

P0347

Inversion in the direction of the internal energy: Origin of the regression of the being

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Objective: Restitution and prevalence in centrifugal direction of internal energy, orientated to the reconstruction, reappearance and evolution of the I.

Method: Planned introspection and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, and its sequelae on anatomic structures, correlated with psychiatric symptomatology, during 30 years.

Results: This deviation in the internal metabolic energy's orientation, from CENTRIFUGAL or anabolic to CENTRIPETAL or catabolic, is originated at level of contractile elements of the striated musculature (sarcomeres), they stimulated, indirectly, through the reflex for strain of the muscular spindles, after the automatic and involuntary rush of the gamma and beta efferent neurons and these, due to the initial, sudden and unexpected cerebral answer in the presence of a determinate Conditioned Stimulus: The Involutive Motor, anomalous fountain of energy and origin of social diseases. This, generates gradual internal energy chaos, anomalous stimulation of diverse organic structures, anarchy in the being, evolved brake accompanied of inexplicable symptoms and signs, with chromosomal sequelae, in a long period.

Conclusion: If conditioned reflexes changed the direction of the internal energy, carrying out to an organic involution, the extinguishment of them will reconstitute him, centrifugal way toward the evolution of the Being.

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[2]. Vargas J: Scientific Theory "Something, that, my, self: Origin of the Other Life". *Involutive Motor* 2004; 5:50.

P0348

Catatonia in autism: Etiology, incidence and treatment

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Aim: This paper reviews the concomitance of catatonia and autism spectrum disorders, including incidence, diagnostic similarities, etiologic theories and treatment modalities, including electroconvulsive therapy (ECT). Case examples are included.

Method: A review of the English-language literature on catatonia and autism was conducted, combined with the author's clinical experience working with two autistic individuals with frank catatonic stupor requiring ECT.

Results: While catatonia is most frequently associated with mood and psychotic disorders, frank diagnosable catatonia has been found in 11-17% of individuals with autism. Significant symptom overlap exists between the two disorders in the domains of motor activity, social interaction, communication and behavior; indeed, both processes may share a common neuronal substrate as well as a shared genetic susceptibility region. DSM-IV-TR catatonic symptoms include motoric immobility and overactivity, negativism and peculiarities of movement and speech, while expanded criteria for catatonia in autism additionally include amotivation, difficulty with task completion, day-night reversal and agitation/excitement. A range of severity exists in catatonia, with some patients developing profound catatonic stupor

or malignant catatonia with autonomic instability. Catatonia is readily treatable, with lorazepam and ECT as first-line treatments. However, diagnosis may be delayed in the autistic patient with baseline intellectual disability, behavioral and communicative abnormalities. Similarly, appropriate treatment, especially ECT, may be withheld due to issues surrounding intellectual disability.

Conclusion: Catatonia is not an infrequent occurrence in autism, and its manifestations can be severe. Prompt clinical recognition and treatment of catatonia in autism is imperative, with further research needed in this field.

P0349

Improving child and adolescent access to mental health care in the United States

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The U.S. 1999 Surgeon General's Report on Mental Health documented almost 21% of U.S. children and adolescents ages 9 to 17 had a psychiatric disorder with at least minimal impairment. From this prevalence statistic, one in five children age 9-17 experienced some degree of emotional or behavioral dysregulation. While there are over 60,000 board-certified U.S. pediatricians, current competencies for specialty certification cover minimal mental and behavioral health care. According to statistics from the American Academy of Child and Adolescent Psychiatry, there are less than 6700 sub-board qualified child and adolescent psychiatrists practicing in the U.S. Moreover, due to established third-party payment and reimbursement venues, many children are not eligible for the care of these professionals. Many U.S. children, therefore, do not have adequate access to mental and behavioral health care.

To address this serious need, in 2004, the American Academy of Pediatrics (AAP) Board of Directors (BOD) appointed the Task Force on Mental Health (TFMH), charging it to develop evaluation algorithms, tools and models of third-party payment to assist primary care pediatricians in enhancing the mental health care they provide as they provide care for children and adolescents in the primary pediatric health care setting: the "medical home." The TFMH, which included representatives from the American Academy of Child and Adolescent Psychiatry, as well as many other related professional and consumer organizations, concludes in 2008 with comprehensive recommendations for improving primary clinical care for U.S. children and adolescents with mental and behavioral health care needs. This presentation summarizes those results.

P0350

Male prison suicides in Slovenia

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Background and Aims: Male prison inmates are highly suicide risk population. Suicide is single most common cause of death in correctional settings. This study was aimed to find out suicide rate in Slovene male prisons compared to that in general population. We compared our findings with prison suicide rates in European countries with highest suicide rates, and through this comparison planned to improve suicide preventive measures.

Methods: Data were collected from official reports on prison deaths in Slovenia and compared with data in SPACE 1.

Results: In Slovenia male prison suicide rate (MPSR) is highest among all countries compared. It is also 8.3 higher than in general

population. In Baltic countries where suicide rates are highest in Europe, MPSRs are on average only twice higher than in the general population.

Conclusions: With our findings we argue that there is a lack of suicide preventive measures in Slovene prisons. Based on these data the programme of prison suicide prevention is now going on.

Poster Session III: Other Psychotherapy

P0351

"Orenpropsy" - Orenburg, promotion, psychiatry

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"OrenProPsy" – Orenburg, Promotion, Psychiatry.

"OrenProPsy" is an Independent Non-profit Organization, which was founded to make information and services in the sphere of mental health easy to access. The main aims of the organization are to promote the proper information on mental diseases and methods of their treatment alongside with the information on the possible ways of the rehabilitation of those who suffer from mental diseases; stimulate the professional development of the staff; provide all services in the sphere of mental health for the public access; encourage the use of all possible means to solve the problems in the sphere of mental health. "OrenProPsy" activities are aimed at different groups of people such as: patients with mental disorders, their relatives, mental health specialists and the public at large. "OrenProPsy" main activities include publishing activities (books, brochures, booklets, leaflets); informative activities (lectures, discourses, social work, practical work with patients and people from their surroundings, mass media presentations of mental health problems; educational work (seminars and conferences for mental health specialists); direct assistance for the projects which are carried out in the sphere of mental health in partnership with other organizations. On Mental Health Day "OrenProPsy" organized mass media presentations and lectures on the mental health problems for the internists and the general public. Different charity programs get their financial support from private and public organizations in Orenburg and its region. The research work is conducted in association with the Department of Psychiatry and Medical Psychology of Orenburg State Medical Academy.

P0352

Psychoanalytical treatment of a suicide attempted psychotic patient

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In a General Hospital without psychiatric clinic, Consultation-Liaison Psychiatry (C/L) plays an exceptional role in the demand to develop and facilitate the collaboration between the patient and the doctors of each clinic in which the patient is nursed.

In a such "orphan" frame, complete psychiatric care and hospitalization are hardly attempted. Here I will present to you the way I worked as a psychiatrist of C/L, with a male schizophrenic patient in Orthopedic Clinic after a serious suicide attempt. The General Hospital in this particular case received a half-dead, bodily and mental, patient.

His physical problem was attended intensively so as he could be directed to a Special Rehabilitation Centre for further improvement. At the same time, through the configuration and investment of suitable therapeutic frame, his "mental bleeding" stopped. Through this procedure and slowly by slowly, he learned to invest in a new human relation with the hope and prospect to "stand finally in his legs".

The comprehension of countertransference was the key for the therapeutic approach of this patient.

The psychoanalytical theory and experience of clinical pioneers (e.g. Mentzos, Benedetti, Racamier) who dealt with the psychotherapy of psychosis are the support in the particular work.

It is worth mentioning that this patient received a psychoanalytical type approach. However, the technique and therapeutic frame suffered modifications so as to be adapted so much to his psychotic pathology as also to the conditions of his long-lasting hospitalization (5 months roughly) in the Orthopedic Clinic.

P0353

Social and psychological aspects of haemophilia - Case report

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34-year old patient with haemophilia A, HIV and Hepatitis C (HCV) infection was sent for psychiatric evaluation before starting the treatment of HCV with interferon. He was infected with HIV through plasma concentrate in the age of 12 years. In that time, he has been told to have an HIV infection, without any concrete psychological support. He started the treatment of HIV infection, which was successful, with seroconversion several years ago. But the psychological problems, such as feelings of stigma, social isolation and uncertainty remained.

At first interview he expressed anger on the whole medical team, including psychiatrist. He denied any psychological problems and was trying to devalue the conversation. Later on, during the once weekly psychotherapy sessions several important issues arose.

- For long time he was stigmatised and discriminated inside his family due to HIV infection. His feeling towards the members of his family and stigma due to HIV infection have been addressed during the psychotherapy. Later on in the course of psychotherapy, it became clear that he is stigmatised due to haemophilia and HCV infection, too.
- He holds the destructive pattern in intimate relationships. He ended several relationships because of the fear to tell his partner about the HIV and HCV infection.
- As defence mechanisms he has been using projection, denial and rationalizations.
- He started to talk about his past, often traumatic memories and feelings around haemophilia, HIV infection in terms of manageable disease.

P0354

Sexual and partnership counselling in breast cancer survivors

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Introduction: The majority of women who have to undergo treatment for breast cancer report some form of impairment of their sexual function and/or a deterioration of their sexual experience and satisfaction and frequent partner problems