

**S25.02**

Treating depression in children and adolescents

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Abstract not available at the time of printing.

**S25.03**

Treating depression in victims of disasters

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Abstract not available at the time of printing.

**S25.04**

Treating depression in patients with organic brain disorders

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## **FC02. Free Communications: MENTAL HEALTH, SOCIAL PSYCHIATRY AND ADDICTIONS 1**

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**FC02.01**

Birth during autumn is a risk for adolescent self-mutilative behaviour

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**Background and Aims:** A season of birth tendency has been shown for psychiatric disorders and suicidal behaviour. This study aimed to examine the association between season of birth and self-mutilative behaviour (SMB).

**Methods:** The study sample consisted of 508 (40.9% males) 12- to 17-year-old adolescents consecutively admitted to the Department of Psychiatry of Oulu University Hospital, Finland. The birth month of each adolescent was categorized into one of the four seasons: spring (March-May), summer (June-August), autumn (September-November) or winter (December-February). The information of SMB was based on K-SADS-PL-interview, which included an item on non-suicidal physical self-damaging acts without intent to die. A total of 142 adolescents (27 males, 115 females) met the criteria for SMB. The association between season of birth and SMB was assessed with a logistic regression analysis after controlling for adolescent's age, previous suicide attempts and DSM-IV diagnosed psychiatric disorders.

**Results:** The monthly distribution of births of adolescents with SMB differed statistically significantly from that observed in the general population of the same age ( $\chi^2=8.29$ ,  $df=3$ ,  $p=0.043$ ). An association between season and birth with SMB was seen in girls (Wald=8.46,  $df=3$ ,  $p=0.037$ ), but not in boys. Among girls born in autumn, the likelihood for SMB was significantly increased (adj. OR 2.9; 95% CI 1.4-6.2) as compared to girls born in winter.

**Conclusions:** Birth during autumn may predispose girls to SMB via dysfunctional neurotransmitter systems. These findings may also be related to seasonal rhythms in parental mood and poor early caregiving of the offspring.

**FC02.02**

Smoking predicts suicidality: findings from a prospective community study

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**Background and Aims:** The temporal relationship between smoking and suicidality is not yet clear. In order to clarify this relationship, we examined prospectively bi-directional associations between smoking and suicidality and their temporal ordering of onset.

**Methods:** A representative community sample of 2548 young adults aged 14-26 years at baseline was followed up over a period of 4 years. Smoking (occasional and regular), nicotine dependence, suicidal ideation and suicide attempts were assessed using the standardized Munich-Composite International Diagnostic Interview (M-CIDI).

**Results:** Suicide ideation and suicide attempts were strongly associated with occasional and regular smoking and nicotine dependence at baseline (Odds ratios [OR] range from 1.4 to 16.4). In the prospective analyses, prior occasional, regular smoking and nicotine dependence increased the risk for new onset of suicide ideation (OR range from 1.5 to 2.7) and prior regular smoking and nicotine dependence increased also the risk for onset of suicide attempt(s) (OR range between 3.1 and 4.5). Pre-existing suicidality could not be shown to be associated with subsequent smoking or nicotine dependence. Associations remained stable when participants who fulfilled DSM-IV-criteria for major depression were excluded.

**Conclusions:** The presence of associations between prior smoking and subsequent suicidality, in concert with the lack of associations between prior suicidality and subsequent smoking suggests the existence of a specific, causal pathway from smoking to suicidality.

**FC02.03**

Why is there an association between eczema and common mental disorders?

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**Aims:** The objective of the study is to explore suggested explanatory models for the association between eczema, anxiety and depression, and examine the extent of impairment resulting from eczema by comparing it to impairment from mental disorders and asthma.

**Methods:** Data were gathered from the Health Study of Hordaland County (HUSK) in Norway including 18777 participants aged 41-48 years. Anxiety and depression were assessed with the Hospital Anxiety and Depression Scale (HADS), while information on eczema, asthma, socio-economical factors, somatic diagnoses and psychosomatic health variables was obtained by self-report. Immunoglobuline-E (IgE) concentration was measured in a female sub-sample (N=374). Impairment from eczema and asthma was assessed by registry information on long-term sick-leave during four years follow-up. Statistical methods included uni- and multivariate regression models, and Population Attributable Fractions (PAFs) were calculated.

**Results:** Significant associations were found between eczema and anxiety and depression (OR=1.48 for eczema and co-morbid anxiety/depression). Tendency of somatisation explained about 2/3 of the association between eczema, anxiety and depression. IgE did not contribute in the association. Eczema increased the risk of long-term sick-leave during follow-up. Impairment from eczema was partly explained by adjustment for psychosomatic and mental factors, which was not the case for asthma.

**Conclusions:** The tendency of somatisation seems to explain much of the association between eczema and common mental disorders. Tendency of somatisation and common mental disorders also explain much of the impairment following eczema, which is not found for impairment from asthma. In summary, our study underlines the relevance of psychosomatics in eczema.

## FC02.04

Emotional burn-out in medical doctors in the Moscow region

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**Aim:** To assess the level of emotional burn-out (EB) and its relation to affective state and personality characteristics of medical doctors in the region of Moscow.

**Methods:** A random sample of 80 medical doctors (MD) (mainly internists, aged 25 - 72, M/F 6/74) was given Boyko's Emotional Burn-out Test (BEBT), Spilberger's State/Trait Anxiety Inventory (STAI), Zung depression scale (ZDS), Minnesota Multiphasic Personality Inventory (MMPI), Job's Satisfaction Scale (JSS), Professional Attitudes/Locus of Control Scale and Specialty knowledge Test (SKT).

**Results:** EB was present in 34/80 (42.5%) MD, with no difference between hospital and ambulatory doctors and no correlation with age, years in profession, SKT score, professional locus of control and attitudes towards patients' autonomy. It increased with the number of patients seen monthly ( $r=0.25$ ,  $p<0.05$ ) and was inversely related to JSS score ( $r=-0.47$ ,  $p<0.001$ ). MD's with EB, compared to those without, scored higher on state ( $33.5\pm 10.5$ [32] vs.  $26.9\pm 9.0$ [25],  $p=0.004$ ) and trait anxiety ( $52.4\pm 10.6$ [52] vs.  $43.1\pm 8.4$ [45],  $p<0.001$ ) and ZDI ( $37.9\pm 7.6$ [39] vs.  $33.4\pm 6.7$ [32],  $p=0.008$ ), respectively. MD's with EB scored significantly higher on MMPI scales Depression, Paranoia and Social Introversion and significantly lower on Masculinity.

**Conclusion:** EB, affecting a large proportion of MD's in the Moscow region, is only weakly linked to workload, if at all. It is associated with depressive/anxious affect and personality traits, such as more rigid thinking and low confidence with others, sensitivity and vulnerability, decreased ability/willingness to communicate. If some of these traits predispose to EB or represent various types of reaction to EB, remains to be assessed prospectively.

## FC02.05

Lay help to reduce dementia caregiver's burden: results of a project in Goettingen, Germany and conclusions for a broader audience

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International studies showed that caregiver interventions are efficacious especially when they provide the possibility to be free from

caregiver role for some hours (holidays for some hours). However, lay helpers should be trained for their role.

Based on the previous experiences of other groups the memory clinic of the Medical Faculty of the University of Goettingen, Germany initiated a cooperation with a diaconic social service provider. The latter provided the organisation of care (caregivers contact, a nurse makes a home visit to assess the needs, the lay helper is informed), while the memory clinic organises the selection and training of the helpers and the scientific evaluation, which has been paid by the government by the federal state of Lower Saxony.

Media promotion raised much interest. Sixty-four of 180 applicants finally finished a 40-hours-training including role play and group discussions. The training included information on the disease, its diagnosis and treatment, legal situation, caregiver burden and typical problems in communication. Noone regarded the training as too long. Lay helpers were mostly female and about every fifth had a professional background in the psychosocial area. They were attracted by the possibility to get further qualification and work in a more flexible setting. All lay helpers got a certificate and an insurance for the service related work. The service reached mostly caregivers of severely demented patients. It was for the first time, that lay help service is organised by a medical (university) facility.

## FC02.06

Filial maturity as predictor of caregiver burden in adult children of demented patients

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**Introduction:** Filial maturity has been discussed as important part of a successful development. In this study we investigated, whether it is related to the subjective burden of care for demented parents.

**Method:** N=61 adult children, who took care for a demented mother and/or father were recruited for his study. We used the following scales and tests: The Louvain Filial Maturity Scale, the Freiburger Persönlichkeitsinventar for the personality profile, the Symptom Check List (SCL-90) for general psychopathology, the Nurses Observation Geriatric Scale (NOSGER) for the caregiver-rated symptom profile of the demented parent, the Zarit Burden Interview for caregiver burden. The demented parent was investigated by experts using a standardised interview for the diagnosis of dementia (SIDAM) and the Mini Mental Status Test for dementia severity

**Results and conclusion:** Overall filial maturity was not related to the subjective caregiver burden as measured in this study. However, higher "parental consideration" was related to lower burden. And higher "filial obligation" was related to later nursing home admission. The construct deserves further scientific interest in this context.

## FC02.07

Mothers, fathers and children with developmental problems

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**Background and Aims:** The result of many studies is that developmental problems are caused by many socio-psychological factors in the environment of children. The purpose of the study is to investigate those factors.