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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.