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Atomoxetine treatment for ADHD; review and analysis of decision making and clinical outcomes in a cohort of paediatric outpatients

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Objective: Atomoxetine is often used in ADHD when other agents have been ineffective or are contraindicated. We report prescribing pattern, effectiveness and adverse drug effects associated with atomoxetine (ATX) in a Paediatric Neurodevelopmental Clinic. Naturalistic data are valuable to complement RCT data.

Methods: Retrospective case note review of ADHD subjects treated with ATX for any length from a single clinic. Data analysis includes co-morbidity, indications, dose, side effects, and response to treatment (CGI)

Results: 150 case notes reviewed. (Males 126, Females 24) .Mean age 12.3 yrs. (range 6.5 to 20.3 yrs) and dose 1.3mg/kg/day. Mean duration treatment 45 weeks (range 1 - 144).

Co-morbid diagnoses: Oppositional /Conduct problems 129(86%), Sleep Problems 100(67%), Learning Difficulty 55(51%), Internalising Symptoms 46(31%), Pervasive Developmental Disorder 32 (21%), Tics/Tourette's 19(13%), Epilepsy 9(6%). Main reasons for ATX initiation -full day cover 150(100%), sleep problems 97(65%), inadequate response or side effects with other medications 78(52%), parental preference 53(35%), internalising symptoms 31(21%), pervasive developmental disorder 31(21%), appetite/growth concerns 20(13%), tics/Tourette's 20(13%). CGI in those > 6 weeks treatment (n=129) - 25(19.4%) CGI-I, 33(25.6%) CGI-I 2, 18(12.4%) CGI-I 3, 47(36.4%) CGI-I 4, 8(6.4%) CGI-I 5. Adverse reactions reported include:-GI symptoms 21 patients, aggression 11, worsening ADHD 6, cold extremities/acrocyanosis 3, self harm 2, somnolence 2, palpitations/labile blood pressure 2.

Conclusions: Atomoxetine is a useful treatment in ADHD for many subjects including those with treatment failure, adverse effects or contraindications associated with other agents. This naturalistic data also demonstrates the importance of parental preference in treatment choice.

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Clinical uncertainty in criteria for national health service continuing care in Scotland

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Background: The Scottish Office Department of Health issued guidance in 1996 on 'National Health Service (NHS) Responsibility for Continuing Health Care' which is provided free of charge to patients whose complexity, nature or intensity of care needs (medical, nursing) are sufficient to fulfil certain criteria. Due in part to differing NHS guidance in England, there has been increased complaints to Health Boards and the Scottish Public Service Ombudsman (SPSO) about patients deemed not to fulfil the Scottish criteria.

Aims: To establish the level of knowledge amongst experienced psychiatrists about current Scottish regulations on NHS Continuing Care.

Methods: Following a pilot survey, a modified postal questionnaire comprising 19 structured questions was sent to 134 psychiatric

consultants and specialist trainees in south-east Scotland in mid-2007, with a reminder to non-responders.

Results: A 54% response rate increased to 66% following reminders. Of these, 82% were consultants and 88% had clinical responsibility for inpatient care within the past decade. Only 24% of responders were aware of the current Scottish guidance for NHS Continuing Care, with only 14% aware of the actual 1996 document. There was uncertainty regarding responsibility for both discharge and appeal processes although 8% had been involved with a formal complaint relating to NHS Continuing Care and 10% involved with the SPSO.

Conclusions: Clinical uncertainty abounds regarding the criteria in Scotland for NHS Continuing Care, despite guidance being issued over a decade earlier. There is urgent need for review of the criteria by the Scottish Government, with raised awareness among practising clinicians.

P0335

Posttraumatic stress disorder and telepsychiatry

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Background and Aims: This study was examination by Telepsychiatry and E-consulting (telecommunication technologies with the aim of providing psychiatric services from a distance) of war related post-traumatic stress disorder (PTSD).

Methods: Many patients with PTSD have different symptoms. The authors' objective is to analyze component of symptoms in PTSD.

The subjects were 50 male psychiatric patients by Telepsychiatry and e-consulting with war-related PTSD by videoconferencing via broadband ADSL and WADSL by 768 kbps. Posttraumatic stress syndrome-PTSS scale and 20-item Zung selfrating scale was used to assess state measures of symptom severity.

Results: The symptoms of prolonged PTSS (posttraumatic stress syndrome) with duration between six months and two years had been founded at 38 (76 %) and 12 (24 %) of patients had no PTSS: symptoms of depression had been found at 34 (68 %) patients. The enduring personality exchange after catastrophic experience (with duration more than two years), had been found at 7 (14 %) patients; symptoms of depression had been found at 17 (34 %) patients after two years.

Conclusions: Evolution of PTSD symptoms and continued examination and follow-up by Telepsychiatry service and e-consulting may be important in predicting the eventual development of depressive symptoms and precipitation of F 62.0 enduring personality exchange after catastrophic experience in the war related PTSD. Consequently, Telepsychiatry service and e-consulting it is able to serve not only PTSD but also wide range of other patient population.

Keywords: PTSD, Telepsychiatry, E-consulting, psychiatry, disorders, war.

P0336

Family physicians and their management of suicidal crisis: A qualitative interview study

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Background: Two thirds of all persons, who commit suicide have an appointment with their family physician (FP) in the preceding month.

One third of them reports depressive thoughts and less than a fifth talks about his suicidal ideations and plans. FP are basically aware on the association of suicidality with psychiatric disorders i.e. deression. However, they hesitate to communicate about this topic mainly for insecurity. Additional factors might be that physicians themselves are prone to burnout or suicide more often than the general population.

Method: Problem-centered semistructured interview following the grounded theory. Complete transcription of the interview tapes for analysis. Recording of demographic and practice data.

Results: N=24 physicians were interviewed. They saw problems regarding time consuming contacts, stigma of compulsory admission, acceptance of suicidality especially in the older population. More problems would occur in non-depressed patients, especially in those suffering from chronic pain and/or addiction. Interview training was regarded as helpful.

Conclusion: This is the first qualitative study on the primary care management of suicidal patients. It shows e.g., that stigma of psychiatry also influences crisis management.

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Wellness program as psychosocial intervention for improvement of physical and mental health in persons with mental illness

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Background and Aims: It is evidence-based that psychosocial interventions influence outcome of mental illness by improving social skills for life in community. The wellness program is manual-based step by step program and includes: the education about healthy life styles (the eating habits, physical activity), defining the goals and planning of activities. The aim of the study was to evaluate wellness program in term to improve the physical and mental health in persons with mental illness.

Methods: 40 patients were included in study to assess the benefit of 12-week wellness program. The patients were treated by antipsychotics and/or antidepressants and six of them by a mood stabilizer. The groups met once a week during 12 weeks for 90 minutes. Data were obtained through the comparison of 12-Item of self-reviewing Satisfaction scale and body mass index (BMI) at the beginning and end of program. Wilcoxon signed-rank test was used for statistics.

Results: Significant ($p < 0.05$) improvement was recorded in self-esteem, energy, physical appearance, social life, physical activity, eating habits, free-time activities, self perception, quality of life in general. Significant ($p < 0.005$) decline was recorded in BMI in 17 patients at the end of program.

Conclusions: The effects were obtained in three-quarters of tested Items implying significant improvement in the Satisfaction scale at the end of program. Although, the goal of program was not the reduction of body weight, the decrease in BMI points out that structured wellness program can be effective in improving the physical as well as mental health.

P0338

Spatial cognition of near and far space in rats: The role of posterior parietal cortex

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Similarly to human data, posterior parietal cortex (PPC) in the rat has been suggested to transform spatial information from egocentric into allocentric (body-independent) reference frames. In addition, PPC bilateral ablation was found to affect processing of proximal cues more than of distal cues. To further address this issue, we used a place avoidance paradigm which allows to evaluate utilization of near space (intramaze) and far space (extramaze) cues. Experiments took place on a slowly rotating (1 rpm) circular arena, allowing to define the to-be-avoided sector with respect to intramaze cues (i.e., near space condition) or with respect to extramaze cues (i.e., within extramaze reference frame; far space condition). We found that rats with bilateral PPC lesion have no difficulty in acquiring either near space or far space condition. Moreover, if the experimental design was set up to show which reference frame animals prefer, PPC lesioned rats displayed preference for intramaze reference frame more frequently than control rats. Therefore, our results do not support the idea that PPC is preferentially involved in near space processing, in fact our data suggest its role in far space processing. This work was supported by GACR grants 309/06/1231, 309/07/0341 and 206/05/H012 and by MSMT projects 1M0517 and LC554.

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Psychometric evaluation of the satisfaction index-z in Iranian elderly

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Backgrounds and Aims: Life satisfaction is one of the most important indicators for mental health evaluation. The assessment of life satisfaction in Iranian elderly people is a must, so this study was carried out in order to assess the reliability and validity of the 13 item LSI-Z questionnaire in Kashan -Iran 2007.

Methods: The 13 item LSI- Z English Version was translated to Persian. demographic data and a question about total life satisfaction status was also assessed .The sampling was performed using convenience method. people aged ≥ 60 years old who conferred to health centers in kashan city in spring 2007 ($n=75$) were selected. After their consent informed, the questionnaires were completed. Reliability was determined via internal consistency using item-total correlation; cronbach's alpha and split-half. Construct validity was determined through known-groups approach; the samples were divided into 5 groups depend on their answers to the total life satisfaction status question, and then life satisfaction index-z scores were compared among 5 groups. The data were analyzed using pearson correlation coefficient, unequal spearman brown, Guttman, Cronbach's alpha coefficient and one-way ANOVA.

Results: In 0-26 Scale, life satisfaction score was $13/68 \pm 5/47$. The questionnaire reliability coefficient was 0/78-0/79. Item-total correlation confirmed its reliability too. LSI-Z scores were significantly different among the 5 known- groups ($p=0/0001$, $f = 121/66$); so the known-groups approach revealed that this tool is valid.