMS

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Objectives
Young Muslims are more likely to identify themselves as Muslim primarily rather than by ethnic background1. Several studies have researched attitudes to mental health in the Asian population, but very few studies have focussed on the Muslim population as a religious entity2. In addition, In a vastly expanding multicultural Scotland, many aspects of healthcare have been shaped to account for differences targeted at specific religious groups; however there yet remains a gap within the field of Psychiatry3. This study compares attitudes and perceptions of young second generation Scottish Muslims toward Mental health symptoms and causality compared to non-Muslims.

Methods
A population based survey. Second generation Muslim and non Muslim Scottish respondents (N=160) aged 18-35 were asked to fill out an anonymous questionnaire. Muslim respondents filled in additional MARS and MRPI scale of religiosity appendix. Data was collected in an Excel file and analysed using Fischer exact/Chi squared analyses.

Results
For causality, Muslims were more likely to associate lack of religious faith with mental ill health (55.2%) compared to non Muslims (22.6%), (p value<0.05). 58.8% Muslims associated it with supernatural powers compared to 28% of non Muslims. 55% of Muslims associated it with black magic compared to 25% non Muslims. 56% Muslims associated it with a test from God compared to 22% non Muslims. For perception of symptoms, Non Muslims were more likely to associate low mood (88%, 56.4%), physical symptoms (64%, 44.7%), negative thinking (52.9%, 80%) and lack of energy (56.4%, 80%) with mental ill health compared to Muslims.

Conclusions
From this data, we can conclude that more needs to be done to educate the Muslim population on mental health symptoms and understand perceptions of causality as there is a marked difference in attitudes.

References:
THE EFFECT OF SERVICE SATISFACTION AND SPIRITUAL WELL-BEING ON THE QUALITY OF LIFE OF PATIENTS WITH SCHIZOPHRENIA

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Background/Objectives. Quality of life (QOL) has been considered an important outcome measure in psychiatric research and determinants of QOL have been widely investigated in many cross-sectional studies. Conversely, only few studies tried to identify factors that influence the QOL in patients with schizophrenia by using a longitudinal design. We aimed at detecting predictors of QOL at baseline and at testing the longitudinal interrelations of the baseline predictors with QOL scores at a 1-year follow-up in a sample of patients living in Italian Residential Facilities (RFs).

Methods: Data were collected within the PERDOVE study (Epidemiological Project on Discharge from Residential Facilities and Outcome Assessment). Logistic regression models were adopted to evaluate the association between QOL, as measured with WHOQoL-bref scores, and potential determinants of QOL. Finally, all variables significantly associated to four facets of QOL in the final logistic regression model were tested by Structural equation modeling (SEM).

Results: The study included 139 patients with primary diagnosis of schizophrenia spectrum. Level of activity, social support, age at first hospitalization, services’ satisfaction, spiritual well-being and symptoms’ severity were determined as predictors of baseline different QOL facets, in the final logistic regression model. SEM model confirmed that satisfaction with services and social support were effective predictors of QOL at baseline. Weak relationships were observed for the other exogenous variables spiritual well-being, activity level and age. Longitudinal analysis carried out by SEM showed that the 40% of QOL follow-up variability was explained by QOL at baseline; and significant indirect effects toward QOL at follow-up were found for satisfaction with services (r=0.23, p<0.001) and for social support (r=0.15, p<0.05).

Conclusions: Findings appear to be consistent with those in the literature. Rehabilitation plans for people with schizophrenia living in RFs should pay attention to mediators of change in subjective QOL such as satisfaction with mental health services and social support.
WPA-0084 A CULTURAL UNDERSTANDING OF HELP SEEKING BEHAVIOUR: AN AFRICAN PERSPECTIVE

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Objectives: Worldviews, spirituality and religion are making a comeback in the mental health professions.1
Spiritualists, herbalists and healers offering services place through adverts in newspapers. This paper analyses the services offered in order to obtain an understanding of public concerns, the methods used to diagnose and treatment offered for these conditions.

Method: Adverts were randomly collected from two editions of one newspaper in South Africa and one in the United States). A total of 17 adverts were analysed for the South African papers indicating 128 services offered. For the US newspaper, one edition yielded 3 adverts with a total of 29 services offered. The services were themed and coded.

Results: South African adverts offered services for : relationship issues(such as attracting a partner, stopping a partner from cheating, getting marriage proposals, etc at 22.65%), the prevention/resolution of financial or economic problems (12.50%), winning lotteries (7.81%), getting jobs/promotion (7.81%), removal of bewitchment/bad luck (9.37%) and help with medical problems such as infertility and addictions (7.82%).

The US adverts offered the following services: removal of witchcraft/bewitchment (31%), social and interpersonal relationships (31%), legal and business problems (10.34% each), resolution of general problems (10.34%), while finding employment and help with immigration related problems constituted (3.45%) each.

Conclusions: Despite modernization and immigration to developed countries, there is a segment of the population which seeks help for a variety of psychosocial and medical problems from non medically trained individuals. The findings are contextualized within the African worldview which attributes causality of ill health or misfortune to bewitchment/witchcraft.2

References:
Introduction:
Islam is not merely a religion but a complete system of life, which is integrated in the culture and life of Muslims, consequently the concepts and religious experiences are intermingled with the daily behaviors in health and sickness, in daily psychiatric practice it is important to know these concepts and experiences, in order to reach the right diagnosis and psychotherapeutic approach.

Method:
3 cases will be presented. The first is related to guidance prayer and the Sophie school of Islam, with Generalized Anxiety Disorder and Major Depressive episode management. The second case is related to the evil eye and the black magic which interfered with the right diagnosis, a case which explores the roles of jugglers, religious scholars and spells. The third case presents the role of jinn in Muslim patients, and how resistance to therapy can be due to be certain beliefs about jinn.

Results:
Understanding Islamic religion was of great importance in helping these three patients, and failing to understand it would have been an obstacle to helping them.

Conclusion:
The presentation of the three cases from daily busy psychiatric practice in Amman *Jordan, an Arab Muslim country shows clearly the need for mental health professionals to take into consideration the religious and spiritual background of the patient in diagnosis and management. Professionals need to know true Islamic teachings and whether or not they correspond to prevailing practices. If a professional cannot ethically treat a patient because of religious complexity, he should refer the patient to another professional, or at least seek the help of a religious scholar.
WPA-0235 RITUAL BURDENS
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Ritual Burdens focuses on Ni Ketut Kasih, whose life is surrounded by the complex rhythms of the Balinese ritual calendar. While she has gained status as a respected ceremonial leader, the pressures of these ritual obligations often overwhelm her, crowd her mind with memories of her difficult childhood, and trigger bipolar episodes for which she has been hospitalized over 35 times. Through Ni Ketut's case, Ritual Burdens demonstrates how communal spiritual obligations, traumatic historical events, and personal experience overlap in unique schemas of stress that can bring about cyclical episodes of mental illness.
Research Methods in Psychiatry

abstracts - volume 5
INTRODUCCIÓN:
La Unidad de I+D+i (Investigación, desarrollo e innovación) tiene como función favorecer e impulsar la investigación biosanitaria y la innovación científica en el Complejo Hospitalario Torrecárdenas. Los MIR rotarán por la Unidad durante un mes para adquirir conocimientos sobre gestión y metodología de la investigación para completar e incentivar su formación.

OBJETIVOS:
- Reforzar la formación en investigación.
- Conocer y valorar la metodología de los estudios y protocolos científicos y de los Ensayos Clínicos.
- Diseñar un proyecto de acuerdo con las líneas de investigación de su UGC.

MÉTODOS:
Se ha procedido al nombramiento de un Tutor de Investigación y a la elaboración de un PROGRAMA DE FORMACIÓN que consta de cuatro módulos:
1. Conocimientos Básicos en Investigación Biomédica.
2. Competencias en Gestión, Estadística y Metodología Cuantitativa.
3. Conocimientos en Metodología Cualitativa y Ética Biosanitaria.
4. Elaboración de un Proyecto Original y publicación de artículos en revistas científicas de impacto.

RESULTADOS
Han rotado por la unidad cuatro residentes, presentándose al Comité Ético del Hospital tres proyectos de investigación para su aprobación y posterior presentación a convocatorias competitivas.

CONCLUSIONES
La mejora en la gestión de I+i requiere implicar a todos los niveles de la Gestión Clínica. Siendo un plan de reciente implantación es productivo, los resultados a corto plazo así lo demuestran.

REFERENCIAS
CONSULTATION LIAISON PSYCHIATRY – A RESEARCH OF PSYCHOSOMATIC FACTORS INPATIENTS AT NON-PSYCHIATRIC SERVICES

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The present work involves inpatients in non-psychiatric services of the Coimbra University Hospitals where there is a partnership with consultation liaison psychiatry (CLP) of the same institution. This work does not include Internal Medicine Services. The duration of this study is six months.

This study follows a quantitative methodological approach. A survey was answered by the professional after having observed the patient. This survey includes subjects related with the psychosomatic model like the psychiatric disorder diagnosis, the organic disease, the duration of the hospitalization, the need to be sent to a speciality external consultation and the service involved.

The quantitative data were put on Excel and were consequently transferred to a statistical analysis program. The descriptive statistics was used to analyse the data.

The CLP teams’ organization and functioning should take into account the different profiles of psychiatric morbidity of the services and of their populations. The coordination of hospital services is essential to grant the continuity of care.
INVESTIGACIÓN EMERGENTE: A PESAR DE TODO ES POSIBLE
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Objetivos
Primarios:
- Implementar un proyecto de investigación factible y financiable, en el marco de un Servicio de Psiquiatría sin tradición investigadora

Secundarios:
- Adquirir la formación necesaria para la concepción y desarrollo de un proyecto de investigación viable.
- Acceso a las principales vías de financiación pública, disponibles al alcance de los residentes.
- Establecer los pilares de la investigación emergente en nuestro servicio, creando un novedoso grupo de trabajo.

Métodos: Una vez tomada la decisión de forjar un grupo investigador decidimos dividir nuestra tarea, de forma estructurada, del siguiente modo:
- Descripción de la idea y formulación de la pregunta de investigación.
- Adquirir las competencias necesarias para diseñar un protocolo de investigación
- Diseño del protocolo con los estándares necesarios para su aprobación por el C.E.I. Biomédico de Andalucía y la Agencia Española del Medicamento.
- Búsqueda de financiación viable con el CV de los investigadores.

Resultados: En el momento de la remisión de este abstract disponemos de un protocolo de investigación aprobado por el Comité de Investigación provincial, en fase de evaluación por la Agencia Española del Medicamento y con la financiación necesaria para ser llevado a cabo.

Conclusiones: Investigación es un concepto que se antoja desconocido e inabarcable. Queremos demostrar, sin embargo, que está al alcance de cualquiera que muestre cierto interés por la misma. A pesar de que podamos encontrarnos en dispositivos carentes de tradición científica es posible iniciar y desarrollar interesantes proyectos. La presente experiencia puede resultar incentivante para residentes que se encuentren en situaciones similares a la nuestra y servir de para la conversión de una buena idea a un proyecto factible.
VALIDATION OF THE PATIENT HEALTH QUESTIONNAIRE–9 FOR DEPRESSIVE SYMPTOMS IN COLOMBIAN RHEUMATOID ARTHRITIS PATIENTS.
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Objective: The Zung Depression Scale is the most popular depression scale administered in Colombia, with 49 as a validated cut-off for identification of clinically meaningful depressive symptoms (CMDS). The Patient Health Questionnaire-9 (PHQ-9) is commonly used to identify CMDS in Colombian research studies, but its construct validity is currently unknown. The aim was to determine the sensitivity, specificity and cut-off point of the PHQ-9 for identification of CMDS in Colombian Rheumatoid Arthritis (RA) patients.

Methods: 103 individuals with Rheumatoid Arthritis (RA) from Neiva, Colombia, were administered the Zung and PHQ-9.

Results: The patients were 53.8 years old (SD=12.7) and 85.4% female (n=88) with an average of 8.4 years of education (SD=4.3). The mean PHQ-9 score was 7.5 (SD=4.9, range=0-26) with a Cronbach’s alpha of 0.77. Continuous PHQ-9 and Zung scores were highly correlated (rho=0.57, p<0.01). Using established cut-offs, 27% (n=28) had Zung-identified depression (≥49) and 31% (n=32) had PHQ=9 identified-depression (≥10). Sensitivity=57.1%(47.6%-66.7%), specificity=78.7%(70.8%-86.6%), positive predictive value=50.0%(32.7%-67.3%), and negative predictive value=83.1%(75.9%-90.3%). Likelihood ratio for a positive test result was 2.6 and 0.54 for a negative test result. Area under the Receiver Operating Characteristic (ROC) curve was 0.72 (0.61-0.82, p<0.001). The ROC curve suggests that the cut-off point that best classified patients with CMDS was a PHQ-9 of ≥7, with sensitivity=75.0%(66.6%-83.4%), specificity=56.0% (46.4%-65.6%), positive predictive value=38.9%(25.9%-51.9%), negative predictive value=85.7% (79.0%-92.5%), and likelihood ratio for a positive test result, 1.70, and a negative test result, 0.45.

Conclusions: The PHQ-9 appears to be a useful tool to identify CMDS in Colombian RA patients using a cut-off point of 7 or greater. The instrument has high internal consistency in this population and is quick and straightforward to administer.
EVIDENCE OF SUBGROUPS, WITH DIFFERING CHARACTERISTICS, WITHIN A POPULATION OF CASES OF ANIMAL HOARDING IN SPAIN

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Objectives: In DSM-5, animal hoarding is included as a subtype of hoarding disorder. The emotional importance of the animals to the owner, and the owner’s lack of insight into, or empathy for, the animal’s plight could lead to different patterns of animal hoarding. The study objective was to analyse data collected using a structured questionnaire to identify subgroups of animal hoarders with potentially different causes or motivations.

Methods: Data was extracted retrospectively from the records of 24 cases of animal hoarding (1208 animals) using a structured questionnaire. Items included the condition of the animals, how they were obtained, reason for the case being reported to the authorities and the presence of concurrent object hoarding. Analysis was with Principal Components Analysis with Hierarchical Clustering Analysis (PCA-HCA) and Projection to Latent Structures Discriminant Analysis (PLS-DA).

Results: PCA-HCA identified three subgroups within the population, which produced a strong PLS-DA model that enabled a comparison of the characteristics of the three subgroups (p=5.8x10^-8, R^2=0.324 Q^2=0.589). Subgroup 1 predominantly hoarded cats that were the product of uncontrolled breeding or taken in as strays, with some animals being obese. Subgroup 2 predominantly hoarded dogs, which had injuries and lameness. These cases were reported to the authorities for overpopulation, or smell and noise nuisance. Subgroup 3 did not favour a species, exhibited signs of concurrent object hoarding, and engaged in deliberate breeding of animals. These cases were reported for animal mistreatment; the condition of the animals was very poor, with dead animals and signs of cannibalism being present.

Conclusions: The findings suggest that subgroups exist with differing characteristics, motivations for hoarding, and underlying psychiatric issues. We propose that further research, including the use of a standardised structured questionnaire for the collection of information from animal hoarding cases, is essential to understand this problem in greater detail.
TALLER DE FORMACIÓN EN METODOLOGÍA PARA MÉDICOS RESIDENTES: APRENDER HACIENDO
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Objetivos
Actualmente la actividad investigadora unida a la asistencial de los médicos residentes de Psiquiatría (MRP) es una realidad. Considerando la necesidad de tutelar/formar al MRP en la investigación, el objetivo general fue: conocer el desarrollo de un plan general de investigación, desde el planteamiento de la pregunta a la publicación de resultados.

Objetivos específicos: 1) Animar y despertar en los tutores el interés por la investigación. 2) Saber evaluar la importancia, pertinencia y factibilidad de una pregunta de investigación 3) Conocer los principales recursos para una gestión eficiente de la búsqueda bibliográfica y cómo redactar un marco teórico; delimitar objetivos, elegir tipo de estudio, diseño, población y muestra así como las variables y escalas de medida más apropiadas

Métodos
Taller estructurado en tres partes, duración: 3 horas. Metodología específica:
I: Elementos básicos de un plan general de investigación: Teoría, 15 minutos. Se desarrollan los puntos que se abordan en la parte práctica. II: Lectura de una guía rápida de metodología, entregada al inicio de la sesión. 15 minutos. III: 2 horas. Desarrollo de un plan general de investigación mediante metodología “aprender haciendo” (aprendizaje basado en problemas/cuestiones). Cada alumno dará respuesta a las preguntas de cada fase del protocolo de investigación según la guía rápida; se pondrá en común cada respuesta y fase de elaboración del protocolo con los profesores.

Resultados
Con esta metodología se pretende perseguir a) Estimular la actividad investigadora del MRP. b) Promover la investigación a través de elementos actitudinales positivos por parte del tutor. c) Capacitar para la realización de un protocolo de investigación básico.

Conclusiones
La formación en metodología de la investigación es básica para los especialistas en formación y sus tutores. Es necesario implementar la formación metodológica de modo reglado y sistemático, deseablemente mediante un plan que abarque todos los años formativos.
PERFORMANCE ALGORITHM FOR CRITICAL METHODOLOGICAL ANALYSIS OF QUALITATIVE RESEARCH IN MENTAL HEALTH

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Objectives
Perform a protocol, through an algorithm, to generate an adequate critical analysis in qualitative studies in mental health. Evaluate and interpret evidence from the scientific literature, considering the results, its validity, applicability and relevance for our job. Criteria of evidence-based practice will be used: 1) formulation of structured questions, 2) exhaustive bibliographical search, 3) critical reading of the documents, 4) application of the most appropriate intervention and 5) evaluation of the intervention.

Methods
Analysis of 26 articles published in scientific journals in the field of mental health, sociology, psychology and public health examined by qualitative methodology, as well as the study of their content: a) preliminary analysis of the parameters: title, author, abstract b) the ability to answer the clinical question and c) analysis of the methodological design. The implementation of an algorithm was developed according to the mentioned information. The following databases were used: CINAHL, PUBMED and OVID.

Results
A basic algorithm is realized for the critical analysis of qualitative studies in Mental Health, including: -Study of the researched problem; -Research objectives; -Theoretical framework; -Literature review; -Theoretical and methodological approach; -Strategies for sampling or selection of informants; -Data sources and data collection methods; -Data analysis: 1. Data management, 2. Data classification and categorization, 3. Final analysis; -Validity; -Ethical aspects; -Results and discussion.

Conclusions
When developing a qualitative protocol, we should avoid putting it into practice with excessive rigidity. During the critical reading of qualitative research, we must not forget about the importance of the interpretative aspects, flexibility, iterativity and circularity, taking into account the overall work in the evaluation of its parts.

References
THE BIOPSYCHOSOCIAL MODEL: AN USELESS CHIMERA?

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Genesis of Biopsychosocial model (BPS) is credited to Gorge Engel but its roots can be traced to “psychobiology” of Adolf Meyer and to work of Roy Grynker, who can be seen as leading thinker in this “holistic view” model. This concept was intended to encourage physicians to see patient as a whole, not just as organisms with disease. The BPS and eclecticism in general served a purpose, as primary paradigm of mainstream contemporary psychiatry; in past decades it served as a truce between biological/medical and psychoanalytic/psychosocial extremism that characterized the last century history of psychiatry. Despite of this compromise paradigm the BPS eclecticism has failed to sufficiently guide modern psychiatry as model. The role of paradigms in scientific field is to provide a coherent overall structure in which specific observations, hypotheses and theories could exist. Unfortunately the BPS has been relegated to “political lip-service” and now it is under blame from many quarters, with perceived decline in its influence as model in psychiatry and medicine. In fact, while some assume that the BPS is a perfectly fine paradigm that is simply being ignored or misapplied, others has also begun to argue that BPS itself may be substantially at fault model. The main critique is that BPS is excessively broad, trying to be everything for everyone, and BPS has essentially degenerated to an extreme eclecticism whereby anything goes, it is proved or non. There is a scientific analogy to the theoretical relativism where no viewpoint can be seen as definitively correct or incorrect. It fails to answer the important questions that models should answer and thus fails to provide adequate guidance to the psychiatric field. One of delineated problem is that BPS in fact is dichotomizing not joining biology and psychology and ambiguity highlights the weakness of this model for teaching, research and clinical purposes. There is no necessity of vacuum in psychiatric field.
THE DEDUCTIVE METHOD, FROM PHYSICS TO PSYCHIATRY: A CHANGE OF PARADIGM IN RESEARCH

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Objectives

The aim of this work is individuating a new research method, different from the classical experimental one, in order to focus on what is not directly perceptible, including psychiatric field.

In psychiatry, the object of study is not directly material, but involves the complexity of human mind and its state, and is characterised by specific functioning and content.

Methods

Adapting from physics theoretical approach, the “deductive method” can be considered instead of an “inductive method”. The “birth theory” (1971) by Italian psychiatrist Fagoli has been formulated using this method and intuition. The author has been able to conceive the beginning of human life as reaction to light stimulus, forty years before its first biological evidences (2012). He deduced that brain has been activated by “the absolutely new stimulus”, represented by light.

Results

The direct observation can be useful if the object is material, like in classical physics or in classical organic medicine. This has not been sufficient in relativistic physics, nor in quantum field theory, where the object is not directly visible.

As recognised in recent years, in psychiatry object is not just brain, like in neurology, but psyche. Its content is not directly perceptible, such as material object: it is composed by non visible aspects, which can be known by different method, involving intuition, together perception of elements related to these aspects. This reproduces a similar condition to modern physics.

Conclusions

In modern physics deduction starts from observation of the process results, without perceiving primum movens but is finalised to discover the hidden process. In psychiatry the same method can be applied. Mood, state of mind, hate, affectivity and even thought can be discovered by deduction, using perception, intuition and imagination, starting from medical and psychopathological knowledge. “Imagination is more important than knowledge” Einstein said.
OPINIÓN DE LOS CLIENTES SOBRE LOS CUIDADOS DE ENFERMERÍA PSIQUIÁTRICA EN UNIDAD DE EMERGENCIA

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Objetivos: Evaluarla opinión de satisfacción de los clientes sobre los cuidados de enfermería psiquiátrica en unidad de emergencia.

Material y Métodos: Tipo descriptivo, desenvuelto en un servicio de una ciudad del estado de São Paulo, Brazil. La muestra consistió en 208 sujetos, 151(72,6%) clientes y 57(27,4%) familiares acompañantes que estaban esperando los cuidados. Utilizado un cuestionario con informaciones sociodemográficas y el Instrumento de Satisfacción del Paciente.

Resultados: Faja etaria de los 208 sujetos, 47(23%) entre 15-25 años; 46(22%) 26-36 años, 31(15%) 37-47 años, 41(20%) 48-58 y 43(20%) con edad superior a los 65 años. La escolaridad secundaria completa, fue la que se destacó: en comparación con los otros niveles de educación, 45(36%) clientes y 27(32%) familias. Es un importante indicador en la utilización de los servicios de salud. El Tiempo de espera para recibir el cuidado 44(23%) familiares, informaron que tomaron menos de 2 horas para ser atendidos y que en la familia puede ocurrir un desequilibrio y entrar en un nivel de estrés y ansiedad y perder la noción del tiempo de espera. Mientras 47(92%) pacientes informan el mismo como descrito anteriormente. En la satisfacción, la gran mayoría respondió afirmativamente que la enfermera conoce las orientaciones y es un profesional que entiende lo que los pacientes sienten (empatía). El dominio educacional, la mayoría indica que las enfermeras utilizan características simples del lenguaje en la comunicación con los clientes y miembros de la familia, lo que hace más fácil la comprensión de lo que se está discutiendo. La mayoría estuvo de acuerdo que la enfermera hace su trabajo correctamente.

Conclusión: El estudio indica que la enfermera tiene un papel crucial en la implementación de cambios en la práctica, facilitando la toma de decisiones y las estrategias para modificar y mejorar la calidad de los cuidados en estos servicios.
GENETIC VARIANTS MODERATING THE TRANSCRIPTOME RESPONSE TO STRESS: IMPLICATIONS FOR MOOD DISORDERS
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Objectives: The glucocorticoid receptor (GR) exerts main downstream effects via its function as transcription factor. The here presented novel data investigate on a genome-wide level, whether variants that alter the immediate transcriptional response to GR activation may alter the risk to suffer from mood and anxiety disorders.

Methods: We use expression quantitative trait locus (eQTL) analysis using genome-wide gene expression data from GR-stimulated gene expression in peripheral blood cells of 160 male individuals and genome-wide SNP array data to identify genetic variants that alter GR-induced mRNA induction in a cis window of ±1Mb.

Results: We identified 3,820 eQTLs in which SNPs moderate the GR-induction of gene transcription. These SNPs were highly enriched among SNPs associated with MDD, as identified in data of the mega-analysis consortium for MDD with an N of over 9,000 cases and controls but also with schizophrenia, bipolar disorder and the variants conferring cross disorders psychiatric risk (N=33,000 cases and 29,000 controls). The 282 SNPs showing both an association with GRmediate transcription and with MDD regulate 25 distinct transcripts. Pathway analysis suggests that these 25 transcripts are involved in neurite outgrowth/synaptic plasticity and ubiquitination. In mice, over 65% of these 25 transcripts were also regulated following GR agonist stimulation in either hippocampus or frontal cortex.

Conclusions: Genetic variants that moderate the first transcriptional response to stress are thus more likely to be associated with mood disorders, supporting the importance of molecular gene x environment interactions for the understanding of the pathophysiology of these disorders.
Background and aims: Quality of life is defined as the degree to which people are able to experience their physical, emotional and social functioning. Our aim was to establish the parameters of quality of life in patients with chronic viral liver diseases (general health, physical disability, fatigue, depression), examining the influence of these parameters on the extent of disease and comparison of quality of life in patients with different forms of chronic viral liver disease caused by HBV or HCV (chronic hepatitis, compensated or decompensated liver cirrhosis).

Methods: We applied the Beck depression scale, SF 36 Questionnaire, we developed the Questionnaire about demographic, clinical, biochemical and virological characteristics of the patients. We had 150 patients, divided in 3 equal subgroups according to the clinical form of chronic viral liver disease.

Results: In 36% of patients with chronic hepatitis we found depressive symptoms and it is increasing according the natural course of illness (compensated liver cirrhosis-62%, decompensated cirrhosis-94%). Depression was more found in patients with pathological examination of liver cirrhosis, older age, a longer duration of disease, who had a greater number of hospitalizations and decompensation of liver function. The natural course of the disease was significantly associated with mean scores in almost all domains of SF 36 (physical functioning and role, vitality, mental health, social functioning, bodily pain and the general health). A significant difference was not found only in the domain of emotional role.

Conclusions: We concluded that quality of life highly correlates with the natural course of chronic viral liver disease.
WPA-0404 TURNING EACH AND EVERY PATIENT INTO A RESEARCH PROJECT THROUGH LIFETRACK
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Objective: To demonstrate how an on-going psychotherapy practice can be turned into a perpetual research project by tracking progress (or lack thereof) of each patient through daily self-rating on 41 parameters. The author has shown that psychiatric symptoms can be predictably eliminated by 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experience, usually without drugs and often within 6 months.

Method: Lifetrack therapy works with the patient and his/her partner in three-way teamwork, 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 during each therapy session. The therapist actively helps the couple to think, feel, and act in such ways that their closeness will increase, provoking and overcoming waves of symptom spikes (defense) until they disappear by exhaustion, as the couples undergo personality transformations.

Results: Of the 1,213 patients treated over the last 20 years, 50% reached a level of adjustment beyond their previous best level according to their own daily self-rating. Patients with partners (871) did 4 times better (61.4% vs 15.2%) than singles (342). Of those who did not drop out of therapy during the first month, 78% of patients with partners (659) reached their previous maximum of 10, while only 11% of those without partners did so.

Conclusions: Consistent tracking of each patient's progress through entire therapy provides means of improving therapeutic results beyond traditional limits.

ASSOCIATION BETWEEN DEPRESSIVE SYMPTOMS, QUALITY OF LIFE AND FUNCTIONALITY IN PSYCHIATRIC OUTPATIENTS
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The DM and TAB are very disabling psychiatric disorders and are often under-diagnosed and inadequately treated, resulting in a large number of chronic and refractory patients. The monitoring and evaluation of these patients use some methodological tools such as Hamilton Rating Scale for Depression, which provides quantitative scores of depressive symptoms. But the overall improvement of the patient should also be evaluated for aspects of quality of life and disability.

OBJECTIVE: Study of the association between depressive symptoms and dimensions of quality of life and functionality in psychiatric outpatients.

METHODS: 81 patients of the Ambulatory of Affective Diseases and Anxiety from UNIFESP with Affective Disorders, were evaluated. Symptoms of depression were rated with the Hamilton Rating Scale, quality of life, using the SF-36 and functionality through the Sheehan Disability Scale. The SF-36 assesses eight dimensions: physical functioning, role limitations due to physical, bodily pain, general health, vitality, social functioning, emotional and mental health and SDS assesses three areas of functionality: Work / Study, Family and Social / Responsibilities Home.

RESULTS: 83% were female, 57% married, 47% unemployed. Unipolar depressive 51% and 49% bipolar, 100% uses medication. The correlations between depressive symptoms were reversed and significant for all the 8 dimensions of QOL: physical functioning (r=-0.404), role physical (r=-0.340), bodily pain (r=-0.327), general health (r=-0.358), vitality (r=-0.570), role emotional (r=-0.463), social function (r=-0.479) and mental health (r=-0.498). The correlations between symptoms were positive and significant for all dimensions of functionality: work / study (r=0.395), social functioning (r=0.455), family / responsibilities (r=0.426).

CONCLUSION: Depressive symptoms affect patient’s functionality, but do not compromise in the same way all dimensions of life quality and functionality. This discrepancy may be related to observations reported in literature, that decrease in number of symptoms evaluated by HAM-D is not absolute to prove clinical improvement.
WPA 0192 BETA-ARRESTIN1/2 ARE INVERSELY AFFECTED BY ANTIDEPRESSANTS THROUGH ALTERATIONS IN ERK1/2 REGULATED TRANSCRIPTION
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Background and aims: Beta-arrestins1&2, suggested to play a major role in antidepressants mechanism of action, mediate receptor desensitization, endocytosis and G-protein-independent signaling. We have previously reported low levels of beta-arrestin1 found in leukocytes of depressed untreated patients. The present study aims at characterizing beta-arrestin2 and MAP kinase ERK1/2 in leukocytes of patients with major depression before and during antidepressant treatment.

Methods: Outpatients diagnosed with major depression were examined before and after 4 weeks of antidepressant treatment together with age and gender matched healthy subjects. Beta-arrestin2 and ERK1/2 protein levels as well as phospho-ERK1/2 levels were measured by immunoblotting using the appropriate antibodies.

Results: The levels of beta-arrestin2 and phosphorylated MAP kinase ERK1/2 are reduced in untreated patients with depression and these levels are normalized following antidepressant treatment. Significant negative correlations were found between the extent of the reductions and the severity of depressive symptomatology evaluated by the HAM-D score. Moreover, significant positive correlations were found between the low beta-arrestin levels and the activity of ERK1/2, and between the low beta-arrestin1 to beta-arrestin2 levels. Furthermore, a positive and significant correlation was found between beta-arrestin1 protein levels and phosphorylated ERK1/2 activity following antidepressant treatment.

Conclusions: The expected significance of this study lies in two aspects: (1) Possible identification of new beyond-receptor biochemical sites underlying the mechanism of action of antidepressant pharmacological treatments; (2) Better understanding the involvement of beyond-receptor signal transduction elements and regulators in the pathogenesis of mood disorders and establishment of a new integrated pathophysiological model for major depression.
WPA 200 SOCIAL-PSYCHOLOGICAL CORRELATIONS OF AGGRESSION AND PSYCHOLOGICAL FEATURES

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Relevance. Due to its nature, progressive trend and prevalence the problem of aggression and aggressiveness has always been in the spotlight of public, specialists, state and political institutions.
The purpose of the research - the social-psychological correlation of the characteristic features and aggression.

The methods: «Leongard-Smishek Questionnaire», «BPAQ», «SCL-90-R», conversation method were used.

Results: 72 respondents age with 19-22 years were investigated. They were divided into two groups. The criminal group - 30 detained conscripts and conditionally discharged «criminals» from the alternative sentencing center. The control group - 42 students from the pedagogical university. Physical aggression was observed more frequently (17 obs., 57%) in the criminal group. There was also dominance of hyperthymic (10 obs., 59%) and cyclothymic (7 obs., 41%) personality accentuations. Anger was dominated among 18 students (43%). The exalted (10 obs., 56%) and the demonstrative types (6 obs., 33%) were often observed. The «criminals» expressed a pathological level of anxiety (2,16). According to SCL-90, the control group showed no pathological changes. The role of external adverse impact on the emergence of aggressive behavior among the «criminals» was revealed. The anxiety within this group was mainly caused by negative social events and situations (45%), mass media (31%) and unfavorable family circumstances (24%). The control group appeared to be more sensitive towards negative social phenomena which caused a feeling of anxiety, mistrust to the government, lack of confidence and pessimism towards future.

Conclusions: Thus, the aggressive behavior is formed under the influence of external adverse factors, depending on psychological features.
WPA 206 KETAMINE AUGMENTATION OF ANTIDEPRESSANT RESPONSE TO ECT IN TREATMENT RESISTANT DEPRESSION

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Background: ECT is indicated in patients for Treatment resistant Major Depression after failure of several trials of antidepressants and psychotherapy. Ketamine has a different mechanism of action from most antidepressants which target monoamine uptake inhibitors, instead blocks glutamate binding at the NMDA receptor. Inability to reproduce a sustained response with ketamine infusions and concerns over safety have limited widespread use. The aim of this study was to explore the potential benefit of ketamine to enhance the effects of ECT in severely depressed treatment resistant patients with suicidal ideation.

Methods: 16 patients with a severe Treatment resistant Major Depression and suicidal ideation were selected. Age ranged from 39 yrs to 77 yrs. 12 females and 4 males. Mean PHQ9 scale score on entry was 24, representing severe depression, all patients endorsed suicidal ideation. Patients with a history of substance abuse or psychotic symptoms were excluded.

Patients received a lower than standard dose of propofol together with ketamine infused at a concentration of 0.5 mgm/kg before receiving ECT. All patients received a course of 8 ECT, bilateral and RUL electrode placement was utilized as clinically indicated.

Results: 13 patients achieved complete remission of Depressive symptoms with no suicidal ideation at the completion of 8 ECT.

Mean PHQ9 score for remitted patients was 3, representing minimal depression. 4 patients have required maintenance ECT. Earlier responses and a positive effect on suicidal ideation during the course of ECT was seen in all remitted patients. Ketamine augmentation did not reduce the number of ECT required to produce remission. All patients tolerated the use of ketamine and propofol with no significant adverse physiologic or psychiatric effects.

Conclusions: Ketamine combined with propofol anesthesia for ECT may enhance the rapid response of depressive symptoms and suicidal ideation in patients with Treatment resistant Major Depression.
WPA 209 WHEN THE HALLUCINATORY SYMPTOM TAKES A THERAPEUTIC VALUE: TOWARDS RENEWAL IN THE APPROACH OF EMERGING PSYCHOTIC DISORDERS?
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RESULTS:
There are clinical situations -in dealing with older adolescents and young adults with a fragile identity in its psychosomatic structure- where the quality of the psychic care and the respect towards the human being suffering from traumatic distress, requires the temporary sharing of feelings of body-strangeness between patient and therapist.

CONCLUSIONS:
This 'contagious' mobilization of hallucinatory depersonalizing symptoms in the dynamics of the psychotherapy calls for a flexible tolerance on the therapist's side regarding the deeply regressive experiences she shares with the patient.

METHOD:
Backed by the the clinical works developed by J. De Ajuriaguerra, the use of a body-psychic technique based on the 'tonic-emotional dialogue' in the psychoanalytical relaxation- allows to access a certain setting -both containing and regressivist- that is favorable to the deployment of the mutational dimensions of the therapeutic process.

KEYS-WORDS:
Psychosis- Paranoid delirium- psychotherapy -corporeal mediation - relaxation —(de) Ajuriaguerra-hallucination - depersonalization- body-strangeness.
RELATIONSHIP BETWEEN AUTONOMIC NERVOUS SYSTEM ACTIVITY DURING SLEEP AND FASTING GLUCOSE IN JAPANESE WORKERS

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**Objectives:** Although autonomic nervous system activity is reportedly related to diurnal glucose tolerance impairment, the relationship with glucose tolerance during sleep is unclear. Since work styles have recently diversified, it is important to assess the effect of sleep on workers' health. Elucidation of the relationship between autonomic nervous system activity during sleep and glucose tolerance in workers may facilitate preventive measures against diabetes using non-pharmacological means (e.g., sleep hygiene education, relaxation techniques and stress management). We examined whether autonomic nervous system activity during sleep is related to fasting glucose in individuals with either normal or impaired fasting glucose tolerance.

**Methods:** The subjects were 77 apparently healthy Japanese workers with normal or impaired fasting glucose. We used high frequency (HF) and the ratio of low frequency to high frequency (LF/HF) obtained by pulse wave analysis to estimate autonomic nervous system activity. The data were analyzed using a generalized estimating equation adjusted for potential confounders (age, gender, engagement in shift work, sleep duration, and body mass index).

**Results:** Fasting glucose was significantly negatively related to HF, the parasympathetic component during sleep.

**Conclusions:** Our results suggest that parasympathetic activity during sleep is associated with fasting glucose in apparent health Japanese workers.
WPA 228 SPOUSAL CAREGIVING IN DEMENTIA: MOTIVATIONS TO ASSUME SUCH ROLE AND ITS ASSOCIATION WITH CAREGIVER BURDEN.

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Background: Spouses play a very important role in the care of their demented partners. On the other hand, caregiver burden syndrome (also described in this caregiving scenario), is known to have a negative impact in both the patient and its caregiver. Therefore, it is important to consider all the potential factors involved in the caring dyad that may lead to the eventual development of this syndrome.

Objectives: The present study intended to recognize the reasons behind the spouses´ decision for assuming the caregiver role, and how these may be important in the eventual development of caregiver burden.

Methods: Mixed (qualitative and quantitative) method was used throughout the investigation process. Reasons for assuming caregiving were assessed through a semi-structured interview applied to eighty-two spousal caregivers. Zarit Caregiver Burden Interview was used to screen for caregiver burden.

Results: Caregiver burden was found in 54% of the spouses interviewed. Reasons for assuming the role of caregiver were obligation (53%), compassion (46%), marital responsibility (22%), love/gratitude (20%) and sacrifice (7%). No significant relation was found between these variables.

Conclusions: Obligation and compassion were the leading motivations referred by spouses to explain why they assumed the caregiving role. These motivations didn’t play an important role in the further presence of burden.

References:
*Partial results taken from the Master’s Degree in Psychogerontology Investigation: “Relación de pareja premórbida en pacientes demenciados y sus cónyuges cuidadores principales...”(Thesis Director: Msc. Araceli Marconi; Career Director: Dr. Graziela Zarbski). MAIMONIDES University, Buenos Aires, Argentina.
**WPA 0240 REACTION TO STRESS IN SCHIZOPHRENIC PATIENTS**

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**OBJECTIVE:** The purpose of the study was to identify the peculiarities of personality characteristics of schizophrenic patients and individuals of control group from the point of view of reacting to stress.

**METHOD:** Minnesota Multiphasic Personality Inventory (MMPI).

**TARGET GROUPS:** The experimental group was composed of 30 psychiatric patients of a psychiatric hospital and users of the Psycho-social Rehabilitation Center (17 men and 13 women). 16 of the subjects had paranoid form of schizophrenia, 7 - schizoaffective form, 3 - shizotypical form and 3 simple form of schizophrenia. Their age varied from 25 to 64. The duration of their disease varied from 1 to 35 years. The control group was represented by 32 subjects (9 men and 23 women). Their age varied from 18 to 62.

**RESULTS:** In the experimental group, in personality profiles the leader or the second position had comparatively often: 8 (schizophrenia) scale - 15 subjects (50%), 3 (hysteria) scale - 12 subjects (40%), 6 (paranoia) scale - 9 subjects (30%), 4 (psychopathic d.) scale - 8 subjects (27%), 7 (psychasthenia) scale - 8 subjects (27%).

In the control group, in personality profiles the leader or the second position had comparatively often: 8 (schizophrenia) scale - 13 subjects (41%), 6 (paranoia) scale - 11 subjects (34%), 3 (hysteria) scale - 10 subjects (31%), 4 (psychopathic d.) scale - 10 subjects (31%), 9 (hypomania) scale - 8 subjects (25%).

**CONCLUSIONS:** In subjects of the experimental group are more marked schizophrenic, hysterical, paranoid and psychasthenic tendencies of reacting to stress. In subjects of the control group are more marked schizophrenic, paranoid, hysterical, psychopathic and hypomaniac tendencies of reacting to stress.
WPA 0250 PSYCHOTHERAPEUTIC TREATMENT OF COCAINE ADDICTION: A COMBINATION OF TRANSACTIONAL ANALYSIS AND COGNITIVE BEHAVIORAL THERAPY
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**Background and aims:** There are no medications currently available to treat cocaine addiction specifically. Many behavioral treatments have been found to be effective for cocaine addiction, including both residential and outpatient approaches.

**Methods:** I will present a psychotherapeutic treatment for cocaine addiction used at Center for Treatment of Drug Addiction- University Psychiatric Hospital Ljubljana, which is combination of cognitive-behavioral therapy (CBT) and transactional analysis (TA). Treatment is delivered through individual counseling. Although each patient's treatment is somewhat different in content and focus of behavior change interventions, all sessions follow the same basic structure. In psychotherapy, transactional analysis utilizes a contract for specific changes desired by the client and involves the "Adult" in both the client and the clinician to sort out behaviors, emotions and thoughts that prevent the development of full human potential. CBT is structured, goal-oriented, and focused on the immediate problems faced by cocaine abusers entering treatment who are struggling to control their cocaine use. Both of them (TA and CBT) are compatible with a range of other treatments the patient may receive, such as pharmacotherapy.

**Results:** Because cocaine addiction is typically a chronic disease, people cannot simply stop using cocaine for a few days and be cured.

**Conclusions:** This way of treatment help patients engage in the treatment process, modify their attitudes and behaviors related to drug abuse, and increase healthy life skills.
WPA 0255 CHARACTERIZATION AND INTERVENTION IN EARLY STAGES OF BIPOLAR DISORDER

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A direct consequence of understanding Bipolar disorder (BD) as a progressive disorder is the development of a staging model, a framework elaborated to better describe the evolution of patients from early to later stage. Different criteria for specific staging classification have been proposed, although the principles are the same. A classification based on clinical stages would add an evolution dimension to diagnosis and, potentially, subserve the development, testing and application of specific, stage-oriented interventions. The objective of this study was to review the literature related to efficacy, safety and tolerability of interventions in early stages of BD, especially after the first episode of mania.

METHODS: non-systematic search in the literature. Results: mood symptoms commonly exhibited by children and adolescents before the initial onset of mania include syndromal and subsyndromal major depressive disorder; anxiety; and episodic subsyndromal manic symptoms (stage I, bipolar at-Risk). After stage II, first manic episode, current evidence suggests that functional recovery is less frequent than syndromic recovery. Because issues of recovery can significantly affect disability, quality of life, and outcome, early intervention for FE individuals with BD is clearly an important objective.

Conclusions: Although there is a consensus that the earlier targeted treatment begins the better, much is still unknown about the most appropriate treatments for this population and the timing of their administration. The timing of neurobiological changes suggests that the optimal period for neuroprotective interventions is during the early stages of illness, when structural and functional brain changes probably are still limited.
Rural Mental Heath
MOBILE TELEPSYCHIATRY TO CLOSE THE MENTAL HEALTH GAP
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India has 4000 psychiatrists catering to a population of 1.3 billion people, a large treatment gap, leading to chronic illness and disability. Mobile telepsychiatry is a means of bridging this gap and providing affordable access to mental health services in the rural community. This paper describes the telepsychiatry program to reach mental health services to remote rural communities.

Objective: To provide mental health care services in remote rural communities through telepsychiatry.

Methods: The mobile service covers 156 villages with a population of about 300,000 and focuses on those with serious mental disorders. A custom-built bus contains a consultation room and a pharmacy. Consultation takes place between a psychiatrist in Chennai, 400 kms away and the patient and caregivers at Pudukottai through Internet. After teleconsultation, medications prescribed by the psychiatrist dispensed by the on-board pharmacy. Psychosocial interventions including psychoeducation for caregivers are delivered by community health workers. The health workers are supervised through videoconferencing and periodic onsite visits. Awareness campaigns, include street plays, posters, pamphlets, and videos screened on the bus. Local NGOs are liaised with to help in identifying patients in the villages and referring them to the service. The NGO staff are also trained to deliver psychosocial interventions.

Results: The program has demonstrated feasibility of delivering a telepsychiatry service and in reaching out to remote areas.

Conclusions: Our experience has been positive and it encourages us to broaden the reach of the program. Integrating this strategy into the district mental health program could prove to be hugely beneficial especially in reaching out to remote areas. With the recent advances in telecommunication facilities in India, this is the ideal time to exploit the immense potential of telepsychiatry.
Globally, the burden of mental health problems is increasing, with great and growing gaps between need and availability of appropriate services. There is a shortage of mental health providers in rural areas. In the United States (Gale & Lambert, 2006) this has placed the burden on primary care physicians to diagnose and treat the majority of mental health cases. This may also result in more use of pharmacological treatments in the rural population by primary care physicians (Ziller, Anderson & Coburn, 2010).

Lack of access to health professionals is a challenge in Asia, Africa and remote places in Australia. Some projects in Australia in providing mental health service access to rural communities show positive results (Morley et al 2007).

This workshop will address the particular challenges of providing mental health services in rural and remote communities across different continents. The focus is on solutions that support health professionals and communities that are disadvantaged because of lack of access to traditional specialist service. An outline of how a training and treatment tool (Sharma et al 2004, 2007) can help in detecting and managing mental health services in rural communities will be discussed.

Learning points: highlight the mental health needs of rural communities around the world. And suggest the ways to address them.

References


WPA-0213 THE EXPERIENCE OF TIME IN HABITUAL TEENAGE MARIJUANA SMOKERS

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The research is qualitative; it studies the experience of time in young people who smoke marijuana in excess, given the high rate of smoking in the teenage years, a delicate stage regarding the planning of the future. Our objective is to see how the relationship between past and future plans is manifested in their biography, through goals and actions, in light of their ability to anticipate themselves. Our guiding principle is the ability to 'anticipate oneself', proposed by Sutter, a phenomenological psychiatrist. The information was obtained from the analysis of autobiographies of young persons through the hermeneutical phenomenological method developed by Lindseth, based on Ricoeur. The results reveal that in the biographies the past temporal dimension is characterized by poor descriptions, the present is where they extend themselves most, describing tastes, how they visualize themselves, but showing a lack of clarity in their interests. In the future we see the absence of reference, giving the impression of no progression from the past, and without awareness of the fact that the future possibilities or lack thereof are heavily dependent on present actions.
PREVALENCE OF DEPRESSIVE SYMPTOMS AND ASSOCIATED SOCIO DEMOGRAPHIC FACTORS IN PATIENTS PRESENTING IN FREE MEDICAL CAMP
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Objective:
To determine the prevalence of depressive symptoms in patients presenting in free medical camp and analyze socio demographic factors associated with depressive symptoms.

Design: Cross sectional study.

Place of study:
Free medical camp in Bandala village Azad Jammu Kashmir (AJK).

Subjects and Method:
The sample population comprised of patients presenting in free medical camp in Bandala village Azad Jammu Kashmir (AJK). Beck Depression Inventory (BDI) was used to record the presence and severity of depressive symptoms. The following socio-demographic variables were taken as independent variables: age, gender, education, level of family income, tobacco smoking, comorbid illnesses, marital status, family size, worrying about the future and social support status. These were correlated with depressive symptoms to evaluate the association of these factors with depression in these patients presenting in free medical camp.

Results:
Out of 206 subjects 29.1% had no depressive symptoms, 27.2% had mild, 18% had moderate and 25.7% had severe depressive symptoms. Female gender, use of naswar, less education, low income, inadequate social support, worry about future, marital status and presence of chronic physical Illness were significantly correlated with presence and severity of depressive symptoms (p-value<0.05).

Conclusion:
Prevalence of depressive symptoms found very high in our study which highlights the importance of developing good physical and mental health care facilities for rural population. Special attention should be paid on females, educated, people with low income and education, naswar users, widow/widowers, separated and people who are having inadequate social support or chronic physical illness.

Key Words: depressive symptoms, free medical camp, Beck Depression Inventory, prevalence.