Methods: This is a qualitative- phenomenological study. Participants in this study were 12 youth with substance dependency with range of 18 to 30 years old that was selected with purposive sampling method. Data were collected with in-depth interview and analysis was done via Colaizzi method.

Results: Three themes or main concepts were derived from this study that each of these themes has any subthems. These are including Personal factors, Family factors and Social factors.

Conclusions: The findings of this study indicated that people underlined of different factors such as personal, family and social factors refer to the consumption of opioid and finally depend to this substance. Regarding to findings of present study, the researchers of this study believed that the first level of prevention can useful about this. Thus in this level of prevention, three approaches of individual centered, family centered and community centered suggested.

P0076

Psychological factors of preventing internet-addiction of teenagers

O. Zaytsev, T. Vakulich. Ukrainian Research Institute on Social and Forensic Psychiatry and Substance Abuse, Kiev, Ukraine

Our original research is dedicated to the analysis of factors of preventing Internet-addiction of teenagers. We have allocated main directions and approaches to studying psychological peculiarities of Internet-addiction in the world and Ukrainian science. It discloses correlation of the essence of Internet-addictiveness and Internet-addictive behavior (IAB), outlines main criteria and factors which impact its formation (psychological, social-psychological, and social). We have researched the problem of psychological peculiarities of the display of teenagers' Internet-addictive behavior in the age aspect, namely in the adolescent age, as a crucial period of generating IAB.

It is proved that intensity of demonstration of Internet-addictive behaviour (IAB) depends on individual-psychological (individual peculiarities of adolescent age) and micro social (psychological difficulties and complications generated by the close social environment) factors, which don't appear separately from each other, but perform in interconnections and interdependence. Outlined are main types of teenagers' behavior in the Internet, comprising: obsessive-searching type, compensatory type, emotion-dependent type, communicative type, cyber-sexual type.

Psychological conditions and directions of effective preventing of generation of Internet-addiction in adolescence age are defined in the paper. Results of the experiment proved expediency and effectiveness of the our programme of preventing Internet-addictive behavior of teenagers.

Poster Session III: Diagnoses and Classification

P0077

Towards a "Riemann' turn" in the theory of psychopathology

N. Andersch, D. Barfi. CMHT-NW, Maudsley Hospital (SLaM), London, UK

Background: In the mid 19th century 'Euclidian Geometry' found itself replaced by a group of previously unimaginable spheres: the "Riemann' Geometries". Only this radical shift of paradigm from the obviousness of concrete practice into the abstract worlds of

relational and symbolic order allowed Einstein's and Maxwell's theories to emerge and modern mathematics to be developed.

Psychopathology is in urgent need of a comparable turn - beyond the narrow field of clinical observation towards a theory of 'mental formation' - only from which a concept of mental illness can be deducted.

Method: The presentation reconstructs an interdisciplinary network towards a "New Psychopathology", including Kurt Goldstein, Arthur Kronfeld and Kurt Lewin, relocating psychopathological observation away from the brain to the relational order between the individual and its environment. Their joint theoretial approach was based on Ernst Cassirer's "Philosophy of Symbolic Forms", applying the ideas of change in mathematival perspectives to mental complexity and cultural development - and: its pathological disorders.

Results: "Symbolic Forms" emerge as magic, myth, language, religion, law, politics, science, the arts and others. They are transcultural universal phenomena which can be seen as "invariants" in a "Matrix of Mental Formation". This cultural construct breaks down in mental crisis.

Conclusion: Psychiatric illness is always connected to a breakdown of "Symbolic Formation". Its typical symptoms are not a lack of organic function - but derive from an inability to manage its complex 'meanings'in the constant change of parallel frames of reference. A structural concept(MATRIX) is presented as an underlying relational order to psychopathological classification.

P0078

Hindsight bias in psychiatrists' diagnoses

M. Arbabi ¹, B. Mostafazade Davani ², A.A. Nejatisafa ¹, M. Sadeghi ¹, S. Mortaz ², H. Parsafar ¹. ¹ Psychiatric and Psychological Research Center, Tehran University of Medical Sciences, Roozbeh Hospital, Tehran, Iran ² Education Development Center of Tehran University of Medical Sciences, Tehran, Iran

Introduction: Hindsight bias means knowing the outcome may profoundly influence the perception of past events and prevent a realistic appraisal of what actually occurred.

Aims: To evaluate the role of hindsight bias on psychiatrists' diagnosis.

Method: A psychiatric vignette was made, and validated by expert psychiatrists in national board of psychiatry. They defined the most probable (Bipolar Mood Disorder) and the least probable diagnosis (Schizoaffective disorder). We designed three types of questionnaire, Type A: the basic vignette with an additional explain that in pervious admission the diagnosis was Schizoaffective disorder, Type B: the basic vignette with a suggestion of Bipolar mood disorder, and Type C: the basic vignette without any suggestion. These three forms were sent out to psychiatrists by randomization and concealment allocation in three groups to evaluate their diagnosis.

Results: Of the 240 psychiatrists included,173 persons responded (response rate 72%). There were 52 persons in group A with Schizoaffective disorder suggestion, 63 in group B with Bipolar mood disorder suggestion and 58 in the control group. There was a significant increase of schizoaffective disorder diagnosis (Pv <0.001) but there was not a significant difference for Bipolar Mood Disorder or any other diagnoses. There was no difference in mean age, sex and duration of clinical practice between groups.

Conclusion: According to this study decision-making in psychiatry may be vulnerable to biases like hindsight bias. Insight via education appears the major means to avoid distorting decision-making processes.

Keywords: diagnosis, hindsight bias, psychiatry

P0079

Quality criteria and new fields in psychiatric expert practice

B. Baleydier ¹, A. Coman ², A. Mihai ^{2,3}, C. Damsa ². ¹ Clinique Corela, Geneva, Switzerland ² Emergency Crisis Intervention Unit Department of Psychiatry, University of Geneva, Geneva, Switzerland ³ University of Medicine and Pharmacy, Tg Mures, Romania

In the field of psychiatric expertise, formal quality criteria such as organization, duration and extent of psychiatric exploration are of significant importance to ensure better transparency and reliability. Psychiatric diagnosis should be made according to DSM-IV or ICD-10 criteria. Following an extensive literature review (medline 1980-2007) we will discuss the importance of the use of The Mini International Neuropsychiatric Interview (M.I.N.I.), and other validated clinical diagnosis tools in psychiatric expert practice.

Beside the clinical validated scales, patients with neurotic or personality disorder require particular clinical experience for a good diagnostic assessment, especially because little evidence based medicine in psychiatric expert practice is available. Thus, we emphasize the interest of a good educational program about expert practice for residents.

Large epidemiological studies are required in order to clarify the evolution of patients after the expertise process. Furthermore, randomized studies should optimize the efficacy of a specific combined therapeutic program concerning patients with somatoform disorders.

The creation of an international network of clinicians with experience in psychiatric expert practice could be an important tool, in order to develop and promote evidence based guidelines for diagnosis and therapeutic issues around psychiatric expert practice.

P0080

What core and periphery of male-to-female patients with gender identity disorder tell about the nature of conviction of cross-gender identity?

T. Furuhashi. Psychopathology & Psychotherapy, Graduate School of Medicine, Nagoya University, Nagoya, Japan

We examined a variety of male patients with gender identity disorder on the basis of a style of "conviction" of gender identity disorder. From the point of view of the clinic, we took the variety as framework of "the core group" and "the periphery group". The core group consists of those who have, already since childhood, manifested a special longing for feminine clothes and behaviors. The periphery group consists of those with an uncomfortable feeling about their own sex that did not begin until adolescence. The present study is based on the author's clinical experience with 27 subjects, among which 14 patients belonged to the core group and 13 to the periphery group.

In the patients of the core group, their subject was formed by a self-referential statement "I am a woman." It can be considered that since their early childhood, their "ideal ego" led them to experience this longing and that "I" situating its own body in an "ideal ego", brought them gradually to express "I am a woman." This had the structure of a "first-person conviction."

In the periphery group, on the contrary, a consistent insufficiency and avoidance of masculinity could to be pointed out. We recognized homosexuality, transvestism, adolescent paranoia, and certain neuroses in the background of the periphery group. In the periphery group it may be required to engage in the psychotherapeutic task of investigating what this "disgust with being male" derives from.

P0081

Mental health & deafness

S. Gonzalo Perez, A. Garcia Garcia, J. Munoz Bravo, R. Toboso Moreno. *Hospital General Universitario Gregorio Maranon, Unidad de Salud Mental Para Personas Sordas, Madrid, Spain*

Deaf people as a group experience a greater number of mental health problems than the general population (REF). Clinical diagnosis and intervention of deaf patients is particularly complex. This is due to the fact that deaf people very often use a different mode of communication i.e. sign language. In turn, deaf people's psychological and psychiatric intervention requires the establishment of special mental health unit with specialised professionals. These professionals must be highly qualified in alternative methods of communication and on issues relating to Deaf community and culture. The Gregorio Marañon Hospital in Madrid is one of the few mental health units for deaf people in Europe -that is, the Unidad de Salud Mental para Sordos (USMS). This unique service counts with a psychiatrists, a psychologist and a social worker. The aim of this presentation is twofold: to report to the scientific community the particularities of intervening with deaf population; and to highlight the need to adapt the diagnosis process and psychotherapy to this clients' needs. The poster presents descriptive data on deaf patients seen/treated at the USMS during 2007. Results will present patients' spread on the following variables: gender, age, referral, aetiology, age of deafness onset, preferred language, psychiatric diagnosis and treatment.

P0082

Study of the clinical characteristics of patients with self-injurious behaviors comparing to patients with obsessive-compulsive disorder

J.S. Giusti, A.K. Garreto, S. Scivoletto, H. Tavares, E.C. Miguel. Institute and Department of Psychiatry, Hospital Das Clinicas, Faculty of Medicine, University of Sao Paulo, Sao Paulo, Brazil

Self-injurious behaviors(SIB) may be described as a behavior compatible with obsessive compulsive disorder(OCD), as well as part of Impulse-Control Disorders(ICD).

Aims: Compare obsessive compulsive symptoms(OCS) and impulsivity between two groups: OCD and SIB patients.

Method: Five patients in outpatient treatment for SIB were compared to five OCD patients. The following instruments were applied:Y-BOCS, D-YBOCS, USP-SPS, FASM, SCID, BIS-11.

Results: The SIBs were repetitive and occurred from 2 to 100 episodes during the last year. The behavior relief intolerable affects and the consequent pain were mild. The patients spent some time planning the acts, especially when it was not possible to do it immediately. The most common behavior found were: skin cutting(80%), self-hitting(60%), self-biting(60%), and the patients presented more than one type of SIBs. The motivation included: relieving feelings of "numbness" (80%); punishing themselves(80%); feeling something (even pain)(60%); feeling relaxed(60%); and stopping bad feelings(60%). SIB patients also presented OCS(100%) with more prevalence of sensory phenomena preceding repetitive behaviors(100%) than among OCD patients(60%), although they were not statistically significant. Despite the fact that there were no difference between the