frightened by dark, 31% are afraid to sleep alone, and 15,1% fear to go to bed.

In addition to these descriptive statistics we made correlations with variables such as age, sex, existence of siblings and psychological diagnosis.

P219

Fear as a state and trait in patients with brain injury after surgical treatment.

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Fear is emotion what appears in patients (pts) where is a need of surgical treatment. The essences of fear connect with death, disability, long term rehabilitation and finally, lower income and social problems. The aim of the study was to estimate the fear and it's intensivity as a state and as a trait. 40 pts with brain injury – postatraumatic who were treated with surgical methods participated in the study. The mean of age was 45 yrs. The STAI and questionnaire of own concept were used in the examination. The factors of disease, gradient of impairment /mild or moderate/ level of education, family status were controlled in the study. The collected data underwent statistical analysis with SPSS program. The significant data estimated on p. 0,05. The reference grup constituded by pts who underwent surgical teratment but not with brain postraumatic impairment.

The data show the higher level of a fear as a state and a trait was higher in the group with brain impairment. There was significant correlation between family satus and fear as a state. In pts with whole family the level of fear was higher than in patients who lived alone.

The data show there is a need of conducting psychological intervention toward all pts with brain injury independently to family status as well.

P220

Coping behaviour in medical residents

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Background and aims: The residency is one of the most stressful periods in medical practice and entails different psycopathological disorders. Individual type of adaptation plays an important role in the pychological response to this situations.

The aims are to describe the coping behaviour used during the residency period, and to analyze the factors related to them.

Methods: Cross-sectional study in 145 residents, in wich we valued sociodemographic data, psychopatholy (GHQ Goldberg), personality dimensions (16PF-A Cattell), psychic antecedent and coping behaviour (Lazarus and Folkman, 1986). A descriptive, comparative and a Pearson correlation study was performed.

Results: The sociodemographic variables and the frecuency of the coping behaviors used are detailed in table. We described their relation with personality features and sociodemographic variables, and the coping associated with psychic antecedent and psychopathology.

Conclusions: The more used behaviors were those directed towards Planful problem-solving, Seeking social support, Self-controlling, Positive reappraisal, Confrontive coping and Distraction. Coping behaviour are related with various factors that probably caused them, being personality features outstanding. The socio-demographic variables also are related, and in women are more frecuent Seeking social support and Selfaward.

Although this study, due to its transversal structure, can not establish a causal relationship between coping behaviour and the presence of psychopathology, we observed that the latest one was associated with Selfblame, Distancing and Avoidance behaviors and could be considered as inefficient strategies. In those with personal psychic antecedents, Distraction and Selfaward behaviors were outstanding, although this mechanisms were not related to psychopathology.

P221

Psychodermatology-A review of the relationship between dermatology and psychiatry

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Background: The prevalence of psychiatric illness among patients attending dermatology clinics is high. Three major categories of disorder exist; Psychosomatic disorders, Primary psychiatric disorders and Secondary psychiatric disorders.

Aim: To investigate the relationship between Dermatological conditions, in particular Dermatitis Artefacta and Psychiatric disorders and to discuss course and management of these disorders.

Method: All referrals from Dermatology clinics in South Dublin to the Psychiatry service over a six- month period were reviewed. Psychiatric Diagnosis was noted, the prevalence of each of these and their management.

Results: 90% of referrals had a psychiatric diagnosis. I focused on one particular case of a 22 year old woman referred by her dermatologist, presenting with bizarre, well-demarcated, linear lesions that appeared to develop "overnight". In joint consultation with the dermatology team, a diagnosis of Dermatitis Artefacta was made. In this review I discuss the features, associated psychopathology, epidemiology, aetiology and management of this rare condition.

Conclusion: Psychiatric illness should be considered in all patients attending dermatology clinics. If a psychiatric disorder is diagnosed, close collaboration between dermatologists and psychiatrists is essential if a favourable outcome is to be achieved.

P222

9/11 PTSD among urban primary care patients in nyc: A longitudinal examination

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The unprecedented attacks of 9/11, 2001 resulted in high rates of PTSD in the months following the attacks. Little information exists on the long-term effects of 9/11 in high-risk immigrant urban populations.

We will present findings from an NIMH funded longitudinal study aimed to estimate the prevalence, comorbidity, disability, mental health treatment and service utilization associated with posttraumatic stress disorder (PTSD) in a systematic sample of economically disadvantaged adult, mostly Latino immigrant, primary care patients (n=720) in New York City interviewed approximately 1 and 5 years after attacks of September 11, 2001.

The presentation will focus on: 1) trajectories of 9/11 PTSD; 2) risk and protective factors for the development and persistence of 9/11 PTSD; 2) the role of ethnicity and acculturation in the

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expression of physical and mental symptoms; and 3) the role of post-disaster social support, and secondary stressors, in mediating the disaster effects.

Our findings will highlight the specific needs for mental health care associated with long term post-disaster psychopathology among high risk populations and will underscore the importance of developing evidence based post-disaster care, including screening and treatment capacities for individuals exposed to trauma in general medical practices.

P223

System of immunity in posttraumatic stress disorders

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90 male inpatients – participants of local combat actions on Caucasus with PTSD, aged 31,41 ± 0,88 years.

Analysis of structure of secondary immune deficiency (SID) in acute stress of combat actions has shown absence of SID in 31,7%, 68,3% - risk group for SID. Leading clinical syndrome - infectious (47,6%). More seldom allergic (3,7%) and autoimmune (2,4%) syndromes. 13,0% - combination of infectious and allergic syndromes.

In laboratory SID is confirmed in 37,5%. Study of the process of apoptosis has revealed a reliable as compared with control increase of content of CD95+ lymphocytes ($p<0,001$) in this group. It is possibly conditioned by formation of persistent ID with predominant decrease of T-helpers/inductors, modifying apoptogenic signal and predominating the development of apoptosis during activation through receptor complex CD3+-TCR. In combatants as compared with control total number of phagocyting neutrophiles ($p<0,001$) and number of particles absorbed by one phagocyte ($p<0,001$) is decreased. Background activity of oxidant systems of neutrophiles compatible with indices of stimulated variant of HCT-test of healthy persons ($p<0,05$) is decreased. Humoral link of immunity is activated - increase of level of circulating immune complexes ($p<0,001$), increase of concentration of serum immunoglobulines of classes M ($p<0,01$), G ($p<0,001$) and A ($p<0,05$).

In the process of treatment, number of leukocytes, lymphocytes of HLA-DR+ phenotype, concentration of IgG, phagocytar activity of neutrophiles is restored to level of control. Number of lymphocytes of CD3+, CD4+- phenotypes remains decreased.

P224

Social anxiety disorder and temperament: Excitatory and inhibitory mechanisms on primary motor cortex in patients and healthy controls

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Neurofunctional imaging studies comparing subjects with SAD and NC, reported a consistent increases in amygdala, changes in the lateral paralimbic regions and occipital cortices.

A current hypothesis underlying pathophysiology of social anxiety involves the dopaminergic system: SAD Subjects sow a reduction in D2 striatal binding (Schneier et al., 2000; Tihonen 1997)We hypothesized that subjects with SAD may have an altered cortical excitability, given previous imaging results showing changes in cortical activity. We also aimed to verify if SAD patients show at TMS a pattern Parkinson-like.

In order to highlight if there was a correlation between the temperamental dimensions and the measured parameters in our sample, we also explored the temperament of patients and HCs.

Method: We recruited n=15 SAD subjects and n=11 NC. We have utilized TMS on Primary Motor Cortex (M1) in order to study neuronal excitability and cortical inhibitory mechanisms. These has been achieved by examining EMG recording Motor Evoked Potentials (MEP). We measured MEP, Motor threshold, Cortical Silent Period (CSP), paired pulse inhibition both in patients and healthy controls. Clinical assessment was conducted with the MINI interview, Liebowitz Social Phobia Scale, TPQ

Results: neurophysiological variables are not significantly different between groups. Patients with SAD showed a significantly higher Harm Avoidance and lower Novelty Seeking. There was a positive correlation between CSP and Novelty seeking and a negative correlation between LICI and Novelty Seeking among patients but not among HCs

P225

Distinct patterns of premorbid social functioning in first-episode psychosis: Relationship to initial presentation

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Objective: To explore different longitudinal patterns of social functioning before onset of psychotic illness and how they relate to clinical presentation, substance use and acute treatment response.

Methods: Inclusion criteria: Drug-naïve first-episode psychosis, 18-50 yo, criteria for Schizophrenia or Other Psychotic Disorders (DSM-IV), excluding Psychotic Disorder due to a General Medical Condition and Substance-Induced Psychotic Disorder.

Exclusion criteria: Mental Retardation, neurological disease, brain injury or drug dependence.

Measures: Premorbid Adjustment Scale (PAS), Scale for the Assessment of Positive Symptoms (SAPS), Scale for the Assessment of Negative Symptoms (SANS).

Statistical analysis: Ward cluster analyses were carried out to differentiate three longitudinal patterns of social premorbid adjustment from childhood to late adolescence: stable good (N=75), stable bad (N=44) and deteriorating (N=35). Chi-square and ANOVA tests were used.

Results: 154 subjects (64.5% male, mean age 26.81, SD=6.98) participated in the study.

At baseline the socially stable good group had more positive symptoms, SAPS 13.85 (3.99), than the stable bad group, SAPS 11.82 (3.93) (p=0.023).

At six weeks post-treatment the socially deteriorating group had more negative symptoms, SANS 8 (4.89), than the stable good, SANS 3.85 (4.11), and the stable bad, SANS 5.23 (5.45) (p=0.000).

The stable good group had the highest rates of substance use, followed by the deteriorating group.

Conclusions: A good premorbid social life was related to higher substance use and more positive symptoms at presentation. A social deteriorating pattern was associated with more negative symptoms

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