

Index of Symptom Checklist (SCL-90-R), Pittsburgh Sleep Quality Index (PSQI), HRQL (Short-Form 36). Several clinical and socio-demographic data were also recorded.

Results: HRQL was significantly reduced in obesity as compared to healthy controls. The obesity group exhibited greater psychopathology and suffered greater disturbed sleep quality than did controls. In particular, psychopathological distress was positively correlated with global PSQI scores.

Conclusions: Obesity is associated with psychopathological distress, poor subjective sleep quality and reduced perceived health status. Recognition of sleep disturbances in obese patients is also relevant to management, because effective strategies to improve sleep in this patient group might also lead to vast improvements in their psychopathological distress and perceived health status.

References:

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P0212

Hidden victim of incestuous father: Case report

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Due to the societal attitude against incestuous relationship, its prohibition became universal throughout the world. It is related to the cultural obstacles for it implies violation of moral and moral comprehension about interfamilial relations. However, the incest is mostly unreported, hardly detected and recognized because the child-hidden victim of incest, shame and fear is suffering in silence. Therefore, probability of prevention, support and treatment of the victim is decreased while severe psychological consequences are increased. It is known that, in certain cases, when the mother get to know about incestuous relationship between her daughter and the father, due to various interests and dependence-related reasons, the child is forced not to report on it. As those crimes mostly occur in "private circle" of the family, with no witnesses, even if reported, the perpetrator is usually released due to a lack of evidence, which will be illustrated in this case report. Sexual taboos, especially present in undeveloped countries, contribute to the expansion of societal moral crisis and sexual delinquency, as well as to the alienation and isolation of its victims. Our future should be marked with more efforts invested in raising public awareness about the presence of this problem in our country and a comprehensive care for children where multidisciplinary approach is required.

P0213

Factors influencing attitudes of deinstitutionalized patients' neighbours

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Objective: The purpose of this study was to assess the factors that influence attitudes of people neighbouring to residential care facilities that host chronic psychiatric patients formerly hospitalized in a psychiatric hospital, 2 years after their deinstitutionalization.

Methods: One member of at least 30 households neighbouring to 8 community-based psychiatric facilities (hostels and sheltered apartments) was interviewed by a group of specially trained social workers. The structured interview used was compiled specifically for the needs of this study.

Results: Less than 25% of our sample had adequate knowledge of the term 'deinstitutionalization' and in particular people with higher education and that have been visited by a psychiatric resident. Nevertheless, their attitudes were in general positive. In a regression analysis, attitude towards deinstitutionalization was found to be positively correlated with having visited a psychiatric facility, years of education, and living near 4 out of the 8 psychiatric hostels [R-squared=0.20]. Female neighbours were generally more favourable, but this effect was only marginally significant. Attitude towards the psychiatric patient was best predicted by years of education, having visited a psychiatric hostel and living near 2 out of the 8 psychiatric hostels [R-squared=.21]. Age was generally negatively correlated with attitudes towards the patient [r=-0.23]. There were also significant differences among the attitudes of the various hostel neighbourhoods.

Conclusions: Apart from education, age, and gender the most important factors in influencing attitudes towards deinstitutionalization and patients are local. Choice of favourable locations for psychiatric facilities and cultivation of a positive neighbourhood climate are important.

P0214

Deinstitutionalization increases conflicts but also job satisfaction of a psychiatric hospital's staff

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Objective: The study of the impact of deinstitutionalization on a Psychiatric Hospital staff's perceptions regarding the sources of conflict at work, the presence of injustice, and their job satisfaction.

Material and Methods: A questionnaire specially made for the purpose of this study was anonymously completed by the working staff two years before and two years after the closing of the chronic wards of their hospital.

Results: The staff felt that there are more conflicts between nursing staff and patients as well as between colleagues themselves. The lack of staff was the greatest cause for conflict reported [t(346) = 2.735, p < 0.01], as was before the deinstitutionalization, while female gender, younger age [r = -0.117] and closer contact with patients were correlated with perception of more conflicts. The opinions about justice in the work environment were not significantly influenced by the deinstitutionalization, but by younger age [r = 0.150] and the female gender, as well. Finally, the staff reported higher levels of general satisfaction from their work [t(343) = 2.923, p < 0.01] and especially that they felt safer in their new workplaces, than in the chronic wards of their hospital [t(349) = 1.976, p < 0.05]. This effect was independent of gender, age or job type [F(5, 231) = 2.361, p < 0.05].

Conclusions: This follow-up study verifies the previously found effects of the staff's demographic characteristics on perceptions of conflicts, justice and job satisfaction. The relocation of patients to community-based psychiatric facilities, which are smaller, with less staff and more responsibilities has created more opportunities for

conflict; nevertheless has considerably increased the staff's job satisfaction.

P0215

The prevalence and experience of harassment of people with mental health problems living in the community in Iran

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Background: There have been concerns about people with mental health problems living in the community in Iran experiencing harassment.

Aims: This study measures the prevalence and nature of harassment experienced by people with mental health problems and compares them with the general population.

Methods: Face to face interviews were conducted by trained interviewers to ascertain experiences of harassment. Interviews were carried out with 112 people with mental health problems and with 104 people from the general population.

Results: Sixty-one per cent of people with mental health problems reported experiencing harassment, nearly ten times more frequently than those in the general population (7%). Among the people with mental health problems, being female, having higher levels of education, or being unemployed were significantly associated with experiencing harassment. The harassment commonly involved verbal abuse, often made reference to individuals' mental health problems and was primarily committed by family members.

Conclusions: A significantly higher prevalence of harassment was reported among individuals with mental health problems living in the community than in the general population sample. Mental health professionals should proactively ask their service users about their experiences in the home, and educational interventions are recommended, particularly for families of people with mental health problems.

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Keywords: Harassment, mental health, community

P0216

Psychiatric comorbidity in dermatologic patients in Iran

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Introduction: There is a high prevalence of psychiatric disorders in dermatological patients.

Aim: To evaluate the prevalence of this problem and to find a set of variables associated with the presence of psychiatric disorder.

Method: 414 adults attending the outpatient clinics of a dermatological hospital or in inpatient ward were given a questionnaire comprising the DLQI and the 28-item General Health Questionnaire (GHQ-28).

Results: In total, 414 questionnaires were given at admission. Of these Using a stringent cut-off threshold (5<) for psychiatric case identification with the GHQ-28, the overall prevalence of psychiatric

morbidity was 51.3%. We found a higher prevalence of psychiatric disorders in married and low educated patients. Higher score of GHQ-28 accompanied with higher score of DLQI. High prevalence rates were observed among patients with vitiligo, psoriasis, pemphigus. There was not significant difference in psychiatric co-morbidity between men and women.

Conclusion: Our study has shown the situation that is actually faced by dermatologists in their everyday practice, where they are in an especial situation to detect psychiatric morbidity and to take appropriate measures. The GHQ-28, being easy for patients to compile and for physicians or nurses to score, may be a practical instrument to increase identification of patients with prominent psychological distress or formal psychiatric disorder in order to provide more appropriate intervention.

Key Words: GHQ-28, prevalence, psychiatric disorders, psychological distress, quality of life, skin disease

P0217

Defining the dissociative disorders and childhood trauma among outpatients at Ege university, neurology headache unit

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Background: Dissociative disorders have comorbidity with conversion disorder, borderline personality disorder, depression and somatization disorder. Though dissociative disorders and medical illness comorbidity is not investigated enough, epilepsy, chronic pain such as headache, pelvic pain and backpain are frequent with childhood trauma and dissociative disorders. Few studies indicated that headache is more frequent in people with childhood trauma but the relationship between dissociative experiences and headache, childhood and other traumas is not investigated enough.

Objective: The aim of this study is to investigate the frequency of childhood trauma and dissociative disorders and the relationship between them among patients with chronic headache.

Method: DIS-Q, SDQ, DES and Childhood Trauma Questionnaire is given to 90 patients presented to Neurology headache unit. Patients scored DIS-Q>2 or SDQ>30 or DES>25 are called for another session to apply DDIS and SCID-D.

Results: 46,7% of the patients had comorbid psychiatric illness. In this population the percentage of childhood trauma was 58,9% (34,4% neglect; 24,7% physical abuse; 22,6% emotional abuse; 10,8% sexual abuse). 21,1% of the patients had at least one suicide attempt; 17,8% had self destructive behaviour. DDIS was applied to 33 and SCID-D to 19 of 90 patients. Any type of dissociative disorders is diagnosed in 31 of 33 patients evaluated with DDIS.

Conclusion: We found high prevalence of childhood trauma and dissociative disorders among patients who present to neurology headache unit. These findings may indicate that childhood trauma can play a role in the development of dissociative disorders and somatic symptoms such as headache.

P0218

Social and psychological aspects of haemophilia

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