agoraphobia, panic disorder and neurasthenia do not differ in terms of ever smoking, however their ORs are astonishingly high in strong smokers.

Conclusions: The risk of being (or having been) a smoker differs distinctly by mental disorder. This is most apparent in mood disorders. Moreover, in another group of disorders the amount of smoking interplays in a particular way. It seems unlikely that the causal linkage follows a consistent pattern.

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Medical morbidity in psychiatric (de-)institutionalized patients

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Introduction: The physical comorbidity of chronic psychiatric patients is affected not only by their psychiatric condition and treatment but also by the different access they have to health care facilities.

Aim: To record the medical morbidity of patients of the Psychiatric Hospital of Petra, Olympus, during its deinstitutionalization project.

Methods: The physical diseases of 196 chronic psychiatric patients (71.4% men), who were treated in long-stay wards or in community-based psychiatric facilities, were recorded during the autumn of 2003.

Results: Circulatory and neurological diseases were the most prevalent between psychiatric patients, both affecting 62 (31.6%) patients. Hypertenstion, coronary heart disease, stroke and dementia were quite frequent, approximately as much as in the general population. Epilepsy and hypotension were markedly frequent, possibly due to association with their psychiatric condition and its treatment. It is remarkable that anemia was the most frequent physical problem (25.5%), while 13.3% of the patients had a history of bone fractures. 14.8% of the patients had gastrointestinal problems (mostly ulcers), 15.3% had endocrinological (mainly diabetes) and 8.7% respiratory conditions. Finally, incontinence, prostate hyperplasia and other urological diagnoses were found in 10.7% of the patients.

Conclusions: The (de)institutionalized psychiatric population seems to suffer by medical problems that are associated a) generally with their age and gender and b) specifically with their psychiatric condition and the side-effects of the corresponding medication. It is hoped and expected that the deinstitutionalization will help improve the treatment of the former without at least hindering the handling of the latter.

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Lifetime risk and age-of-onset of mental disorders in the Belgian general population

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Aims: To estimate lifetime risk and ages of onset of mental disorders in the adult general population of Belgium.

Method and materials: For the World Mental Health Surveys of the World Health Organization, a representative random sample of non-institutionalized inhabitants from Belgium aged 18 or older (n=2419) were interviewed. The interview took place by means of the CIDI 3.0. Lifetime prevalence, projected lifetime risk, and age of onset were assessed.

Results: Compared to lifetime prevalence rates, projected lifetime risk remains fairly stable for anxiety disorders, but is increased for mood and alcohol disorders: The lifetime risk for any mental disorder was 37.1%: 22.8% for mood disorders, 15.7% for anxiety disorders, and 10.8% for alcohol disorders. Prevalence estimates of mood and alcohol disorders were significantly higher in the cohorts between 18 and 34 years. Age of onset-distribution are presented for mood, alcohol and anxiety disorders.

Discussion: This is the first study that assessed projected lifetime risks and ages of onset in the Belgian general population. A significant difference is noted between lifetime prevalence rates and projected lifetime risk. Median age of onset varies from disorder to disorder and younger cohorts had higher likelihood for developing mental disorders.

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Migration and mental disorders in an outpatient setting

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Background and aims: As a putative risk for mental disorders, particularly for schizophrenia, migration has reached an increasing interest. There are some evidences of high incidence rates of psychotic disorders in migrant populations. Most of the studies focus on inpatient, first-admissions samples. The aim of this study is to compare the rates of treatment for mental disorders between native-born and migrant patients in an outpatient setting.

Methods: A retrospective analysis of all patients (n= 3619) attended throughout the latest 3 years at an outpatient resource involving and area of 92234 inhabitants was carried out. Demographic variables (age, sex, country of birth) and clinical data (diagnosis at first contact and at follow-up, DSM-IV criteria) were collected. Patients were divided in two groups: natives (n=3486) and immigrants (n=133). Comparisons between both groups for the rates of any mental disorder and for syndromic diagnoses were performed.

Results: Compared to native patients, immigrant patients showed higher rates of psychotic disorders (15.2% vs 4.2%, $p<0.001$, chi square; OR=3.6, 95% CI=2.1-6). As a striking finding, all of the ‘‘not specified’’ diagnostic categories (psychotic disorder NOS, bipolar disorder NOS, depressive disorder NOS, anxiety disorder NOS) were significantly more prevalent in the migrant group.

Conclusions: Among the patients referred to an outpatient mental health resource, a higher prevalence of psychotic disorders in migrants compared to native patients was found. The higher rates of not specified diagnoses in immigrant patients underlines the hazard of misunderstanding their symptoms and, therefore, to overestimate the prevalence of severe disorders in this group.

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Transgenerational transmission of agressive behaviour

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Objective: The objective of the present paper was to assess associations between parental agressive behaviour and agressive behaviour in adolescents, as well as to define the possible correlation between the parental agression and the psychopathology presented by the adolescents.

Methods: We surveyed 100 adolescents in the age from 14 years to 16 years and their parents. Adolescents and their parents fullfilled set of self-rating scales. Adolescents completed the Overt agression

https://doi.org/10.1016/j.eurpsy.2007.01.1079 Published online by Cambridge University Press