

**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

depression was 56/7±16/46 and without depression ones was 69/34±13/54.

**Conclusions:** The parents' attention to psychosocial needs of teenagers is effected by depression of family, so it's recommended to cure depression of family in appropriate time.

**Keywords:** Psychosocial need satisfaction, Teenager, Depression

### P0326

Mental health evaluation of elderly people in primary health care

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Nowadays 16.7% of the portuguese population has more than 65 years old. The elderly accumulates successive losses, in particular, the loss of the work and the physical and mental vigour. Depression is considered the most common psychiatric illness in this population, being most of the times difficult to carry out its precocious diagnosis.

**Objectives:** to proceed on the primary care health level to a tracing on mental health in the geriatric population; to detect also depressive symptomatology in elderly without diagnosed psychiatric pathology.

**Methods:** Application of Tracing on Mental Health Scale (ER80) and of Geriatric Depression Scale (GDS-15) to a random group of consultation users from an urban health center with age  $\geq 65$  years.

**Results / Conclusions:** In a total of 63 individuals, 50.8% were male, being the group between 70 and 75 years the most representative (34.9%), the majority were married (74.6%), with just four years of scholarship (46%) and retired (96.8%). In the analysis of the ER80, the mental disorder was detected in 22.2%, in 17.5% it was inconclusive due to data and in 4.8% questionnaires were excluded by the scale considers a falseness index ( $\geq 4$ ). In the study of the GDS-15, a suspicion of depression (total  $\geq 5$ ) was verified in 49.2% and in 14.3% the result was inconclusive due to insufficient data. Results reveals that the general practitioner plays an important role in what regards to the precocious detection and primary prevention of psychiatric pathology in the elderly people, specially of the depressive symptomatology.

### P0327

Evaluation of the cardiovascular risk in patients with psychiatric pathology

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Cardiovascular diseases represent the most important cause of morbidity and mortality in Portugal. Individuals with severe mental disease have a higher risk of morbidity and mortality related with coronary disease. This is the principal cause of death of psychiatric patients and not suicide. The cardiovascular risk is potentiated by the adverse effects of psychodrugs like excessive weight and interference in glucose homeostasis.

**Objectives:** To evaluate socio-demographic, clinical, analytical and pharmacologic variables in psychiatric patients and to determine the prevalence of metabolic syndrome.

**Methods:** Descriptive transversal study of hospitalized patients at Sobral Cid Hospital, random chosen from hospitalized acute and chronic patients.

**Results:** In a total of 51 individuals, 88.2% were male, 21.6% have between 40 and 50 years old (mean- 50.5 years), without known cardiac disease (92.2%), without tobacco (58.8%), alcohol (74.5%) or other substances consumer (92.2%), having 13.7% diabetes mellitus

and 31.4% hypertension. The diagnostic group most prevalent was Schizophrenia, schizotypal and delusional disorders. The following parameters were determined: abdominal obesity (15.75), hypertriglyceridemia (25.5%), low HDL (70.6%), arterial hypertension (41.2%), high level of glycaemia (13.7%), elevated PCR (35.3%), BMI superior or equal to 25 (56.9%) and metabolic syndrome (19.6%). In relation to therapeutics 45.1% were medicated with antidepressives and 76.5% with antipsychotics (47.1% with atypicals).

**Conclusions:** It is fundamental that the assistant psychiatry identifies and orients patients with cardiovascular risk systematically, and also take into account those parameters when prescribing psychodrugs.

### P0328

Evaluation of the department of health's recruitment scheme based on questionnaire based experiences of the internationally recruited consultant psychiatrists

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**Background and Aims:** This study assesses the experiences of Internationally Recruited (IR) Consultant Psychiatrists focussing on the recruitment process and its adherence to the DH guidance.

**Methods:** Eighty-eight IR consultant psychiatrists from different countries were mailed a 13-item questionnaire assessing their experiences regarding various aspects of the recruitment process.

**Results:** 48% IR psychiatrists responded; 97% were from India. The recruitment process was generally satisfactory with perceived gaps in support from various stakeholders. Inconsistent experiences were reported regarding induction, mentorship, clinical responsibilities, and racial discrimination.

**Conclusions:** The recruitment process adhered to the good practice guidelines (DH) within the broad framework of clinical governance. It is important that any such future initiatives have in place appropriate supervision, mentorship, and a sufficient period of induction including exposure to the relevant systems and procedures to ensure good quality service with a view to minimise risk for patients as well as staff. There are limitations to the applicability of the results to the wider group of professionals.

### P0329

Ethnicity and compulsory detention in UK – Findings from a systematic review

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**Objectives:** UK studies have reported disproportionate detentions of Black and minority ethnic (BME) patients under the Mental Health Act 1983 (MHA). We conducted a systematic review to examine the evidence for greater detention of BME patients within psychiatric services in the UK and to examine evidence offered for these explanations, including racism in psychiatry.

**Methods:** Bibliographic databases were searched, descriptive analyses used to summarise studies and meta-analyses performed to produce pooled odds ratios. Possible sources of heterogeneity were investigated.