

clinics: to detect first-episode psychosis (FEP) mistakenly identified as a prodrome.

Methods: A clinical audit was conducted of referrals to a UHR service, the Personal Assessment and Crisis Evaluation (PACE) clinic, over a 12-month period (April 2005 to March 2006) to establish the proportion who were psychotic on referral.

Results: The PACE clinic received 149 referrals over the period examined. About 11.4% of the total number of referrals and 12.6% of those who attended a first appointment were psychotic on referral.

Conclusions: These figures indicate that a substantial proportion of individuals thought to be prodromal are in fact suffering FEP. It is suggested that by detecting these individuals and commencing treatment, UHR clinics minimize duration of untreated psychosis for patients with FEP mistaken as prodromal.

Obsessive compulsive disorder: time to decide on a new model?

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Background: Obsessive compulsive disorder (OCD) is a chronic and debilitating disorder characterized by chronic doubt and indecision; yet, decision making as a cognitive construct has received little attention in either the neuropsychological or the neuroimaging studies of OCD. Indeed, the neuropsychological profile of OCD remains poorly defined and further investigations are needed. To date, most studies have been exploratory in nature and not based on theoretical frameworks.

Methods: A selective review of memory and executive functioning in OCD was conducted using the MEDLINE database, with particular focus on decision making. In addition, the neurobiology of both OCD and decision making was reviewed.

Results: OCD, although once believed to be a disorder of memory, is now viewed primarily as a disorder of executive functioning, a view which is strongly supported by findings in neuroimaging. Decision making, although little studied, is emerging as a potential area of dysfunction that warrants further investigation.

Conclusions: Given the incapacity that results from chronic doubt and indecision in the clinical population, it is surprising that decision making has not received greater consideration in conceptualizing this disorder. We posit a tentative model of OCD that provides a unique perspective of OCD within a decision-making framework. To examine the utility of this model, we propose a multimodal study incorporating functional

neuroimaging and neuropsychological assessment in an attempt to dissect the individual stages of decision making in OCD. Understanding the neuroanatomical substrates will lead to the development of new physical and psychological treatments.

They never forget: recall of traumatic memories of Vietnam

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Background: The establishment of a diagnosis of post-traumatic stress disorder (PTSD) requires first that the person has actually experienced a traumatic event. The second wave of the Australian Vietnam Veterans Health Study allowed us to observe the consistency of reports of war trauma 30 or more years after the trauma and 15 years after their initial recounting.

Methods: Interviews were conducted in 2005–2006 with a cohort of randomly selected Australian Army Vietnam veterans who were first assessed using standardized PTSD diagnostic assessments during 1991–1993. A standardized scale was used on both occasions to measure war trauma exposure and to act as a cue to eliciting recalled and reported events that would qualify under the DSM 'A' criterion. One or more distressing events were elicited and transcribed for a qualitative analysis of the war stories offered in 2005–2006 and 1991–1993.

Results: Time 1 to time 2 correlations between each of the 21 items in the combat scale were highly positive, as was the total. The factor structures of the two administrations were very similar, as were item-total correlations and Cronbach's α . Qualitative analysis of stories showed that almost identical stories were told on the two occasions when nominating the 'worst' events of Vietnam. However, some of the details emerged over several hours of interviewing, which indicates that veterans may not be as open to disclosing their war histories in short encounters.

Conclusion: Soldiers' memory for war-related trauma is very stable, even 40 years after war's end.

The prevalence of PTSD in Australian Vietnam Veterans 35 years after war's end: preliminary results of a cohort study

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Background: The long-term psychiatric sequelae of war service have not been assessed for Australian veterans in a cohort study.

Methods: An epidemiologic cohort study was conducted with a randomly selected sample of 1000 Australian Army Vietnam veterans who were first assessed in 1991–1993 and again in 2005–2006 using standardized psychiatric assessment instruments (SCID and Mississippi in 1991–1993 and CAPS and Composite International Diagnostic Interview in 2005–2006). Personal interviews were conducted across Australia.

Results: The lifetime prevalence of post-traumatic stress disorder (PTSD) had moved from approximately 20% in 1991–1993 to more than 50% in 2005–2006, with smaller prevalence of current (1 month) PTSD. This was often accompanied by long-term use of psychoactive medications, while use of clinical PTSD programmes was also helpful. The course of PTSD was found to be variable: for some, symptoms were evident soon after return, for others, later life events acted as triggers for more recent coping breakdown. Alcohol overuse remains veterans' biggest problem.

Conclusion: PTSD is a chronic condition that is clearly evident in former soldiers and whose life course is variable.

Identifying affective markers of ADHD and comorbid Conduct Disorder

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Objective: Conduct disorder (CD) encompasses children and adolescents who show extreme antisocial behaviour and is commonly allied with attention deficit hyperactivity disorder (ADHD). This study focuses on the markers of facial emotion recognition, which discriminate ADHD from combined ADHD and CD, as well as healthy controls.

Method: Children and adolescents with ADHD, with and without comorbid CD, were tested on the standardized Brain Resource International Database protocols and were compared with a group of matched healthy controls. Testing included a forced-choice facial emotion recognition task, from which response accuracy and reaction time were recorded.

Results: ADHD (with and without comorbid CD) was distinguished from healthy controls by poorer recognition of negative facial expressions and a quicker reaction time to correctly identify angry facial expressions. However, ADHD alone was distinguished from both the healthy control and the combined ADHD and CD groups by poorer recognition of positive facial expressions and

a longer response reaction time those that were correctly identified. Notably, the combined ADHD and CD group was not differentiated from healthy controls by either accuracy or reaction time to positive facial expressions.

Conclusions: ADHD with combined CD comprises a diagnostic group with emotion-related cognitive deficits that are distinct from those showed in ADHD alone and indicate a difference in the causal mechanisms underlying social cognition and emotion recognition deficits between these groups. This difference underscores the relevance of taking comorbidity into account in addressing both emotional awareness and social and peer relationship difficulties in ADHD.

Do religious beliefs help us cope with traumatic experiences?

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Background: It is widely assumed that holding spiritual beliefs offers individuals comfort and support in times of difficulty. It might be expected then that individuals who feel that religion is important to them and offers them strength and comfort would report being less affected after having been exposed to a potentially life-threatening trauma.

Methods: From 1999 to 2002, 7485 residents in Canberra and surrounds were interviewed for the PATH Through Life Project, a longitudinal survey being conducted by the Centre for Mental Health Research. Participants, drawn from three age groups, were reinterviewed from 2003 to 2006. Questions asked in both interviews covered sociodemographic, physical and mental health measures, and personality attributes. In both interviews, participants were also asked about their attendance at religious services, their position concerning religion and the extent to which religion was a source of strength and comfort to them.

In January 2003 before commencement of wave 2 interviews, a major bushfire hit the Canberra region. When reinterviewed, participants were asked about their level of exposure to the fire and the extent to which they experienced symptoms of post-traumatic stress. About 89.6% of wave 1 participants took part in wave 2, and of these, 6596 (88.1%) answered questions concerning bushfire exposure.

Results: The analyses examined whether individuals with strong religious beliefs experienced lower levels of post-traumatic stress after the fires, compared with their less religious counterparts. Associations between these factors were found to vary across the life span and were strongest for participants in midlife.