

the type of medical screening performed and the results were compiled and analysed. The screening included physical examination, radiological imaging and general pathology testing.

The findings indicated that there was a lack of uniformity in the approach to medical assessment of mental health patients that may have resulted in relevant organic pathologies not being appropriately detected. The findings also indicated that, in a significant number of cases, organic pathology played an important role in both the diagnosis and subsequent treatment of a number of these patients.

It was concluded that a standard set of routine investigations be carried out on all Mental Health admissions and that the results of the investigations carried out did considerably influence either the diagnosis or treatment of a significant number of the patients in the study group.

P0234

Psychiatric symptoms in movement disorders: The three year experience of a psychiatry outpatient clinic

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Most Movement Disorders demand assessment and management of the psychiatric symptoms, representing an extremely important interface between Psychiatry and Neurology.

In São João's Hospital, the patients followed in the Neurology Department's Movement Disorders ambulatory clinic are referred to the Psychiatry Department's outpatient clinic.

The aim of this study is to characterize the patients followed in our clinic between the years 2005 and 2007 using information collected from clinical files and an investigation protocol especially developed for this purpose. This protocol includes sociodemographic data, neurological diagnoses, psychiatric symptoms and current treatment. Once Parkinson's disease was the most representative diagnosis, the authors explored more detailed features, such as onset type, disease duration and severity, and associated these to the psychiatric clinical picture.

P0235

Duration of untreated illness in anxiety and mood disorders

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A prolonged duration of untreated illness (DUI) has been indicated as a negative prognostic factor of clinical outcome in schizophrenia(1), affective(2) and anxiety disorders(3). The present study analyzes DUI in anxiety/mood disorders. Study sample included 729 patients: 181 Major Depressive Disorder, 115 Bipolar I Disorder, 186 Bipolar II Disorder, 100 Generalized Anxiety Disorder, 96 Panic Disorder and 51 Obsessive-Compulsive Disorder. The main demographic and clinical (age at onset, age at first treatment, DUI) variables were compared between groups using oneway ANOVA, t-tests or chi-squared tests. DUI was defined as the interval between the onset of the disorder and the first adequate treatment. Patients with MDD showed a shorter DUI ($F=25.159$; $p>0.0001$) whereas patient with BDII showed a longer DUI ($F=12.680$; $p>0.0001$) compared to the other groups. Present findings indicate that patients with affective/anxiety disorders present significant differences in DUI. It is of clinical interest to assess the extent to which delays until

beginning an appropriate treatment influence the course of these disorders.

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P0236

How are symptom severity and functional recovery/relapse related? An analysis of the escitalopram database

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Background: Anxiety disorders are associated with significant disability. There is growing interest in the question of whether pharmacotherapy that effectively reduces symptoms also restores function. Recovery could be defined as a lack of disability, with associated reduction in symptom severity. Conversely, relapse could be defined in terms of either increased disability or increased symptoms.

Methods: We analysed a database of randomised controlled trials of escitalopram in generalised anxiety disorder (GAD) and social anxiety disorder (SAD), focusing on the relationship between disorder-specific severity scales, and the Sheehan Disability Scale (SDS). In short-term studies, cut-points on symptom scales were derived for recovered function. In relapse prevention studies, the effects of defining relapse in terms of increased disability scores were examined.

Results: In GAD and SAD, there is a close correlation between primary symptom severity scales and the SDS, both in the short-term and during relapse prevention. Thus, a lack of disability is associated with relatively low symptom severity scores, and rates of relapse - defined in terms of increased disability - are significantly lower on escitalopram than on placebo.

Conclusion: These data indicate that improvement in primary symptom scales in anxiety disorders is accompanied by improvement in functioning, and vice versa. Recovery and relapse can therefore be defined either in terms of symptom severity or in terms of functioning. Longer-term treatment of anxiety disorders is needed to ensure recovery.

P0237

Complexity of transsexual phenomena

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By this case report the authors will emphasize the importance of systematic psychiatric exploration in clinical practice with gender identity disorders. Standard procedures have diagnostic and differential