

**Methods:** A descriptive-Analytical study with aim-centered sampling was performed on 56 elderly people residing on Golabchi nursing house –Kashan-IRAN 2007. including factors were normal IQ, and lack of serious mental disease and Alzheimer. The standard mental health Questionnaire (GHQ28) was used and the scores less than 23 was mentioned as health .some other like demographic factors, family residing in nursing house and ...were assessed too. The descriptive statistics and  $\chi^2$  were used to analyze the data.

**Results:** There was significant relationship between previous agreement on living in nursing home and mental health ( $p < .04$ ). the rate of mental health in whom completely disagreed on living in nursing home was 42/2% whereas in whom completely agreed on living in nursing home was 66/07% . There was no significant relationship between mental health with gender, Education, previous job, existence of other family in nursing home .the rate of male and female in this research were 35/7% and 64/3% respectively.

**Conclusion:** Regards to importance of previous agreement on living in nursing home for elderly people it's a must to prepare them and establish appositve attitude on living in these centers on them.

**Keywords:** mental health, elderly people, previous agreement

## P0166

Empathy and nursing – A transversal study

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**Background:** Although there are studies showing that empathic concern and perspective taking is well correlated with a better outcome of therapy, little is known about the “natural history” of empathy in health care professionals. Within a transversal design, this study attempted to estimate the evolution of empathy components in nurses.

**Method:** Using Davis’s “organizational model”, we administered the Interpersonal Reactivity Index to 127 nursing students and nurses of both genders, working in various medical fields. Spearman’s correlation coefficient was calculated for the 4 scores and variables such as age, years of experience, and the medians of the scores were compared for gender, marital status, number of children, number of brothers and sisters.

**Results:** significant negative correlations were found between fantasy and personal distress scales, and age and years of experience. Women had higher scores of all 4 components. Significant correlations between scores were found as well.

**Conclusions and Discussions:** apparently, nurses have different patterns of empathy than doctors (who have shown an increased personal distress over time in previous studies). Women are more empathic and e.

## P0167

The family role in different phases of psychosis

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New aspects and courses in organization of treatment and recovery in psychiatry intrude a new patient’s family role in this process. Previously, the family had a very passive attitude during treatment and recovery process of patient. Today patient’s family has an essential role in treatment, recovery and resocialisation of their relative diagnosed with schizophrenia, schizoaffective or other psychotic disorders.

Serbia is on the Big Way of Transition going toward political and economic model of West Community and also toward western model of organization of mental health. Reorganization of psychiatry and deinstitutionalisation obtrude different access in process of treatment of patient with psychosis.

Family must go through psychoeducation and involve initially developing practical strategies for dealing with an ill relative. Multifamily group psychoeducation is the pattern engagement of family intervention and support. Program of education is accommodated to requirement of treatment and needs of family.

Family with relative with first-episode psychosis and family with established psychotic. illness but without necessarily skills for handling the many difficult problems posed by mental illness in a family member is involved in this program of education Using our model of family psychoeducation, we have been able to reduce the rate of relapse of these patients to over 50% of what would have been expected had they received more traditional forms of treatment.

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## Poster Session III: Obsessive Compulsive Disorders

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### P0168

Obsessive-compulsive disorder and self-esteem: An exploratory study

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It has frequently been suggested that low self-esteem and low self-worth are closely related to psychological and emotional problems, particularly depression. In a retrospective study of “prodromal” symptoms of obsessive-compulsive disorder (OCD), Fava et al. (1996) noted that low self-esteem was one of a number of symptoms (including depression) reported as preceding the onset of OCD. Low self-esteem could also have the effect of predisposing people to the development of psychological problems regardless of type as a general vulnerability factor.

In a preliminary investigation of the link between self-esteem and obsessional problems, patients with OCD ( $n = 34$ ) were compared with patients with social phobia ( $n = 29$ ), diagnosed according to DSM IV. Standardized measures of self-esteem and clinical symptomatology were also administered: the Beck Depression Inventory (BDI), the Assertiveness Schedule of Rathus, the State Trait Inventory Anxiety, Yale Brown Obsessive Compulsive Scale (Y-BOCS) and Self-Esteem Inventory of Coopersmith (SEI).

**Results:** Indicated that the OCD group differed significantly from the social phobia group on generalized self-esteem assessments ( $p < 0.001$ ). Both groups showed a lower self-esteem but there was some evidence of OCD specific effects; depressive cognitions altered significantly self-esteem in OCD patients ( $p < 0.001$ ). Obsessionals were more likely than anxious controls to link their self-worth to other people and their relationships. They also regarded the possibility of causing harm as likely to result in other people making extreme negative and critical judgements of them. The implications for future research and for treatment of OCD are discussed.