

revealed: mean QTc on fluvoxamine and fluconazole, before ATO, 447 (431–464); mean QTc after ATO initiation, before discontinuation of fluvoxamine and fluconazole, 474 (445–500); mean QTc after discontinuation of fluvoxamine and fluconazole, while on ATO, 466 (441–496); mean QTc after olanzapine initiation, while on ATO, 479 (450–497). No adverse cardiovascular events occurred during treatment with ATO.

Conclusion: This case suggests olanzapine can be safely co-administered with ATO. Further studies are indicated.

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Themes in cultural competence: II. impaired access to mental health treatment with acetaminophen overdose

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Introduction: Access to mental health treatment is often negatively impacted by cultural bias. This may relate to non-acceptance of psychiatric diagnoses as true illnesses, perceived shame by patient or family, or even fear of ostracism. As a result, treatable patients remain untreated with unnecessary morbidity, direct costs, indirect costs, and potential mortality. This case addresses depression and overdose in a Chinese patient.

Method: Case analysis with literature review.

Results: 20-year-old Chinese single female was admitted for multidrug overdose (zolpidem/acetaminophen/clonazepam). When seen in psychiatric consultation, patient met DSM-IV criteria for Bipolar Disorder NOS, Anxiety Disorder NOS, and Polysubstance Dependence and was upset that overdose was unsuccessful. Patient described how parents were focused on performance success and would not accept her emotionality or depression stating “Depression, failure and suicide are not acceptable in China.” Patient summarized parental response to overdose: “they threw me in the basement with a basin where I kept vomiting for one day...then they thought that it was serious enough. They would come to the basement periodically and ask why I couldn’t stop crying. They said it was my fault.” Mother instructed medical team patient needed to “sleep, eat, and exercise” and insisted patient be told she was responsible for hospital bill and her decision. After treatment with N-acetylcysteine, elevated transaminases stabilized and the patient was transferred to an inpatient psychiatric hospital.

Conclusion: Cultural themes focusing on success and lack of acceptance of psychiatric illness can lead to increased morbidity and potential mortality.

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A novel electronic continuous medical education system for clinical psychiatry and neuroimaging

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Background: eCME aims to create an electronic Continuous Medical Education system to aid the simple and cost-effective transfer of medical skills across Europe by proposing a unified integral pan-European mechanism of accreditation for CME courses as expertise appears concentrated in a limited numbers of centers of excellence within Europe while researchers in smaller centers have difficulties in accessing information and acquiring the necessary skills.

Methods: The eCME project will produce an on-line e-learning pilot in the English and Greek languages, with a multilingual potential, blended with hands-on medical courses, which focuses on the two critical and continuously evolving domains of clinical psychiatry and neuroimaging. This is achieved with the deployment of ICTs in order to develop an advanced, multi-lingual and secure e-learning platform through which CME can be carried out remotely across Europe. eCME incorporates content of a wide variety of multimedia formats taking advantage of the ever-increasing internet bandwidth availability across Europe.

Results: The concept of an electronic CME accreditation tool was acceptable to the Psychiatrists surveyed. The project results are expected to have a significant impact in the established practices of continuing vocational training of medical professionals, enabling them to maintain, develop and increase their knowledge, skills and professional performance, with subsequent benefits to the services they offer to their patients.

Conclusions: A novel electronic CME accreditation system like eCME could represent the means to addressing the European lack of access and thus gap of Psychiatric training.

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Young medical professionals’ attitudes towards assisted death activities

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Objective: Little is known about how young medical professionals view euthanasia (EUT) and assisted death activities. The aim of this study is to investigate and to compare Greek final year medical students and medical trainees’ attitudes towards EUT and physician-assisted suicide (PAS).

Methods: To assess attitudes towards EUT and PAS we translated, adapted and modified, in a short version, the questionnaire developed by Ganzini et al (1996). The Greek version of the questionnaire consisted of 26 items. 251 final year medical students and 274 medical trainees completed the questionnaire. The survey was anonymous.

Results: 52% of medical students and 64% of medical trainees were for the acceptance of EUT. The view that PAS may be morally acceptable under some circumstances was endorsed by 76% of the students and by 79% of the trainees. 80% of the students and 81% of the trainees believed that withdrawing life sustaining medical treatments in terminally ill patients should be permitted. 54% and 38% of the students and trainees, respectively, believed that prescribing drugs to relieve pain in doses that may hasten death should be permitted.

Conclusions: A high percentage of the medical students and medical trainees were for the acceptance of EUT and PAS. Given the progress of legalization of EUT in many countries, the need for special education regarding many aspects of EUT is demonstrated.