

XIV Annual Meeting of the European Association for Consultation  
Liaison Psychiatry and Psychosomatics (EACLPP)  
“Interventions in Consultation-Liaison Psychiatry and Psychosomatic  
Medicine” A selection of the best abstracts submitted.  
Budapest, June 30<sup>th</sup> – July 2, 2011. [www.eaclpp.org](http://www.eaclpp.org)

**1 - Data regarding the psychological health state of the Romanian population**

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In our study we have followed the health state and the lifestyle of the Romanian adult population; the prevalence of the main symptoms and diseases together with the role of some economical, psychological and social factors.

**Aim:** The aim of our research is to study the psychical health state of Romanian adults in three counties from the middle of the country.

**Method:** The study is based on a complex questionnaire which was completed by a representative sample among the adult population.

**Results:** According to our results depression is the most common psychological illness with 9.1% diagnosed, but there was also a much higher rate of depressive symptoms. According to the Beck score, it was established that there was a significant difference in females, elderly people, those of a lower educational level, and those belonging to an urban population. The percentage of suicide attempts among the studied population was 2.9%. According to the WHO Positive life quality test, in two-thirds of cases, the adult

population considered that they were psychologically healthy. We analyzed how gender, age, professional and social status, living and working conditions and different social factors influenced the health state.

**Conclusions:** In our study, the role of religious feelings and the importance of health promotion and education to improve the psychological living standards of the population is highlighted. We conclude that improving living standards, modifying in a proper way the lifestyle of the population can positively influence the physical and mental health state of the Romanian adult population.

**Keywords:** Psychological health state, depression, suicide attempt, life quality test, religious feelings

**2 - Are there worthwhile treatments for patients with major depressive disorder and coronary artery disease?**

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Over the past two decades it has become established that depression, especially major depressive disorder (MDD) is associated with coronary artery disease (CAD). The prevalence of depression in CAD patients is high and is associated with increased mortality. What is less clear is whether there are suitable interventions for this vulnerable group. We examined the evidence for the effective treatment of MDD in CAD by reviewing randomized control trials. We first looked at whether there were differences in effect

between active treatment and placebo and then assessed whether these treatments were clinically meaningful.

**Results:** sertraline (Glassman, 2002), citalopram (Lespérance, 2007) and mirtazapine (Honig, 2007) were safe from a cardiac perspective but only sertraline and citalopram were clearly more effective than placebo in CAD patients with moderate-to-severe type, recurrent MDD or MDD episode onset before the CAD event. Augmenting sertraline with omega-3 fatty acids did not result in superior depression outcomes compared with sertraline and placebo (Carney, 2009). Cognitive-behavioral therapy (CBT) was superior to usual care; but the difference was not clearly clinically meaningful. Certain components of CBT were associated with better depression response (Berkman, 2003). Interpersonal psychotherapy was only superior to clinical management in patients with high functional status (Lespérance, 2007). Exercise was equal to sertraline in reducing depression; however placebo rates were high (James, 2007). A stress management program was not effective in women (Koertge, 2008).

**Conclusion:** All patients with CAD and MDD require evaluation and treatment but evidence for effective treatment is limited except for those with moderate-to-severe and recurrent MDD. Exercise should be considered for those with mild depression or as an adjunct to the treatment of mild MDD.

**Keywords:** Major depression, post myocardial infarction, treatments, review

### 3 - Collaborative role education in postgraduate psychiatric training

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**Objective:** To review the literature and trusted scientific websites on studies about Collaborative role education and its application in postgraduate psychiatric training. **DATA SOURCES:** Medline literature search (1970 through 2009) and scientific websites. **Data Selection:** Data discussing collaboration care efficacy, collaborative role competency and the application of adult education theory principles through Inter-professional education (IPE). **DATA EXTRACTION:**

**Results:** Reported are those obtained using appropriate techniques and published in reputable journals or trusted scientific website. Information relevant to mental health & especially postgraduate psychiatric training in Canada & Toronto in particular as well as in Saudi Arabia was selected for inclusion. **Data Synthesis:** Collaborative role is one of the seven core roles (CanMEDS) that define essential physician competencies in Canada. Collaborative

care & IPE were efficacious in improving patient outcomes in different populations, cost efficiency, patient safety and health professionals' satisfaction. In 2005, the majority of mental health professionals in Canada support but do not presently offer formal pre-licensure, post-licensure or continuing IPE involving collaborative mental health care. In Saudi Arabia there are no studies yet that were conducted to investigate trainers & trainees attitudes toward incorporating collaboration role education in postgraduate psychiatric training.

**Conclusion:** Despite some challenges, inter-professional education is a very worthy way to build collaborative role competency in postgraduate psychiatry training.

**Keywords:** Collaboration, competencies, post graduate psychiatry training

### 4 - Predictors of somatoform disorders

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**Background:** Patients with somatoform disorders (SD) are difficult to identify and the existence of the diagnoses is continuously debated. Number of symptoms and female gender are known predictors of course of disease and service use.

**Aim:** To identify possible predictors of service use and diagnosis of SD and to assess the independent effect of SD on utilization of health care.

**Methods:** Using structured interviews 380 somatoform and 174 anxiety patients were included and information on socio-demographics, education, employment, habitation, somatic as well as psychiatric symptoms, co morbidity, childhood and age at onset was obtained. Data on health care utilization was obtained from national registers. Association between baseline data and diagnosis or use of services was assessed.

**Results:** The only baseline characteristics that could predict somatoform diagnosis were age, female gender, and number of somatic symptoms. Women have a 2.1 times the risk of SD (CI 1.4 – 3.1) and each added somatic symptom increases the risk of SD with 8.9%. Age at onset before 30 years old lowered the risk of SD (OR 0.37) as well as co-morbid depression (OR 0.47-0.82) We found no significant association between cohabitation and SD or difficult childhood and SD. Gender,

number of somatic symptoms and cohabitation predicted total health care utilization. Women had 28.4 % more visits than men; each somatic symptom increased the number of visits by 2.6 % and patients living alone had 12.1 % more visits.

**Conclusions:** It is possible to predict SD and utilization of health care from patient characteristics and psychopathology.

**Keywords:** Predictors, somatoform, utilization, risk factors, anxiety

### 5 - Words about body and soul – lay understanding of causes of health and ill-health

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**Background:** It belongs to human nature to interpret and give meaning to different things in life. In the present study people's everyday ideas about health and ill-health have been explored and the theory of social representation has been applied as a theoretical frame, which is a useful thought system when studying people's everyday conceptions about health and illness.

**Aim:** The purpose of the study was to examine people's perceptions of physical and mental health and ill health.

**Methods:** A questionnaire was answered by a total of 1425 people in the age group 18–80 years.

**Results:** Nine categories proved to be central in the descriptions of causes to health and ill-health on the basis of the thematic analysis performed, namely: physical aspects, lifestyle aspects, psychological aspects, social aspects, recreational aspects, working and study aspects, treatment aspects, other aspects and multi-factorial aspects. Some key cross-cutting themes were described which could have an impact on health. These were: empowerment, health-conscious lifestyle, life balance and attitude to life, which can be seen as a contemporary discourse.

**Conclusions:** A key result in the study is the close relationship between physical and mental health, which indicates the importance of applying a psychosomatic perspective in public health work and also when encountering patients.

**Keywords:** Lay understanding, health, ill-health, explanations, psychosomatic perspective

### 6 - Personality profile of Non Epileptic Seizures is in accordance to the cognitive-behavioural therapy model

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In recent years interest in non epileptic seizures (NES) has been growing, with new contributions that overpass the studies focused on the role of sexual abuse and the differential diagnosis of epilepsy. The contribution shows

evidence of initial and maintenance factors of the NES and their implication in cognitive-behavioural therapy (CBT). The most recent findings indicate a series of factors which are implicated in the beginning and maintenance of the symptoms, such as coping strategies for problem solving, fear sensitivity and the use of coping strategies based on avoidance. Moreover, personality profiles related with initial and maintenance factors NES had been search. However, these studies show a great variety of profiles, without homogenous personality profile. The aim of the study is to find the temperament and character features related with the maintenance factors of the disorder through temperament and character inventory (TCI). With this objective in mind the questionnaire was administered to 38 NES patients and 85 epileptic drug-resistant patients, and comparative analysis (t Student) of the dimensions and traits of TCI was made. Data shows that NES patients had significantly higher mean scores ( $p=0.01$ ) on the Harm Avoidance dimension, and risk avoidance and fatigability, in comparison with epileptic patients. The results are in accordance with most recent studies that suggest using a cognitive behavioural therapy based on graded exposure to avoid stressful situations or activities with these patients (Goldstein et al., 2004). In the discussion, we develop the implications of these results for the cognitive-behavioural treatment of NES.

**Keywords:** Non epileptic seizures, maintenance factors, personality, cognitive-behavioural therapy, conversion disorder

### 7 - Non-pharmacologic treatment of clozapine associated Sialorrhea

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Clozapine is the most efficacious antipsychotic available for serious mental illness today. Clozapine is associated with several important side effects such as severe neutropenia and diabetes and laboratory monitoring is required in order to prescribe this medication. A less serious, but bothersome side effect is sialorrhea. Most efforts at controlling this side effect have been based on the prescription of anticholinergic medications which add to the anticholinergic load already caused by clozapine itself. There is extensive experience in behavioral treatment for sialorrhea in the literature concerning developmentally disabled individuals. Both over-correction and reward systems have been shown to be highly effective in shaping responses to sialorrhea. This report reviews the literature on behavioral treatment for sialorrhea in the developmentally disabled population and suggests effective strategies for applying these techniques to psychotic patients under treatment with clozapine.

**Keywords:** Clozapine, sialorrhea, behavioral treatment, developmentally disabled, psychotic patient

### 8 - Long-term cognitive-behavior therapy improves autonomic heart rate control in patients after cardiac surgery

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Various studies have demonstrated that effective cognitive behavior therapy (CBT) reduces stress and anxiety levels. However, little is known about the effect of CBT on autonomic responses as measured by heart rate variability (HRV) in patients after cardiac surgery. This study is a randomised controlled clinical investigation of CBT efficacy on autonomic heart rate control in patients who had undergone coronary bypass surgery or coronary bypass combined with valve procedure surgery.

**Objective:** To examine the impact of CBT for stress management on the HRV parameters.

**Methods:** The CBT and control groups both consisted of 36 patients. The therapy course lasted nine months (18 sessions). The final analysis was done for 15 therapy group patients and for 11 control group patients. Autonomic heart rate control was investigated by ECG registration for five minutes at rest and during active orthostatic test (AOT). Assessment of autonomic heart rate control was carried out by heart rate power spectral analysis. The parameters of HRV were investigated: the RR interval, RR interval variability (sRR), high frequency power (HF%), low frequency power (LF%), sympathetic activity index (LF/HF), heart rate reaction to AOT (RRBms). Markedly reduced heart rate reaction to AOM was considered  $RRb \leq 0.2$  s; increased  $LF/HF \geq 1.1$  and decreased  $HFC\% \leq 19.99\%$ .

**Results:** The results have shown significant changes in some HRV parameters dynamics. The number of patients with low sRR, with shortened heart rate reaction to AOT, and the mean RR interval have decreased ( $p < 0.05$ ). The mean of sRR and the mean of heart rate reaction to AOT have increased ( $p < 0.05$ ). The frequency domains of HRV didn't change. There were no changes in HRV parameter dynamics in the control group.

**Conclusion:** The changes in the RR interval, RR interval variability, heart rate reaction to active orthostatic test have shown that long-term cognitive-behavior therapy may impact on the autonomic heart rate control. Further studies are needed to determine if CBT may improve sympathovagal balance in cardiac surgery patients.

**Keywords:** Heart rate variability, psychotherapy

### 9 - An evaluation of consultee satisfaction inspired by quality control and audit: What do consultees think of the psychiatric consultations delivered by the C-L Psychiatry Service in an Academic Hospital?

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**Background:** In the Netherlands recently an audit system was set up for psychiatric practice. Participation in an audit as a group of psychiatrists practicing together is mandatory every 5 years. However, auditing tools have been developed for general psychiatric practice but not C-L practice. Therefore, easy-to-use auditing tools tailored to C-L practice have to be developed. Since we were interested in the satisfaction of consultees with the quality of consultations, a questionnaire concerning this topic was developed.

**Aim:** 1. to evaluate the satisfaction of consultees with regards to different aspects concerning content and organization of the psychiatric consultations 2. To evaluate the feasibility and the usefulness / effectiveness of this questionnaire for quality improvement

**Methods:** A simple questionnaire was developed and will be sent by e-mail to all medical colleagues who had recently asked for a psychiatric consultation on an inpatient ward. Respondents will be asked to score on a 4-point scale whether or not they were satisfied with the diagnostic formulation and the advice, in the report. Was the consultant easy to reach?; was the secretariat easy to reach; the timeliness of the first consultation, the follow-up and completion of the consultation. Space will be left for additional commentary.

**Results and conclusions:** Results will be presented on the response rate, the outcomes on satisfaction measurement and on the feasibility and usefulness of using such a questionnaire for quality improvement of a C-L psychiatry service.

**Keywords:** Audit, quality control, consultee satisfaction, consultation-liaison practice

### 10 - "I don't know how you are" or indirect questioning in oncology interviews: an ongoing exploratory study

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**Background:** The exploratory study is part of an evaluation of the pre-graduate teaching of communication skills (Lausanne Medical School). It is based on the data of a project highlighting the impact of individualized vs. group training for medicine students in breaking bad news to simulated patients who are diagnosed with cancer. The analysis of the video-taped interviews of the students (N=63) with the RIAS has shown a current usage of

utterances such as *I don't know if -you have any plans for the future / you have already heard about chemotherapy / ... or I don't know how -you are feeling today after this surgery / you like that all this stuff takes place / ...*

**Aim:** The present study questions the specificity of these assertive utterances used as questions (indirect), the specificity of their content, and their intentionality – specific vs. exploratory.

**Methods:** The mentioned utterances are qualitatively analyzed (content analysis, intentionality analysis, etc).

**Results:** 26 students (41%) used 1 to 6 times *I don't know* utterances during the interviews that contain 53 of such utterances in total. In contrast, they are atypical in an oncologist sample who conducted similar interviews (N=31; 4 oncologist used them 1 to 2 times). In more than half of the cases (29/53), simulated patients interpret *I don't know* questions as giving them a space to speak (open responses).

**Conclusions:** The atypicality of the *I don't know* utterances in the oncologist sample may have linguistic explanations in terms of generational marker, but the specificity of the content suggests psychological explanations in terms of defense mechanism as well (marker of “toning down” or insecurity as regards the discussed topic).

**Keywords:** Breaking bad news, communication skills, oncology, pre-graduate medical education, indirect questioning

### 11 - Somatic symptoms and migration history in migrants attending Bologna West Community Mental Health Centre

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**Background:** Several studies reported high prevalence of somatic symptoms in migrants with mental disorders (Diefenbacher & Heim, 1994; Tarsitani & Aragona, 2005).

**Methods and Aims:** We aimed to analyze the correlation between somatic symptoms and migration history in migrants at the Bologna West Community Mental Health Centre (CMHC) from July 1999 to July 2009. Somatic symptoms and somatic syndrome were assessed with the AMDP system. Migration History was assessed with an ad hoc schedule.

**Results:** 235 migrants were assessed. Breathing difficulties and palpitations correlated with reasons for migration, namely migration for work reason (breathing difficulties:  $0.11 \pm 0.47$  vs.  $0.03 \pm 0.29$ ,  $p=0.039$ ; palpitations:  $0.21 \pm 0.60$  vs  $0.02 \pm 0.14$ ,  $p=0.002$ ). Length of stay in Italy greater than 5 years correlated with dizziness ( $0.19 \pm 0.63$  vs  $0.07 \pm 0.35$ ,  $p=0.074$ ) and hot flashes ( $0.07 \pm 0.42$  vs  $0.0 \pm 0.00$ ,  $p=0.061$ ). Somatic syndrome showed higher score among those who migrated for work ( $1.65 \pm 2.73$  vs  $1.1 \pm 2.02$ ,

$p=0.084$ ).

**Conclusions:** Somatic symptoms in migrants attending CMHC correlate with features of history of migration. Qualitative in depth-studies are needed to clarify this correlation.

**Keywords:** Migration, somatisation, migration history

### 12 - Cognitive impairment in Chilean patients with systemic lupus erythematosus (sle) is not related to depression

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**Background:** Cognitive impairment is an important manifestation of SLE, which may lead to psychological distress and loss of independence, and it might represent a more profound CNS involvement. The evaluation of cognition in SLE should take into consideration the possible confounding factor of depression, because it can affect cognition in otherwise healthy individuals.

**Aim of the study:** To elucidate the relative contribution of depression versus intrinsic factors associated with SLE pathology, disease activity and/or treatment, to cognitive impairment in SLE.

**Methods:** 84 Chilean women patients with SLE and 24 healthy female controls were assessed using CANTAB (computerized neuropsychological battery that has shown to be a sensitive tool for detection of subtle cognitive changes), and HADS (Hospital Anxiety and Depression Scale).

**Results:** SLE patients had lower performances in the domains of attention, working memory, visual memory, executive functions as compared with controls ( $p<0.05$ ) A multivariate analysis controlling for confounding factors such as age, educational level, depression and anxiety, and disease activity confirmed these results.

**Conclusions:** Cognitive impairment is frequently found in SLE and does not seem to be related to depression. Intrinsic factors related to the pathology of SLE such as the presence of auto antibodies should be carefully studied in its relationship to cognitive impairment in SLE.

**Keywords:** Lupus, cognitive impairment, depression

### 13 - Comorbid depression and diabetes: an observational study

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**Introduction:** Co-morbidity between depression and diabetes is a particularly common condition and under diagnosed. Individuals with diabetes have about a 2-fold increased risk for major depression, affecting one of every 10 diabetic patients. The association between depression and diabetes may be due to biologic effects of depression on the hypothalamic-pituitary axis, platelet adhesion, inflammation or the autonomic nervous system; alternatively, the association may be due to non-adherence with medication leading to worse control of glycemia.

**Objectives:** To identify the presence of depressive symptoms in patients with a diagnosis of diabetes mellitus type 2 and correlate depression with socio-demographic and personality variables.

**Methods:** A total of 110 patients with a diagnosis of diabetes mellitus type 2 were tested to evaluate mood (*Montgomery-Asberg Depression Rating Scale*, MADRS), health status (*Short Form 36*, SF-36) and personality (*Temperament and Character Inventory*, TCI) related to variables (sex, age, education, marital status, socioeconomic status).

**Results:** We found 1) mild depressive symptoms in 73% of patients ( $6 \leq \text{MADRS score} \leq 20$ ), greater prevalence in female gender (94% females vs 53% males) and in older age (58% males vs 94% females); 2) a poor quality perception of health status in 68,7% of diabetics/depressed patients (sub threshold ISM, mental health index); 3) frequency methodical type personality (low NS, high HA, low RD) in 53% of sample (48% males, 71% females).

**Conclusion:** The Diabetic population has an increased risk of developing depression. Early identification of depressive symptoms may occur through the study of risk factors.

**Keywords:** Diabetes, comorbid, depression, outcome, risk factors

#### 14 - Psychological distress and gender in patients undergoing chemotherapy

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**Background:** Receiving a diagnosis of cancer and undergoing chemotherapy are associated with problems of emotional adjustment and quality of life, with gender possibly playing an important role.

**Aims:** To compare the impact of chemotherapy on depression and anxiety in both genders.

**Methods:** A cross-sectional study including all consecutive oncology patients, 18 years of age or above, starting chemotherapy for the first time. Patients were assessed on

the first day of treatment with the Hospital Anxiety and Depression Scale (HADS) for anxiety and depression, and the Patient Health Questionnaire-9 (PHQ-9) for depression, the Distress Thermometer (DT) for psychological distress, and a Visual Analog Scale (VAS) for pain. Other variables assessed included demographics, medical and psychiatric history, and current diagnosis and stage.

**Results:** Patients assessed (n=96) were mainly men (54.2%), Caucasian (86.5%), married (65.6%), living with the family (88.5%), having a job (44.8%), a low level of education (56.3%), and a mean age of  $57.5 \pm 12.0$  years. Past psychiatric treatment was referred by 7.3%, other current illness by 27.1%, and recent surgery by 56.5%. The majority (45.7%) had stage III cancer followed by stage IV (22.9%). Ninety-one percent were satisfied or very satisfied with the oncology information received. HADS mean scores were  $5.3 \pm 4.2$  for anxiety and  $4.2 \pm 4.0$  for depression (both out of 21), with 14.5% of the patients having an anxiety score  $\geq 11$ , and 9.4% a depression score  $\geq 11$ . PHQ-9 mean score was  $5.3 \pm 4.4$  (out of 27), with 16.7% having a score  $\geq 11$ . Distress Thermometer mean score was  $3.2 \pm 2.5$ , and VAS for pain  $2.8 \pm 2.7$  (both out of 10). Compared to men, women were significantly younger ( $54.4 \pm 13.3$  vs.  $60.1 \pm 10.2$ ,  $p=.019$ ), had more frequently undergone previous surgery (68.2% vs. 38.5%,  $p=.016$ ), and had higher levels of depression (HADS –  $5.3 \pm 4.2$  vs.  $3.3 \pm 3.6$ ,  $p=.02$ ), anxiety (HADS –  $6.4 \pm 4.2$  vs.  $4.4 \pm 3.9$ ,  $p=.017$ ), and psychological distress (DT –  $3.9 \pm 2.5$  vs.  $2.6 \pm 2.4$ ,  $p=.010$ ). Women did not differ from men in any other demographic and clinical variables.

**Conclusions:** Patients starting chemotherapy showed low levels of depression, anxiety, distress, and pain. Women presented higher levels of anxiety, depression, and psychological distress than men.

**Keywords:** Chemotherapy, gender, depression, anxiety, distress

#### 15 - Are there gender differences in coping with neck pain following acute whiplash trauma? A 12-month follow-up study

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**Background:** Little is known about gender differences in coping after whiplash, and to date possible interaction of gender and coping on recovery has not been investigated.

**Aims:** To examine if gender differences in coping are associated with long-lasting neck pain after acute whiplash.

**Methods:** 740 participants referred from emergency departments or general practitioners after car accidents in Denmark. Within a median of five days, post-collision participants completed questionnaires on collision characteristics, psychological distress, and socio-demographics. After three months they completed the Coping Strategies Questionnaire, and after 12 months a VAS scale on neck pain intensity.

**Results:** The odds for long-lasting neck pain were more than twice as high for women than for men (OR=2.17 (95% CI: 1.40; 3.37)). However, no gender difference in coping and no interaction between gender and the five coping subscales on neck pain after 12 months were found. ‘Distraction’ increased the odds for considerable neck pain for both men and women (OR=1.03 (95% CI: 1.01; 1.05)), ‘reinterpreting’ (OR=1.03 (95% CI: 1.01; 1.06)), ‘catastrophizing’ (OR=1.14 (95% CI: 1.10; 1.18)), and ‘praying and hoping’ (OR=1.10 (95% CI: 1.05; 1.13)) for each point on these scales.

**Conclusions:** No interaction between coping and gender on neck pain was found, thus different coping strategies 3 months post-collision did not explain the different prognosis observed in men and women. Clinically relevant influence of ‘catastrophizing’ and ‘praying and hoping’ to prognosis was found. Therefore we should identify patients predominantly using these strategies.

**Keywords:** Whiplash; coping; gender differences; neck pain; prospective study

#### 16 - Study of prevalence and suicide risk factors in HIV patients: preliminary results

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**Introduction:** HIV is associated with comorbid psychiatric disorders and high risk of suicide at the time of diagnosis and during illness progression. The study of suicidal ideation prevalence and risk factors becomes crucial in order to prevent suicide behavior in this population.

**Objective:** The aim of this study was a) To study the prevalence of suicidal ideation in HIV patients attending an

Infectious diseases Unit, and b) To analyze the potential risk factors related to suicidal ideation. Method: A randomized, cross-sectional epidemiological study was implemented. A sample of 125 patients with HIV was collected. To evaluate the prevalence of suicidal ideation, the Calgary Depression Scale and the Plutchick Suicide Risk Scale were administered. Socio-demographic, clinical and psychopathological variables were collected to assess the potential suicidal ideation risk factors. Data analysis was performed through SPSS-15.0.

**Results:** Preliminary data from a sample of 66 patients showed a prevalence of suicidal ideation of 12.1%. The suicidal ideation-related variables: abuse drug history, psychiatric disorder history, previous suicide attempts and CD4 levels were statistically significant ( $p < 0.05$ ).

**Conclusion:** Suicidal ideation prevalence in our HIV population was similar to the one found in severe psychiatric conditions. Substance abuse, suicide attempt history, psychiatric disorder history and poor immune status were related to suicidal ideation, and then to increased suicide risk, in our sample of patients. These potential risk factors should be considered and assessed in HIV populations to prevent suicide behaviours.

**Keywords:** HIV, suicidal ideation, suicide behaviour, immune status, psychiatric comorbidities

#### 17 - Culturally competent treatment of depression: an example from Manchester

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**Background:** The prevalence of depression is high in British Pakistani women and it is associated with chronic social difficulties in the realms of marriage, health and lack of supportive relationships.

**Aims:** To conduct a feasibility trial of a social group intervention which was further developed in a trial platform study.

**Methods:** In the feasibility trial we developed a culturally appropriate manualized social intervention which brought together a group of isolated, chronically depressed Pakistani women, enabling them to form informal networks. In the subsequent RCT, depressed British Pakistani women with persistent depression were randomly allocated either to the social group intervention or antidepressant treatment or combined treatment.

**Results:** Social group intervention was acceptable to these women; they felt “very much at home” because the sessions were culturally appropriate, with multilingual group facilitators and information materials were available in their own

language. In the RCT follow-up at 3 and 9 months it showed a greater improvement in the depression scores for the social intervention group compared to the antidepressant group. There was a greater improvement in social functioning in the social intervention and combined treatment groups at both 3 and 9 months.

**Conclusions:** Our intervention is based on the social difficulties, isolation and low access to primary care observed in persistent depression among British Pakistani women. We believe that this method of culturally adapting interventions can be applied to depressed people of other ethnic minorities in the UK.

**Keywords:** Depression, culture, social intervention, Pakistanis

### 18 - Psycho-educational support in patients undergoing bariatric surgery: a research project

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**Background:** Bariatric surgery in obese people has been found to bring a significant weight loss (40%) and treat comorbidities [1,2,3]. However, clinical studies demonstrated that patients who fail to adjust their eating behaviour and lifestyle have a higher risk of complications within two years after surgery [4,5].

**Aims:** Our first aim was to characterize and monitor the psycho-pathological factors involved in long-term nutritional compliance maintenance, in candidates for bariatric surgery. In addition we analyzed the role that different psycho-educational supports had in surgery outcome.

**Methods:** The protocol included Nutritional, Surgical, Psychiatric and Psychological evaluation. The psychometric assessment included the following tests: BUT, HADS, BES, EDI-3-Inventory, EDI-3-Symptom Checklist, SCL-90, SCID-I and SCID-II. There has been a randomization into three experimental conditions: self administered manual, psycho-educational group and control group. Re-evaluation was scheduled at 4 months (T1), one year (T2) and two years (T3) after surgery. We prepared a manual for these patients and a questionnaire to assess their expectations after undergoing surgery.

**Results:** At T0 there were 25 patients; 2 with Depressive Disorder (DSM-IV-TR), while 9 subjects met DSM-IV-TR criteria for Personality Disorder (5 Schizoid; 1 Histrionic; 1

Passive-Aggressive; 1 Narcissistic; 1 Borderline). At T0 patients with higher psycho-pathological scores in SCL-90 were more concerned about difficulties post-surgery; their expectations seem unrealistic and in some way associated with the severity of their eating disorder (BMI).

**Conclusions:** This first analysis underlines some influence of psychopathology on expectations of patients: it will be interesting to verify the results in these subjects after surgery.

**Keywords:** Bariatric Surgery, Morbid Obesity, Psychological evaluation, Emotional Eating, Quality of life

### 19 - Facial transplantation: quantitative study of psychological outcomes at two-years post-transplantation

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**Background:** Little quantitative data has been published investigating psychological aspects of facial transplantation.

**Aim:** To systematically collect data on appearance self-rating, body image, mood changes, pain, perception of teasing, quality of life, self-esteem and social reintegration over two years with our recipient.

**Methods:** We identified a significant void in rating instruments applicable to this field and developed three scales, the Cleveland Clinic FACES score, analogous to the MELD for creating a transplant registry, the Perception of Teasing-FACES, and the Facial Anxiety Scale-State, in addition to using known scales.

**Results:** Appearance self-rating improved from 3/10 after her injury to 7/10 within 6 weeks of surgery. Body image on the PASTAS-State (Physical Appearance State and trait anxiety scale: State) rose from 15 at 2 weeks after transplant to 23 by 10 weeks and fell to 9 at 2 years post-operatively. The Facial Anxiety score rose after surgery and also fell to 7 by the end of the second year. Beck Depression inventory score was 16 pre-transplant and fell to 6 by 3 months after surgery. Pain was rated 6-7/10 prior to facial transplantation, and fell to 0/10. Perception of Teasing-FACES scores fell to zero by 2 years after transplant. Self-esteem and anxiety remained unchanged. Quality of life continues to improve with a significant decrease in total scores on the PAIS-SR (Psychological Adjustment to Illness Scale-Self-rated.)

**Conclusions:** Standardized data collection may ultimately help determine whether risks of immuno-suppression are justified by improved quality of life in facial transplantation.

**Keywords:** Facial Transplantation, quality of life, body image, social reintegration, outcomes

## 20 - A minimal training session on therapeutic alliance tailored for general practitioners can improve glycaemic control at six month follow up in type 2 diabetic patients

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**Background:** The construct of therapeutic alliance (TA) has growing applications in the field of diabetes. We aimed to examine the efficacy of a training session on TA dedicated to General Practitioners (GPs) on glycaemic control of their type-2 diabetic patients after 6 months of follow up.

**Methods:** Two groups of GPs practicing in two close French areas were randomized. The Intervention group was provided with two half day training sessions on Prochaska and Di Clemente trans-theoretical model of change, TA and the principles of motivational interview, whereas the control group participated in a general discussion on therapeutic compliance and its consequences, without any advice for improving the patient-doctor relationship. GPs of each group respectively included 67 and 68 type-2-diabetic patients. All the patients filled out the patient version of the Helping Alliance Questionnaire (HAQ), and the GPs of intervention group the physician version of HAQ on two occasions.

**Results:** After controlling for baseline glycosylated haemoglobin (HbA1c) and Body Mass Index (BMI), which differed between the two groups, glycaemic control improvement (HbA1c % decrease) from baseline visit to 6 month follow up was respectively  $0.43 \pm 0.14$  for intervention group, and  $0.02 \pm 0.14$  for control group ( $p=0.04$ ). In a hierarchical linear regression analysis 6 month HbA1c was both predicted by baseline HbA1c ( $p<0.001$ ) and baseline patient HAQ ( $p=0.036$ ) in intervention group.

**Conclusion:** Findings suggest that a training session on TA, tailored for GPs has a positive effect on improving glycaemic control in their type-2 diabetic patients. Long term effects of such minimal intervention need to be confirmed.

**Keywords:** Intervention trial, therapeutic alliance, motivational interview, diabetes, questionnaires

## 21 - A systematic review of the Hospital Anxiety and Depression Scale: One, two, three or four factors?

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**Aim:** To systematically review the latent structure of the Hospital Anxiety and Depression Scale (HADS).

**Background:** Although the HADS has been used prolifically and many other psychometric properties of the HADS have been shown to be consistently satisfactory, i.e. sensitivity, specificity, reliability, etc., a considerable level of controversy has arisen regarding the validity of the original anxiety and depression bidimensional structure.

**Methods:** A systematic review of the literature was conducted across Medline, ISI Web of Knowledge, CINAHL, PsycInfo and EmBase databases spanning articles published between May 2000 and May 2010. Studies conducting latent variable analysis of the HADS were included.

**Results:** Twenty-five of the 50 reviewed studies revealed a two-factor structure, the most commonly found HADS structure. Additionally, five studies revealed uni-dimensional, 17 studies revealed three-factor, and two studies revealed four-factor structures. One study provided equal support for two-and three-factor structures. Different latent variable analysis methods revealed correspondingly different structures: exploratory factor analysis studies revealed primarily two-factor structures, confirmatory factor analysis studies revealed primarily three-factor structures, and item response theory studies revealed primarily uni-dimensional structures.

**Conclusion:** The heterogeneous results of the current review suggest that the latent structure of the HADS is unclear, and dependent on statistical methods invoked. Further investigation using more robust statistical measures, notably item response theory methods, is necessary.

**Keywords:** Factor structure, Hospital Anxiety and Depression Scale, systematic review, psychometric properties

## 22 - Latent structure analysis of the Hospital Anxiety and Depression Scale using Mokken scaling

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**Aim:** To assess the latent structure of the Hospital Anxiety and Depression Scale (HADS) in individuals with cardiovascular disease with item response theory methods.

**Background:** Anxiety and depression are prognostic risk factors for cardiovascular disease, therefore accurate assessment of these phenomena is integral. The Hospital Anxiety and Depression Scale (HADS) was created to assess these phenomena; however, the latent structure of the HADS remains unclear, necessitating further research using robust statistical measures. Mokken scaling is a non-parametric item

response theory method of assessing scale dimensionality, with numerous advantages over tradition factor analysis methods.

**Methods:** Using data conglomerated from four independent studies of cardiovascular disease in Ireland employing the HADS (n=893), Mokken scaling procedure was conducted to assess the latent structure of the HADS.

**Results:** A single scale consisting of 12 of 14 HADS items was revealed, indicating a uni-dimensional latent HADS structure.

**Conclusions:** The HADS was initially intended to measure mutually exclusive levels of anxiety and depression; however, the current study indicates that a single dimension of general psychological distress is captured.

**Keywords:** Hospital Anxiety and Depression Scale, Mokken scale analysis, cardiovascular disease, psychometric properties

### 23 - Improving the quality of psychological care of somatic patients. The importance of teamwork

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**Background:** Psychologists working in hospitals, caring for somatic patients frequently face difficulties in properly applying their skills and knowledge, and finding a role in the biomedically oriented professional environment.

**Aim:** To develop a program, where psychologists who work in different clinical departments (surgery, internal medicine, dermatology, traumatology, heamatology, intensive care), would form a team where they could follow common professional guidelines, share experiences and take part in regular case discussions.

**Methods:** Following the framework of the New Hungary Development Plan supported by the European Commission, in November 2009 we started a “Psychologist Mobile Team Program” for 40 months at the Medical Centre of the University of Szeged. The team’s task is to give support to inpatients at different clinical departments in coping with illness, to help preparation for surgery, facilitate treatment adherence, etc. Team members have to take part in regular case discussions lead by one of the authors (90 minutes per week). They are expected to present detailed records of their cases, and all sessions are minuted.

**Results:** The most typical difficulties and problem areas were delineated through content analysis of 30 case discussion group sessions’ written material. Typical

problems were: defining professional role and framework of treatment; communication with other professionals; noncompliant patients; lack of psychological culture.

**Conclusion:** Teamwork improves the effectiveness of psychological care through the strengthening of professional identity, giving insight into psychodynamic processes, and clarifying relational issues.

**Keywords:** Psychologists, teamwork, hospital care, professional identity, supervision

### 24 - Coronary psychosocial evaluation studies (COPES) randomized controlled trial –long term depression and prognosis results

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**Aims:** Depressive symptoms are an established predictor of mortality and major adverse cardiac events (MACE, defined as nonfatal myocardial infarction, or hospitalization for unstable angina or urgent/emergency revascularizations) in patients with acute coronary syndrome (ACS). This study was conducted to determine acceptability and efficacy of enhanced depression treatment in ACS patients.

**Methods:** ACS patients with post-discharge depressive symptoms were followed by a 6-month randomized controlled trial and then 1 year observational follow-up. 157 ACS patients from 5 hospitals were randomized to intervention (initial patient preference for problem-solving therapy and/or pharmacotherapy, then stepped care; n=77) or usual care (n=80). The 1-year outcomes reported here are depressive symptom changes, assessed by the Beck Depression Inventory, and MACE or death.

**Results:** At the end of the trial, the Beck Depression Inventory score decreased significantly more (t=2.84; P=.005) for intervention patients (change, -5.7; df=155) than for usual care patients (change, -1.9; df=155); the depression effect size was 0.59 SD. One year later, this depression treatment effect was maintained in intention-to-treat analyses: (t=2.47; P=.015) for intervention patients (change, -5.0; df=155) than for usual care patients (change, -1.6; df=155). At the end of the trial, 3 intervention patients and 10 usual care patients had MACE (4% and 13%, respectively; log-rank test,  $\chi^2(1)=3.78$ ; P=.052); 5 non-depressed patients had MACE (6%). One year after treatment ended, we have surprising MACE and mortality results to reveal.

**Conclusions:** Enhanced depression care for ACS patients was associated with a greater reduction in depressive symptoms that was maintained one year after treatment ended.

### 25 - Competences and expectations of nurses confronted with psychiatric co-morbidity

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**Introduction:** Nurses working in somatic units are often confronted with the psychiatric problems of the patients hospitalized on their ward. About 25% of these patients show psychiatric co-morbidity.

**Aims:** This study aimed to investigate whether nurses on medical units were often confronted with psychiatric problems. Hereby the nature of the psychiatric problems was also taken into account. Further, their knowledge and competence in dealing with psychiatric problems and their expectations about additional consultation-liaison psychiatric support were explored.

**Methods:** 362 nurses were asked to fill out a questionnaire assessing psychiatric problems on the ward. Response rate was 67%.

**Results:** 60.6 % of the nurses were regularly or very often confronted with psychiatric problems. They most frequently mentioned problems as confusion or depressive and anxiety complaints. The majority of the nurses (70.3%) also reported feeling incompetent in tackling these problems. They mainly missed sufficient information and knowledge. About 80% of the nurses also mentioned that they needed additional consultation-liaison psychiatric support.

**Conclusion:** Nurses working on medical wards are frequently confronted with psychiatric problems. However, they lack sufficient knowledge and competence and need support from a consultation-liaison psychiatric team to help them deal with these problems.

**Keywords:** Nurses, psychiatric co-morbidity, competence, psychiatric support

### 26 - Depression and negative life events as risk factors for cancer history

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**Aim:** The basic aim of this study was to identify the extent of risk for established oncological behavioral factors and hypothesized psychosocial variables among persons with cancer history, relative to those without cancer history. Our study also investigated and compared prevalence of oncological risk factors and gender differences.

**Methods:** Data were obtained from Hungarostudy 2002, a cross-sectional survey which is representative of the adult Hungarian population according to sex, age, and the 150 sub-regions in the country. We examined demographic characteristics, established oncological behavioral risk factors and psychosocial determinants (depression and negative life events).

**Results:** Statistically significant differences in age, education level, BMI, cigarette smoking, alcohol consumption, depression and negative life events were found between those with and without cancer history. Relative to respondents without cancer history, for respondents with cancer history old age and middle age (OR=12.35 and 6.37; 95% CI 7.34-20.77 and 3.91-10.38), inability to stop drinking after starting (OR=5.42; 95% CI 1.41-20.72), depression (OR=2.10; 95% CI 1.41-3.15), female gender (OR=1.85; 95% CI 1.30-2.63), experienced negative life events (OR=1.82; 95% CI 1.21-2.73) and previous smoking (OR=1.57; 95% CI 1.05-2.33) were elevated risk factors. Gender differences were also observed.

**Conclusions:** Psychosocial variables, namely depression and negative life events are independently elevated risk factors for cancer history, although 33.9% of depressed men and 29.5% of depressed women with cancer history from our study sample were not treated for depression.

**Keywords:** Cancer diseases, gender differences, depression, negative life events, risk factors

### 27 - Evidence of Brain Dysfunction in Fibromyalgia and Somatization Disorder with Proton Magnetic Resonance Spectroscopy: A controlled study

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**Objective and Method:** *Design.* Controlled, cross-sectional study. *Sample.* Patients with FM and SD were recruited from primary health care centers in the city of Zaragoza, Spain. Control group was recruited among hospital staff, with an adjustment for age. Patients were administered questionnaires on catastrophizing, anxiety and depression, pain, quality of life and cognitive impairment. All patients underwent Magnetic resonance imaging and Magnetic resonance spectroscopy. The areas of exploration included those in which increased levels of Glutamate has been found, areas activated during painful conditions and the regions

implicated in cognitive impairment and brain's default network.

**Results:** It was found a significant increase in the glutamate + glutamine (Glx) levels in the posterior cingulate cortex: 10.73 (SD: 0.49) for Fibromyalgia, 9.67 (SD: 1.10) and Somatization disorders versus 9.54 (SD: 1.46) in controls ( $p=0.043$ ). Pearson correlations revealed a strong correlation between quality of life and glutamine/glutamate in posterior cingulate in FM group ( $r=-0.632$ ;  $p=.49$ ) and between quality of life and myo-inositol/creatine ratio in left hippocampus in FM + SD group ( $r=-0.500$ ;  $p=.025$ ).

**Conclusions:** This study places glutamate to the forefront of the molecular processes involved in FM and SD. It also opens the door for  $^1\text{H-MRS}$  in SD, which may be mediated by central factors. Finally, these data suggest that reducing glutamatergic activity through pharmacological treatment could improve outcome of patients with FM and SD.

**Keywords:** Somatization disorder, proton magnetic resonance spectroscopy

## 28 - Patients with high bio-psycho-social complexity at an emergency room and recommendations regarding psychosocial care needs

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**Background and aims:** In an emergency room setting triage of patients and according treatment deserves first priority. Attention to bio-psycho-social case complexity can influence therapeutic recommendations after emergency room discharge. Therefore, we aimed to assess patients' case complexity in an emergency room and at evaluating medical interventions and recommendations.

**Methods:** During a study period of one week patients who were triaged to Manchester levels 3 to 5 (urgent to non urgent) were invited to participate in this study. Study participants took part in a semi-structured interview for assessing bio-psycho-social case complexity and care needs (INTERMED). In addition, they were screened for somatoform/hypochondric disorders (Whiteley Index-7). Data on medical interventions were obtained by evaluating study participant's emergency room discharge letters.

**Results:** Within a study sample of 167 participants, 12% ( $n=20$ ) demonstrated high bio-psycho-social case complexity (INTERMED score  $\geq 20$ ) and 8% ( $n=14$ ) screened positive for somatoform/hypochondric disorders. In contrast, 2.4% ( $n=4$ ) received recommendations regarding psychosocial interventions after discharge from the emergency room.

**Conclusion:** Psychosocial factors may receive sparse attention in an emergency room setting. Consideration of these

factors could help improve health outcome, particularly in highly complex patients and patients with somatoform/hypochondric disorders.

**Keywords:** Emergency medicine, bio-psycho-social complexity, medically unexplained physical symptoms

## 29 - Burnout syndrome in health workers: physiological and psychological correlates

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**Background:** There are few studies that have tried to prove the relationship between stress and psychopathological symptoms of burnout with regards to the secretion of cortisol in health workers of the Palliative Care Unit.

**Aims:** The aim was to study the differences in cortisol secretion in health workers with different levels of Burnout syndrome and health workers without burnout and its relation to perceived stress and psychopathology.

**Methods:** In this study 69 health workers participated; 6 measurements of salivary cortisol were performed over an ordinary day of work, and the following instruments: socio-demographic questionnaire. Inventory Burnout Maslach (MBI), the Perceived Stress Scale (PSS) and symptom inventory SCL-90 were administered.

**Results:** Results showed statistically significant differences between the group of health workers who had high scores on some dimension of burnout with regard to workers without burnout [ $F(3,5)=2.48$ ,  $p<0.031$ ]. This effect was statistically significant 15–30 minutes after waking and at the last moment of the day. The burnout group showed higher levels of exhaustion, depersonalization and low personal accomplishment. The group with more of a criterion of burnout scored higher on the subscales of psychopathology and stress.

**Conclusion:** These results are particularly relevant in the design of instrumentation about burnout prevention techniques, focusing on adaptive coping strategies.

**Keywords:** Salivary Cortisol, burnout, stress, psychopathology, palliative care

## 30 - Feasibility of assessing quality of life in over-80 patients undergoing cardio-surgery

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**Introduction:** Cardiovascular disorders are the first cause of death among over-80 year-old patients (53%) and cardio-surgery is sometimes the only therapeutic option, aiming at improving Quality of Life (QoL) for patients. Assessment of this or other psycho-social variables is often neglected despite its clinical relevance.

**Aims:** Was to quantify and describe QoL on over-80 patients after 5 to 7 years from cardio-surgery (study 1) and to compare QoL and presence of anxiety and depressive symptoms before and after surgery (study 2).

**Methods:** Study 1 was a one-arm cohort study on 192 subjects who underwent cardio-surgery between years 2003 and 2005 and were interviewed by phone by means of SF-36 and the Seattle Angina Questionnaire, matching these with socio-demographics and clinical pre/post operative variables. Study 2 was a pre-post study on 21 subjects who underwent cardio-surgery in 2009–2010, who were interviewed face-to-face before the interventions and 6 months after, including assessment of anxiety and depression via the HADS.

**Results:** Study 1 patients reported satisfaction with treatment in 80%, freedom from cardiac symptoms in 62% and overall well-being in 78% of cases. Study 2 patients reported statistically significant improvement of QoL (SF-36 mean total score 57.1 vs. 73.5,  $p=.001$ ), clinical conditions and anxiety-depressive symptoms ( $p=.001$  both for HADS-anxiety and HADS-depression).

**Conclusions:** Assessment of QoL and anxiety-depressive symptoms should be included in routine evaluation of elderly surgical patients, though the present study also suggested the need for improvement of methodology of interview, with phone-calling and traditional self-assessment psychometric instruments being particularly inappropriate for this patient population.

**Keywords:** Cardiosurgery, quality of life, assessment, elderly patients

### 31 - Attendance at a Primary Care Clinic: pattern of use over time and related psychiatric morbidity

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**Introduction and aims:** Frequent attendance in primary care is known for being associated with peculiar socio-demographical features such as female sex and middle-old age, and with medical-psychiatric comorbidity. Its impact on workload of GPs, disability and QoL of patients, economic costs of health care is high. Long-term studies on Frequent Attenders (FAs) and persistent FAs are missing. The aim of the study was to re-evaluate a group of FAs after 9 years

since first assessment; to look for and number other FAs at the same primary care clinic over the years; and to spot possible differences between persistent and occasional FAs.

**Methods:** Computerized data on access to a primary care clinic in the north of Italy (Fiorano, Modena) between 2001 and 2009 were analyzed; socio-demographic and clinical data were collected for 118 FAs (56 “persistent” and as many “occasional”, according to the continuity in the pattern of attendance) and 56 non FAs. Information was integrated to direct interview to the GP and the clinic secretary.

**Results:** Twenty-eight of 40 patients (70%) evaluated in 2001 were found to be persistent FAs, most frequently older women. Medical morbidity was frequent among persistent FAs, and intermediate among occasional FAs, while psychiatric morbidity did not show important differences between the two groups; however, depression was present in 46% of persistent FAs and in 41% of occasional FAs, while somatization only in occasional FAs (10%), and not among persistent FAs. Persistent FAs received more prescriptions for all types of drugs, while among occasional FAs the requests for a psychiatric treatment were higher.

**Conclusions:** The phenomenon of frequent attendance is worth further study. Differences in the expression of psychiatric morbidity between persistent and occasional FAs need specifically tailored clinical interventions.

**Keywords:** Primary care, frequent attendance, psychiatric morbidity

### 32 - Mindfulness therapy for bodily distress syndrome - a randomized controlled trial

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**Background:** *Bodily Distress Syndrome* (BDS) is a new diagnosis, which may unite functional somatic syndromes such as fibromyalgia, chronic fatigue syndrome, etc. and somatization disorders.

**Objective:** To examine the efficacy of Mindfulness Therapy in Severe BDS.

**Methods:** Before randomization all patients accepted at referral underwent blood tests, physical examination and a neuropsychiatric and psychological assessment interview conducted by a liaison psychiatrist. The liaison psychiatrists went through all previous medical records, carefully listened to the patients and gave them an explanation for their complaints and disabilities. The 120 included patients were randomized to either *Mindfulness Treatment* consisting of MBSR combined with CBT for somatization; 9 3½-hour group sessions or to an active control group *Psychiatric Consultation* intervention in which a treatment plan within the existing health care system was conducted.

**Outcome:** The patients are followed-up at 3, 6, and 12 months. Primary outcome measure is physical health measured with the SF-36 Physical Component Summary. Secondary outcome measures are health care utilization, psychosocial functioning, psychiatric symptoms, health anxiety and mindfulness.

**Results:** The majority of the randomized patients completed treatment. 82 % completed 6 or more sessions, 87 % completed 4 or more sessions. The data collection is now concluded. We are currently in the process of cleansing and analysing the data. Results will be presented.

**Conclusion:** The results indicate that the patients find it useful to be listened to, getting a clear definition of their illness, and having reattribution of their illness perception. This suggests that both treatments are feasible and acceptable to patients with severe BDS.

### 33 - Impact of psychological symptoms and somatic status on quality of life in bone-marrow transplanted patients

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**Background:** Patients' quality of life (QOL) is deeply influenced by the long-term physical and psychosocial consequences of bone-marrow transplantation (BMT). Some BMT specific QOL measurement tools have been developed – such as FACT-BMT (Functional Assessment of Cancer Therapy Bone-marrow Transplant Scale) -focusing on physical, emotional and social components. QOL studies emphasize that recovery requires years from physical, through psychological, to social well-being. Depression and anxiety are mentioned as the most frequent psychological symptoms.

**Aims:** To evaluate the relationship between quality of life, somatic and psychological symptoms in bone-marrow transplanted patients.

**Methods:** QOL was evaluated with the Hungarian version of FACT-BMT. Spielberger's Trait-and State Anxiety Inventory was used for the measurement of anxiety and Beck Depression Inventory (BDI) for depression. Somatic data was gathered from patients' files and treating physicians were also asked to evaluate their patients' status.

**Results:** The number of patients evaluated was 121. Out of the physical variables, only the presence of chronic graft versus host disease (GVHD) had significant impact on the total FACT-BMT scores ( $p=0.029$ ). Time since setting up the diagnoses, or the BMT, as well as somatic comorbidity, and patients' current physical status (measured by clinicians rated CGI) did not reveal an impact on QOL. Higher BDI and STAI scores significantly correlated with worse QOL, mirrored by

higher FACT-BMT scores ( $p<0.001$  and  $p<0.001$  respectively).

**Conclusions:** Patients' quality of life after BMT was most strongly determined by psychological factors, such as anxiety and affective status. Concerning somatic variables, only chronic GVHD revealed significant impact on QOL in BMT patients.

**Keywords:** Bone-marrow transplantation, quality of life, psychological factors, somatic factors

### 34 - Psychotropics and pregnancy

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Prior to 1989 there were competent reviews of the literature on psychotropic medications before, during and after pregnancy, but no useful guidelines. The field of psychotropics, pregnancy and breastfeeding started with an article by Lee Cohen in 1989 in the journal *Psychosomatics* which included guidelines. Data are limited and conflicting. Over time, guidelines have changed. Understandably patients, doctors and families have a great deal of anxiety about prescribing psychotropic medications to pregnant and breastfeeding women. Many irrational decisions are made based on a single article. Undertreatment results from being too cautious and overtreatment from excessive focus on the woman's mental health and treating her as if she were not pregnant. No medication is safe during pregnancy and breastfeeding. It is always a risk-benefit analysis. Based on current up-to date analysis of the literature, this presentation will review ten principles for prescribing psychotropic medication to pregnant and breastfeeding women. Some areas are controversial and experts in the field do not agree. These will be noted along with three websites which can help in making prescribing decisions for pregnant and breastfeeding women.

### 35 - Depression in the elderly and risk for dementia

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**Background and aims:** In a context of inconsistent reports, we test to what extent depression is an independent risk factor for incident dementia.

**Methods:** A randomized stratified population-based sample of 4,803 individuals aged 55 or older were interviewed at the baseline wave of the ZARADEMP study. Cases and subcases of dementia according to GMS-AGECAT and clinical criteria were excluded, so 3864 “cognitively intact” subjects were followed-up after 2 and 5 years. Subjects underwent detailed assessment of medical history, including vascular manifestations and risk factors. Conventional psychosocial factors and individuals’ physical and cognitive functioning were assessed (MMSE, Katz Index, Lawton&Brody Scales). A standardized, structured research interview was conducted using the Geriatric Mental State (GMS), and depression was diagnosed at baseline with AGE-CAT criteria. Incident dementia was diagnosed at 2-year and 5-year follow-up according to DSM-IV-TR criteria.

**Results:** Multivariate Cox proportional hazards models showed a significant increased risk for incident dementia for subcases of depression, after adjustment for socio-demographical variables (age, sex and educational level), physical and cognitive functioning, and vascular manifestations and risk factors (HR 1.97 (CI95% 1.08-3.60)). However, the association was not confirmed in cases of depression (HR 1.23 (CI95% 0.72-2.10)).

**Conclusion:** The significant association with incident dementia found in subthreshold depression, but not in full cases of depression, support the hypothesis that, contrary to Alzheimer’s disease, global dementia is a more general concept that could be related to less specific risk factors. Given the negative outcome, clinicians should pay attention to depressive symptoms in the elderly even if diagnostic criteria for depression are not fulfilled.

**Keywords:** Depression; dementia; elderly; risk factor; epidemiology

### 36 - Corticosteroid-induced hypomanic episodes observed in consultation-liaison psychiatry: which are the predictive factors?

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**Background:** Corticosteroids can induce both somatic and psychiatric side effects. Psychiatric effects are less described and often underdiagnosed; insomnia, irritability, mood disorders, psychotic episodes. The main predictive factor is prednisone dosage (> 40 mg per day). Previous psychiatric factors would be non significant. Nevertheless, in our clinical practice of consultation-liaison (C-L) psychiatry, we often noted previous psychiatric episodes or premorbid personality.

**Aim:** To collect, from C-L psychiatry referral, cases who have presented a history of hypomanic episode with steroids and to describe their current psychiatric state.

**Methods:** The WHO diagnoses classification was utilized to identify patients with hypomanic episode with steroids and referred to C-L psychiatry. Patients were invited to an interview which assessed outcomes: cortisone dosage, affective symptoms or disorders (MINI 500, MADRS, YMRS, Angst) and cognitive status (MMSE).

**Results:** Thirteen patients were reported with these criteria, from 2006 to 2009. Five cases were assessed, from March to June 2010 (6 to 51 months after the hypomanic episode). Main characteristics were: male, 26–60 years old, 0,5-2,25 mg/kg/day for cortisone dosage. An affective (cyclothymic) disorder was diagnosed for one of the five patients. Our results were limited by the small size of the sample, and the investigator had to take into account the patient affective experience of the somatic disease.

**Conclusions:** Our study underlines the difficulties in detecting hypomanic symptoms by physicians and by patients themselves. Family relatives should be invited. Consultation-liaison psychiatry and patient education seem helpful when corticoids are prescribed.

**Keywords:** Corticoids, hypomanic episode, consultation-liaison psychiatry, assessment, patient education

### 37 - Bridging the intention-behaviour gap: life-style modification at the cardiology ward

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**Background and aims:** Coronary Heart Disease (CHD) is primarily a lifestyle related disease. Modifiable risk factors have been identified. Although the knowledge of physicians and patients about modifiable risk factors is increasing, the uptake of a healthy lifestyle is not. Based on the health action process approach model we tested the effects of a brief health-psychology intervention to bridge the intention-behaviour gap and to increase the likelihood for the uptake of a healthy lifestyle (balanced diet). Previous research showed the positive effects of such a brief intervention for the uptake of physical activity.

**Methods:** Patients with CHD and identified cardiac risk factors were either assigned to an intervention or control group. A brief activating health-psychological intervention was built into an educational group setting about healthy

lifestyle. Patients were encouraged to make an action plan, expressing concrete planned lifestyle changes and a coping plan to overcome potential obstacles. Baseline assessment included perceived self-efficacy, intentional status, and nutrition status and was completed during inpatient hospital stay; follow-up data was collected two and six months after discharge.

**Results:** In total, 201 patients participated (IG group: 143 patients;  $62.3 \pm 11.3$  years, 35.7% female; CG: 58 patients; age:  $64 \pm 10.3$ , 22.4% female). No baseline differences for smoking, diabetes, high blood pressure and depression were found, but baseline differences for high cholesterol ( $p < 0.05$ ). No between group differences for the intention to uptake a healthy life style were found at baseline. Preliminary results at two months indicate patients in the IG eat significantly less often eggs ( $p < 0.05$ ).

**Conclusions:** Overall, the short-term indicators showed only limited improvements in the uptake of a balance diet based on this brief intervention. Compared with research on bridging the intention-behaviour gap for physical activity it is more difficult to change diet.

### 38 - Culturally Adapted Manual Assisted Problem Solving Training (C-MAPS) for Prevention of Self Harm: An RCT from a low income country

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**Background:** Suicide is a global public health problem. Self harm is a major risk factor for completed suicide. Since most episodes of self harm in Pakistanis are precipitated by an interpersonal problem with family members, there is a strong rationale for investigating the efficacy of a psychological intervention which addresses such issues.

**Aims:** To determine the effect of a brief psychological intervention, which had been culturally adapted, on suicidal ideation and depression among those who had harmed themselves?

**Methods:** Randomized controlled trial of 46 adults admitted to a medical ward of a teaching hospital, after an episode of

self harm in Karachi. The Control group received “treatment as usual” which in most cases was referral back to the family physician. Six sessions of culturally adapted problem solving training, lasting approximately 50 minutes and delivered over 3 months. Primary outcome measure was suicidal ideation as measured by the Beck scale for suicidal ideation. Secondary outcome measures included depressive symptoms measured by the Beck depression inventory and hopelessness measured by the Beck hopelessness scale at baseline and at 3 months.

**Results:** A linear regression taking into consideration baseline differences showed that there were statistically significant differences in favour of therapy at the end of intervention after 3 months, for Suicidal ideation ( $P < 0.000$ , Mean difference = 21.5, CI = 18.7-24.3), depressive symptoms ( $P < 0.000$ , Mean difference = 31.7, CI = 26.0-37.3) and hopelessness ( $P < 0.000$ , Mean difference = 16.8, CI = 15.1-18.6).

**Conclusions:** Our preliminary results show that brief psychological intervention (C-MAPS) was effective in reducing suicidal ideation, depressive symptoms and hopelessness in self harm patients.

**Keywords:** Suicide, self harm, problem solving, Pakistan

### 39 - Somatic symptoms in Depressed British Pakistanis: Further results from a Cluster RCT

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**Background:** There are cultural differences in expression of distress. British South Asians are more likely than whites to express their distress in physical terms. The focus of diagnosis and management of depression is usually placed on the psychological symptoms and the physical manifestation of depression is often unacknowledged. Appropriate treatment for somatic symptoms associated with depression therefore remains unclear.

**Aim:** To determine whether 1. Patients with a higher number of somatic symptoms have worse outcomes. 2 Pharmacological or psychosocial interventions are more effective in treating either the somatic or psychological symptoms of depression.

**Method:** As part of a cluster based randomised controlled trial 123 depressed British Pakistani women received 1) antidepressants, 2) group psychosocial intervention or 3) a combination treatment. The Hamilton Rating Scale for Depression (HSDRS) was used to classify patients as somatisers and non somatisers. Outcome measures were severity of depression (HDRS), disability (The Brief Disability Questionnaire) and Bolton social functioning scale used at baseline, 3 and 9 months and satisfaction at 3 and 9 months. **RESULTS:** There were no significant

differences in outcome between somatisers and non-somatisers. Both groups receiving psychosocial intervention were more satisfied at 3 and 9 months compared to other treatment group. The 'somatisers' undertaking psychosocial treatment were less severely depressed at 3 months and less disabled at 9 months. The 'non-somatisers' had better social functioning at 3 months when taking antidepressants.

**Conclusion:** The psychosocial intervention is an effective treatment for somatisers, but it is unclear whether it is superior to antidepressants for non somatisers.

**Keywords:** Somatic symptoms, depression, culture, antidepressants, psychosocial intervention

#### 40 - Neurocardiogenic syncope syndrome and depressive symptomatology in children: a 2-year prospective study

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**Methods:** In a 2-year prospective study, 45 patients (aged 8–18 years) with neurocardiogenic syndrome and a positive tilt-table test were compared with 45 age and gender-matched healthy controls. We assessed depressive symptoms (CDI) and self-perception profile (SPPC); the parents' psychological distress (GHQ-28), defensive profile (DSQ), hostility (HDHQ), opinion of their child's strengths and difficulties (SDQ) and family cohesion and adaptability (FACES III); the teachers' opinion on the child's strengths and difficulties (SDQ); Assessment was performed at baseline and at the end of the two-year follow-up period. Comparisons were made with Student's t-tests and repeated ANCOVAs and correlations with multiple regression analyses.

**Results:** Patients showed more depressive symptoms than healthy-controls (CDI=11.9±7.7 vs CDI=7.9±5.9, p=0.008). Depressive symptoms correlated with the number of syncope episodes (p=0.011), impaired relationships with parents (p=0.041) and poor family cohesion (p=0.002). During follow-up, no recurrent syncope was noted in all patients. Depressive symptomatology (CDI) decreased in patients (from 11.6±7.5 to 5.4±3.9, p<0.001), while it remained stable in controls. Compared to baseline, the relationship with parents (p=0.011), family cohesion (p=0.032), family adaptability (p<0.001) and learning difficulties (p<0.001) improved at follow-up in patients. The improvement of patients' depressive symptomatology was most closely associated with the improvement in the relationship with parents (p=0.036).

**Conclusions:** Early assessment of depressive symptomatology and proper psychological and family interventions should be considered a priority in children and adolescents with neurocardiogenic syncope.

#### 41 - Conversion disorders in primary care attenders referred to a Psychiatric Consultation-Liaison Service

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**Background:** Very few data are available on conversion disorder in primary care.

**Aim:** This study aims to assess prevalence and comorbidity of conversion disorder in patients referred to a Psychiatric Consultation-Liaison Service for Primary Care.

**Methods:** Patients referred to the Bologna Psychiatric Consultation-Liaison Service from January 2008 to December 2010 who complained of conversion symptoms were assessed with the Somatic Section of the Composite International Diagnostic Interview and the Mini International Neuropsychiatric Interview. Clinical records were examined to exclude other physical and neurological conditions.

**Results:** During the 3-years period, 39 (15.5%) patients out of 251 reported conversion symptoms. Overall 80.6% of patients were female; the mean age was 39.4 years. The commonest symptom was dizziness (35.5%). Fifty-four point eight percent of the patients had a comorbidity. The most frequent comorbid diagnoses were anxiety disorders (41.9%) followed by mood (9.7%) or somatoform disorders (9.7%).

**Conclusions:** Conversion disorder is a relatively common reason for referral to the psychiatrist.

#### 42 - Relationship between quality of life in bone-marrow transplanted patients with current state of hematological disease and social characteristics

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**Background:** after bone-marrow transplantation (BMT), patients' quality of life (QOL) is strongly influenced by the long-term physical and psychosocial consequences of the intervention; therefore QOL might be considered in decision-making regarding complex treatment. Some BMT specific QOL measurement tools have been developed. One of these tools is FACT-BMT (Functional Assessment of Cancer Therapy Bone-marrow Transplant Scale) which is focusing on physical, emotional and social components.

QOL studies emphasize that recovery is lasting for years until physical, psychological and social well-being restored. **Aims:** To evaluate the relationship between quality of life, current state of hematological disease and social characteristics in bone-marrow transplanted patients.

**Methods:** QOL was evaluated with the Hungarian version of FACT-BMT. A questionnaire was designed for evaluating patients' social situation (average monthly income, car possession, place of living, employment) and current state of the hematological illness (CGI, diagnosis, seriousness of illness, treatments, transplantation type, donor/recipient mismatch, previous illness, actual somatic state, GVHD, psychiatric comorbidity).

**Results:** Number of evaluated patients was 121. Of the social variables, average monthly income correlated with FACT-BMT scores ( $p < 0.05$ ). CGI correlated with gp (physical well-being) ( $p < 0.01$ ) and gf (functional well-being) ( $p < 0.01$ ) scales of FACT-BMT. QOL was influenced by the lack of a car ( $p = 0.25$ ) and unemployment ( $p = 0.04$ ). Those of psychiatric comorbidities have lower scores of FACT-BMT ge (emotional well-being) scale ( $t = 2.5$ ,  $p = 0.01$ ).

**Conclusions:** Besides somatic factors, social characteristics also significantly influence patients' quality of life after BMT.

**Keywords:** Bone-marrow transplantation, quality of life, social situation

#### 43 - Dyadic coping, quality of life, and psychological distress among COPD patients and their partners

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**Background:** Successful coping with a chronic disease depends significantly on social support, particularly from the significant other. In this study, the relationship between dyadic coping and well-being was investigated among couples in which one partner suffered from chronic obstructive pulmonary disease (COPD).

**Methods:** A total of 43 couples participated in the study. The questionnaires were sent to the patients and their partner by mail.

**Results:** Low scores of positive dyadic coping and high scores of negative dyadic coping were associated with poorer quality of life and higher psychological distress among patients and their partners. Delegated coping (assistance with daily tasks) was significantly higher among partners. High delegated partner coping and low delegated personal coping (low provision of support provided by the patient) was associated with poorer quality of life for both patient and

partner. COPD patients suffering from depression were supported by their partner considerably more often and attributed deficits in dyadic coping primarily to themselves, while partners with higher scores of depression experienced both their own dyadic coping and that of the patient more negatively.

**Conclusions:** The higher the patient perceived the imbalance in delegated dyadic coping, the lower was the couple's quality of life and the higher both partners' psychological distress. Psychotherapeutic interventions to improve dyadic coping may lead to better quality of life and less psychological distress among COPD patients and their partners.

**Keywords:** COPD, dyadic coping, quality of life, anxiety, depression

#### 44 - Influence of mood type on the perception of facial expressions

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**Purpose:** This study is intended to examine the influence of a person's mood type (hypomanic personality, depression, control group) on perceiving facial expressions.

**Method:** 262 students were subject to an HMPS (hypomanic personality scale) and BDI(Beck Depression Inventory)-II survey, of which the upper 4%, or 20 students (with an HMPS score of 32 and above and BDI-II score of 20 and above) were selected as the experimental group. Ten students who scored the lower 10% of each survey were selected as the control group. The two groups were presented on a computer screen with stimuli of facial expressions, ranging from neutral to full intensity, based on Ekman's 6 basic emotions (anger, disgust, fear, happiness, sadness, surprise). Subjects were required to click the mouse when they felt a certain change in the stimulus. Then, they were told to choose one of the 6 basic emotions they perceived from the stimulus.

**Result:** A significant difference was observed in the accuracy in perceiving the emotion of sadness according to a subject's mood type. Subjects with depression were most accurate in perceiving the emotion of sadness, followed by the control group and subjects with hypomanic personality. A significant interaction was also seen between a subject's group and perception of emotion (happiness and sadness). No significant relevance was observed between a subject's mood type and reaction time from presented stimuli.

**Conclusion:** This research suggests that a person's mood type influences his or her ability of processing emotional information. This supports existing research that mood-congruent information processing affects not only a person's memory but also his or her perception of stimuli.

**Keywords:** Perception of Facial Expressions, mood-congruent information processing, depression, hypomanic

#### 45 - Innovative strategies for improving quality of life post transplantation

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**Background:** Transplant patient quality of life have been reported to be lower than the US population average and may be affected by immunosuppressive neurotoxicity, family and financial stress and recurrence of preexisting psychiatric comorbidities. Patient/Family Advisory Councils (PFAC) and Peer Mentoring are emerging as possible strategies for improving the patient experience and for providing support. These innovations may lead to new approaches to improving quality of life for transplant patients following transplantation.

**Aim:** To review innovative strategies that are emerging which may improve quality of life outcomes for transplant recipients and their families **Methods:** The development of a PFAC will be described and the concept of Peer Mentoring and strategies for implementing this concept with organ transplant candidates and recipients will be reviewed.

**Results:** The Mayo Clinic Transplant Center has developed a PFAC which meets on a monthly basis to provide input on issues related to patient safety, efficiency of scheduling, patient education and strategies for improving patient support. A model for a Peer Mentoring program has been designed based on input from the PFAC.

**Conclusions:** Creation of a PFAC to provide input on improving the patient experience is feasible and can support the development of other supportive strategies such as a Peer Mentoring network to help transplant candidates and recipients. Further research on the impact of these programs on quality of life is needed.

**Keywords:** Transplant, peer mentoring, advisory council

#### 46 - The effect of intragastric balloon on female obese patients' weight, psychological function and quality of life: a prospective study

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**Background:** Obesity has become a modern epidemic associated with poor quality of life (QOL) and increased

levels of anxiety and depressive symptoms. Research indicates that females appear more vulnerable to the psychosocial impact of obesity compared to men. The intragastric balloon is a non-surgical, reversible obesity treatment with promising yet inconclusive results.

**Aim:** To assess the effect of intragastric balloon on controlling body weight and improving psychological functioning and QOL in female obese patients.

**Methods:** In a prospective design, 27 adult obese female patients were enrolled. Participants were interviewed before the intragastric balloon placement (baseline) and 6 months later (follow-up), when the balloon was removed. Psychological functioning (HADS) and QOL (SF-36) were assessed both at baseline and follow-up. To assess differences in HADS and SF-36 scores before and after balloon treatment, two-tailed paired samples t-tests were calculated.

**Results:** Patients' mean (SD) initial body weight was 107.5 (14.2) kg with a mean (SD) BMI of 40.3 (4.6). At follow-up, patients' mean body weight was significantly decreased ( $p < 0.001$ ) with a mean (SD) loss of 15.7 (7.8) kg. Furthermore, patients reported a significant reduction in anxiety ( $p = 0.018$ ) and depression ( $p = 0.045$ ) symptoms scores and significant improvement in all SF-36 subscales including physical functioning ( $p < 0.001$ ), role functioning due to physical ( $p = 0.005$ ) or emotional ( $p = 0.002$ ) problems, bodily pain ( $p = 0.026$ ), vitality ( $p = 0.020$ ), social functioning ( $p = 0.003$ ), general health ( $p = 0.007$ ) and mental health ( $p = 0.011$ ).

**Conclusions:** The intragastric balloon is an effective obesity treatment, associated with significant weight reduction and major improvement in patients' psychological function and QOL.

**Keywords:** Intragastric balloon, psychological functioning, QOL

#### 47 - The impact of obstructive sleep apnea syndrome severity on patients' quality of life

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**Background:** Obstructive sleep apnea syndrome (OSAS) is a common disorder defined by repeated episodes of airflow cessation (apneas) that lead to arterial hypoxemia and sleep disruption. OSAS has been associated with increased morbidity and mortality and poor Quality of Life (QoL). However, few investigations have so far attempted to correlate patients' QoL with clinical parameters.

**Aim:** To assess OSAS patients' QoL and reveal any significant correlations with disease severity.

**Methods:** One hundred and twenty-eight individuals participated in the study. All participants underwent polysomnography overnight. Calculated variables included the number of arousals, the Apnea Hypopnea Index (AHI), and the degree of arterial oxygen desaturations. QoL was measured by the

**Results:** One hundred and three individuals (77 males and 26 females) were diagnosed with sleep apnea ( $AHI \geq 5$ ). The greatest impairment was observed in the domains of mental health, vitality, general health and physical functioning, with 84.5%, 78.6%, 76.7% and 69.9% of the patients, respectively, reporting below norm-based average scores. Physical functioning was significantly correlated with average SpO<sub>2</sub> desaturation ( $p=0.049$ ) and sleep AHI ( $p=0.009$ ). No other significant correlations between QoL sub-domains and respiratory functioning were observed.

**Conclusions:** The present study confirmed that OSAS is strongly associated with impaired QoL, both in its physical and mental sub-domains. In addition, a significant relationship was revealed between physical functioning and OSAS severity. OSAS, QoL, physical functioning

#### 48 - Selective optimization with compensation in Hungarian elderly: a cross-sectional study

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**Background:** Over the past few decades, emphasis has shifted from creating criteria of successful aging to describing the processes of it. One of the leading models is the metatheory of Selective Optimization with Compensation (SOC-) model, developed by Baltes and Baltes. It is based on the assumption that throughout the lifespan individuals encounter both opportunities and constraints. The essence of successful aging is found in an adaptive balance of gains and losses. According to this theory, elderly people select goals that are important to them, then optimize the resources to facilitate success, and compensate possible losses in order to adapt to changes, and to make certain lifelong successful development.

**Aims:** We hypothesized that SOC-strategies correlated positively with resilience and negatively with hopelessness.

**Methods:** Participants were Hungarian, non-demented elderly ( $N=117$ , 14,5% male; 85,5% female; age range: 61 to 99). The following questionnaires were applied: Selective Optimization with Compensation Questionnaire, WHO Quality of Life-Bref, Geriatric Depression Scale, Connor-Davidson Resilience Scale, and Beck Hopelessness Scale.

**Results:** Optimization and compensation correlated positively with physical ( $r=.245$  and  $.203$ ) and psychological ( $r=.292$  and  $.278$ ) well-being, negatively with depression ( $r=-.405$  and  $-.295$ ), hopelessness ( $r=-.405$  and  $-.395$ ) and number of chronic diseases ( $r=-.317$  and  $-.304$ ). Moreover, it was demonstrated a positive association with resilience ( $r=.376$  and  $.352$ ).

**Conclusion:** Our study investigated the interplay of resilience, quality of life, SOC-strategies and the correlation with subjective indicators of successful aging present evidence for the importance of the use this theory. In our future research we will examine these factors during a one-year follow-up study.

**Keywords:** Successful aging, selection, optimization, compensation, resilience

#### 49 - Teaching psychosomatic medicine at the Medical Faculty of Szeged: holistic approach and "healing teams"

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**Background and Aim:** In spite of the widespread acceptance of Engel's biopsychosocial model among psychiatrists and psychologists, psychosomatic diseases and integrative approaches are scarcely practiced by "somatic clinicians" in Hungary. Our goal was to develop a whole-semester interactive course covering most psychosomatic fields for medical students in their 4th and 5th year.

**Methods:** First, "somatic clinicians" from ten different areas were invited for roundtable discussions with psychiatrists and psychologists. Each "somatic expert" was asked to form a miniteam with a psychiatrist/psychologist. At the weekly classes, biomedical introduction was generally followed by presentation of case histories and by the appearance of the related patients. Students could see several times the cooperation of a "somatic clinician" and a psychiatrist/psychologist, and the ways of psychosomatic approaches on site; they were stimulated to ask questions. At the end of the semester, students could present a psychosomatic paper with their comments.

**Results:** In our first course, 51 students participated; about 80% achieved the "good/very good" level. Last year, 56 students completed the course, more than 85% got "good/very good" marks. In both years, students found the course interesting (5.5/4.6 on a 7-point scale), and useful (5.6/5.1 scores). Furthermore, the "biomedical" clinicians also became more interested in this holistic approach.

**Conclusion:** This suggests that the introduction of a psychosomatic course could enrich students and the teaching

clinicians as well. Hopefully, students will use this integrative approach and will form a “healing team” with a psychiatrist/psychologist in their practice for the benefit of patients.

**Keywords:** Biopsychosocial model, psychosomatic course, integrative-holistic approach, inter-professional collaboration, “healing team”

### 50 - Comparison between Hwa-byung and Major depressive disorder

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**Objectives:** Hwa-byung (HB) listed in Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) as a Korean culture-bounded (anger) syndrome, has been generally accepted as a common mental disorder in Korea. Although HB comorbid various DSM-IV diagnoses such as Major depressive disorder (MDD) and Generalized anxiety disorder (GAD), the definition or concept of HB, distinguished with other mental disorders, is not clarified yet. The aim of this study was to compare the clinical symptoms and characteristics of HB and MDD, the major comorbidity disorder of HB, based on data of HB epidemiological investigation.

**Methods:** Participants of HB epidemiological investigation were 114 patients with self-labeled HB. For all patients, the Korean version of the Structured Clinical Interview for the DSM-IV Axis I Disorders (SCID-1) and research diagnostic tool of HB were used to diagnose MDD, Dysthymic disorder (DD), Panic disorder (PD), GAD, Undifferentiated Somatoform disorder (USD) and HB. Clinical symptoms and characteristics were evaluated by several evaluation tools including STAXI, STAI, CES-D and Hwa-byung scale. In all of this data, we compared HB group (mixed with other mental disorders except MDD, n=38) and MDD group (mixed with other mental disorders except HB, n=21).

**Results:** 1) In all HB epidemiological investigation data, major comorbidity disorder of HB was depression (MDD+DD, 64.5%) and followed by anxiety disorders (PD+GAD, 26.9%) and somatoform disorders (USD, 10.8%). 2) In STAXI, 'Trait anger' and 'Anger out' index were significantly elevated in the HB group, but not in the MDD group. 3) The HB group had significantly higher score at 1 subscale of Hwa-byung scale compared to the MDD group. 4) There were no significant differences between the HB group and the MDD group in other evaluation tools.

**Discussion and Conclusions:** All participants of this study were self-labeled HB patients. In this context, two groups had very similar clinical symptoms from the beginning and we guess that this is the reason of non-significant outcomes in

most questionnaires. In spite of this limitation, it is noticeable that the HB group was distinguished from MDD group in Anger index (STAXI), HB symptom index (Hwa-byung scale). In conclusion, these results suggest that HB has distinguishing characteristics as a mental disorder and further research is needed.

**Keywords:** Hwa-byung, Major depressive disorder, Korea

### 51 - Short term and long term effects of the psy-med unit (pmu); a unique integrated approach for children with invalidating functional complaints

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**Background:** Psy-Med Unit (PMU), Emma Children's Hospital, AMC, Amsterdam, since 2002 a tertiary referral centre for children with invalidating functional complaints (at least two present): impact on their social life's, given up hobbies, school absenteeism. Complaints; long lasting (>3 months) and therapy resistant PMU-approach: integrated approach starting at intake by paediatrician and psychiatrist/psychotherapist. Validation of complaints. Explanation of complaints by individual declaration model using e.g. stress model, brain-gut axis, sensitisation model. Individual plan for treatment (e.g. rehabilitation, cognitive behavioural therapy).

**Aims:** Measuring level of complaints and invalidation at intake, at the end and at least six months after treatment.

**Material and Methods:** retrospective (till 2009)/prospective (from 2009) observational study (charts and self-composed questionnaires). Telephone questionnaire at least 6 months after treatment.

**Results:** 137 patients started and already finished treatment >6 months ago. 94 girls (70%). Age at first visit; mean 14 year 2 month (range 5–18). At the end of treatment 20 evaluations were not completed yet and were excluded from this abstract. Drop outs: **at the end of treatment;** 2 patients had no complaints at intake/9 patients stopped treatment after intake, **after treatment;** 17 patients refused participation in evaluation by phone and 12 patients were not reached for evaluation by phone. Mean period of evaluation after treatment 35 months (6 till 88 months). At the end of treatment (n=117); 83 patients had none or less complaints (70,9%). After treatment (n=137); 80 patients had none or less complaints (58,4%). No school absenteeism: 38 patients (27,7%) at intake, 76 patients (65,0%) at the end of treatment, 79 patients (57,7%) after treatment. Performing

hobby's as wished; 36 patients (26,3%) at intake, 69 patients (59,0%) at the end of treatment, 77 patients (56,2%) after treatment. Normal social life; 48 patients (35,0%) at the intake, 73 patients (62,4%) at the end of treatment, 83 patients (60,6%) after treatment.

**Conclusion:** good results in diminishing complaints and invalidation for these serious invalidated patients direct after treatment and on longer term.

**Keywords:** MUS, children, integrated approach

## 52 - Effects of a cultural-sensitive pain management program for Turkish women in a day hospital for pain patients

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**Introduction:** Socio-cultural aspects influence health and illness concepts and the experience of pain and pain processing. People with immigrant backgrounds are more likely to suffer from chronic pain and receive less multimodal pain treatment. In the Interdisciplinary Pain Day Hospital Nuremberg patients with multilocular chronic pain are treated in a four-week pain management program with medical, occupational, physiotherapy and psychotherapy. Since 2007, an annual cultural-sensitive pain management program is offered for Turkish women, which also includes German language courses.

**Materials and methods:** Data of 38 Turkish immigrants in a culturally sensitive program has been collected at four times (program start and end, after three and twelve months). The control group consisted of 38 German patients (controlled by age and severity of chronic pain), who took part in the traditional pain management program. The degree of impairment was measured by PDI, the quality of life by SF 36 and the general health by means of GHQ. The statistical analysis was performed using ANOVA and t-tests for paired samples.

**Results:** In the GHQ-28 there were significant improvements in the experimental group between program start and end of the program (subscales somatization:  $T=2.70$ ;  $p=0.011$ ; anxiety:  $T=2.54$ ;  $p=0.016$ ; depression:  $T=2.39$ ;  $p=0.023$ ). At the beginning of the program Turkish immigrants show significantly lower scores in quality of life (SF36). Throughout the program the score of social functioning (SF-36 subscale) improved more intensively within the Turkish group compared with the control group ( $F=4.56$ ;  $P=0.039$ ). While the German patients reported a decrease in physical impairment (PDI) between the time points, this effect was not detected within the Turkish sample ( $F=8.66$ ;  $p=0.006$ ).

**Discussion and conclusion:** Female Turkish migrants benefit from a pain management program, especially with regard to

mood-related parameters, for example the decrease in depression, anxiety or somatization. Compared to the German control group demonstrable increase in social functioning within the Turkish migrants can be interpreted as a long term effect of social support experienced in the clinical group setting.

**Keywords:** Chronic pain; immigrants; culture-sensitive therapy; multimodal pain treatment

## 53 - Gender and health in a changing society: Follow-up of the Hungarian Epidemiological Panel

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**Background:** Gender differences in premature mortality rates and in the size of socioeconomic inequities in middle aged male mortality are extremely high in Hungary.

**Aim:** We aimed to quantify the gender differences in the association between socioeconomic status (SES) and premature mortality and to analyse which psychosocial characteristics might mediate between SES and mortality among men and women separately in the Hungarian population.

**Methods:** Men ( $n=1130$ ) and women ( $n=1529$ ), aged 40–69 years, participants in the Hungarian Epidemiological Panel (2002) were followed for 3.5 years for total mortality. Cox-proportional hazard models were used to evaluate the association between several socioeconomic measures and death.

**Results:** During the follow-up, 99 men (8.8%) and 53 women (3.5%) died. Each measure of socioeconomic position was more deleterious in men compared to women, but the strength of this interaction was different for different SES factors. Adjustment for severe depression resulted in the highest decrease in the regression coefficients for the association between each socioeconomic factor and male premature mortality. There was no indication that depression would mediate between low SES and mortality in women. Work stress and social support might partly mediate the effect of socioeconomic deprivation on both male and female mortality.

**Conclusion:** In Hungary there are huge differences between the male and female gender roles and consequently middle-aged Hungarian men seem to be considerably more vulnerable to the chronic stress of material deprivation than women. This effect modification by gender might partly be explained by a stronger connection between low SES and depressive symptoms in men.

**Keywords:** Epidemiology, gender, premature mortality, socioeconomic differences, depression

#### 54 - Family history of obesity and its relationship with "obesogenic" behaviours

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**Aim:** To study the relationship between family history of obesity and "obesogenic behaviours" in an obese population candidate for bariatric surgery

**Methods:** The study was conducted between July 2009 and October 2010. We studied 342 patients with obesity (BMI>30), candidates for bariatric surgery at the "Obesity Program" of Clínica Alemana in Santiago, Chile. The patients were studied using structured clinical interviews conducted by medical nutritionists, surgeons and psychiatrists. We specifically, registered the existence of "obesogenic" behaviours such as pecking, family role of food, carbohydrate craving, night eating, binge and fast food intake. We also evaluated the presence of obesity in their immediate family (parents and/or brothers). To analyze the relationship between these two variables ("obesogenic" behaviours and obesity's family history) we used the Pearson's chi square test.

**Results:** 86.5% of patients had a family history of obesity. 98.5% of patients had at least one "obesogenic" behaviour. In order of frequency they were pecking (83.9%), family role of food (65.5%), carbohydrates craving (64.6%), night eating (52%), binge (35.7%), and fast food intake (35.1%). Statistically significant association was found between: Family history of obesity and the presence of at least one "obesogenic" behaviour ( $p=0,002$ ) Family history of obesity and pecking ( $p=0,007$ ) Family history of obesity and family role of food ( $p=0,001$ ) Family history of obesity and carbohydrates craving ( $p=0,009$ ) Family history of obesity and night eating ( $p<0,001$ ) Family history of obesity and binge ( $p=0,002$ ) Family history of obesity and fast food intake ( $p=0,009$ )

**Conclusions:** We found a significant association between patient's obesogenic behaviors (such as pecking, family role of food, carbohydrates craving, night eating, binge and fast food intake) and family history of obesity.

**Keywords:** "Obesogenic" behaviours, family history obesity

#### 55 - Psychodynamic psychotherapy in newly diagnosed cancer patients: a randomized controlled trial

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**Aims:** (i) To describe the prevalence and profile of newly diagnosed cancer patients motivated for psychotherapy and (ii) To evaluate its effectiveness.

**Methods:** Between 2006 and 2009, every new patient of the Oncology Service of the University Hospital Lausanne was informed of the opportunity to benefit from psychotherapeutic support. Patients were randomly assigned to an immediate or delayed (4 month waiting list) psychodynamic-oriented psychotherapeutic intervention, formalized as short intervention (1–4 sessions) or brief psychotherapy (16 sessions). Patients with no interest were asked to participate in an observational group. Socio-demographic and medical data, anxiety and depression (HADS, SCL-90), alexithymia (TAS) and quality of life were evaluated for all groups at baseline and 1, 4, 8 and 12-months follow-up.

**Results:** Of 1973 patients approached, 1024 were excluded, mainly because of organisational reasons (living too far away, interfering treatments, etc.), age>75 years, life expectancy<1 year or language difficulties. One fourth (N=530) refused to participate and 229 patients accepted to be followed in the observational group. Patients interested in psychological support (N=190, 94 in immediate and 96 in delayed intervention) were younger, predominantly female and symptomatic (higher depression and anxiety scores); 56% engaged in 1–4 and 44% in 16 sessions.

**Conclusions:** The naturalistic design of this study revealed relevant questions regarding (i) the design of such studies (untargeted intervention, choice of measurement, etc.), (ii) the type of interventions (pro-active approaches of men, those unable to speak the language or who can not leave home) and (iii) the profile of patients accepting support. A complete analysis will be presented at the congress.

**Keywords:** Psychotherapy, psycho-oncology, cancer, methodology, interventions

#### 56 - The psychosocial assessment of candidates for reconstructive hand transplantation: general psychological considerations and presentation of the Innsbruck psychological screening program for reconstructive transplantation (iRT-PSP)

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**Background:** Patients suffering from the loss of a hand or an upper extremity have to cope with multiple challenges. For a

selected group of patients, reconstructive hand transplantation represents an option for restoring natural function and for regaining daily living independence. Hence, psychological indications are central issues for the pre-and post-transplant assessment.

**Aim:** The identification of at-risk patients and the ongoing counseling are main tasks of the psychological assessment: the assessment has to diagnose not only psychological impairments but also to evaluate the necessary psychological resources and coping strategies.

**Methods:** In order to assess candidates, a semi-structured interview that covers central issues (e.g. motivational aspects, body-and self-concept, etc.) is used. Furthermore, the psychological assessment should guarantee standardized psychological screening procedures and continuous follow-up ratings.

**Results:** Between March 2000 and May 2006, four candidates passed the psychological assessment (iRT-PSP). All candidates showed multiple psychological impairments and reduced quality of life before transplantation. Issues such as social withdrawal, embarrassment, reduced self-esteem, and a depressive coping style represented essential elements. The motivational aspects are diverse, depending on many factors such as bi-or unilateral impairment, native or accidental loss of hand, and social integration. Therefore, in the debate of potential psychological assets and drawbacks the patient's body-and self-concept should be particularly considered.

**Conclusions:** The psychological assessment and the psychological counseling are crucial for the evaluation and optimization of the suitability of potential transplant candidates and furthermore contribute to minimization of psychological morbidity.

**Keywords:** Psychosocial assessment, organ transplantation, guidelines (quality control), psychological aspects, outcome

### 57 - Identifying key areas to improve quality in psychiatric consultation-liaison (cl) services

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**Background:** Quality assurance is a big issue in medical care. This is also true for psychiatric consultation-liaison services. Unfortunately there have been only few studies conducted in this field.

**Aims:** To identify quality-improving measures for the cl services to enhance medical care and to better address patient's needs.

**Methods:** Patients with three main diagnoses seen by psychiatric cl services (addictive, affective and adjustment

disorders) were first interviewed over the telephone and then asked to fill out and return questionnaires by mail.

**Results:** The sample consisted of 321 patients examined by cl services within a period of twelve months (mean age 51.6 years, SD 14.6; 48.9% female). Response rates were 75.4% for the telephone interview and 46.7% for the questionnaires. 86% of the patients could remember the contact and 43.3% could correctly remember their diagnosis. 70.5% stated that they found the contact helpful. Main points of criticism were short consultation time, too little information about illness and medication side-effects and lack of empathy. 61.5% remember being given an aftercare recommendation. 53.8% of the patients stated that they had been given none or little information about treatment measures and facilities.

**Conclusions:** To ensure that patients are more sufficiently informed about their psychiatric illness and its treatment, specific information folders will be developed for each disorder including treatment facilities and given to the patients in the future. The doctor's letter will also be handed out to patients when reasonable. The implementation of a liaison office where patients can get more detailed information about their disorder and will be assisted in finding suitable treatment facilities is planned.

**Keywords:** Quality assurance, consultation-liaison services, quality improvement, psychiatry

### 58 - Depressed patients' capacity to mentalize during the course of inpatient psychotherapy

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A reduced capacity to mentalize seems to be a core feature of psychotherapy inpatients which is not restricted to certain diagnoses (Subic-Wrana et al. 2010). Especially depressed patients display severe impairments of capacities like intentionality, change of perspective and recognition of own affective states. A recent study reports restricted capacity to mentalize for depressed patients regarding affectively highly loaded themes such as death and loss (Staun et al., 2010).

**Methods:** We studied thirty consecutive, non-selected patients with at least moderate depression (ICD-10: F32/33.1/2; BDI >18). We used a differentiated test battery (SCL-90-R, BDI-II, FSozU, AAS, RME, MASC-Test), at two times: at the beginning of treatment and after six weeks. As a control group we studied a matched sample of 15 healthy adults.

**Results:** The depressed patients were, on average at the beginning of treatment, not impaired in their capacity to mentalize, as compared to the control group. The degree of depression seems to correlate inversely with the capacity to mentalize.

**Discussion:** The ability to connect affective and cognitive states seems to be an important prerequisite for the development of intentionality, as experienced both for oneself and for others (Fonagy et al., 2004). There may be a subgroup of depressed patients with impaired capacity to mentalize in need of special therapeutic attention.

**Keywords:** Affective states, depression, inpatient psychotherapy, mentalization

### 59 - The effect of renal transplant patients' anxiety, depression, and representations of illness on the healing process

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Transplant patients' attitudes and representations related to their illness, their body and the healing process have significant influence on their recovery. After organ implantation, the patient creates mental representation of the kidney immediately, which, getting connected with internal contents, evokes emotional reactions. Our primary aim was to examine the possible connections between emotional and mood factors, illness and body representations and the successful onset of renal functions after surgery. We assumed that high distress and depression were related with kidney transplantation complications, and it might be connected with the characteristics of patients' body representations. Our hypothesis was that these would be manifested in kidney / body ratio, and also that on the drawings of anxious patients this ratio would be different from patients with normal anxiety level. In our study we tested patients with a combination of 4 instruments (anxiety and depression scales: STAI, BECK, self and organ drawings, and a questionnaire designed by us). The study involved 62 patients from the Surgery Clinic of the University of Szeged. Our data suggest that high distress and negative mood state correlate with kidney dysfunction after transplantation. The mental representation of the organ, as reflected in the drawings of anxious patients, was

significantly bigger than the size which would follow from the real body / kidney ratio. This might make the organ's normal intra-psychic integration and related kidney functions complicated.

**Keywords:** Kidney transplantation, anxiety, illness and body representations, intra-psychic integration of the organ

### 60 - Mood and motivational syndromes in Parkinson's disease: an update

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**Background:** Parkinson's disease (PD) is a neuropsychiatric disorder characterized by motor symptoms and a high prevalence of non-motor symptoms, including mood and motivational syndromes.

**Objective:** To review the current knowledge on in PD.

**Method:** Review of literature.

**Results:** Depressive syndromes in PD have long since received scientific attention, while other mood and motivational syndromes have only recently become the focus of research, such as anxiety and apathy. All these syndromes are common in PD, and they have a widespread negative impact on overall functioning and quality of life. For depressive syndromes adapted diagnostic criteria and validated rating scales are available. A number of recent placebo-controlled double blind randomized controlled trials have shown that major depressive disorder in PD can be effectively treated with citalopram, nortriptyline, or desipramine. Other treatment options, such as cognitive behavioural therapy, light therapy and treatment with dopamine agonists are under investigation. Research into anxiety is hampered by the disputable construct validity of the DSM IV diagnostic criteria for anxiety disorders in PD patients. A number of anxiety rating scales have been validated, but no treatment studies of anxiety in PD have been published yet. Until recently, apathy was a syndrome lacking a clear definition. Diagnostic criteria have recently been validated for PD patients. A number of apathy rating scales are available, but these have not been well validated because of the lack of diagnostic criteria as an external gold standard. A number of treatment studies have been performed involving different agents, but no effective pharmacological treatment is available yet. Activation and occupation therapy seem to be the only effective treatment option available to date. Conclusion: Mood and motivational syndromes play an important role in the general functioning and quality of life of PD patients. Depression

can be adequately treated, but the treatment of anxiety and apathy require more research.

**Keywords:** Parkinson's disease, depression, anxiety, apathy

### 61 - Symptom dimensions of depression and anxiety and the metabolic syndrome

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**Objective:** To investigate the association between depression and anxiety symptoms and the MetSyn using a dimensional approach. The association between depression and anxiety on the one hand and the metabolic syndrome (MetSyn) as a cluster or its individual components on the other hand is equivocal. The categorical nature of the DSM-IV might partly explain the inconsistent findings.

**Methods:** In 2433 Netherlands Study of Depression and Anxiety (NESDA) study participants (mean age=42.3 years, 33.1% male), three symptoms dimensions, lack of positive affect (PA, depression specific), negative affect (NA, aspecific) and somatic arousal (SA, anxiety specific) were assessed by a shortened adaptation of the Mood and Anxiety Symptom Questionnaire (MASQ-D30). The association between symptom dimensions and MetSyn components (waist circumference, triglycerides, high density lipoprotein (HDL) cholesterol, glucose and mean blood pressure) was analyzed using linear regression analysis.

**Results:** The prevalence rate of the MetSyn was 20.1% (n=490). SA, but not PA and NA, was strongly associated with four out of five MetSyn components, especially waist circumference, triglycerides and blood pressure ( $\beta = .046$ ;  $P = .01$ ,  $\beta = .077$ ;  $P < .001$  and  $\beta = .069$ ;  $P < .001$ , respectively), and with the total number of MetSyn components ( $\beta = .098$ ;  $P < .001$ ).

**Conclusions:** Our results demonstrate a strong association of most of the MetSyn components with the somatic arousal dimension, but not with the aspecific and depression-specific affect scales. **MetSyn**=metabolic syndrome; **NESDA**=Netherlands Study of Depression and Anxiety; **PA**=positive affect; **NA**=negative affect; **SA**=somatic arousal; **MASQ**=Mood and Anxiety Symptom Questionnaire; **HDL**=high density lipoprotein.

**Keywords:** Depression; anxiety; symptom dimensions; metabolic syndrome

### 62 - Lithium treatment during pregnancy and the postpartum period

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**Background:** C-L psychiatrists are often requested to evaluate the indication and provide monitoring guidelines for lithium treatment during pregnancy and the postpartum period.

**Objectives:** To review current knowledge of lithium indications and treatment during pregnancy and the postpartum period.

**Methods:** A systematic review of papers published in Pubmed on lithium treatment during pregnancy and postpartum period supplemented by clinical examples from own clinical practice.

**Results:** In women with bipolar disorder stabilized on lithium, withdrawal of lithium due to pregnancy increases the risk of a new depressive or manic episode that may harm the fetus. Women who previously have experienced a postpartum psychosis have a high risk of developing another postpartum psychosis unless prophylactic lithium treatment is initiated during pregnancy. The prophylactic benefits of lithium in those instances clearly outweigh the risks since the risk of cardiovascular and other malformations due to lithium treatment during the first trimester is lower than previously estimated. However, serum lithium concentrations regularly are reduced through out pregnancy requiring increasing dosages during the second and particular the third trimester. Following delivery, the dose needed to sustain a therapeutic level of lithium is about 1/2 of that required the last weeks prior to delivery. Concomitant drugs and electrolytes alterations may cause pharmacokinetic and pharmacodynamic interactions. Special attention must be paid to thyroid function of the mother during pregnancy, TSH being more important for monitoring than free T4. The indication for thyroid supplement is more liberal during pregnancy than in non-pregnant lithium treated patients.

**Conclusion:** Lithium treatment during pregnancy and postpartum period is both feasible and less risky than previously thought, but requires much more frequent follow-up assessments with measurement of TSH and serum lithium levels than recommended in non-pregnant lithium treated patients. Lithium -pregnancy -postpartum psychosis -bipolar disorder – TSH.

### 63 - Risk factors of depression and psychosis during pregnancy and after delivery: preliminary data

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**Introduction:** Poor mental health, like depression and psychosis, during pregnancy and after delivery is very common. Recent literature studies had examined whether there are changes during the perinatal period in hormones, in inflammatory cytokines and in response to stress (cortisol level).

**Aims:** The main aim of this study is to identify which women are most likely to develop depression and psychosis during pregnancy and after delivery.

**Methods:** A total of 50 patients (Group A) with previous mental health problems (who have a positive history of a psychiatric disorder) and 50 controls (Group B) were tested in pregnancy (T1) and after delivery (T2). We have examined cortisol level (with saliva samples), hormones and inflammatory cytokines (with a blood test), and a clinical interview has been done.

**Results:** Group A has showed correlation two times greater than group B between higher cortisol levels and develop of psychosis in the following three months after delivery. Moreover, group A patients who developed depressive symptoms, present extreme hormonal fluctuations and elevated levels of interleukin-1 beta during first months in the post partum.

**Conclusion:** Higher cortisol and cytokines level, and hormonal fluctuations are more frequent in women with a previous history of psychiatric disorder and can be risk factors in women who have no experience of depression or psychosis.

**Keywords:** Postpartum depression, postpartum psychosis, hormones, inflammatory cytokines, cortisol

#### 64 -Economic recession in Italy: a review of short-term effects on health

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**Background:** Since July 2008, all countries in Europe have fallen into a severe economic recession, having lowering of income and increase in unemployment as major consequences. Several researches in literature point out that both unemployment and the fear of unemployment have negative consequences on health.

**Aim:** To review the consistency of Italian data after recession onset with general observations made before 2008 financial crisis, pointing out that in times of recession there is an increase in overall mortality, male suicide and daytime drinking.

**Methods:** PubMed, MEDLINE, and PsycINFO databases were searched for literature. Mortality, alcohol consumption, suicide and attempted suicide data were obtained from

the website of the Istituto Nazionale di Statistica, ISTAT (Italian National Institute of Statistics). Data referring to drug consumption were found on the website of Agenzia Italiana del Farmaco, AIFA (Agenzia Italiana del Farmaco, AIFA).

**Results:** Overall mortality in Italy increased through years 2007 (before recession onset) and 2009 (after recession onset). Comparing the last six months of years 2007, 2008 and 2009, a significant increase in male and female suicides was noticeable, as well. The increase in mortality was more frequent among women than men. Self-harm behaviours related to economic reasons showed a significant increase, and were more common among people with blue-collar jobs. Differently, alcohol consumption showed a small increase after recession onset.

**Conclusions:** Italian data referring to overall mortality, suicide and attempted suicide after recession onset seem consistent with similar observations after other huge economic crises, confirming a worsening of psycho-social indicators such as self-harm behaviours and alcohol consumption. More studies are needed on long-term effects of economic crisis on health.

**Keywords:** Recession, suicide, financial crisis, alcohol consumption

#### 65 - Stanford Chronic Pain Self-Management Programme (CPSMP): Effects on pain catastrophizing, functional limitations, and benefit finding

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**Background:** The Stanford CPSMP is a patient education program consisting of six 2½ hour weekly sessions. Two trained instructors teach a group of 10–16 persons about managing pain. Instructors are not health professionals but chronic pain patients themselves. The program is highly structured and manualized. Various beneficial effects of CPSMP, e.g. on pain, self-efficacy, and well being have been reported.

In 2010 the CPSMP was adapted to Danish conditions and implemented in municipalities offering a total of 8 CPSMP courses.

**Aim:** To examine the effect of the Danish CPSMP on pain, functional limitations, and psychological adaptation to chronic pain.

**Methods:** Of 104 enrolled in CPSMP, a total of 92 men (16%) and women (84%) (age mean: 52 yrs, SD: 12.4) filled out a questionnaire before the course. Seventy-one returned a

questionnaire after the course. The questionnaires measured self-reported pain, sociodemographic data, and scales estimating functional limitations (RMQ), pain catastrophizing (PCS), self efficacy (SES), and benefit finding (BFS).

**Results:** The majority had suffered from chronic pain for many years (mean: 9.8 yrs, SD: 9.6) and reported an average pain level of 58 mm (SD: 16) on a 100 mm VAS. After the course, pain and self efficacy were unchanged ( $t=-0.32-1.32$ ; NS) but significant reductions in pain catastrophizing and functional limitations and increase in benefit finding were found ( $t=-2.99-5.13$ ,  $p<0.005$ ).

**Conclusion:** Although the CPSMP was not associated with pain reduction, there were significant effects on functional limitations, pain catastrophizing and benefit finding, which are important psychological components in the individual's management of chronic pain.

#### 66 - Clinical inertia in responding to patient reported symptoms during cancer treatment

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Cancer chemotherapy is associated with side effects which manifest as self reported symptoms that diminish quality of life and impair function. While patients are given a variety of medications to control symptoms at the time of treatment, they are often not completely effective. In a study of 129 patients receiving chemotherapy for a variety of cancers, we examined physician and nurse practice patterns when given daily information about symptoms that continued at moderate or severe levels by patient self report. We found that both physicians and nurses rarely contacted patients about these unrelieved symptoms or escalated treatment. Reasons for a lack of response included: a belief that subjective patient reported symptoms lacked validity, a belief that there was a limitation to effective symptom care and the best had already been given, and a belief that it was not a good idea to over focus patients' attention on symptoms. These responses may indicate that oncologists demonstrate clinical inertia in response to patient reported symptoms. Clinical inertia has been described in other specialties, for example in the treatment of hypertension and diabetes and is described as a failure to initiate, intensify or advance treatment for a patient not at a therapeutic goal. In oncology the problem seems to be a failure of treatment intensification rather than treatment initiation and may involve an overestimation of the effectiveness of initial symptom treatment as well as clinical uncertainty about benefits of further evidence-

based approaches and a lack of outcome expectancy about symptom relief.

**Keywords:** Cancer, unrelieved symptoms, clinical inertia

#### 67 - Somatization in general medical practice (incidence, clinical variants, gender distribution, and utilisation of medical services)

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**Background:** Somatisation is highly prevalent, impairs everyday functioning, causes suffering and high medico-economical expenditure.

**Aim:** The aim of our study was to assess the incidence, demography, and clinical symptomatology of somatisation in primary care.

**Methods:** 608 consecutive patients seeking help from GPs filled in Screening for Somatoform Symptoms (SOMS) after giving informed consent. 216 (35.5%) displayed more than 3 medically unexplained symptoms and were re-assessed with Somatisation Index, Index of Somatiform Autonomic Dysfunction, Somatisation Index 3/5 for diagnosing multiple somatoform syndrome (MSS), and a semi-structured DSM-IV-based interview. MSS was finally diagnosed in 126 patients (39 males and 87 females). 142 non-somatizers matched for gender, age, education, marital status and rural/urban living formed the control group. Statistical analyses were carried out by SPSS 17.0: tests of Kolmogorov-Smirnov, Shapiro-Wilk, Mann-Whitney, Wilcoxon (Monte Carlo correction).

**Results:** Point incidence inside somatoform disorders was as follows: 58.3% MSS, 26.9% somatoform autonomic dysfunction, 6.5% hypochondriasis, 3.7% somatisation disorder, 2.8% pain disorder, 1.9% body dysmorphic disorder. The most common persistent medically unexplained symptoms were headache (29.6%), back/waist pain (24%), abdominal pain (22.7%); chest pain/discomfort (21.8%), palpitations (20.8%). Females were significantly more prone to somatising than males ( $p<0.01$ ). Somatisers utilized medical examinations, lab and imaging assessments, etc. significantly more than non-somatizers ( $p<0.001$ ).

**Conclusions:** Persistent somatoform symptoms are common in primary medical care but a negligible number of such patients display the full-blown picture of somatisation disorder. Female gender is significantly associated with medically unexplained symptoms. Unrecognised somatisation is the cause of frequent, expensive, and unnecessary utilization of medical services and procedures.

**Keywords:** Somatization, medically unexplained symptoms, health expenses

### 68 - Depression and complexity in medically ill patients

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**Background:** In the context of an increasingly complex health care needs, INTERMED was developed to help the health professionals on the early detection and management of the complex patients.

**Aims:** To document the ability of INTERMED to predict anxiety and/or depression at the time of hospital discharge.

**Methods:** 1000 inpatients on the Internal Medicine floor of three university hospitals were assessed. INTERMED was administered at admission and the sample was divided in two groups according to the complexity index (INTERMED 20/21). HADS was administered at the time of hospital discharge, blind to INTERMED scores. Student's t test was used to test group differences, Pearson's test to calculate correlations, and regression logistic analysis to calculate risk of anxiety and depression, adjusted by cognitive deterioration (MMSE).

**Results (provisional):** About a third of patients were considered to be complex. Complex patients compared with the non-complex scored significantly higher on HADS total score (anxiety and depression). Significant correlations were found between INTERMED total score and anxiety ( $r=0.522$ ;  $P=0.002$ ), depression ( $r=0.451$ ;  $P=0.008$ ) and Total ( $r=0.521$ ;  $P=0.002$ ). Moreover, complex-patients had an increased risk of both anxiety (OR: 2,8) and depression (OR:5,08).

**Conclusions:** Frequency and severity of complexity in this study matches up with results reported by several authors. Complexity measured with INTERMED predicts anxious and depressive symptomatology at the time of discharge in medical patients "treated as usual". INTERMED might be useful in developing early treatment strategies for patients at risk.

### 69 - Prevalence and comorbidities of somatoform disorders in a rural California outpatient psychiatric clinic in the US-Mexico border

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**Objective:** This study examines the prevalence and comorbidities of somatoform disorders in a rural setting with a diverse ethnic population.

**Method:** A retrospective chart review was conducted of active psychiatric outpatients in a clinic located in a rural community. Data abstracted included demographic variables, multi-axial diagnoses (DSM IV TR), length of treatment, psychotropic medications, and number of medications discontinued due to side effects. Improvement in level of function with treatment was measured by change in global assessment of functioning (GAF) scores.

**Results:** Of 737 records reviewed, 37 (5%) contained a diagnosis of somatoform disorder. The most common comorbidities in the somatoform group (SG) were Depression ( $P < .01$ ), Hypertension ( $P < .01$ ), and Arthritis ( $P < .05$ ). The SG was significantly more likely to have a chronic medical illness ( $P < .01$ ) and history of surgeries ( $P < .05$ ). The SG patients'  $\Delta$ GAF was one fourth the  $\Delta$ GAF scores in all other psychiatric outpatients (1.41 vs. 6.79,  $P < .01$ ). The SG changed medications more often due to side effects (1.35 times vs. 0.71 times,  $P < .01$ ), received a greater number of psychotropic medications (2.05 vs. 1.62,  $P < .05$ ), and was more likely to be taking an antidepressant ( $P < .05$ ) than the non-somatoform group.

**Conclusion:** Somatoform disorder patients had a higher prevalence of depression, chronic medical conditions and surgeries. They responded less favorably to treatment when compared to patients without a somatoform disorder, and manifested a decreased tolerance to medication side effects. Female gender, fewer years of education, and Latino ethnicity did not increase the probability of having a somatoform disorder.

**Keywords:** Somatoform, psychiatric diagnosis, rural psychiatry, ethnicity

### 70 - What are the links between consultation-liaison in psychiatry and addictology?

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**Background:** In France, both CL-psychiatry and CL-addictology facilities exist nowadays in several general hospitals. Comorbidity between mental and substance use disorders is

associated with a worse prognosis and a higher risk of chronicity. Advantages and limits of such separate facilities are still debated.

**Methods:** Sociodemographic and clinical data concerning 36 and 22 patients consecutively met in CL-psychiatry and CL-addictology practices during a 3-month period in the same hospital were compared. Additionally, patients were invited to fill out the Hospital Anxiety and Depression Scale, the Alcohol Use Disorder Identification Test (AUDIT), and the Fagerström tobacco dependence questionnaire.

**Results:** Given that CL-psychiatry patients were older ( $p=0.002$ ), comparisons were adjusted for age. 100% of CL-addictology, but also 22% of CL-psychiatry patients had an alcohol-related problem. 41% of the first vs. 14% of the latter presented with cannabis consumption, and respectively 36% vs. 3% with other substances misuse. HAD-anxiety and AUDIT scores were higher in CL addictology patients (respectively  $p=0.006$  and  $p<0.001$ ). HAD-depression and Fagerström scores were comparable across groups. The lifetime percentage of mood disorders, anxiety disorders and psychoses was similar in both populations (eg: one third of depressive disorders).

**Conclusion:** Findings suggest the interest in systematically assessing the consumption of psychoactive substances among patients admitted in medical services with psychiatric disorders and, reciprocally, to adapt the care project to the presence of psychiatric comorbidity among substance abuse disordered patients. Training CL-practitioners on screening for psychiatric as well as addictive behavior disorders, whatever the facility in which they are involved, can be helpful.

**Keywords:** CL psychiatry, CL addictology, alcohol misuse, questionnaires, comorbidities

### 71 - The migration process as a stress factor in immigrant pregnant women

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**Background:** There has been a large increase in foreign population in Spain. Actually, there are 5.6 million foreigners registered in this country. There is a 63% who are aged between 16 and 44 years old. In addition, 47% are women. This context requires a greater healthcare delivery, especially concerning the issues related to sexual and reproductive foreign women health.

**Aim:** The aim of our study was to verify whether there were differences between Spanish women and immigrant women, such as the delivery process and their psychological state (stress and optimism).

**Methods:** In our study, 60 evaluations were made to women in the immediate postpartum, 30 Spanish women and 30 immigrants woman.

**Results:** The results obtained showed that immigrant women have greater stress perception ( $p=0.00$ ) and vulnerability to stress ( $p=0.00$ ) than national women in the immediate postpartum. However, there were no differences in the perinatal results.

**Conclusions:** We did find significant differences between Spanish and immigrant women in the results when assessing vulnerability to stress and perceived stress. This research has important implications on the clinical care of women during labour, as we consider levels of perceived stress and stress vulnerability as variables that can improve.

**Keywords:** Immigration, women, pregnancy, postpartum, stress

### 72 - Cognitive functioning, emotional processing, mood and personality variables before and after stereotactic surgery: a study of eight cases with chronic neurogenic pain

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**Background:** Stereotactic central lateral thalamotomy is used in chronic intractable pain. However, it is not clear whether this intervention improves the emotional and cognitive impairments observed in chronic pain patients.

**Aim:** To investigate cognitive functions, emotional processes, and personality variables before and after surgery compared to a control group.

**Methods:** Eight patients with intractable neurogenic pain were tested before and 3-month after surgery using neuropsychological tests including frontal functions, depression, anxiety, anhedonia, anger regulation, and a personality test. The patients performed two experimental tasks testing empathy (mind reading) and ability to recognize facial emotional expressions. Eight age and gender matched control subjects were tested once using the same procedure.

**Results:** Patients showed neuropsychological deficits, clinically significant depression scores, impairments of the mind reading's ability and of the ability to recognize facial emotional expressions at baseline according to the tests' norms. The comparison with the control group before surgery evidenced statistically significant differences

according to the cognitive assessments, the depression and anxiety scores as well as to the somatic complaint subscale of the personality test. Patients experienced a significant pain relief of 30% and a significant improvement of the depression scores after surgery. The cognitive functions improved but remained under the norm.

**Conclusions:** Our chronic pain patients evidenced a significant pain relief and neurocognitive and emotional improvements after surgery, indicating a positive effect of stereotactic central lateral thalamotomy. However some deficits remained after surgery, suggesting that a long history of chronic pain may be associated with long-lasting cognitive and emotional deficits.

**Keywords:** Pain, surgery, thalamus, neurocognition, neuropsychiatry

### 73 - Reduction of peripapillary retinal nerve fiber layer thickness in schizophrenic patients

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**Introduction:** Optical coherence tomography (OCT) is a relatively new noninvasive imaging technique that can assess the thickness of retinal nerve fiber layer (RNFL). Using OCT, a significant reduction in the peripapillary RNFL thickness has been reported in patients with various neurologic diseases.

**Aims:** The goals of this study were to determine by OCT the differences in the peripapillary RNFL thickness, macular thickness and volume, between schizophrenic patients and control subjects.

**Methods:** We compared 20 eyes of ten patients with schizophrenia to 20 eyes from ten age-matched healthy control subjects. In all subjects, optic nerve head (ONH) measurements, peripapillary RNFL thickness, macular thickness and volume were measured by optical coherence tomography (OCT). OCT was performed with the Stratus OCT. Data analysis was conducted using SPSS software version 15.0.

**Results:** Overall RNFL thickness was within 88 and 119  $\mu\text{m}$  (mean  $\pm$  SD: 103  $\pm$  8  $\mu\text{m}$ ) in control subjects and within 53 and 110  $\mu\text{m}$  (mean  $\pm$  SD: 95  $\pm$  13  $\mu\text{m}$ ) in schizophrenia patients. The difference was statistically significant ( $p=0.047$ , Mann-Whitney U test). The nasal quadrant of peripapillary RNFL showed a statistically significant reduced thickness in schizophrenia patients, compared with that of control subjects.

**Conclusion:** OCT measurements are of particular interest in numerous neurologic diseases in which there is axonal loss. To the best of our knowledge, this is the first report to demonstrate a thinner overall peripapillary RNFL thickness in schizophrenic

patients when compared with controls. However, more studies are needed to give further explanations about the relationship between the pathological mechanisms underlying schizophrenia and the reduction in peripapillary RNFL thickness we have observed and the meaning of the most pronounced thinning in the nasal quadrant.

**Keywords:** Optical coherence tomography, schizophrenia

### 74 - Can postpartum depression be differentiated from non-postpartum depression? A systematic review

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**Background:** Postpartum depression (PPD) affects the mother–child interaction and the ability of the mother to appropriately care for their child. Infants of depressed mothers show lower social engagement, less mature regulatory behaviors, more negative emotionality, and more sleep problems. Thus treatment of PPD is an important public health issue. However, to which extent the etiology and phenomenology postpartum depression is similar to or different from major depressive episodes provoked by psycho-social distress and life changes occurring outside postpartum period (Non-post partum depression -NPPD) is disputed.

**Objectives:** To review studies addressing differences in phenomenology of PPD compared with NPPD.

**Method:** A systematic literature search of Medline, PsycINFO, the British Nursing Index, EMBASE, and the Cochrane Library was supplemented by searching reference lists.

**Results:** Ten quantitative and no qualitative studies were identified. Three studies claimed no difference and seven claimed differences in phenomenology of PPD and NPPD, but no consistent findings were reported even among those claiming differences. However, major differences in assessment methods (interviews, scales), definition of PPD, and samples across studies that may explain the inconclusive findings were noted.

**Conclusions:** Despite the clinical importance of PPD and clinical experience suggesting the existence of subtypes of PPD different from NPPD, empirical studies do not allow any conclusion regarding possible phenomenological differences. Better designed studies that include broader assessment of clinical features are urgently needed. In depth studies applying a qualitative design with emphasis on phenomenology and lived/experience of the woman may provide additional clues for designing future studies.

**Keywords:** Postpartum depression, phenomenology, qualitative studies, major depression

### 75 - Pharmacogenomic testing and clinical outcome in a tertiary care outpatient psychiatric consultation practice

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**Aims:** The authors tested the hypothesis that pharmacogenomic genotype knowledge is associated with improved clinical outcome, after controlling for other factors that might differentiate tested and untested patients.

**Methods:** Medical records of 46 patients seen in the Mayo Clinic outpatient psychiatric consultation practice who had  $\geq 2$  Patient Health Questionnaire-9 (PHQ9) pre-consultation scores and  $\geq 2$  post-consultation PHQ-9 scores were reviewed. Comparisons of differences in pre-consultation and post-consultation PHQ slopes between tested and non-tested patients, and between genotype categories of tested patients, were evaluated using Kruskal-Wallis and Wilcoxon rank sum tests, controlling for significant demographic and clinical differences.

**Results:** 29 patients (63%) had pharmacogenomic testing; 17 (37%) did not. The mean difference between pre-index and post-index slopes for tested patients was -0.08 (median -0.01; range -1.20 to 0.15) compared with 0.13 (median 0.02; range -0.18 to 2.16) for non-tested patients ( $p=0.030$ ). The significant difference between tested and non-tested patients remained after adjusting for diagnosis of depression ( $p=0.028$ ), family history of mood disorders ( $p=0.046$ ), and numbers of prior antidepressant, mood stabilizer, and antipsychotic trials ( $p=0.041$ ), but not after adjusting for index PHQ score ( $p=0.28$ ). Among genotype categories, mean differences between pre-consultation and post-consultation slopes was significantly better for poor 2D6 metabolizers compared to intermediate or extensive metabolizers ( $p=.038$ ).

**Conclusion:** These findings suggest that pharmacogenomic testing in a psychiatric consultation practice may improve clinical outcomes, especially when a 2D6 poor metabolizer is identified.

**Keywords:** Pharmacogenomic testing, depression, outcomes, psychiatric consultation, cytochrome P450

### 76 - Validation of a neuropsychological battery in a sample of patients with chronic fatigue syndrome

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**Aims:** Some cognitive deficits have been identified, although the findings are inconsistent and hindered by methodological heterogeneities. One of these limitations is the neuropsychological battery used. Some studies show that cognitive measures that share variance in healthy people can dissociate and contribute to unique variance in people with some cognitive impairment. They suggest that the validity in neuropsychological measures should be tested in homogeneous samples. The aim of this study was to test the validity of a neuropsychological battery in a sample of patients with CFS.

**Methods:** Sixty-eight women, aged between 29 and 67 years-old and diagnosed with CFS according to the criteria of Fukuda were enrolled. We excluded patients with mental disorders (except depression reactive to illness) and organic diseases that can course with cognitive impairment. Patients were assessed with the following neuropsychological test: Mental Control, Paced Auditory Serial Addition Test, Digit Span, Symbol Digit Modalities Test, Stroop Test, Trail-Making Test, verbal fluency test, Tower of London test, Rey Auditory Verbal Learning test, Rey-Osterreith Complex Figure and Grooved pegboard. Twenty-five cognitive measures were obtained. Because the multidimensionality of the cognitive functions studied, principal components analyses including all the measures were carried in order to assure that each one was comprised of only one cognitive dimension.

**Results:** The neuropsychological measures were categorized into 7 specific cognitive domains: Attention/concentration, divided attention, verbal memory, visual memory, executive functioning, problem solving and motor functioning. The Cronbach's alpha for all analyses was upper than .05.

**Conclusion:** This study proposes a validation of a neuropsychological battery in a homogeneous sample of CFS. This proposition could reduce one of the main limitations in the studies about CFS and cognitive functioning, such as the inconsistent findings associated to the different neuropsychological test used.

### 77 - Stress response differences between systemic lupus erythematosus patients and healthy controls

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**Background:** Systemic Lupus Erythematosus (SLE) is an autoimmune disease, which has been related with

worsening of the symptoms because of psychosocial stress (Peralta-Ramírez et al., 2004). A possible cause is the poor functioning of the hypothalamic-hypophysary adrenal axis (HHA) in SLE patients.

**Aims:** We compared the activity of the HHA in healthy controls and SLE patients through exposure to a public speaking task, with the purpose of showing differences between groups.

**Methods:** Forty-one women participated in the study. SLE group was formed by twenty-three SLE patients with an average age of 34.65 years (SD=10.06) and an average Schooling of 14.08 years (SD=3.11), and the control group was comprised of eighteen healthy women (control group) with an average age of 36 years (SD=11.47) and an average Schooling of 14.68 years (SD=1.76). In order to induce psychosocial stress, we used a modified version of Trier Social Stress Test (TSST, Kirschbaum et al., 1993), which was adapted to a virtual reality model. Four samples of salivary cortisol, which were extracted in different temporal moments during the task (pre-challenge, post-challenge and 10 and 20 minutes after the task), were taken as measure for the HHA axis.

**Results:** The results showed a different functioning in the HHA axis in both groups against the stressor, although the SLE group presented a lower reactivity, as well as a slower recovery of the axis than the control group.

**Conclusions:** It was observed a difference in the HHA axis activity that could explain why SLE patients experience an aggravation of their symptoms due to stress.

**Keywords:** Stress; Systemic Lupus Erythematosus; Trier Social Stress Test; Cortisol

#### 78 - Consultation-liaison psychiatry for the assessment of suicidal risk following deep brain stimulation of the subthalamic nucleus in Parkinson's disease: the PPSAQ

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**Background:** Deep brain stimulation (DBS), of the subthalamic nucleus improves motor symptoms and quality of life in patients with advanced Parkinson's disease (PD). However, psychiatric adverse effects have been described, especially suicidal behaviours. The common risk factors for suicidal behaviour are: previous suicide attempts and psychiatric disorders, mood dysregulation, lower impulse control, psycho-

social factors and difficulties in coping strategies. Preoperative psychiatric screening (PPS) usually is supposed to identify high risk patients. Nevertheless, some patients might deliberately conceal their own psychiatric history, in order not to be excluded from surgery.

**Aim:** We aimed at improving the postoperative psychiatric safety of PD patients, by decreasing the risk for the patients of concealing their psychiatric history. This decrease could be allowed by a stronger involvement of the patient to the psychiatric screening.

**Methods:** We created the PPSAQ (Preoperative Psychiatric Screening AutoQuestionnaire). The PPSAQ consists in a few very simple questions about the psychiatric history. The patient is also asked to date and sign his assertions.

**Results:** In our University Hospital, more than 70 patients filled out the questionnaire before the PPS, for 2years now. None suicidal behaviour has occurred bynow after a DBS for PD.

**Conclusions:** PPSAQ seems to be a useful tool to improve the psychiatric outcome following DBS in PD, by increasing the contribution of the patient to the procedure.

**Keywords:** Deep brain stimulation, Parkinson's disease, suicide, consultation-liaison psychiatry, PPSAQ

#### 79 - Psychooncological interventions -what do cancer patients aged 60 years or older wish for?

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**Objectives:** To determine acceptance of psycho-oncological interventions and predictors of subjective need in cancer patients aged  $\geq 60$  years.

**Methods:** We examined 292 in-and outpatients (51% female, 51.7% aged  $\geq 60$  years) of the interdisciplinary cancer center of the University Hospital of Münster with a questionnaire designed to assess their wish to attend different psycho-oncological interventions (FIPA) and with the Hospital Anxiety and Depression Scale (HADS-D).

**Results:** 73.5% of those aged  $\geq 60$  years and 87.9% of those  $< 60$  years assessed their wish for at least one specific psycho-oncological intervention. Higher age, lower levels of anxiety and a cancer relapse were negative predictors of the readiness to attend psycho-oncological interventions (9% variance explained). On the level of the specific interventions, those aged 60 years or older showed lower acceptance only for relaxation techniques.

**Conclusions:** Readiness to attend psycho-oncological interventions was high with only marginal differences between the age groups. As objective features of the patient and the disease resulted only in a low predictability of the subjective need for psycho-oncological interventions, routine screening of cancer patients seems an important issue.

**Keywords:** Attendance; psycho-oncological intervention;  $\geq 60$  year's old cancer patients; predictors

### 80 - Older patients' long-term outcome after inpatient psychotherapy

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**Objective:** To compare long term outcome after inpatient psychotherapy for patients aged  $\geq 50$  years at time of treatment in comparison to younger patients.

**Methods:** At the beginning and end of inpatient treatment in a multimodal setting comprising individual and group psychotherapy, concentrative movement therapy, art therapy, relaxation etc., patients were examined with Operationalized Psychodynamic Diagnostics (OPD) and self-assessment questionnaires (BSI, HADS, IIP, EDI etc). Patients were again contacted 1 to 8 years later and asked to fulfill the same questionnaires as well as a questionnaire designed to record sociological data, improvement in symptoms, and the patient's satisfaction with the inpatient treatment.

**Results:** 254 former patients participated, 44 denied participation. 87 (34.3%) were 50 years or older at time of inpatient treatment, 29 (11.4%) 60 years or older. At katamnesis, the patients' overall satisfaction with the treatment was high, without significant differences between older and younger patients. Also there were no differences between older and younger patients in the improvement of their respective symptoms and problems that had led to inpatient psychotherapy and in the improvement as assessed by above mentioned psychometric scales. However, older patients reported a trend to have had fewer sessions of outpatient psychotherapy but also a trend to less disruption of outpatient psychotherapy.

**Discussion:** We discuss the implications of our results for psychotherapy with the elderly.

**Keywords:** Inpatient psychotherapy, elderly, outpatient psychotherapy, long term outcome

### 81 - Depression and self-awareness of impairment in a group of adults with sight loss

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**Background:** Depression has been referred as a frequent problem in visually impaired adults. Recent studies have hypothesized depression as part of the adjustment process to vision loss. Studies with other physically impaired patients have associated depression with self-awareness of the impairment.

**Aim:** Our study wants to know if self-awareness of the impairment is associated with depressive levels, putting depression as part of the adjustment process to vision loss.

**Methods:** A naturalistic cross-sectional study, using both qualitative and quantitative instruments was adopted. Our sample was composed by a selected group of 40 adult patients at a rehabilitation setting, and who have lost their vision after age 18. Self-awareness of the impairment was collected through semi-structured interviews. Content analysis was performed using the Thematic and Categorical Analysis proposed by Bardin. Depressive levels were assessed using CES-D.

**Results:** Qualitative data showed patients in with different emotional resonances of their impairment. A great portion of patients (40%) meet CES-D criteria for depression. Time between first diagnosis and vision loss (disease evolution) (.335;  $p=.035$ ) and the rehabilitation time (.333;  $p=.036$ ) were positively correlated with depressive levels. Patients who became impaired for longer ( $p=0.034$ ), and those who verbalized more feelings and ideas about their impairment ( $p=0.039$ ) showed higher depressive levels.

**Conclusions:** Depression appeared associated with variables that reveal patients' self-awareness of the impairment and its integration in the individual's self. Therefore, depression appeared as part of the adaptation to vision loss instead of being a signal of a pooradjustment.

**Keywords:** Depression; vision loss; self-awareness; adaptation

### 82 - Peeking into the mind of disturbed adolescents: the utility of PSG studies in an inpatient psychiatric unit

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**Background:** The prevalence of sleep disturbance in neuropsychiatric disorders raises an interesting issue regarding the complex relationship between sleep and the neurobiology of psychiatric disorders.

**Methods:** We performed a systematic review of 108 Polysomnography (PSG) studies assessing EEG sleep architecture and physiology obtained from adolescents admitted to an inpatient psychiatric unit.

**Aim:** This study examines the association of EEG sleep architecture features with clinically diagnosed disorders, assessing the utility of PSG in the treatment and understanding of underlying neurological features of psychiatric disorders during sleep.

**Results:** Notably, ~70% fall outside normal ranges for Rapid Eye Movement Sleep (REM) onset latency and percentage with a general trend towards greater REM latency and reduced REM percent of total sleep time. Common patient profiles include mood and behavioral disorders, learning disabilities, physical and sexual abuse, psychosocial issues, and substance abuse. Substantial numbers of patients have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Depression, Conduct Disorder, Oppositional Defiance Disorder (ODD), and Anxiety Disorder.

**Conclusion:** Preliminary analysis reveals substantial sleep disturbances in many patients, including elevated sleep onset latency, reduced sleep efficiency, and higher than normal arousal indexes. This study highlights the utility of PSG sleep studies in the study, management, and treatment of adolescents with psychiatric disorders with respect to identifying underlying sleep problems that may be contributing to the development and/or perpetuation of the psychopathological state.

### 83 - A new Tool for Detecting Depression in Children and Adolescents

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**Background:** To discuss a new tool that we have found very helpful in educating parents, families, teachers and allied health professionals in detecting depression in children and adolescents. Approximately 1/20 of children suffer from depression. This is the same percentage as ADHD. Most teachers in a classroom setting will be able to recognize a child with ADHD but only few teachers will be aware of a child having depression.

**Aim:** To detect, recognize and treat depression in children and adolescents.

**Method:** We developed a booklet called “Detecting Depression in Children and Adolescents”. It comprises 40 pages and it

is easy to read. It is highly illustrated with figures, diagrams and vignettes that make it very user-friendly. The causes of depression, its course and treatment are discussed along with pharmacological and non pharmacological treatments. We also talk about the sensitive issue of black box warning with antidepressants.

**Results:** It helped health care professionals and families in particular to accept the diagnosis and initiate treatment specifically after reading this booklet.

**Conclusion:** This educational tool also helped in the early recognition, detection and assessment of depression in children and teenagers at the sleep clinic.

**Keywords:** Depression, ADHD, Sleep disorder, children and adolescents

### 84 - Fatigue and Sleepiness Management – Different in different circumstances\*

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**Background:** There is good evidence that there are different types of sleepiness, different types of alertness and probably different types of fatigue. If the latter is true, then it is likely that different treatment interventions will need to be applied to resolve fatigue related problems depending on the specifics of the fatigue.

**Aim:** To look into perception and causes of fatigue and sleepiness and its management.

**Method:** Two studies evaluating fatigue and its correlates are discussed. The first involves a population of Hep-C patients and normal controls from a psychometric perspective. The key observation is that the perception around evaluating fatigue influences the fatigue ratings. The second study is an analysis of changing sleepiness and fatigue in patients treated for sleep apnea.

**Results:** The results show a separation in men and women of sleepiness and fatigue changes and also a difference based on time of day that assessments are done.

**Conclusion:** A simplistic approach to treatment of one shoe fits all is likely to fail and this presentation will focus on some of the necessary evaluation components to dissect fatigue types into treatable entities.

**Keywords:** Sleepiness, fatigue, treatment, medical causes

\* This abstract has been withdrawn.

### 85 - What policy measures could effectively prevent cannabis-caused psychosis in adolescents?

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**Purpose of the Study:** Cannabis is a widely used substance that has become more socially accepted, legally tolerated, and utilized by younger individuals on a more frequent basis. This presentation firstly explores the relationship between cannabis and the onset of psychosis, and continues to investigate the policy ramifications of this research.

**Method:** Synthesizing and reviewing published work that is relevant to the discussion of cannabis influencing the onset of psychosis and the policy debate.

**Results:** The evidence suggests that, along with other harms, cannabis is a significant risk factor in the etiology of psychosis. Adolescents are more vulnerable to using cannabis, and because of their stage of mental development, the cognitive effects are more pronounced. The mechanism for this change is thought to be neuro-chemical with a stronger effect in those with a diathesis for psychosis. Policy ramifications, drawing directly from evidence-based research, suggests that ameliorating psychosis would involve reducing adolescent use of cannabis. Such policy measures that use a multifaceted and strategic perspective are more successful in this regard.

**Conclusion:** There is a paucity of research on the most effective policy method for reducing cannabis use amongst adolescents. Policy options, including criminalization and education programs, are considered.

**Keywords:** Psychosis, cannabis, adolescents, public health, public policy

#### 86 - Do temperament and defense styles characterize migraine patients?

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**Background:** Migraine patients have difficulty regulating anger, so it is turned against the self. Self-regulation difficulties may due to alexithymia.

**Aim:** Evaluate migraine patients and healthy volunteers using the TCI, DMI and TAS-20. **METHODS:** Outpatients and healthy controls were evaluated using the TCI temperamental dimensions, DMI and TAS-20. ICHD-II criteria were used for migraine diagnosis and DSM-IV-TR for psychiatric diagnosis. Data were analyzed using t-test, <sup>2</sup> and logistic regression.

**Results:** 31 migraine patients and 40 controls. Migraine patients scored lower than controls on NS (Novelty Seeking) ( $t(69)=4.24$ ,  $p < .05$ ). A logistic regression was significant ( $\chi^2(4)=16.25$ ,  $p < .05$ ) revealing that as scores on NS

increased the probability of migraine onset decreased by 3.7%,  $p < .05$ ; Migraine patients scored higher than controls on TAS-20 Factor 3 ( $t(69)=2.1$ ,  $p < .05$ ). A logistic regression did not reach overall significance ( $\chi^2(3)=5.09$ ,  $p = .165$ ); but F3 did ( $p < .05$ ) demonstrating that the probability of migraine onset increased by 15.32% as F3 increased; A simplified logistic regression including only Reversal (REV) and Turning against Self (TAS) defense styles reached significance ( $\chi^2(2)=32.91$ ,  $p < .05$ ). Examining the odds ratios, the probability of migraine onset increased by 8% and 16%, respectively as defense styles increased.

**Conclusions:** Low NS and increased pensée opératoire and defense styles characterize migraine patients. “Pensée opératoire,” and TAS style are risk factors for migraine onset. Instead NS is a protection factor.

**Keywords:** Novelty seeking, alexithymia, pensée opératoire, reversal, turning against self

#### 87 - MCI and depression: neuropsychological pattern and risk of conversion to Alzheimer disease

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**Introduction:** Mild Cognitive Impairment (MCI) is a heterogeneous condition, which represents a transitional state between the cognitive changes of normal aging and very early dementia. Peterson et al. have distinguished four types of MCI: amnesic, single non memory, multidomain amnesic, multidomain nonamnesic.

**Objective:** To assess incidence and rate of progression of mild cognitive impairment to dementia in a sample of subjects who complain memory deficits. We analyzed: influence of socio-demographic factors; depressive disorder; neuropsychological parameters; genetic variants of ApoE; laboratory parameters.

**Method:** We evaluated 50 outpatients (mean age 71,3, sd 5,6) who complained of memory deficit. In T0 was performed a neuropsychological assessment (to assess memory, attention, executive function, personal autonomy, quality of life and depression) and a blood sample (to assess ApoE, folic acid, vitamin B and homocysteine). In T1 (6 months) subjects were evaluated with neuropsychological assessment and qualitative parameters.

**Results:** In MCI subjects (75%) there is high comorbidity with depression (54%). In addition, the conversion rate in Alzheimer disease at T1 (22% of MCI subjects) is related to ApoE, depression disorder and neuropsychological features (executive function).

**Keywords:** MCI, dementia, depression, executive function

### 88 - Alexithymia in patients recently diagnosed with cancer

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**Background:** Contrary to the frequent assumption that alexithymia is a rather static personality trait hampering psychotherapeutic approaches, we have observed that cancer patients who qualify for the criteria of alexithymia may benefit from psychotherapy. Therefore, in patients facing a cancer diagnosis, alexithymia can often be considered as a state due to the threat of the disease (secondary alexithymia). **Aims:** To identify prevalence of alexithymia in newly diagnosed cancer patients and to document its evolution with and without psychotherapeutic interventions.

**Methods:** Between 2006 and summer 2009, every new patient of the Oncology Service of the University Hospital Lausanne was invited to benefit from psychotherapeutic support. Accepting patients were randomly assigned to a psychotherapeutic intervention or to a 4-month waiting list. Psychotherapies were formalized as psychodynamic-oriented short interventions (1–4 sessions) or brief psychodynamic psychotherapies (16 sessions). Patients who declined psychotherapeutic support were asked to participate in an observational group. Socio-demographic and medical data, alexithymia (TAS), anxiety and depression (SCL-90, HADS) and quality of life (EORTC) of participants of all groups were recorded at base line and at 1, 4, 8 and 12-months follow-up.

**Results:** Of the 419 patients included, 190 desired psychotherapeutic support (94 were assigned to an immediate and 96 to a delayed intervention) and 229 patients accepted to be followed in the observational group. A very high proportion, almost 2/3 of the patients in all groups, qualified for alexithymia. With regard to the evolution of alexithymia, no significant changes were observed within and between groups and psychological symptoms also remained almost stable.

**Conclusions:** Secondary alexithymia seems to be highly prevalent in newly diagnosed cancer patients. This raises important clinical and scientific questions: are these patients deprived from psychological support? How should interventions be conceptualized? Are interventions necessary and beneficial? Does alexithymia neutralize the effect of interventions on symptoms of anxiety and depression? Which outcome should be chosen for patients with secondary alexithymia?

**Keywords:** Alexithymia, cancer, psycho-oncology, psychotherapy, secondary alexithymia

### 89 - Compliance in dermatology. The need for broadening information services and professional support\*

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**Background:** Dermatology is one of the fields in clinical care where treatment adherence is relatively low. Representations about compliance and the doctor-patient relationship may also play a role in it.

**Aim:** To identify representations of compliance and service needs among dermatologists and their patients.

**Methods:** 40 structured interviews with doctors of the Department of Dermatology and Allergology of the University of Szeged, and a projective film test about doctor-patient relationship. It was followed by a questionnaire study of 50 patients, where items were designed through the content analysis of doctor interviews. The film-test was administered to the patient sample, too.

**Results:** According to participants, the following factors affect compliance: eligible information; trustful relationship; comfortable use of medication; contextual information. The participants estimated 77,5% of their patients to be compliant. Most of them provide their patients with detailed information to help them become more compliant. There was a significant positive correlation between the number of factors of compliance and the techniques doctors mentioned they used to facilitate patients' compliance. Participants would find both an internet- and a telephone-based information system effective in improving treatment adherence.

**Conclusions:** Doctor-patient relationship and information giving seems to be a strong determinant of compliance in participants' representations. There was an agreement that the availability of information and professional support should be increased also by means of telemedicine and e-health.

**Keywords:** Compliance, doctor-patient relationship, dermatology, structured interview, film test

\* This abstract has been withdrawn.

### 90 - Beliefs about depression among British Pakistani women

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**Background:** Rates of depression in British Pakistani women are higher compared with other ethnic groups. The British Pakistani women are half as likely as whites to

present with mental health problems. Repeated attendance at primary care with physical problems does not seem to lead to their depression being recognised and treated. Perceptions and beliefs of mental illness vary and impact on emotional and behavioural responses to illness and so it is suggested that mental health services should consider these when serving patients.

**Aim:** To explore the beliefs held about depression in depressed British Pakistani women in relation to help seeking, causes of depression and preferred treatment modalities.

**Methods:** To explore the health beliefs, 123 depressed British Pakistani women in a primary care cluster randomized controlled trial (ISRCTN19172148) completed a depression vignette-based questionnaire. The questionnaire looks at help seeking, causal beliefs and preferred treatment, with the response variables being grouped into either a medical, psychosocial or religious/alternative/spiritual model.

**Results:** Most British Pakistani women preferred to seek medical help from a GP (86.2%) rather than spiritual help from a traditional faith healer (24.4%). Religious/spiritual beliefs were more commonly reported as causes of depression and an alternative model of treatment was deemed most effective by the British Pakistani women.

**Conclusions:** Most depressed British Pakistani women preferred to seek medical help from the GP but medical causes and treatment modalities were least favored. Religion and spirituality dominated the health beliefs of the depressed women. These findings have implications for developing culturally sensitive psychosocial interventions.

**Keywords:** Depression, Pakistani, UK, beliefs, intervention

### 91 - Common mental disorders in migrants in primary care services: an emerging issue for CLP

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**Introduction:** Over the last 20 years primary care systems and consultation liaison programmes (CLP) in handling common mental disorders (CMD) (Gask, 1997; Berardi et al., 2002). An emerging problem is how to handle CMD in migrants (M); as the immigration phenomenon burgeons migrants are encountering huge problems of physical and mental health which are tending not to be recognised or treated by health systems (Bhugra, 2004; Okie, 2007). Epidemiological community studies have not revealed greater CMD prevalence in M than natives (N) in the

western countries (Nazroo, 1998; Bhugra, 2004; Sproston and Nazroo, 2002), while qualitative studies show an elevated level of psychological distress in M, consistent with the increasing trend in emergency room admissions for psychiatric problems and suicide attempts (Beliappa, 1991; Jacob et al., 1998; Schraufnagel et al., 2006). Estimating the prevalence of CMD in M at primary care level may contribute to better identification of the real extent of the problem and is the first step towards tailoring services.

**Method:** We present results from a systematic review and a meta-analysis of studies comparing the prevalence of CMD in M and N in PC. CLP activities conducted in Bologna PC and in Modena general Hospital are also discussed.

**Results:** We found only 25 studies presenting data on prevalence of CMD in M attending PC. Significant variations were found in the prevalence of CMD across studies. We found a slightly greater risk of depression among minority groups (RR=1.2); this risk is increased in the subset of studies that used non-diagnostic tools (RR=1.4). Moreover, in our daily clinical practice, a large amount of M with CMD are referred to psychiatric services and general hospital bypassing the PC gatekeeper role.

**Conclusion:** Further research with cultural adapted instruments is needed to estimate the prevalence of CMD in M seeking help for these disorders. Social services could play an important gatekeeper role for migrants seeking help for CMD. Such services should be encompassed in CLP programmes to ameliorate detection and treatment of CMD in migrants.

**Keywords:** Migrants, primary care, prevalence, CLP

### 92 - Modeling predictors of health related quality of life after acute coronary events. A follow-up investigation of patients treated in residential cardiac rehabilitation

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**Background:** Despite the popularity of the concept of health related quality of life (HRQL) relatively little is known about the pattern of associations between psychosocial characteristics (coping modes, control attitudes toward illness, perceived self-efficacy, social support, anxiety and depression symptoms), health status and HRQL parameters in patients after acute coronary events.

**Aim:** The main goal of this study was to develop a common path model of quality of life in cardiac patients and to test whether this model fits to data from patients after acute coronary events and their 14 months' follow-up results.

**Methods:** Biomedical and psychosocial predictors of quality of life in patients after AMI (n=262) and ACBG were investigated. 89% of patients sent back 14 months' follow-

up questionnaires. Starting from the HRQL model of Wilson and Cleary path models were developed separately from AMI, ACBG and follow-up data by removing non-significant paths from models and a common model was developed by considering significant paths in at least two of the models.

**Results:** The effects of depressive coping, internal control attitudes, fatalistic external control attitudes on pain, perceived physical function and physical health were higher at the time of residential rehabilitation ( $0,1 < \beta_s < 0,2$ ) than 14 months later ( $0,1 < \beta_s$ ). Depressive symptoms had a stable negative effect on all aspects of quality of life ( $0,13 < \beta_s < 0,26$ ). Anxiety symptoms influenced pain at follow-up ( $\beta = 0,3$ ). Fit indices of the common model proved to be good (NFIs $>$ ,97; CFIs $>$ ,98; RMSEAs $<$ ,04).

**Conclusions:** Mediating factors of quality of life, especially depressive symptoms, should be taken into consideration in the rehabilitation process of patients after acute coronary events.

**Keywords:** Cardiac rehabilitation, follow-up investigation, predictors of quality of life, path analysis

### 93 - The relationship of health anxiety and somatic symptoms with healthcare use

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**Background:** Most studies relating health anxiety and somatic symptoms to healthcare use, have used retrospective measures of healthcare.

**Aim:** To investigate the influence of health anxiety and somatic symptoms on future healthcare use.

**Methods:** In a population-based sample ( $n=933$ ) of residents in NW England, number of primary care consultations for 1 year before and 1 year after assessment was derived from casenotes. Assessment by questionnaire included age, gender, marital status, education, childhood abuse, parental bonding, threatening life experiences, physical illnesses, anxiety and depression, Whitely Index (to measure health anxiety) and the Somatic Symptom Inventory. Negative binomial regression analyses were carried out to determine predictors of future consultations using Whitely Index, Somatic Symptom Inventory, and their interaction, including all the other variables as covariates.

**Results:** Both Whitely Index and Somatic symptoms were significantly associated with consultations in the preceding year ( $p < 0.001$ ), but not with consultations in the following year. However, when both measures and their interaction were included together, both the Whitely and the interaction were significant ( $p < 0.001$ ). Subgroup analyses indicate that for the majority of subjects (those **not** in the top 20% for symptoms), Whitely is significantly associated with future

consultations (IRR=1.03, 95% CI 1.02 to 1.05,  $p < 0.001$ ), whereas for subjects with symptoms in the top 20%, Whitely is not significantly associated with future consultations ( $p = 0.95$ ).

**Conclusions:** Somatic symptoms are a significant correlate of recent, but not future primary care consultations. Health anxiety is a predictor of future consultations, but not for patients with high levels of somatic symptoms.

**Keywords:** Health anxiety, somatic symptoms, consultations

### 94 - Assessment of Hostility in Chronic Prostatitis Patients

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**Introduction:** The contribution of psychosocial variables in the pathogenesis and course of chronic prostatitis is the focus of recent studies. We have previously studied alexithymic and obsessive-compulsive features in chronic prostatitis patients. Hostility is an attitude characterized by a negative evaluation of persons or things often accompanied by a clear desire to harm them. According to Foulds it is a unitary drive that can be directed inward towards the self or outward.

**Aims:** To evaluate introverted, extroverted and total Hostility in patients with chronic prostatitis.

**Method:** Patients diagnosed with chronic prostatitis at a tertiary care ID clinic were evaluated with the Hostility and Direction of Hostility Questionnaire (HDHQ) in order to assess total hostility and direction of hostility. Patients were categorized according to the NIH Consensus Classification System for Prostatitis Category and the NIH Chronic Prostatitis Symptom Index (CPSI) was calculated.

**Results:** 82 patients (median age 37.5 yrs old; IQR 30-45.5 yrs) were evaluated. According to the NIH Prostatitis Classification patients were categorized as type II: 45.1%, IIIa: 9.7 %, IIIb: 39%, IV: 2.4%. Median CPSI score was 19.5 (IQR: 14.5-24.3). Median introverted, extroverted and total hostility scores were 3 (IQR: 2–6), 9 (IQR: 7–13) and 13 (IQR: 9–18) respectively. Results from the Extroverted Hostility HDHQ subscale correlated ( $r$  squared =  $-0.25$ ,  $p = 0.024$ ) with the Externally Oriented Thinking (EOT) subscale of the TAS (Toronto Alexithymia Scale). These results were independent of CPSI scores.

**Conclusions:** Chronic prostatitis patients' total hostility scores were comparable to those of the general population as reported by other studies. However, chronic prostatitis patients showed more outward directed hostility. A stimulus-bound, externally oriented cognitive style was related to a negative attitude towards others expressed in higher acting

out hostility, criticism of others and projective hostility. However, the relationship between the Externally Oriented Thinking subscale score of TAS and measures of extroverted hostility needs further elucidation. Patients with chronic prostatitis are potentially at risk for psychiatric disturbances and thus may need psychiatric counseling and therapy.

**Keywords:** Chronic prostatitis, alexithymia, hostility

### 95 - Venlafaxine – induced acute eosinophilic pneumonia

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**Introduction:** Acute Eosinophilic Pneumonia (AEP) is a severe syndrome which can be potentially induced by many reasons, including drugs. It is characterized by pulmonary infiltrates, peripheral blood eosinophilia and respiratory failure. AEP has rarely been associated with antidepressant treatment.

**Case report:** We report a case of an 80-year-old woman who presented with fever, lung infiltrates, peripheral blood eosinophilia and acute respiratory failure. All evidence charge venlafaxine as the only possible causal factor. The syndrome rapidly resolved after discontinuation of the drug and upon reception of corticosteroids in low doses. The patient had a past medical history of AEP induced by sertraline and a recent medical history of Acute Lung Injury on the context of acute pancreatitis during treatment with venlafaxine.

**Discussion:** Pathophysiological mechanisms implicated in the development of AEP in our patient seemed to be associated with eotaxin and serotonin eosinophilic-specific chemoattracting action. **Conclusion:** This is a case report with clinical adverse reaction of AEP in two antidepressant agents (venlafaxine and sertraline) with a similar neurochemical mechanism of action via the serotonergic system.

**Keywords:** Acute eosinophilic pneumonia; serotonin; venlafaxine

### 96 - Implementation of a multi-disciplinary liaison psychiatric team (MLPT) in a university hospital: a new development of consultation-liaison psychiatry in Belgium

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**Background:** Although psychiatric co-morbidity has been reported in about 10-35% of the hospitalized patients with a medical condition, the consultation-liaison psychiatry remains poorly organized in most hospitals in Belgium. Many services are understaffed, only providing consultation-liaison work by psychiatrists (and seldom in collaboration with psychologists).

**Aims and methods:** A multidisciplinary liaison psychiatric team (MLPT) has been developed at the Ghent university hospital providing multi-disciplinary psychiatric care for medical inpatients. The MLPT consist of three psychiatrists, two psychiatric nurses, one psychologist, and one social worker. Assessment and treatment of the psychiatric co-morbidity are offered in a multi-disciplinary way by the team. **Results:** The implementation of the team did not, until now, increase the number of referrals. However changes did occur in psychiatric assessment, interventions and recommendations. The continuity of the psychiatric care also improved since the start of the team. Finally, the collaboration with the medical staff, which was more supported to deal with the daily psychiatric problems on their wards, improved.

**Conclusion:** The implementation of a multi-disciplinary liaison psychiatric team (MLPT) has improved the consultation-liaison psychiatry work in the university hospital. Benefits lay in the domain of psychiatric assessment and treatment and in a better collaboration with the medical staff.

**Keywords:** Consultant-Liaison psychiatry, multidisciplinary team

### 97 - How can Human Talent Management in a C-L Psychology Department improve psychosocial care?

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In Belgium, the presence of psychologists in hospitals is growing. They are becoming omnipresent and, fortunately, their work is getting more and more appreciated and recognized. However, despite their growing number, few hospitals yet have obtained an adapted organizational model which can meet their needs to deliver the best possible care. In our hospital, Ziekenhuis Oost-Limburg (ZOL), we decided to form a separate, independent Psychology Department. Psychologists are allocated to the Psychology department, which is managed by a head psychologist. The psychologists on their part have some mutual duties regarding the psychology department, but are embedded in the hospital teams (eg cardiac revalidation, pain clinic, oncology). This kind of centralized organization creates opportunities for Human Talent Management for psychologists. In the past few years, our hospital made

some efforts in this domain. To do this we used the model of M. Weggeman, a Dutch organizational specialist. We applied the model of Weggeman (explication will be addressed in definitive presentation) to our own organization. Weggeman states that co-workers can find themselves in one of four domains during their career (trainee, hippo, production tiger, story-teller). This isn't a fixed place, and people tend to shift during their careers. Every domain has its own distinct needs. Keeping your 'talents' happy, means meeting their needs. Moreover, these should be in line with the collective ambition of the department, as well as these of the hospital. In our hospital, we tried to clarify the needs of our co-workers during several brainstorm sessions. Next, propositions were made to management and executive board, and several interventions were executed. These interventions will be presented and discussed at the poster presentation. The authors believe that this global approach led to higher work satisfaction, efficiency and quality improvement.

**Keywords:** Psychology, organisation, HRM, hospital

#### **98 - Psychosocial interventions to improve quality of life, depression and anxiety in lung transplant patients -A systematic review of randomized controlled trials**

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**Background:** Lung transplant patients experience a high prevalence of psychosocial burdens.

**Aim:** To perform a systematic review of all randomized controlled trials which deal with the improvement of psychosocial outcomes in patients after lung transplantation.

**Methods:** Literature search using MEDLINE, PsychINFO and Embase. Search terms were lung transplantation, psych\* and quality of life (QoL) (English-and German-language, no time restriction). Evidence was evaluated using the criteria of the Cochrane Collaboration.

**Results:** Eleven randomized controlled trials were found. Five studies evaluating the effects of electronic devices (e.g. electronic diary, symptom request and problem review via video conference, QoL-rating system) were heterogeneous in quality of methodology and findings. A computer-based symptom report improved self-care agency and adhering as well as reduced anxiety and depression. An internet-based decision aid reduced decisional conflicts and enhanced knowledge and realistic expectations in patients on the waiting list. Three studies on cognitive-behavioral therapy have shown reduced anxiety and depression, and improved QoL but not survival rate. Education was found to enhance

QoL both with and without an accompanying exercise program (k=1). Patients with mild to moderate depression seemed to benefit from Citalopram (k=1, little information described).

**Conclusion:** Available data suggests that various psychosocial interventions have positive effects on depression, anxiety and QoL. Further high-quality trials are necessary, before these results can translate into firm conclusions for clinical practice.

#### **99 - Psychogenic movement disorders – a systematic review**

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PscINFO, PSYNDEX, SciSearch, Medline.

**Background:** Psychogenic movement disorders [PMD] make up 3.5% of all movement disorders. Despite this, they remain a largely unexplored subject in the field of psychosomatic medicine.

**Aim:** To conduct a systematic review focusing on the actual studies in the area of PMD's.

**Methods:** Documented literature research (Databases: e.g. BIOSIS Previews, CCMed, Cochrane Library, Cochrane Library, DARE, EMBASE, PscINFO, PSYNDEX, SciSearch, Medline). The studies' quality was assessed by the recommendation of the Oxford Centre of Evidence Based Medicine.

**Results:** In total 57 studies were found: 18 prospective and 11 retrospective cohort studies (8 were rated 1b), 26 cross-section studies (all rated 3b or lower). 8 studies evaluated different treatment strategies for PMD's but only two of them were randomized controlled clinical trials (1b). One of them demonstrated a positive effect of hypnosis, another study (level 2b) showed the positive effects of psychotherapy and psychiatric medication. The combination of clinical, electrophysiological and [<sup>123</sup>I]-FP-CIT SPECT scan explorations improved diagnostic accuracy in distinguishing psychogenic Parkinsonism from idiopathic Parkinsonism (1b). Various studies (1b or lower) could proof the impact of PMD's on disability, quality of life and well being of the patients as well as their unfavourable outcome.

**Conclusion:** Evidence-based conclusions in the field of psychogenic movement disorders are restricted by the lack of high-quality studies. As a result, developing strategies to improve the unfavorable prognosis of patients with psychogenic movement disorders remains a large and important challenge in the field of psychosomatic medicine.

**Keywords:** Psychogenic movement disorder, psychosomatic, psychiatry, psychotherapy

### 100 - Psychosomatic medicine and liver transplantation (LTx) – a systematic review on the efficacy of psychosocial intervention studies on Quality of life and mental disorders after LTx

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**Background:** The majority of patients listed for liver transplantation (LTx) suffer from stress and mental disorders. Whereas overall Quality of Life (QoL) improves after LTx, cognitive deficits and dissatisfaction with sexual life persist for a long time. Persisting alcohol abuse after LTx predicts greater mortality in patients who suffered from alcoholic liver cirrhosis.

**Aim:** To perform a systematic review on the efficacy of psychosocial interventions after LTx.

**Methods:** The databases Medline, Cochrane Database of Systematic Reviews, Psychinfo and Psyn dex were searched from 1984 until May 2009. Search terms included liver transplantation, psychotherapy, psychological, adaptation, mental health, emotions, personal satisfaction, QoL, living donors, intervention). Quality of evidence was assessed using recommendations of the Oxford Centre of Evidence Based Medicine.

**Results:** We could trace two meta-analyses comprising 40 studies (n=2215 patients), and 49 studies (n=3576), respectively. Both meta-analyses included data from prospective cohort studies or non-randomized controlled trials (CTs). Randomized controlled trials (RCTs) were generally lacking. Both meta-analyses have shown that “overall QoL” improves after LTx, even reaching the level of the general population. Four additional CTs on psychoeducation and meditation, not included into the meta-analyses, have shown partly positive effects on QoL.

**Conclusions:** Psychosocial intervention studies have been inconclusive regarding the efficacy on QoL and mental disorders after LTx. There is a general lack of high quality intervention studies. Existing evidence suggests that patients suffering from depression and alcohol toxic liver cirrhosis may benefit from psychosomatic interventions, but further high-quality intervention trials are necessary.

**Keywords:** psychosomatic, liver transplantation, intervention, quality of life, mental disorder

### 101 - Heart-transplantation: Prevalence of psychiatric comorbidity and predicting adherence to therapy after HTx-preliminary results of a prospective longitudinal study

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**Background:** Lack of adherence to medication is the second most common reason for organ failure in patients after heart-transplantation (HTx). Prevalence of non-adherence ranges from 2% to 25%. Further studies have shown that depression and anxiety are related to non-adherence as well as transplant failure. Adherence in patients after lung transplantation can reliably be assessed using the TERS (Transplant Evaluation Rating Scale). Regarding HTx, instruments assessing adherence are lacking. Furthermore, there is no instrument available that predict future non-adherence before HTx.

**Aim:** To assess psychiatric comorbidity in patients listed for HTx, and to identify predictors of non-adherence post Tx at a pre-transplant stage using the TERS.

**Methods:** Eligible patients listed for HTx were evaluated every three months pre HTx, immediately after HTx and six months thereafter. Psychiatric comorbidity and adherence were assessed using the PHQ-D, HADS-D, SF-36, TERS, MESI (Medication Experience Scale for Immuno-suppressants) and a structured interview.

**Results:** To date, n=23 patients have been assessed pre-HTx. Preliminary results of the TERS show that especially patients listed as high urgency (HU) can be categorized as “risk patients” and “patients with concern” regarding non-adherence (mean values: x=43,16(HU), x=40,48(all)). Prevalence of psychiatric comorbidity in these patients was 34,9% for major depression, and 24,4% for anxiety disorders.

**Conclusion:** These preliminary results replicate previous data on the high prevalence of psychiatric disorders and non-adherence pre HTx. Further longitudinal data will allow to identify predictive variables for non-adherence post HTx, and to determine adequate screening-instruments to identify risk patients for early-stage perioperative psychosomatic interventions.

**Keywords:** adherence, TERS, MESI, HTx, heart transplantation

### 102 - Psychotherapeutic and psychiatric interventions after bone marrow/stem cell transplantation - A systematic review

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**Aim:** To perform a systematic review of psychosomatic and psychiatric interventions after BMT/SCT. **Methods:** Literature search was performed using BIOSIS Previews, CCMed, Cochrane Library –Central, DARE, EMBASE, PsycINFO,

PSYINDEX, Pubmed/Medline and Social SciSearch and hand search (between January 1985 and December 2008, German and English language). Search terms were: Bone marrow transplantation/stem cell transplantation, psychiatry, psychosomatic, psychotherapy, psych\* and intervention. The quality of the studies was evaluated according to Cochrane criteria.

**Results:** We could trace 14 randomized-controlled trials (RCTs), 4 controlled trials (CTs), and 1 cross-sectional study, evaluating various psychosocial interventions such as behavioral therapy, cognitive behavioral therapy, psychotherapy, art and music therapy, and sports programs. Positive effects on depression were seen in 4 RCTs and 4 CTs. Positive effects on anxiety were seen in 4 RCTs, on pain in another 4 RCTs, and on quality of life in 1 CT and 1 cross-sectional study. Another 2 RCTs indicated positive effects on QoL from sports programs and physical activity. However, high mortality after bone marrow transplantation lead to a high drop out rate in most studies, and no benefit on survival could be assessed.

**Conclusions:** In patients after BMT/SCT, various psychosocial interventions result into improved symptoms of depression, anxiety and pain. These symptoms should be diagnosed early and treated by appropriate psychosocial interventions.

**Keywords:** Bone marrow transplantation/stem cell transplantation, psychiatry, psychosomatic, psychotherapy, intervention

### 103 - Oxidative stress assessment in case of posttraumatic stress disorder in a contingent of international operations

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**Background:** The Contingent of the International Operations (CIO) - a subject of various extreme factors action, which can cause Posttraumatic Stress Disorder (PTSD). At the same time considerably changes level of the Antioxidant enzymes (AOE). Low level can lead to uncompensated Oxidative stress (OS) because of the accumulation of the excess of the reactive oxygen species. Neuronal membranes phospholipids are especially vulnerable to damage, the injury leads to the receptor-mediated signal transduction and, furthermore, information processing disorders. Indeed there are difficulties in rating and interpreting because of a lack of homogeneity in gender, race, age, nutritional and deployment factor – reservists or regular personnel, different stressful military experiences in various Peace Support Missions (PSM).

**Aim:** To assess PTSD and OS levels and their correlation in CIO.

**Methods:** Prospective study of Latvian CIO. Totally 143 participants of the same PSM – regular personnel (males, Europeans, average age of 27.4) before and after PSM in Afghanistan were examined. Worldwide-recognized questionnaires *PCL-M*, valid Latvian language “military” version were used for PTSD evaluation. Activity of AOE (*GPx*) and intensity of lipid peroxidation (*MDA*) as OS indicators in blood were determined. Data were processed using SPSS 15.0.

**Results:** Before PSM: response rate (RR) 97.9%, answers of respondents corresponded to PTSD diagnosis necessary criterions, constituent 1.4%, AOE level decreased in 33.0%, *MDA* level increased in 75.5% of samples. After PSM: RR 93.8%, PTSD 6.7%, AOE level decreased in 51.7%, *MDA* level increased in 80.0%.

**Conclusions:** There is correlation between increase of OS and PTSD levels in CIO, further study required.

**Keywords:** PTSD, Oxidative, Stress, military, blood

### 104 - The PACE trial: Results of a large trial of non-pharmacological treatments

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Small trials suggest cognitive behaviour therapy (CBT) and graded exercise therapy (GET) are moderately effective treatments for chronic fatigue syndrome (CFS), but patient organisations report that these treatments are sometimes harmful, and a pacing approach is more helpful. 640 patients attending secondary care clinics with chronic fatigue syndrome (CFS) were recruited into a randomised controlled trial of non-pharmacological treatments. The treatments were adaptive pacing therapy (APT), CBT, or GET, all added to specialist medical care (SMC), and SMC alone. Up to 14 sessions of therapy were given individually over six months, with a booster session given 9 months after randomisation. Three or more sessions of SMC were given over 51 weeks. Co-primary outcomes were the Chalder fatigue questionnaire and the SF36 physical function sub-scale, both being self-rated. Secondary outcomes included adverse events, a global measure of improvement, overall disability, sleep and mood measures, individual symptoms of CFS, and a walking test. Results of effectiveness, safety and secondary outcomes will be given on the day. Implications for treating CFS will be discussed.

**Keywords:** CFS, pacing, CBT, exercise, medical care

### 105 - Screening for 'high stress' and 'depression history' within a diabetes service\*

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**Background:** The importance of various types of negative affect and psychiatric disorders (eg, distress, diabetes-related distress, depressive symptoms and depression history) on the onset and course of diabetes, Types 1 and 2, is evident. The challenge is how to translate these concepts meaningfully into practice in busy diabetes services in primary and secondary care settings.

**Aim:** To screen patients and identify groups with differing needs and to develop a flowchart to integrate screening measures and potential CL Psychiatry interventions with a diabetes service.

**Method:** 264 patients attending a hospital diabetes services completed self-report measures, supplemented by a focused clinical interview. Participants were grouped by presence of psychiatric disorder on the Patient Health Questionnaire (current/previous/none), general distress levels on the Kessler-10 and DM-specific distress on the Problem Areas in Diabetes Scale (high/medium/low). These groups were compared for factors related to mental health outcomes, perceived quality of life and coping styles.

**Results:** A gradient effect was evident across all three groupings, with mental health and quality of life falling as negative affect ratings increased. In particular, both current and past depression history were associated with poorer outcomes than those with no depression history ( $p < 0.001$ ). However, only DM-specific distress was significantly associated with blood glucose.

**Keywords:** Diabetes, screening, depression, stress, interventions

\* This abstract has been withdrawn.

### 106 - Not so fantastic: Lifestyle behaviours in a population with deliberate self harm\*

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**Background:** The Green Card Clinic was established at St Vincent's Hospital, Sydney 10 years ago, as a brief intervention service for patients who had presented an inner city hospital ED having self-harmed or with suicidal ideation. Patients were given a 'green card' for the Clinic, run by CL Psychiatry, which provides a structured program of three sessions tailoring interventions, briefly described, to meet the multitude of presenting needs.

**Method:** The Fantastic Lifestyle Checklist (FLC) is a 25-item measure taps the degree of control over risk factors leading to ill health and suicide (including alcohol, drugs and smoking, junk food consumption, exercise and aggression) has been given, along with the measures of depression, anxiety and quality of life. A principal components analysis was undertaken on the FLC items.

**Results:** The 936 patients referred predominantly reside in the inner-city or come there to engage in risky behaviour. They are generally aged between 20–40 years, 60% women, 65% had taken an overdose and 50% had a previous attempt. They have poor eating habits (26% have balanced meals, 33% have breakfast on most days), 63% exercise infrequently, expressed dissatisfaction with their relationships (91%). Over half of the cohort (55%) smoke tobacco regularly (national mean smoking rate is 18%) and 48% reported abusing drugs (either prescription or recreational) at least 'some of the time'. All 25 FLC items clustered in one of four factors which explained 37.7% of the variance: 2 were 'emotional' factors (emotional/interpersonal life-skills; emotional dysregulation under stress) and two 'physical' factors (attention to physical wellbeing; neglect of health/risk taking).

**Conclusion:** The group exhibited very poor lifestyle factors reported, but particularly those presenting with two or more episodes of deliberate self harm. Some of these factors have a direct effect on self-harm (eg, regular smoking) and have longer term physical and mental health effects. Attention to lifestyle factors was an acceptable approach for most participants and improving lifestyle may reduce its occurrence in the future.

**Keywords:** Deliberate self harm; lifestyle; smoking; intervention

\* This abstract has been withdrawn.