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Coverage of the medical databases in psychiatric research

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Background: Electronic literature databases are important tools when searching for medical information but the selection and coverage of databases affects the search results. In the case of health science, the choice of databases is not always easy, as some of the material may be scattered in databases focusing on different fields. Often PubMed is the only database used in medical research. The aim of this study is to examine the coverage of literature databases and to identify the best databases or combinations of databases in different topics in psychiatry.

Methods: We performed database searches on four different topics. The topics were ADHD prevalence, schizotypal personality, brain MR imaging studies in schizophrenia and recovery in schizophrenia. A systematic retrieval of studies was performed in three databases (PubMed, Web of Science and PsycINFO). We studied also if publication years or language of the articles affect database coverage.

Results: PubMed was most comprehensive database in ADHD (85% coverage of total results) and in MRI studies (71%), whereas PsycINFO was most effective in recovery (62%) and in schizotypal personality (72%). The most comprehensive combination of two databases found 78-91% of the articles in the different topics.

Conclusions: When choosing databases for information search the extent of coverage should be taken into account, as there is no database that covers all information needs. The used literature databases should be selected bases on the topic. In psychiatry, especially in topics related to psychology also PsycINFO should be considered. In all, use of several databases is recommended.

P0261

Access to medical equipment for British psychiatrists

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Background and Aims: There is a clear association between mental illness and poor physical health. Standardized mortality ratio shows an increased risk of death for many psychiatric illnesses. Physical illness may cause or exacerbate psychiatric symptoms. Psychotropic medications can cause iatrogenic diseases such as diabetes and cardiac arrhythmias. In view of these psychiatric population needs effective physical health monitoring but such monitoring requires equipment. Our primary aim was to examine psychiatrist's access to medical equipment.

Method: A non-random sample of 181 consultant psychiatrists from the West Midlands were asked to complete a postal questionnaire detailing medical equipment accessibility, as well as their views on monitoring physical health in patients using psychiatric services.

Results: 98 (54%) consultant psychiatrists from a wide range of psychiatric specialties responded to a single mailing. In general, psychiatrists did not have ready access to commonly used equipment even if hospital based. Psychiatrists who were predominantly community based were even more disadvantaged. Less than half the sample undertook routine monitoring of patients on atypical antipsychotics and a similar proportion believed this to be a primary care responsibility.

Conclusions: Poor access to medical equipment is common and must impede psychiatrist's ability to provide physical healthcare for their patients. Lack of equipment may reflect the view that physical healthcare is not the psychiatrist's responsibility but increasing concerns about psychotropic side effects and lack of access to physical healthcare for mentally ill patients challenge this belief.

P0262

Measuring computer attitude in psychiatric inpatients

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Negative computer attitude has been shown to be a possible co-variable in computerized examinations of psychiatric patients, affecting patient-computer interaction as well as reliability and validity of assessment (Weber et al. 2002, *Acta Psychiatr.Scand.*, 105, 126-130).

It remains still uncertain if the psychological construct of computer attitude can be dependably measured in acute psychiatric inpatients or whether it is impeded by the effects of mental illness. For that reason a German translation of the Groningen Computer Attitude Scale (GCAS) was evaluated in 160 acute psychiatric inpatients under naturalistic conditions.

General test criteria (internal structure, item analysis, internal consistency, split half reliability) to a large extent corresponded to those formerly found in healthy subjects and psychiatric outpatients. The mean GCAS score was calculated as 56.2 ± 10.8 points and a significantly better computer attitude was found in male, better educated and younger patients. Some diverging correlation patterns were found in diagnostic subgroups, indicating a possible minor impact of mental disorder on computer attitude.

Overall, the GCAS was found to be a suitable instrument for measuring computer attitude in acute psychiatric inpatients. It should be used in identifying patients with a negative attitude to computers in order to ensure reliability and validity of computerized assessment.

P0263

Subcapsular orchiectomy - Are we desperate or hopeful?

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There are numbers of ill-fated men who suffer from prostate cancer. That is a severe psychological shock by itself. Some of those men develop bone metastases. This is another shock, far more forceful and frightening. Finally, an urologist comes to see these patients and delivers verdict: there are no other therapeutic options but subcapsular orchiectomy. This is an ultimate, devastating shock – at least it seems to be one. What happens to men who decide to go through it? What is their reaction? What doubts and questions do they struggle with? How do they cope with radical, drastic and dramatic nature of the procedure? How do they sustain brutal and aggressive surgery and irreversible, permanent and damaging consequences it carries with it? A lot of questions arise for both patients and doctors during both preoperative and postoperative periods. This presentation will offer some of these difficult questions to the viewers. It will also offer some of authors' thinking and practice for critical evaluation and assessment.

P0264

Grieve therapy and interventions

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If the goal of affective relation is to establish emotional relationship, situations that endanger such a relationship make fertile ground for very specific reactions. With higher possibilities of loss, these reactions become more intensive and miscellaneous.

In this kind of circumstances all the most powerful form of ad-dicted behavior becomes active, and if these actions are successful, relationship will reestablish and activities stops and condition of stress and agitation decrease.

If danger is not removed, redrawing, dullness and desperation are imminent. We meet grieve from the earliest childhood (separation from mother), and in situations in life that are unavoidable (dead). Grieve is the most flaringly after dead of very important person.

This work has goal to help people who are in grieve with therapy and intervention, to resolve their grieving in right direction.

The goal of grieve therapy is resolving conflict of disjointing which blokes ending of grieving task at person who's grief is absent, delayed, excessive and extended.

Keywords: Grieve therapy, and interventions.

P0265

Substance use during pregnancy and perinatal outcomes

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Introduction: Substance use in pregnancy is an increasingly common problem and become an important public health issue.

Objective: To determine the obstetric and perinatal outcomes of self-reported substance use (licit and illicit drugs) during pregnancy in Spanish women sample.

Methods: An observational, longitudinal cohort study of 309 Spanish Caucasian women and her newborn child. Psychiatric disorders during pregnancy and neonatal death were excluded. After written informed consent, women and newborn were evaluated at 2nd-day postpartum. Variables included: socio-demographic, obstetric, mothers' psychiatric condition, self-reported substance use, perinatal outcomes.

Results: Sixty-six percent of women reported substance use during pregnancy: 59% caffeine, 26% tobacco, 9% alcohol, and 1% cannabis. Incidence of poor outcomes: Apgar scores <8 at 5 minutes after birth (Apgar5) 9.3% (N=29), gestational age at delivery <37 weeks 4.8% (N=15), birth weight <2.5 kg 7.2% (N=22), congenital malformations 2.9% (N=9). Women with newborn who had Apgar5 <8 have consumed more tobacco (271/124 cigarettes; p=0.004) and caffeine (47/32; p=0.051) in the last month of pregnancy than those with Apgar5 ≥8. Logistic regression analysis showed that the risk of Apgar5 <8 was 18.5 times greater (OR=6.001; 95%CI=2.009-170.903) in women with lower educational level comparing with women with higher educational level.

Conclusion: The dose of tobacco and caffeine used during the last month of pregnancy are associated with poor outcome (Apgar5 <8) in a sample of women of general population. These results need to be tested in a bigger sample.

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P0266

Transition from child to adult mental health services (track study): A study of services organisation, policies, process and user/carer perspectives

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Background and Aims: Many adolescents with serious mental illnesses experience transfer of care from child to adult mental health services, yet few services have specific arrangements for such transition. The TRACK study aims to identify organisational factors that facilitate or impede effective transition from child & adolescent mental health services (CAMHS) to adult services; determine predictors and outcomes of such transition; and explore user, carer and service provider views on the process.

Methods: This multi-site mixed-methods study will: a) map transition policies in CAMHS in London and West Midlands; b) evaluate the process of transition by a case note survey of patients who cross the transition boundary in one year; c) conduct a diagnostic analysis across organisational boundaries; and d) explore views of service users, carers and mental health professionals on the process of transition.

Results: Findings from Stage 1 reveal that in London, nine mental health trusts have 13 transition protocols in operation and two draft protocols. In West Midlands there are three CAMHS services with one operational and two draft protocols. The protocols are similar in the principles that underpin transition policies, but differ in definitions of service boundaries and in transition planning. There are also significant differences in information continuity during transition.

Conclusion: Preliminary findings from the TRACK study reveal similarities in principles but differences in transition process across services in the UK. The implications of these findings will be discussed.

P0267

Influence of personality disorder on the treatment of panic disorder: Comparison study

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The study is designed to compare the short-term effectiveness of combination of cognitive behavioral therapy and pharmacotherapy in patient suffering with panic disorder with and without personality disorder.

Method: We compare the efficacy of 6th week therapeutic program and 6th week follow up in patients suffering with panic disorder and/or agoraphobia and comorbid personality disorder (29 patients) and panic disorder and/or agoraphobia without comorbid personality disorder (31 patients). Diagnosis was done according to the ICD-10 research diagnostic criteria confirmed with MINI and support with psychological methods: IPDE, MCMI-III and TCI. Patients were treated with CBT and psychopharmacs. They were regularly assessed in week 0, 2, 4, 6 and 12 by an independent reviewer on the CGI for