depression in the UK patients' population providing an insight into these conditions.

Method: A case-control design was used to assess the incidence of sexual dysfunction every year in the five year period pre- and post depression diagnosis. Depressed patients (8,221 in UK ffGPRD database) were matched by age, sex and time in the database to non-depressed patients. Significance tests were carried and risk ratios were calculated at each time-point in the 10 year follow-up.

Results: The incidence rate of sexual dysfunction for cases (4.9 events/1000 person-years) and for controls (2.66 events/1000 person-years) were found to be significantly different ($p \leq 0.001$). The incidence rate for the individuals sexual disorders (erectile dysfunction, premature ejaculation, and low libido were also significantly different.In addition, the risk ratios for the above conditions calculated by year in the five year period pre- and post diagnosis of depression were statistically significant from the date of diagnosis of depression. Further analysis was also undertaken to explore the observed patterns in the data.

Conclusions: Sexual dysfunction diagnosis differs significantly between cases and controls, particularly after diagnosis of depression. This raises questions regarding management of depression and its effect on sexual dysfunction.

Poster Session 2: CHILD PSYCHIATRY

P401

Musical hallucinations revisited

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Background and aims: Musical hallucinations are a rare phenomenon in clinical practice. The purpose of this study was to analyze the clinical spectrum of musical hallucinations.

Method: We analysed demographic and clinical features of cases published in English, Italian, French or Spanish between 1991 and 2006 registered in MEDLINE, including three of our own cases. The cases were separated into four groups according to their main diagnoses (hearing impairment; psychiatric disorder; neurological disorder; toxic or metabolic disorder).

Results: 115 patients with musical hallucinations were included, of which 63.5% were female. The mean age was 57,25 years. Main diagnoses were: psychiatric disorder (46.1%; schizophrenia 30.4%), neurological disorder (21,7%), hearing impairment (17,4%), toxic or metabolic disorder (12.2%) and 2.6% other diagnoses.

61.7% patients presented simple diagnoses while 36.5% presented two or more diagnoses. 2.1% of patients didn't receive any diagnoses. 35.7% of patients and 60.9% of non psychiatric patients presented hearing impairment.

Both instrumental and vocal were the more frequent musical hallucinations and most of the patients had insight about the abnormality of their perceptions. Another kind of hallucinations was present in 40.9% of patients, auditory hallucinations being the most common. Also, 38,3% of the global sample had abnormalities in brain structural image (MRI, CT).

Conclusions: Musical hallucinations are a heterogeneous phenomenon in clinical practice. published cases describe them as more common in women and in psychiatric and neurological patients. Hearing impairment seem to be an important risk factor in the development of musical hallucinations.

P402

Viennese transcultural outpatient clinic for child psychiatry

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The project "Transcultural outpatient clinic for child psychiatry", which was started at the department of child and adolescent neuropsychiatry in Vienna in 1996, was funded by department of health planning and funding of Viennese municipality. The project was designed to assess and address psychological needs of immigrant families and their children in Vienna. The project went through 4 phases as of yet: needs assessment and identification of barriers for utilization of psychiatric services among immigrant families and their children (Phase 1); awareness raising and psychoeducation of immigrant families for migration caused psychiatric disorders as well as adjustments disorders (Phase 2); transcultural research (Phase 3); transcultural mental health training of medical and allied professions (Phase 4). The poster will introduce this model project and discuss Viennese experiences in transcultural psychiatry of childhood and adolescence. Our experiences support a culturally sensitive assessment and treatment of immigrant families and their children in special utilities.

P403

Clinical benefit of switching patients with schizophrenia to once-daily quetiapine sustained release

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Aim: To evaluate the clinical benefit of switching to quetiapine sustained release (SR) in patients with schizophrenia experiencing suboptimal efficacy/tolerability with their current antipsychotic.

Methods: This was a 12-week, multicentre, open-label study (D1444C00147). Quetiapine SR (mg/day) was initiated during a 4-day cross titration phase (300 on Day 1; 600 on Day 2; 400, 600 or 800 on Day 3; flexible-dosing [400-800] from Days 4-84). Primary objective was to demonstrate that >50% of patients would achieve clinical benefit (improved CGI-Clinical Benefit [CB] score, based on CGI-I Efficacy index and tolerability burden) at Week 12. Secondary endpoints included CGI-I and PANSS total scores. Tolerability was assessed by adverse events (AEs), SAS and BARS scores. Mean changes in rating scale scores were analysed using ANCOVA.

Results: 477 patients were switched to quetiapine SR, 370 (77.6%) completed treatment. 295 of 470 evaluable patients (62.8%) achieved a clinical benefit upon switching to quetiapine SR (95% CI 58.4, 67.1, $p<0.0001$). Significant improvements were observed in mean [SD] change from baseline in CGI-CB (-2.1 [3.62]) and PANSS total (-13.6 [19.23]) (both $p<0.001$). Mean [SD] CGI-I score at endpoint was 2.8 [1.49] ($p<0.001$ for mean CGI-I<4). Common AEs included somnolence (17.8%), sedation (15.1%), dizziness and dry mouth (14.0% each). The incidence of EPS was 8.0%. Mean changes (improvements) from baseline in

SAS and BARS scores were -2.1 and -0.4 respectively (both $p<0.001$).

Conclusion: Switching to quetiapine SR was associated with clinical benefit and was well tolerated in patients with schizophrenia experiencing suboptimal efficacy/tolerability with their previous antipsychotic treatment.

P404

Posttraumatic stress disorder among schizoaffective and bipolar patients

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Backgrounds and aims: The present study has the aim to evaluate the link between PTSD and Bipolar Disorder/Schizoaffective Disorder. There are great apparent differences between Bipolar Disorder and Schizoaffective Disorder, also many similitudes.

Methods: The sample consists of 22 patients, 14 females and 8 males, with average age 29,3 years. They were hospitalized for depressive or manic episode and diagnosed using DSM IV criteria with BPD (n1=12 patients) and Schizoaffective Disorder (n2=10). All the patients were screened for PTSD using module from the Structural Clinical Interview for DSM IV (SCID).

Results: The study replicated the impact of PTSD on the onset of the two major disorders. In this sample, 8 from 10 patients with Schizoaffective Disorder (80%) have had PTSD (frequently after a suicide in patient‘s family or rape), 3-4 years before onset. The most patients with Bipolar Disorder (n=7; 58,33%) had also a PTSD but the temporal link between this one and BD is longer (6,5 years average).

Conclusions: It may be concluded that PTSD is highly prevalent in patients with Schizoaffective Disorder, but there is also a great risk of having PTSD in patients with BD.

P405

The pitfalls and caveats in the implementation of an early intervention service for psychotic patients in a rural region.

R.B. Laport. *Rivierduinen, Mental Health Trust, Leiden, The Netherlands*

In his article Introduction to ‘Early psychosis: a bridge to the future’ McGorry stated optimistically: ‘‘Early intervention in psychiatry has taken a long time to emerge as a key strategy to reduce morbidity and mortality with psychotic symptoms’’ It suggests that we have almost solved the problem.

The good news is that there are indeed many excellent guidelines for those young patients suffering from a psychosis. There are also translations of those guidelines into programs, for instance The Early Intervention Service (EIS) in the UK. Programs like the EIS deliver well coordinated, comprehensive care with interventions such as medication, psychosocial intervention and vocational training and are of proven evidence.

The bad news is that these programs are scarce. They only exist in a few sites in Europe. In Rivierduinen, a large mental health trust in The Netherlands, we try to implement an EIS.

In the workshop I would like to share the following topics with the audience:

The importance of developing and sustaining, with professionals and management, a golden stan-dard of care. This goes beyond the composition of guidelines and has a lot to do with knowledge management throughout the different levels of the organization.

The pitfalls in the different phases of the implementation of an Early Psychosis Guideline in a rural area with several small sub regional operating teams.

At the end of the workshop the participants are equipped with tools and suggestions to manage the implementation process.

P406

The ‘‘difficult to diagnose’’ autism spectrum disorders in preschoolers and the early intervention program, "let’s get started"

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Background: Early diagnosis and interventions are the standard in the field of Autism Spectrum Disorders, however ascertainment of these diagnoses is unreliable, in a large minority of high functioning cases given the ambiguity of diagnostic criteria of the Pervasive Developmental Disorders; Not Otherwise Specified, and the lack of clear boundaries with other developmental disorders. A ‘‘Difficult to Diagnose’’ clinic was developed 6 years ago to rapidly develop a consensual diagnosis to expedite treatment. The factors that cause diagnostic confusion will be outlined and a brief observational tool adapted from the Children’s Autism Scale for Children will be described utilizing a videotaped presentation. The clinical diagnosis was compared to the ‘‘gold standard’’, the previously validated Autism Diagnostic Observational Scale (ADOS). To bypass long waiting lists for interventions and provide immediate direction to help parents stimulate social engagement, a brief intervention called ‘‘Let’s Get Started’’ was developed and will be described.

Methods: The consensual clinical diagnoses of two physicians and the findings on the ADOS will be correlated.

Conclusion: The ADOS does not consistently diagnose the ‘‘Difficult to Diagnose’’ children. By utilizing a collaborative clinical method focusing on the child’s social interactive skills, the child on the Autism Spectrum can be differentiated from other developmental disorders. Those on the Autism Spectrum can receive a social interactive training program administered by their parents, who have been trained in the ‘‘Let’s Get Started’’ program, taught to them when they felt most helpless and disempowered, and in mourning after being given the diagnosis of Autism.

P407

Self-reported medical comorbidity and resulting interactions with health care providers in US patients with schizophrenia or bipolar disorder

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Schizophrenia and bipolar disorder have high rates of medical comorbidity, in particular obesity, diabetes, and cardiovascular disorders. This investigation assessed (a) patient awareness of comorbidities associated with their mental illness, (b) patient knowledge of long-term health risks associated with mental illness and its treatment, and (c) interaction with health care providers regarding comorbid conditions. An Internet-based survey of patients currently receiving pharmacotherapy for schizophrenia or bipolar disorder was conducted in 11 countries. The following results are from a US sample of 135 patients with schizophrenia and 135 with bipolar disorder. Among subjects with schizophrenia, 29% self-reported obesity, 32% diabetes, 28%