

Results: Method of logistic regression along with convenient for PU factors of “aggression” and “defense” predictors of psychosocial disadaptation and prognosis of PU development have been revealed in men (Concordant=84,6%, Somers’D=0.693), in women (Concordant=82,8%, Somers’D=0.660). From the first step sign “heredity” according to PU has constituted 24% ($p=0.0001$). Of significance were somatic factors: gastroduodenitis infected HP ($p=0.0015$), duodenogastric reflux ($p=0.0015$), gallstones ($p=0.003$), indices of immune status ($p=0.0174$). Significant psychosocial (stressor factors) predictors have been revealed: life events ($p=0.0021$), medical ($p=0.0002$), working, everyday ones ($p=0.037$). Mental disorders of depressive, anxious, asthenic spectrum ($p=0.0001$), duration ($p=0.001$) and age of onset of mental disorders ($p=0.001$), psychopathological syndrome ($p=0.0009$). Non-specific symptoms of PU are represented by psychovegetative paroxysms of fear of death ($p=0.0006$), cardialgias ($p=0.008$), abdominalgias ($p=0.005$), hypochondriac fixation ($p=0.001$), hypothyria ($p=0.0003$), demonstrativeness ($p=0.004$). Perspective is assessment of interrelationship of somatic and mental factors in development of schemata of complex somatic and psychopharmacotherapy, psychotherapy of PU patients.

P0275

The evaluation of the effectiveness of pyridoxine (vitamin B6) for the treatment of premenstrual syndrome: A double blind randomized clinical trial

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Objective: A comparison between Pyridoxine (vitamin B6) and a placebo for the treatment of premenstrual syndrome (PMS).

Methods: A double blind randomized clinical trial was performed on 160 university students who were suffering from PMS (according to the retrospective diagnostic criteria which had been recorded during the last 3 menstrual cycles). Then the patients were randomly assigned into two groups, and finally 94 patients who had finished the study were statistically analyzed.

In the Pyridoxine group (46 patients) vitamin B6 was prescribed at a dose of 40 mg twice daily (total 80 mg), and in the placebo group (48 patients) a tablet similar to vitamin B6 tablets in size, smell, shape and taste was prescribed 1 tablet twice daily. In both groups the tablets were started from the first day of the fourth menstrual cycle and continued for the next two cycles, and during these two cycles the symptoms were recorded.

Results: The severity of PMS in the second cycle of the treatment (in both groups) showed a statistically significant decrease ($p < 0.05$, Pair T test) and the comparison between the two groups showed that the severity of PMS in the Pyridoxine group decreased more than the placebo group ($p < 0.05$, Student T Test) and this was because of the reduction in the psychiatric rather than somatic symptoms of PMS.

Conclusion: Regarding the effect of Pyridoxine in reducing the severity of PMS, it can be suggested as a treatment for PMS, at least for the psychiatric symptoms.

P0276

The changing culture in modern medicine: A psychiatrist’s perspective

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Introduction: Cultural competence is often defined as the understanding and integration of patients’ cultural themes including culturally-based syndromes, diagnostic process, and treatment. Cultural competence is essential to the advancement of global healthcare for it allows greater understanding of individual patients, focuses on combined interventions, and maximizes adherence. However, healthcare professional’s culture and culture of medicine itself must also be considered. In westernized medicine, especially America, advances in technology and therapeutics play a large role in changing medical culture; but medical economics is as significant for one now witnesses a once noble profession changing into a “business.”

Methods: Commentary on clinical medicine practices and changes in medical culture.

Results: Managed care and Medicare DRGs strongly affect American medical economics with resultant: decrease in physicians’ incomes, increased number of patients seen daily, decreased time spent with each patient, and decreased subjective/objective quality of care. Physicians’ roles have blurred with duties delegated to lesser qualified healthcare professionals in order to maximize patients seen and income generated by physicians. In psychiatry, performing multiple psychopharmacology visits hourly is economically more productive than an hour therapy session.

Conclusion: Doctors need to understand that in entering medicine they enter a life’s career of nobility in which they serve others and do not expect to become wealthy, but at life’s end are able to state “a job well done with caring for all.” Perhaps then less harm will be done to patients in the doctors’ haste to earn more money by seeing too many patients too briefly.

P0277

Poetry therapy: In memory of a dear friend

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Introduction: Unresolved grief and perception of loss result in impaired relationships and increased psychopathology. Grief research and therapy support a beneficial response to emotional expression of grief in the context of search for meaning (Neimeyer’s “meaning-making”). Further, there are multiple forms of expression of grief be it verbal, artistic, or written. This paper addresses poetry therapy as an effective expression of grief.

Method: Poetry therapy with analysis.

Discussion: Too often we take life and friendship for granted. Frequently, it is only with death that our thoughts crystallize and the meanings of relationships become clear, powerful, and at times overwhelming. It is then that we truly understand our own mortality and our responsibilities to others. Poetry affords a therapeutic means for the expression of grief while serving as a monument to those now lost, but always remembered.

Conclusion: Too often it is difficult to express one’s emotions and the meaning of loss during the grief process. All forms of expression should be afforded the bereaved. Poetry therapy is a unique means wherein special feelings and meanings can be effectively expressed and result in a therapeutic grief process.

Reference:

[1]. Kaufman, KR. In memory of a dear friend. *Journal of Poetry Therapy* 2007; (in press).

P0278

Structured assessment of acute suicide risk: An emotion focused approach

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Suicide risk assessment remains a challenging task for all clinicians. Despite the vast literature on suicide, there is no consensus on how to best conduct a comprehensive suicide risk assessment. In clinical practice, various methods of assessment are employed. Some studies suggest that structured suicide assessments are less likely to miss important risk factors. Although a structured professional judgment methodology (S-RAMM) for suicide risk assessment has been recently developed, it has not received wide acceptance in clinical practice, partly because it is time consuming and it focuses mostly on chronic, non-affective, suicide risk factors. Furthermore, there is evidence that commonly assessed risk factors such as suicidal ideation and plan are not good predictors of acute suicide risk. The objective of this paper is to introduce an evidence-based, time sensitive, structured approach for the assessment of acute suicide risk that can be easily incorporated into a psychiatric interview. In this approach, in addition to assessing risk and protective factors, the clinician systematically assesses the individual's emotional reaction to distressing events. Five affective domains that are associated with suicide are examined including: humiliation/shame, anger, guilt, depression, and emotional detachment. Specific guidelines and questions are provided to ensure a structured and systematic evaluation. Case studies will be used to illustrate the application of this model in diverse clinical settings.

P0279

Psychotic symptoms and cognitive impairment with herpes encephalitis

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Herpes encephalitis with psychiatric symptoms and cognitive impairment are reported previously. We report a case of herpes encephalitis who had delirium, psychosis and depressive disorder respectively during the acute encephalitis and post encephalitic term.

A 27 years old man, who was hospitalized by microbiology clinic, diagnosed with herpes encephalitis by PCR. The MRI study showed high-signal areas in bilateral temporal lobes. He had delirium symptoms during acute encephalitis so a low-dosage of Haloperidole was added to herpes treatment. Delirium symptoms recovered in a few days. 2 months after discharge he admitted to psychiatry outpatient clinic with the complaints of irritability and hipomnesia. In psychiatric examination; delusions, hallucinations, aggression, disorganized behavior were found, postencephalitic lesions in bilateral temporal lobes and abscess formation in left hippocampus secondary to encephalitis determined by repeated MRI. At the neuripsychiatric evaluation; deficits in verbal-episodic memory, visuoperceptual functions and disorientation were present. Olanzapine was started and titrated up to 20 mg/day. His psychotic symptoms recovered but few months later depressive symptoms especially feelings of insufficiency occurred. Olanzapine was gradually decreased; simultaneously Sertraline was started and titrated up to 150 mg/day. The following MRI studies showed a recovery in the counts and sizes of abscess formations. At

the end of one year depressive symptoms and cognitive impairment continued with a partial recovery.

The pathologic changes and alterations including bilateral temporal lobes and hippocampus may be responsible for the occurrence and variety of symptoms in this case so it highlights the relationship between psychiatric disorders and different brain regions.

P0280

30-year prospective longitudinal study of ADHD

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Background and Aims: Knowledge of the long-term course of childhood Attention Deficit Hyperactivity Disorder (ADHD) is limited by the lack of longitudinal studies that extend beyond age 25. Information about the later adult status of children with ADHD, one of the most common disorders of childhood, is important since the disorder is widely reported to persist through adulthood. Findings from this prospective 30 year longitudinal study also address the claim that bipolar disorder masquerades as ADHD.

Methods: We report on the psychiatric status of 90 males at mean age 41, diagnosed with ADHD at ages 6-12 (Mean, 8), and 102 non-ADHD males matched for age and SES in childhood, interviewed blindly by trained clinicians.

Results: As expected, ADHD at follow-up was significantly elevated in probands (13% vs. 1% in comparisons, $p < .001$). When the number of ADHD criteria is reduced, as recommended for ADHD in adults, rates rise to 36% and 12%, respectively ($p < .001$). Other disorders significantly more prevalent in probands were: antisocial personality disorder (APD) (10% vs. 0%, $p < .001$), drug (non-alcohol) disorders (17% vs 7%, $p < .03$), and nicotine dependence (29% vs 9%, $p < .001$). Childhood ADHD was not associated with elevated rates of mood or anxiety disorders in adulthood.

Conclusions: The extended clinical course of ADHD appears diagnostically specific, consisting of ADHD, APD and drug (non-alcohol) use disorders. Findings are not consistent with expectations that ADHD persists through adulthood in the majority, or that bipolar disorder was misdiagnosed as ADHD in childhood. Findings pertaining to other functional domains also will be presented.

P0281

Continuation of ADHD from childhood into adulthood

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Attention deficit/hyperactivity disorder (ADHD) is a worldwide and highly prevalent disorder neurobiological disorder which affects affect 5–10% of children. Controlled prospective follow-up studies on ADHD have demonstrated persistence of symptoms into adolescence in 60-85% of individuals diagnosed in childhood (Weiss et al., 1971; Hechtman, Weiss, 1983; Barkley, 1990; Hechtman, 1985,1989,1992, 2000). Hechtman and Weiss were among the first to conduct controlled, prospective follow-up studies of children with ADHD into adulthood (Weiss et al, 1978; Hechtman et al, 1986).

Author has reviewed these most important studies for the establishment of the entity ADHD in adults.

ADHD in adulthood is a prevalent condition which is highly comorbid and causes significant social, occupational and/or emotional functional impairment.