

updated as new information becomes known. The safety of paediatric medicines is of paramount importance and the SPC's specify where a treatment should not be used through the contra-indications section. ADHD is a condition affecting 4-8% of the paediatric population and medicinal treatments are commonly used.

**Methods:** A systematic review of the contra-indications for the licensed treatments for ADHD in the UK was undertaken. Data was extracted from the Electronic Medicines Compendium. Categorisation of contra-indications was done using relevant body systems. Where appropriate, language was reported verbatim. Atomoxetine is defined as a non-stimulant, methylphenidate and dexamfetamine as stimulants.

**Results:** There are eight licensed treatments (1992-2007) falling into two categories; non-stimulants and stimulants. (1:7) Most SPC's (75%) have been amended from February to July 07.

Numbers of contra-indications; all treatments 3-20, all stimulants 9-20, methylphenidate formulations 10-20. There are inconsistencies in the specific contra-indications between the various formulations of methylphenidate. The only contra-indication common to all treatments is glaucoma. All forms of methylphenidate are contra-indicated in marked anxiety/tension, diagnosis/family history of Tourettes, severe angina, arrhythmias and hyperthyroidism. Atomoxetine is the only treatment with no cardiac or neurological contra-indications.

**Conclusions:** The contra-indication section (4.3) of the SPC is a valuable tool when assessing the safety of comparative ADHD medications.

### P0320

OROS<sup>®</sup>-MPH in adolescents with ADHD transitioning from Atomoxetine or ER-MPH (medikinet retard<sup>®</sup>) - a post-hoc analysis

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**Objectives:** To explore changes in quality of life (ILC) in adolescents with attention-deficit/hyperactivity-disorder (ADHD) transitioning from Atomoxetine (ATX) or ER MPH (Medikinet retard) onto OROS MPH.

**Methods:** Post hoc analysis. 12 week, open label non-interventional trial in adolescents (ADHD; ICD-10 criteria) transitioning from ER MPH or Atomoxetine onto flexible dose of OROS MPHs. Effectiveness parameter were changes in IOWA Connors' parent rating scale, C-GAS, ILC adolescents and parents and questions focusing on afternoon activities.

**Results:** 57 adolescents were analyzed (median age 14 years, 84.2% male). Insufficient efficacy (77.2%), adverse events (3.5%) or a combination of both (19.3%) led to transition to OROS MPH. Mean dose of ER MPH prior was 34,3mg±19,3 and mean dose of atomoxetine was 53,2mg±17,9. Eight patients terminated the study prematurely. Median dose of OROS MPH at endpoint was 54mg/day. "Playing with other children", "doing household chores", "doing homework", "going to bed in the evening", and "ability to visit or receive visitors" improved (all p<0.001) as well as C-GAS (p<0.00001), Conner's parent rating scale, ILC parents and adolescent's (all p<0.001).

Adverse events (AE) with under OROS MPH treatment were reported in 45.6% of patients. AE ≥5% were involuntary muscle

contractions not further specified (5.3%), insomnia (5.3%), and ineffective medication (5.3%).

**Conclusion:** Transitioning from ER MPH or ATX to OROS MPH in adolescents with ADHD was associated with an improvement in quality of life in adolescents and their parents and in daily functioning. Improved symptom control during late afternoon and early evening activities was apparent.

### P0321

Changes in quality of life in ADHD-patients treated with extended-release Methylphenidate (OROS<sup>®</sup>-MPH) - results from an open-label naturalistic study

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**Objectives:** To explore changes in daily functioning (C-GAS) and quality of life (ILC) in children and adolescents with ADHD OROS<sup>®</sup>-MPH and their parents.

**Methods:** Full analysis. Open label non-interventional trial in children & adolescents with ADHD (ICD-10 criteria) treated with flexible dose OROS MPH for 3 months (42603-ATT-4001). Effectiveness parameter were C-GAS, ILC adolescents and parents and IOWA Connors' parent rating scale at baseline and endpoint.

**Results:** 598 patients with ADHD (ICD-10 criteria; Ø age 10.4 years ± 2.6; 84.8% male) were documented. 81.6% completed the observation. Mean OROS MPH dose at last observation was 33.5 mg/day (SD ± 13.3). Patients improved on C-GAS from 58.9±14.7 to 71.2±15.1 (p<0.001). IOWA Connors Symptoms decreased from 29.0 ± 10.5 to 18.5 ± 10.6 (p<0.0001). ILC improved from 18.8 ± 4.0 to 20.8±3.8 in children and adolescents (p<0.0001) and from 17.2±3.9 to 19.7±3.9 in parents (p<0.001). At endpoint, 76.8% of patients showed at least minimal improvement on CGI-C. Adverse events were reported in 28.8% of patients. AEs listed in ≥2% of patients were insomnia (7.7%), anorexia (3.9%), ineffectiveness (2.8%), headache (2.3%), nervousness (2.2%) and involuntary muscle contractions (2.2%). There were no significant changes in blood pressure or pulse.

**Conclusion:** Treatment with OROS<sup>®</sup>-MPH was associated with a clinically relevant improvement in daily functioning in patients with ADHD and QoL improved significantly in patients and their parents. Treatment with OROS<sup>®</sup>-MPH was well tolerated.

### P0322

Truth in psychiatry: Need for a pluralogue

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**Background and Aims:** In order to assist in ameliorating suffering and improving health, psychiatrists engage with patient's experiences and behaviors and the social milieu within which these experiences and behaviors emerge and are expressed. How can psychiatric illnesses (complex biopsychosocial entities) be classified, comprehended, and treated?

**Method:** Pluralogue.

**Results:** Methodological pluralism must become standard practice in a psychiatry that aspires to stature as a scientific and humanistic discipline. The boundaries of such pluralism are constrained in ways that were first elaborated by Karl Jaspers and can be re-elaborated today. Jaspers already clarified that the methods of psychiatry are perspectival. Emerging from a particular vantage, each method reveals its evidence and at the same time conceals other evidence. Methods clash, complement, are mutually affirmative or disjunctive. Furthermore, the numerous methods of psychiatry are expressed within time - within a temporal horizon - leading us to ask if any is a priori divorced from its history. Can we claim that what is compelling today will not be illusory tomorrow? A scientific and humanistic psychiatry always deals with this challenge.

**Conclusions:** Psychiatry is a pragmatic, multiperspectival discipline. The methods of psychiatry are pluralistic. Each needs be clarified, with strengths and limits investigated in isolation and also through a sympathetic yet critical pluralogue. Jaspers mature existential philosophy, his notion of communication as a "loving struggle", and his clarification of truth all developed out his earlier experiences as a clinical psychiatrist. The psychiatrist who practices in 2008 deals with the same multifaceted psychiatric reality.

### P0323

Confronting challenge: Enabling care home staff to understand and work effectively with challenging behaviours in dementia

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**Background and Aims:** Challenging behaviours in dementia exceed the capability of many care home staff precipitating admission to hospital even though ninety percent of problematic behaviours occur as a response to care practices or environmental factors. Instead, the reasons should focus on when, where, why and with whom these behaviours occur. In 2006, a five-month pilot study within the Northern Health and Social Services Board (NHSSB) (Northern Ireland), using the Newcastle Model, a bio-psycho-social intervention received 20 referrals involving 11 care homes.

The Newcastle Model formulates challenging behaviour in terms of peoples' needs, which are assumed to drive their behaviours. The model is a hybrid of well-established ideas from various psychological models, but its distinguishing feature lies in the unique integration of teaching, supervision and intense support provided to staff in care homes.

**Methods:** The NeuroPsychiatric Inventory Caregiver Distress (NPI-D) measures frequency and severity of behaviours and level of distress this causes staff. This was administered pre and post intervention. At discharge staff completed an anonymous satisfaction questionnaire.

**Results:** Following interventions four hospital admissions were averted which, based on the average length of stay, would have cost an estimated £81,500. NPI-D scores decreased and staff questionnaires were positive.

**Conclusions:** The potential of this pilot study was noted by the Institute of Healthcare Management Quality Awards scheme prompting the NHSSB to fund a Behaviour Sciences Nursing Service. This preliminary study will form the basis of a study that will evaluate the service using a quasi-experimental intervention – comparison non-equivalent design.

### P0324

Quality of life in the epileptic patients

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Epilepsy is a chronic disease, which has a major influence on the quality of life in the epileptic patients. The aim of this research was to study the quality of life of the epileptic patients in our society, and compare with other centers all the world.

**Materials and Methods:** One hundred eight nine patients were enrolled according to the criteria of the International League Against Epilepsy (ILAE) for diagnosis of epilepsy. The patients were interviewed using a standard questionnaire, Quality of life in Epilepsy (QOLIE- 31-P).

**Findings:** Among 189 patients Total quality of life according to the score of QOLIE- 31-P was minimally 16.20 and maximally 87.5 and mean of (50 14.59 SD).the mean score for men was (50 16.11 SD; 16.2-85.35) and females (49.28 14.47 SD; 24.14-87.5), (no significant difference between sexes p Value= 0.549). The mean score in the monotherapy group (52.95 16.22 SD) (a significant difference to the poly therapy group (46.98 12.07 SD), (P Value=0). There was no significant difference statistically with regard to age groups and educational status, but duration of the epilepsy less than one year had statistically significant better quality of life.

**Conclusion:** Differences in studies may be due to stem from cultural differences and beliefs. The care of the epileptic patients must take into account the many factors influencing the quality of life in these patients.

**Keywords:** Epilepsy, Quality of Life, questionnaire

### P0325

The depression in family and its relation with psychosocial needs satisfaction in female teenagers, Kashan, Iran -2006

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**Background:** The family is one of the most important factors can help to make independent the teenagers and increase their self esteem. depression of family decrease the family's attention to psychosocial need satisfaction (PSNS) of their teenagers specially in female's ones, so this research was carried out about depression of family and PSNS in female high school students of KASHAN, IRAN-2006.

**Methods:** A descriptive-analytical study performed on 762 female students of high schools of Kashan-Iran 2006 who were from All courses and different grades selected by multi-step random sampling from 50% of state and private schools separately (in high school and Art-school) of proportional to their population .After considering excluding and including factors, the researcher made PSNS Questionnaire (31questions) as well as demographic data were completed by students.  $\chi^2$ , Fisher exact test and T test were used to analyze the data .

**Results:** The frequency of PSNS by parents were ;low 2/1%, moderate 25/7% and high 72/2% .There was significant relationship between PSNS by parents and depression in family(p<0/005, k2=40/62) .The rate of depression in family who had low PSNS was as twice as in family with high PSNS. PSNS of teenagers in family with