Aim: Estimate sociodemographics and diagnostic parameters of inpatients in Psychiatric dep. of General Hospital Lesbos, Greece. during 2006.

Method and material: A retrospective analysis of all patients (n=177) that were admitted in psychiatric dep. Demographic variables (age, sex, region) and clinical data (diagnosis, obligatory and non-obligatory hospitalization).

Results: 177 patients studied, 42% women, 58% men. 66% were non-obligatory hospitalized while 34% were under obligatory hospitalization. Age mean 42,6 years. 28% were urban and 64% were rural. 6% were transferred to other hospitals. Diagnosis: Mental Retardation 3%, Dementia 1%, Mental disorder due to a General Medical Condition (not elsewhere classified) 3%, Personality disorders 5%, Alcohol related disorders 13%, Substance-related disorders 5%, Schizophrenia and Psychotic disorders 44%, Mood disorders (Major Depressive disorders 11%, Bipolar disorders 4%) 15%, Somatoform disorders 0,5%, Anxiety-Depression disorder 2%, Suicide attempts 6%, Behavioral disorders (not elsewhere classified) 3%.

Conclusion: Study results suggest that in order to evaluate the state and the quality of Mental Health Services in Greece, we need further more estimation, including demographic and diagnostic variables, from all regions. This kind of retrospective analysis is not only important but also necessary for every prospective European Community Government Policy planning for Mental Health.

P0295

Religious and spiritual beliefs, anxiety and depression among nursing students in Greece

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Background and Aims: Religious and spiritual beliefs are widely recognized as important components of human wellness, of health care outcomes and of holistic medical and nursing care. There are also studies supporting the theory that anxiety is lower in highly religious and spiritual persons.

The aim of this study was to explore the relationship between religious and spiritual beliefs and psychological wellness among nursing students in Greece.

Material and Methods: A total of 72 students agreed to participate in the study. Students completed the Greek versions of three instruments: I) The Royal Free Interview for Religious and Spiritual Beliefs, a scale which focuses on the strength and the consequences of faith, rather than on the specific nature of each belief. II) Beck Depression Inventory (BDI-II) and III) The State-Trait Anxiety Inventory (STAI).

Results: The vast majority of the students (55.6%) reported both a religious and a spiritual belief, most of them where females. 16.7% reported a religious belief and 15.3% a spiritual belief. 12.5% stated that they had no religious or spiritual understanding of their life. The majority of the students (86.4%) perceived stress, most of them in mild levels (50.9%). About 3.5% reported very high levels of stress. Depressive symptoms were reported only by 22.5% of the sample. A positive correlation existed among anxiety and depression. On the other hand a consistent negative correlation was found between intense religiosity, state-trait anxiety and depression.

Conclusion: These results are suggesting that religious and spiritual variables may influence psychological well-being of students.

P0296

The prevalence of mental health disorders in Parkinsons disease

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Background and Aims: The focus of Parkinson's disease management has shifted towards the non-motor aspects of the disease. Mental health issues are becoming increasingly recognised in Parkinson's disease but there is a dearth of information regarding prevalence rates of mental health disorders in a large population of Parkinson's disease patients.

Method: We aimed to investigate the prevalence of mental disorders in Parkinson's disease patients by developing a database with 254,702 patients from all our hospital admissions since the year 2000.

Results: Out of 254,702 patients over the 7 years there were 1126 cases of Parkinson's disease, mean age 76.2 years $\pm$ 12.0. The mean duration of stay was 8.4 days. Of the mental disorders, Dementia was the commonest with 82 cases (7.3%) followed by Depression 2.6%, Schizophrenia 1%, Eating disorders 0.7%, Anxiety 0.4% and Personality disorders 0.3%.

Conclusion: The prevalence of dementia and depression was significantly higher amongst patients with Parkinson's disease compared to the general population ($p < 0.01$). Interestingly, eating disorders were four-fold more prevalent in Parkinson's disease patients than in the general population ($p < 0.01$). Therefore, holistic care-pathways in Parkinson's disease must appreciate and address the prevalence of these disorders to improve patient care and well-being.

P0297

Prevalence of cataract in adult Down's syndrome patients

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Background and Aims: Age-related cataract is the major cause of blindness in humans throughout the world. The majority of previous studies of cataract in Down's syndrome have reported a prevalence that is higher for a given age range than in the general population. The aim was to study the prevalence of cataract in a well-defined population of adults with Down's syndrome.

Methods: An in-patient population of 68 adults (35 males and 33 females) with Down's syndrome, aged between 28.9 and 83.3 years, underwent ophthalmological examination for the presence of cataracts.

Results: Overall, the prevalence of cataract was 16.2%, with no significant difference between males (17.1%) and females (15.2%). In those aged between 45 and 64 years, the prevalence was 16.7%, rising in those aged between 65 and 75 years to 28.6%.

Conclusion: Compared with the general population, the prevalence of cataract in Down's syndrome was raised in those aged 45

to 64, but not in those aged 65 to 75 years; the latter might be a function of the relatively small number of patients in this age group. The increased prevalence of cataract found in those in the 45- to 64-year-old age group may be the result of increased levels of CuZnSOD, in turn resulting from the location of the associated five exons of SOD1 on chromosome 21. These elevated levels of superoxide dismutase may give rise to increased levels of reactive species, including hydrogen peroxide and hydroxyl radicals, which may increase the risk of cataractogenesis.

P0298

Factor structure of the Barcelona immigration stress scale

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Background: The relationship between immigration and psychopathology is increasingly understood to be indirect and moderated by the stressors related to the migratory process. Empirical study of acculturative stress has been hindered by the lack of an instrument sensitive to the local immigration context. The Barcelona Immigration Stress Scale (BISS) was developed for as a response to this lack. A four factor model is hypothesized as constituting acculturative stress: (1) stress related to the migratory process (homesickness); (2) stress related to the acculturative process (culture shock); (3) stress related to perceived discrimination; and (4) general psychosocial stress. The objective of this study was to evaluate the internal validity of the BISS.

Methods: The BISS was administered to 500 immigrant patients who participated in a study concerned with psychopathology and immigration. Internal consistency was estimated on the basis of the Cronbach alpha and a maximum likelihood factor analysis was carried out with a prior direct oblim rotation.

Results: The BISS has satisfactory internal consistency. Preliminary findings confirmed the four factor model which explained a significant proportion of the common variance.

Discussion: The BISS is internally valid and supports the hypothesized model of acculturative stress. Future studies will establish the external validity of the BISS comparing the scale to related instruments and to determine if acculturative stress is predictive of psychopathology.

P0299

Suicide in urban and rural regions of Belarus, 1990-2005

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Objective: To examine the occurrence of suicide in urban and rural regions of Belarus in the post-Soviet period. Design: Unlinked cross-sectional study using data drawn from four time points.

Methods: Age and sex-specific suicide data for urban and rural regions of Belarus were obtained from the Ministry of Statistics for the years 1990, 1995, 2000 and 2005. The data were recalculated into seven age categories and then directly standardized. Poisson regression models were used to assess changes in urban-rural suicide rate ratios.

Results: Between 1990 and 2000 the suicide rate rose sharply in Belarus and by 2005 it remained much higher than its initial level. After 1995 there was a divergence between sex-specific rates in urban

and rural areas. By 2005 although suicide rates had fallen from their 2000 level for both sexes in urban and rural locations, the fall was much smaller in rural areas. These changes resulted in a deteriorating rural/urban suicide ratio across the period 1990 to 2005 with suicide rates among nearly every rural male age group remaining extreme after 1995. Although it is probable that a deteriorating social and economic situation has underpinned increasing suicide rates in all regions, there may be factors that are specific to rural locations such as social isolation, alcohol abuse and the poor provision of medical services.

Conclusion: By 2005 Belarus had one of the highest suicide rates in the world. This now requires urgent intervention by the necessary authorities to ameliorate this situation in urban and especially rural locations.

P0300

Inpatient suicidal behaviour during admission: Prevalence and risk factors

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Aim: The study aimed at exploring prevalence and risk factors of attempted suicide and suicidal thoughts before hospital admission.

Methods: 40.451 episodes of inpatient care from 1995 to 2004 were included. Last admission of each patient (n=20.543) was extracted to investigate attempted suicide and suicidal thoughts before admission, which were recorded by the German Basic Documentation System (BADO). Univariate analyses and multivariate logistic regression analyses were performed to explore predictors of suicidality before hospital admission.

Results: 3.643 (17.7%) of 20.543 inpatients attempted suicide or had suicidal thoughts before admission. 1.478 (7.2%) attempted suicide before admission. Most had diagnoses F43 (36.5%), F32/33 (19.2%) or F60/61 (8.8%). According to regression analysis risk of attempted suicide increases with life time suicide attempt, diagnosis F43, admission due to doctoŕs recommendation, diagnosis F32/33, diagnosis F60/61 and period of onset of present episode less than one week. 2.165 (10.5%) had suicidal thoughts before admission without concomitant suicide attempt. Most frequent diagnoses were F43 (23.5%), F32/33 (22.7%) and F10 (11.7%). Risk of suicidal thoughts increases with diagnosis F43, diagnosis F32/33, life time suicide attempt, diagnosis F60/61, supportive psychotherapy before admission, period of onset of present episode less than one week, being younger and being not rehospitalized.

Conclusion: Basic rate of suicidality before admission of psychiatric inpatients is high. Therefore, risk of suicide should be carefully examined at admission but also during inpatient care. Especially, inpatients with adjustment disorder and depression seem to be a high risk groups regarding suicidality before admission and require special attention.

P0301

Sleep disorders in patients with end-stage renal disease. Preliminary report

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