

clinical profile, sociodemographic data, work status, severity of the disease by using the Clinical Impression of Severity Scale disease-specific (CGI-SCH) was collected. Aggression and hostility were recorded at admission by using the PANSS-EC subscore, and aggressive behaviors during the hospitalization period by the Overt Aggression Scale (OAS). Therapeutical management was also recorded at three time points, at admission during hospitalization and at discharge.

Results: 800 patients were recruited by 200 clinicians from 120 specialized psychiatric units across the country. Prevalence data for agitation-hostility in Spain is provided. For those patients showing aggressive behaviors during the hospitalization period, information concerning intensity and type of aggression is also described. Its associated management strategies are provided.

Conclusion: Prevalence data of agitation-hostility in patients in acute settings is valuable as well as understanding the routine practice applied to its management. This comprehensive work could represent a basis for the development of a consensus guideline for clinical practice at specialized acute units.

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Bullying in Serbia elementary schools - facts and future ideas

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Little is known about the levels of bully/victim behaviors in schools in Serbia and the aim of the present study was to overview of the extent of bullying in Serbia primary school. Data were collected as part of the school without violence project created by UNICEF. The ultimate goal of the project is to support development of the enabling and stimulative school environment and safe conditions for children learning and development. This study examined the prevalence of being bullied and bullying others among 26947 elementary school children through out Serbia. As part of the larger survey, five questions were asked relating to experience of bullying behaviors and being a victim of such behaviors. The findings suggests that the incidence of school bullying in Serbia is quite high — 67% of children experienced in last three months some form of bullying and 24% of children experienced repeated form of bullying. The most common forms of bullying in schools were name calling (33%), hitting (31%), threatening (21%). Our date point on the need for Increase the awareness of everyone at school toward bullying problems. After identification of a problem next steps should be on the intervention in a timely manner with clear and consistent consequences for the child who is bullying and with support and protection for the child who is being bullied.

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Netherlands study of depression and anxiety (NESDA): examining the long-term course of affective disorders

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Background and aims: The Netherlands Study of Depression and Anxiety (NESDA, www.nesda.nl) is an ongoing study to: 1) describe the long-term course and consequences of depressive and anxiety

disorders, and 2) to examine the demographic, psychosocial, somatic, biological and genetic determinants of this course. This presentation describes NESDA's rationale, sampling frame and methods.

Methods: The design is an 8-year longitudinal cohort study following 2,850 participants aged 18 through 65 years. The sample consists of 1600 persons with a current (6 month recency) diagnosis of depression or anxiety disorder, 850 persons at risk (because of high symptomatology, family or life-time history), and 400 healthy controls. Recruitment takes place in the community, through 65 general practitioners (using a three-stage screening procedure), and through 17 mental health care institutions in order to include patients reflecting various settings and stages of psychopathology. The 4-hour baseline assessment includes questionnaires, interviews, a medical exam, a computer task and blood (including DNA and RNA) and saliva collections. Follow-up assessments are repeated after 1, 2, 4 and 8 years.

Results: Over 2500 respondents with more than 2100 current diagnoses of depression or anxiety disorders, were recruited in November 2006 (mean age = 41 years, 67% female). Expected end date of recruitment is in February 2007.

Discussion: NESDA is expected to provide more insight into (predictors of) the course of affective disorders. NESDA is open for collaboration (including data utilization) with other European research groups, which we hope to stimulate by a presentation of its design and methods.

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Suicide and fatal alcohol poisoning in Belarus between 1970 and 2005

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Background: Alcohol abuse has long been considered an important factor of suicidal behavior. The solid body of research and empirical evidence suggests that hazardous pattern of alcohol consumption (binge drinking) lead to quicker and deeper intoxication, increasing the propensity for alcohol-related suicide. Purpose: To estimate the aggregate level effect of binge drinking on suicide rate.

Method: Trends in age-adjusted, total and sex-specific suicide and fatal alcohol poisoning rate in Belarus from 1970 to 2005 were analyzed employing ARIMA analysis in order to assess bivariate relationship between time series.

Results: According to official statistics, the suicide rate increased 1.8 fold (from 17.6 to 30.8 per 100.000 of population) and fatal alcohol poisoning rate increased 6.8 fold (from 4.9 to 33.5 per 100.000 of population) in Belarus from 1970 to 2005. The results of time series analysis indicate the presence of statistically significant association between two time series at zero lag for total population ($r = 0.48$; S.E. = 0.17), for males ($r = 0.48$; S.E. = 0.17), and females ($r = 0.48$; S.E. = 0.17).

Conclusion: This study supports the hypothesis that suicide and alcohol closely connected in culture with prevailing intoxication-oriented drinking patterns and adds to the growing body of evidence that a substantial proportion of suicide in Belarus is due to acute effect of binge drinking. The outcome of this study also suggests that alcohol-related suicide is mainly a male phenomenon.

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What happens to patients seen only once by psychiatric services? Findings from a follow-up study