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Grieve therapy and interventions

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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

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

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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.

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

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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

severity and change, PDSS, HAMA, SDS, HDRS, and in self-assessments BAI and BDI.

Results: A combination of CBT and pharmacotherapy proved to be the effective treatment of patients suffering with panic disorder and/or agoraphobia with or without comorbid personality disorder. The 12th week treatment efficacy in the patients with panic disorder without personality disorder had been showed significantly better compared with the group with panic disorder comorbid with personality disorder in CGI and specific inventory for panic disorder – PDSS. Also the scores in depression inventories HDRS and BDI showed significantly higher decrease during the treatment comparing with group without personality disorder. But the treatment effect between groups did not differ in objective anxiety scale HAMA, and subjective anxiety scale BAI.

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Cognitive dysfunctions during chronic Thyrotropin-suppressive therapy with levothyroxine in patients with differentiated thyroid carcinoma

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Background: TSH-suppressive therapy is widely used in treatment of thyroid differentiated carcinoma. A common consequence of therapy is subclinical hyperthyroidism which may cause dysfunction of cardiovascular system, metabolism and reduction of bone mass. Thyroid hormones are also involved in regulation of brain function. Therefore, thyroid dysfunctions are associated with frequent comorbid cognitive dysfunctions and depression.

The aim of our study was to assess the cognitive functions in patients treated with suppressive doses of levothyroxine due to thyroid papillary carcinoma.

Methods: Twenty three patients with subclinical hyperthyroidism in the course of substitutive treatment with levothyroxine due to total thyroidectomy and 131I therapy were involved in the study. The control group consisted of 13 healthy, euthyroid subjects.

A battery of neuropsychological tests was administered to assess: 1. Working memory and executive functions (the Wisconsin Card Sorting Test- WCST, The Controlled Oral Word Association Test-FAS), 2. Psychomotor speed (the Trial Making Test- TMT) 3. Attention (the Stroop test) and 4. Short term memory (the Digit Span test). Psychometric evaluation was made using 17 items the Hamilton Depression Rating Scale and Beck Depression Inventory.

Results: Patients compared to control group performed poorer in WCST. They made significantly more perseverative errors. Patients were found to perform less well than controls in FAS and in TMT-B. The mean score of HDRS and BI (3,4 and 6,6 respectively) suggest that patients were not depressed during examination.

Conclusion: Our results suggest that suppressive treatment with levothyroxine may affect executive functions, working memory, psychomotor speed.

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Peculiarities of teenagers' suicidal behavior

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Objective: Suicides rate, especially among young people in Lithuania, is the highest in Europe.

The goal is to define and compare the peculiarities of suicide behavior among teenagers of different sex.

Methods: 109 teenagers were researched in the age group of 14 to 17 (52 boys and 57 girls), they were treated in Kaunas University of Medicine Psychiatry Clinics Children – Teenagers Department after they had tried to commit a suicide. Medical documentation and authors' concluded structuralized questionnaire were used to evaluate anamnesis data.

Results: More than one half of boys and girls tried to commit a suicide for the first time, the other part of researched teenagers attempted this repeatedly (46,2 % of boys and 42,1 % of girls). Researching suicide environment, the correlation between suicide surroundings and sex was established ($\chi^2=9,21$, $lfs=2$, $p=0,01$). Three fourths (75,4 %) of girls chose parental home surroundings, whereas only every second boy chose the surroundings of parental home (51,9 %) ($p<0,05$). Quite the same percentage of researched boys and girls - accordingly - 17,3 % and 15,8 % percent chose school and friend environment; the percentage of boys who chose other environment (remote places) was triple larger than the percentage of the girls in this group - accordingly 30,8 % and 8,8 % ($p<0,01$).

Conclusions: research data suggests that suicidal behavior of teenage boys and girls implies statistically significant differences.

P0270

Gender differences of teenagers manner of suicide

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Objective: suicide is one of the core health problems in the global society. One of the predominant causes of death among young Europeans is suicide. Recent statistic data on suicide proves that Lithuania is one of the leaders in this range.

The goal is to define and compare the peculiarities of suicide behavior among teenagers of different sex.

Methods: 109 teenagers were researched in the age group of 14 to 17 (52 boys and 57 girls), they were treated in Kaunas University of Medicine Psychiatry Clinics Children – Teenagers Department after they had tried to commit a suicide.

Results: Researching teenagers' mode of suicide, the correlation between mode of suicide and sex was defined ($\chi^2=19,29$, $lfs=3$, $p=0,0001$). Only every fourth (25,0 %) teenager – boy used medications for killing himself, whereas even two thirds of girls (64,9 %) took medicine to commit a suicide ($p<0,001$). Self inflicted wound (32,7 %) was prevailing in the group of boys comparing with the group of girls (15,8 %) ($p<0,05$); hanging as a suicide method was eight times more frequent between the boys than the girls - accordingly 13,5 % and 1,8 % ($p<0,001$).

Conclusions: research data suggests that teenage boys and girls manner of suicide implies statistically significant differences.