

depression was 56/7±16/46 and without depression ones was 69/34±13/54.

Conclusions: The parents' attention to psychosocial needs of teenagers is effected by depression of family, so it's recommended to cure depression of family in appropriate time.

Keywords: Psychosocial need satisfaction, Teenager, Depression

P0326

Mental health evaluation of elderly people in primary health care

M.A.B. Mateus, C.S.S. Silva, O.S.N. Neves. *Sobral Cid Hospital, Coimbra, Portugal*

Nowadays 16.7% of the portuguese population has more than 65 years old. The elderly accumulates successive losses, in particular, the loss of the work and the physical and mental vigour. Depression is considered the most common psychiatric illness in this population, being most of the times difficult to carry out its precocious diagnosis.

Objectives: to proceed on the primary care health level to a tracing on mental health in the geriatric population; to detect also depressive symptomatology in elderly without diagnosed psychiatric pathology.

Methods: Application of Tracing on Mental Health Scale (ER80) and of Geriatric Depression Scale (GDS-15) to a random group of consultation users from an urban health center with age ≥ 65 years.

Results / Conclusions: In a total of 63 individuals, 50.8% were male, being the group between 70 and 75 years the most representative (34.9%), the majority were married (74.6%), with just four years of scholarship (46%) and retired (96.8%). In the analysis of the ER80, the mental disorder was detected in 22.2%, in 17.5% it was inconclusive due to data and in 4.8% questionnaires were excluded by the scale considers a falseness index (≥ 4). In the study of the GDS-15, a suspicion of depression (total ≥ 5) was verified in 49.2% and in 14.3% the result was inconclusive due to insufficient data. Results reveals that the general practitioner plays an important role in what regards to the precocious detection and primary prevention of psychiatric pathology in the elderly people, specially of the depressive symptomatology.

P0327

Evaluation of the cardiovascular risk in patients with psychiatric pathology

C.S.S. Silva, J.P. Maia, J.M.S. Carvalho, M.A.B. Mateus, O.S.N. Neves. *Sobral Cid Hospital, Coimbra, Portugal*

Cardiovascular diseases represent the most important cause of morbidity and mortality in Portugal. Individuals with severe mental disease have a higher risk of morbidity and mortality related with coronary disease. This is the principal cause of death of psychiatric patients and not suicide. The cardiovascular risk is potentiated by the adverse effects of psychodrugs like excessive weight and interference in glucose homeostasis.

Objectives: To evaluate socio-demographic, clinical, analytical and pharmacologic variables in psychiatric patients and to determine the prevalence of metabolic syndrome.

Methods: Descriptive transversal study of hospitalized patients at Sobral Cid Hospital, random chosen from hospitalized acute and chronic patients.

Results: In a total of 51 individuals, 88.2% were male, 21.6% have between 40 and 50 years old (mean- 50.5 years), without known cardiac disease (92.2%), without tobacco (58.8%), alcohol (74.5%) or other substances consumer (92.2%), having 13.7% diabetes mellitus

and 31.4% hypertension. The diagnostic group most prevalent was Schizophrenia, schizotypal and delusional disorders. The following parameters were determined: abdominal obesity (15.75), hypertriglyceridemia (25.5%), low HDL (70.6%), arterial hypertension (41.2%), high level of glycaemia (13.7%), elevated PCR (35.3%), BMI superior or equal to 25 (56.9%) and metabolic syndrome (19.6%). In relation to therapeutics 45.1% were medicated with antidepressives and 76.5% with antipsychotics (47.1% with atypicals).

Conclusions: It is fundamental that the assistant psychiatry identifies and orients patients with cardiovascular risk systematically, and also take into account those parameters when prescribing psychodrugs.

P0328

Evaluation of the department of health's recruitment scheme based on questionnaire based experiences of the internationally recruited consultant psychiatrists

N. Gupta ¹, V. Gupta ², G. Singh ¹. ¹ *South Staffordshire & Shropshire Healthcare NHS Foundation Trust, Burton Upon Trent, UK* ² *St. Andrew's Healthcare, Northampton, UK*

Background and Aims: This study assesses the experiences of Internationally Recruited (IR) Consultant Psychiatrists focussing on the recruitment process and its adherence to the DH guidance.

Methods: Eighty-eight IR consultant psychiatrists from different countries were mailed a 13-item questionnaire assessing their experiences regarding various aspects of the recruitment process.

Results: 48% IR psychiatrists responded; 97% were from India. The recruitment process was generally satisfactory with perceived gaps in support from various stakeholders. Inconsistent experiences were reported regarding induction, mentorship, clinical responsibilities, and racial discrimination.

Conclusions: The recruitment process adhered to the good practice guidelines (DH) within the broad framework of clinical governance. It is important that any such future initiatives have in place appropriate supervision, mentorship, and a sufficient period of induction including exposure to the relevant systems and procedures to ensure good quality service with a view to minimise risk for patients as well as staff. There are limitations to the applicability of the results to the wider group of professionals.

P0329

Ethnicity and compulsory detention in UK – Findings from a systematic review

S.P. Singh ¹, N. Greenwood ², S. White ², R. Churchill ³. ¹ *Healthy Sciences Research Institute, University of Warwick, Warwick, UK* ² *St. George's University of London, London, UK* ³ *Institute of Psychiatry, London, UK*

Objectives: UK studies have reported disproportionate detentions of Black and minority ethnic (BME) patients under the Mental Health Act 1983 (MHA). We conducted a systematic review to examine the evidence for greater detention of BME patients within psychiatric services in the UK and to examine evidence offered for these explanations, including racism in psychiatry.

Methods: Bibliographic databases were searched, descriptive analyses used to summarise studies and meta-analyses performed to produce pooled odds ratios. Possible sources of heterogeneity were investigated.