

P0264

Grieve therapy and interventions

D. Zoric¹, M. Miskovic¹, N. Zivlak Radulovic¹, T. Maglov¹, D. Ilic². ¹ *Clinic of Psychiatry, Banja Luka, Bosnia Herzegovina*
² *Primary Health Centre, Banja Luka, Bosnia Herzegovina*

If the goal of affective relation is to establish emotional relationship, situations that endanger such a relationship make fertile ground for very specific reactions. With higher possibilities of loss, these reactions become more intensive and miscellaneous.

In this kind of circumstances all the most powerful form of ad-dicted behavior becomes active, and if these actions are successful, relationship will reestablish and activities stops and condition of stress and agitation decrease.

If danger is not removed, redrawing, dullness and desperation are imminent. We meet grieve from the earliest childhood (separation from mother), and in situations in life that are unavoidable (dead). Grieve is the most flaringly after dead of very important person.

This work has goal to help people who are in grieve with therapy and intervention, to resolve their grieving in right direction.

The goal of grieve therapy is resolving conflict of disjointing which blokes ending of grieving task at person who's grief is absent, delayed, excessive and extended.

Keywords: Grieve therapy, and interventions.

P0265

Substance use during pregnancy and perinatal outcomes

M.L. Imaz^{1,2}, L.L. Garcia-Estevé², E. Gelabert^{1,2}, P. Navarro², A. Plaza², M. Torrens¹, R. Navines¹, R. Martin-Santos¹. ¹ *IMIM-Hospital Del Mar, Barcelona, Spain* ² *ICN. Hospital Clini, Barcelona, Spain*

Introduction: Substance use in pregnancy is an increasingly common problem and become an important public health issue.

Objective: To determine the obstetric and perinatal outcomes of self-reported substance use (licit and illicit drugs) during pregnancy in Spanish women sample.

Methods: An observational, longitudinal cohort study of 309 Spanish Caucasian women and her newborn child. Psychiatric disorders during pregnancy and neonatal death were excluded. After written informed consent, women and newborn were evaluated at 2nd-day postpartum. Variables included: socio-demographic, obstetric, mothers' psychiatric condition, self-reported substance use, perinatal outcomes.

Results: Sixty-six percent of women reported substance use during pregnancy: 59% caffeine, 26% tobacco, 9% alcohol, and 1% cannabis. Incidence of poor outcomes: Apgar scores <8 at 5 minutes after birth (Apgar5) 9.3% (N=29), gestational age at delivery <37 weeks 4.8% (N=15), birth weight <2.5 kg 7.2% (N=22), congenital malformations 2.9% (N=9). Women with newborn who had Apgar5 <8 have consumed more tobacco (271/124 cigarettes; p=0.004) and caffeine (47/32; p=0.051) in the last month of pregnancy than those with Apgar5 ≥8. Logistic regression analysis showed that the risk of Apgar5 <8 was 18.5 times greater (OR=6.001; 95%CI=2.009-170.903) in women with lower educational level comparing with women with higher educational level.

Conclusion: The dose of tobacco and caffeine used during the last month of pregnancy are associated with poor outcome (Apgar5 <8) in a sample of women of general population. These results need to be tested in a bigger sample.

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P0266

Transition from child to adult mental health services (track study): A study of services organisation, policies, process and user/carer perspectives

Z. Islam, S.P. Singh. *Health Sciences Research Institute, Medical School Building, University of Warwick, Coventry, UK*

Background and Aims: Many adolescents with serious mental illnesses experience transfer of care from child to adult mental health services, yet few services have specific arrangements for such transition. The TRACK study aims to identify organisational factors that facilitate or impede effective transition from child & adolescent mental health services (CAMHS) to adult services; determine predictors and outcomes of such transition; and explore user, carer and service provider views on the process.

Methods: This multi-site mixed-methods study will: a) map transition policies in CAMHS in London and West Midlands; b) evaluate the process of transition by a case note survey of patients who cross the transition boundary in one year; c) conduct a diagnostic analysis across organisational boundaries; and d) explore views of service users, carers and mental health professionals on the process of transition.

Results: Findings from Stage 1 reveal that in London, nine mental health trusts have 13 transition protocols in operation and two draft protocols. In West Midlands there are three CAMHS services with one operational and two draft protocols. The protocols are similar in the principles that underpin transition policies, but differ in definitions of service boundaries and in transition planning. There are also significant differences in information continuity during transition.

Conclusion: Preliminary findings from the TRACK study reveal similarities in principles but differences in transition process across services in the UK. The implications of these findings will be discussed.

P0267

Influence of personality disorder on the treatment of panic disorder: Comparison study

J. Prasko^{1,2,3}, P. Houbova¹, T. Novak¹, K. Espa-Cervena^{1,2,3}, B. Paskova^{1,2,3}, J. Vyskocilova^{1,2,3}. ¹ *Prague Psychiatric Centre, Prague, Czech Republic* ² *3rd Faculty of Medicine, Charles University, Prague, Czech Republic* ³ *Center for Neuropsychiatric Studies, Prague, Czech Republic*

The study is designed to compare the short-term effectiveness of combination of cognitive behavioral therapy and pharmacotherapy in patient suffering with panic disorder with and without personality disorder.

Method: We compare the efficacy of 6th week therapeutic program and 6th week follow up in patients suffering with panic disorder and/or agoraphobia and comorbid personality disorder (29 patients) and panic disorder and/or agoraphobia without comorbid personality disorder (31 patients). Diagnosis was done according to the ICD-10 research diagnostic criteria confirmed with MINI and support with psychological methods: IPDE, MCMI-III and TCI. Patients were treated with CBT and psychopharmacs. They were regularly assessed in week 0, 2, 4, 6 and 12 by an independent reviewer on the CGI for