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EV0509

Primary Health Care. Suicide Prevention Proposal. Santiago del Estero. Argentina

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Background and aim Suicide is a serious and growing problem worldwide. According to the World Health Organization, for each death there are twenty attempts on record. Every year over 800,000 people commit suicide, that is, one in every forty. 45% of the people who commit suicide visit their Primary Health Care physician in the previous month. Seventy-five percent of suicides take place in countries with medium or low income and Argentine heads the suicide rate in Latin America. In the last twenty years the death by suicides rate in young people (aged 15–35) and has decreased in older age groups (+55), which historically presented the highest rates. In the inner zone of the province of Santiago del Estero, suicides have increased among teenagers [1].

Aims To know suicide statistics in young people in the last decade so that a prevention scheme can be produced.

Methods Descriptive observational study.

Results In the province of Santiago del Estero suicides occur more frequently among young people, aged 15–35, and the rate has increased significantly in the inner zone of the province.

Conclusions The analysis carried out reveal that this problem is increasing in our province and it requires analysis and consensus in order to design a model of Primary Health Care Prevention.

Disclosure of Interest The authors have not supplied their declaration of no competing interest.

Reference

[1] Ministerio de Economía. Santiago del Estero. Dirección General de Estadísticas y Censos. Argentina; 2015.

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EV0510

Incidence of dissociative stupor and possession in a private psychiatry clinic

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Introduction Dissociative and conversion disorders are reported to have a present incidence of about 85–100 per 1000 by different studies, which are very few. The present research is a part of a longitudinal study of 15 years but here; only 3 years are represented, which could be briefly analyzed.

Objective Latest reports suggest a decline in incidence of hysteria (conversion and dissociation) and this research just tries to reconfirm.

Methods All new patients attending a private psychiatry OPD in a small township of India at Lakhimpur Kheri in Uttar Pradesh, were screened to identify cases of dissociative disorder according to ICD 10, F44.2 and F44.3 from the 1st of January 2016 to 31st of October 2016 (10 months). These screened cases, only those presenting with fits of unconsciousness and possession, were analyzed and compared with the previous years for the same period.

Results Out of a total of 3671 patients seen, (2122 males and 1549 females) a total of 319 presented with the above mentioned symptoms (58 males and 261 females) about 87 per 1000 of psychiatric patients.

Conclusion The results, when compared with two previous years for the same period were quite similar, 2015 getting incidence of 97 per 1000 and 2014, an incidence of 89 per 1000. The inference thus is that there does not seem to be any decline of incidence and the figure would be much higher if both conversion and dissociative symptoms are included – a really serious situation.

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EV0511

Is early life environment a risk factor for psychiatric disorder?

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Introduction Season of birth, an exogenous indicator of early life environment, has been related to higher risk of adverse psychiatric outcomes. According to literature, an excess of 5–8% of winter-spring births is found in individuals who later develop schizophrenia and bipolar disorder; this seasonal birth excess is also found in schizoaffective disorder (winter), major depression (March–May), and autism (March).

Objectives The objective of this study was to analyze the seasonal birth patterns of in-patients with psychiatric disorders.

Aims Understand the relation between psychiatric disorders and season of birth during a 10 year period in a Portuguese University Hospital.

Methods Analyze the birth date distribution of 2202 in-patients between 2007 and 2016 and compare with the psychiatric diagnosis.

Results Patients' diseases analyzed by birthday season: 60% of patients with schizoaffective disorder were born in winter-spring, 48.4% of mental retarded patients were born in autumn, 37% of dementia patients in winter, 77% of patients with delusional disorder in winter-spring, 78% of patients with Cluster A personality disorder in spring-summer and 71% of patients with substance abuse conditions in autumn-winter. No seasonal birth excess was found for bipolar affective disorder, schizophrenia, alcohol abuse, major depressive disorder or Cluster B personality disorder.

Conclusions Our sample data shows evidence for a potential link between season of birth and risk for schizoaffective disorder, dementia, mental retardation, Cluster A personality disorder, delusional disorder and substance abuse. The attempt to explain seasonal birth patterns in psychiatric illnesses could serve to clarify the etiological bases of such disorders.

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EV0512

Screening for mental health problems as indicator for evaluation of needs for mental health services

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