

Variety of symptoms depend on ethnicity, and it is not consistent with diagnostic criteria due to possible pathoplastic moderators. Relapses and non compliance are more likely to occur. Somatic disorders and illness are often reported and diagnostic by psychiatrist. Difficulties in treatment are sometimes based on the line between their social needs and abuse of psychiatry, since the patients and their families are more likely to show rental claims to illness. These request a complexed, multidisciplinary approach.

P0299

Protecting the residency training environment: A resident's perspective on the ethical boundaries in the faculty-resident relationship

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Objective: This paper explores ethical complexities that underlie resident-faculty relationships. The faculty-resident relationship is as complex as that between a therapist and his/her patient, but it has been far less well studied.

Methods: From data obtained from psychiatry residents and faculty members regarding their experiences in this relationship, we present five vignettes that illustrate unethical conduct in the faculty-resident relationship.

Results: Ethical lapses described in this paper are problematic for two reasons: first, personal and professional harm may come to individual residents who find themselves interacting with an errant faculty member; and second, ethical lapses have the potential to damage the overall training environment itself. Once the terms of the faculty-resident relationship are discussed and accepted by all participants, unintentional or inadvertent ethical problems will be prevented, and residents will be in a position to identify faculty behaviors that do not conform to these agreed-upon expectations

Conclusions: This paper highlights the importance of incorporating education about ethical responsibilities and faculty-resident boundaries into the training curriculum. We offer suggestions for understanding faculty members' responsibilities to residents in their training programs.

P0300

Fentanyl patch and attempted murder: A case report

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Background: Fentanyl is a potent Schedule II opioid agonist that has potency more than 80 times that of morphine. A high concentration of Fentanyl is contained in Fentanyl patches (MATRIFEN).

They should be used to manage pain for persons with chronic moderate to severe pain who are already physically tolerant to opiates. During the past years there has been an increase in misuse and abuse in the United States of Matrifen that has caused deaths from overdoses. Matrifen can also cause neurological and psychiatric adverse events such as: delirium anxiety, abnormal thinking, abnormal dreams, depersonalization and hostility.

In the literature Matrifen have not previously been associated with serious offences such as attempted murder but an association with suicide has been noted.

Aims: To describe a previously unreported and serious adverse effect of Fentanyl patches.

Methods: We followed up the clinical psychopathology of an elderly gentleman who attempted to murder his wife reportedly due to an altered mental state caused by the application of Fentanyl patch. We searched Pubmed and Google for any reported adverse effect of Fentanyl patches of a similar nature.

Results: After ruling out all other Psychiatric, Organic and Forensic causes we came to the conclusion that Matrifen was the cause of altered mental state which led to the attempted murder.

Conclusions: Although adverse psychiatric effects of Fentanyl patches have been reported in the past we can add attempted murder to the list. Fentanyl patches can be dangerous particularly in the vulnerable elderly patients where they are most commonly used.

P0301

Assessment of deliberate self-harm in patients attending an accident and emergency department

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Aims: To study the presenting features and outcome of deliberate self-harm patients presenting to an accident and emergency department

Background Review: Self-harm accounts for up to 170,000 hospital attendances in the UK annually. 15-25% repeat self-harm within 1 year. Self-harm repetition is reported as higher among those who do not receive psychosocial assessments and discharge themselves from accident and emergency departments.

Method: All patients triaged within Beaumont Hospital accident and emergency department with a presentation indicative of psychiatric disorder were studied over 12 months. The following were collected on each patient: demographic variables (age, gender, marital status), clinical variables (method of self-harm including associated factors, history of deliberate self-harm, overdose agents used in self-poisoning, whether a psychiatric consultation occurred and outcome). Dates and times of presentations were recorded. Statistical analysis was performed using SPSS14 statistical package.

Results: 1,397 liaison psychiatry patients presented to the accident and emergency department over 12 months. 834 (60%) cases were deliberate self-harm, most commonly overdose (47%). 353 (35%) cases of self-harm were associated with alcohol ingestion. Most self-harm presentations (30%) occurred in March (83), April (86) and May (83). Most self-harm cases (27%) presented between 9pm-1am. 27% of self-harm cases presented between 9am-5pm when psychiatric cover was available in the accident and emergency department. 73% presented outside of these hours. 273 (20%) liaison psychiatry patients left before psychiatric consultation.

Conclusions: Optimisation of the management of patients who self-harm is important. The reasons why patients leave hospital before assessment has been completed should be further investigated.

P0302

Obstetric complications and post-partum psychosis: A follow-up study of 1.1 million first-time mothers between 1975 and 2003 in Sweden