

A. Nager, K. Sundquist, L.M. Johansson, V. Ramírez-León. *Center for Family and Community Medicine, Stockholm, Sweden*

**Background and Aims:** Postpartum psychosis is a severe psychiatric disorder that leads to hospital admission in about one woman per 1,000 deliveries. It coincides with the vulnerable period associated with becoming a mother and may, if untreated, lead to suicide and infanticide. Some risk factors for postpartum psychosis have been identified in previous research, such as primiparity and previous psychiatric disorder.

Knowledge on how postpartum psychosis is related to obstetric factors might be helpful in the clinical risk assessment of postpartum psychosis.

The aim of this large-scale follow-up study was to examine the association between postpartum psychosis and certain pregnancy and delivery complications and other obstetric variables, after adjustment for age, year of delivery and previous hospitalization for psychiatric disorder.

**Method:** 1,133,368 Swedish first-time mothers were included during a 29-year period yielding 1,413 hospitalized cases of postpartum psychosis. Several obstetric variables were analyzed separately after adjustment for possible confounders.

**Results:** Respiratory disorder in the neonate, severe birth asphyxia, preterm birth, caesarean section, perinatal death and SGA infant were associated with an increased risk of postpartum psychosis. After adjustment for previous hospitalization for psychiatric disorder only preterm birth and acute caesarean section remained significant risk factors for postpartum psychosis (relative risks were 1.20 and 1.31, respectively).

The relative risk of postpartum psychosis among first-time mothers with previous hospitalization for psychiatric disorder was increased more than 100-fold.

**Conclusion:** Careful clinical risk assessments of postpartum psychosis are crucial among women with a history of psychiatric disorder whereas obstetric variables have a minor importance.

### P0303

Evaluation of postgraduate studies in Czech Republic: Current situation and perspectives

A. Nawka<sup>1</sup>, V. Kmoch<sup>1</sup>, T. Novak<sup>2,3,4</sup>, L. Janu<sup>5</sup>, B. Tislerova<sup>2,3,4</sup>, S. Rackova<sup>5</sup>, J. Vevera<sup>1,6</sup>. <sup>1</sup> *Department of Psychiatry, First Faculty of Medicine, Charles University, Prague, Czech Republic* <sup>2</sup> *Prague Psychiatric Centre, Prague, Czech Republic* <sup>3</sup> *Third Faculty of Medicine, Charles University, Prague, Czech Republic* <sup>4</sup> *Centre of Neuropsychiatric Studies in Prague, Prague, Czech Republic* <sup>5</sup> *Department of Psychiatry, University Hospital, Plzen, Czech Republic* <sup>6</sup> *27th Field Military Hospital, Hradec Kralove, Czech Republic*

**Background and Aims:** In an effort to acquire detailed overview regarding postgraduate training in psychiatry together with gaining opinions on the present and ideal postgraduate program, our Young Psychiatrists Section in Czech Republic decided to undertake a survey.

**Methods:** The questionnaire was addressed to all current PhD students in the field of psychiatry and to those who finished the studies previously, maximum 10 years ago. We distributed the questionnaires via mail and e-mail to all 7 psychiatric clinics and put it also on our website. 32 participants from 5 institutions responded. The questionnaire encompasses questions related to the methodology of the project, tutor engagement, working schedule, financial situation and other

funding opportunities. Second part contained requests on various aspects of ideal training program.

**Results:** The majority of the participants is satisfied with tutor involvement (92%) and the methodology of the project (85%) but less with the financial support of the project (69%) and time devoted to work on it (69%). The ideal organization of the PhD program should be in blocks (81%), for a certain period of time for PhD project and the rest for clinical work.

**Conclusions:** The survey revealed some weak spots of our contemporary PhD studies program in Czech Republic, e.g. lack of time for working on PhD project and poor funds for covering it. Beside various models for organizing postgraduate studies, PhD students are in sum mainly satisfied with it. Suggestions on ideal organization of the program are meant to serve as potential models for consideration.

### P0304

Paracetamol availability in pharmacy and non-pharmacy outlets in Dublin, Ireland

A. Ni Mhaolain<sup>1</sup>, B. Kelly<sup>1,2</sup>, E. Breen<sup>1,2</sup>, P. Casey<sup>1</sup>. <sup>1</sup> *Department of Adult Psychiatry, Mater Misericordiae Hospital, Dublin, Ireland* <sup>2</sup> *Health Service Executive, Conolly Norman House, Dublin, Ireland*

**Background:** In 2004, there were 11,092 presentations to Irish hospitals with deliberate self-harm, including 7,933 cases of drug overdose, of which 31% involved paracetamol. Limiting the availability of paracetamol reduces morbidity and mortality associated with paracetamol overdose. The present study aimed to determine the level of compliance with statutory regulations governing the sale of paracetamol in Ireland.

**Methods:** Researchers visited pharmacy and non-pharmacy outlets (newsagents, mini-markets and supermarkets) in Dublin city and attempted to purchase amounts of paracetamol that exceeded the statutory limits for a single transaction. All paracetamol tablets purchased in non-pharmacy outlets were in blister-packs and all non-pharmacy outlets sold packs with 12 tablets or fewer per pack.

**Results:** Amounts of paracetamol in excess of statutory limits for a single transaction were purchased in

- 50.0% of pharmacies
- 81.8% of newsagents/mini-markets
- 20.0% of supermarkets.

#### **Conclusions:**

We recommend that

- (a) the sale of paracetamol in newsagents/mini-markets should be discontinued
- (b) the sale of paracetamol in supermarkets should continue, but automated check-out tills should be programmed to prevent the sales that exceed statutory limits
- (c) there should be greater efforts to ensure compliance with statutory regulations in pharmacies.

### P0305

Transition to home for youth with complex mental health issues

P.K. Nielsen<sup>1</sup>, J.C. Tetreault<sup>2</sup>. <sup>1</sup> *Child and Adolescent Mental Health Program, Calgary Health Region, Calgary, AL, Canada* <sup>2</sup> *Exceptional Needs Program, Wood's Homes, Calgary, AL, Canada*

The partnership between Wood's Homes Exceptional Needs Program (ENP) and the Calgary Health Region's Young Adult Program (YAP)