#### P0291

The correlation between adolescents psychical disorders and their difficulties of psychosocial adaptation

A. Markeviciute, V. Adomaitiene, O. Anciulyte. *Psychiatry Department, Clinics of Kaunas Medical University, Kaunas, Lithuania* 

**Objective:** To study the correlation between adolescents' psychical disorders and their difficulties of psychosocial adaptation.

**Methods:** There were 63 adolescents in our study (47 girls, 16 boys), who were hospitalised in the Department of Psychiatry of Clinics of Kaunas Medical University (Lithuania) during the period from September to December, 2005 year. 27 adolescents (19 girls and 8 boys) had suicidal and self-harming behaviour. Psychical disorders were diagnosed according to ICD-10 diagnostic criterions. We used Strengths and Difficulties Questionnaire SDQ-lit. adapted for Lithuania.

**Results:** While comparing the means of scales of both sexes adolescents, with diagnoses of depressive, behavioural and adaptation disturbances, we found statistically dependent difference only in emotionally disturbance scale results (p=0,016). Analysing separately girls and boys groups, girls showed to be worse psychosocially adapted and had more emotional problems. Girls, who tried to commit suicide, had more emotional (p=0,006), psychosocial problems (p<0,001). Girls, who were diagnosed affective disorders, had more expressed emotional (p<0,001) and general adaptation (p=0,031) difficulties. Parents noted that, their daughters who committed a suicide and had behaviour disturbances, had more expressed emotional (p=0,007) and general adaptation (p=0,053) problems.

Conclusions: 1. Adolescent girls, who were diagnosed depressive illnesses, had more emotional and general adaptation problems, than girls, who were diagnosed behaviour or adaptation disorders. 2. Adolescent girls, who tried to commit suicide, had more expressed behaviour problems, emotional, general adaptation difficulties. 3. Most expressed emotional and general adaptation difficulties were typical to girls who were diagnosed depression and who tried to commit suicide.

# P0292

Comparison of risk factors in high vs low lethality suicide attempts

J. Barros <sup>1,2</sup>, O. Echavarri <sup>1,2</sup>, C. Marty <sup>1,2</sup>, M.P. Maino <sup>1,2</sup>, F. Florenzano <sup>3</sup>. <sup>1</sup> Department of Psychiatry, Pontificia Universidad Catolica de Chile, Santiago, Chile <sup>2</sup> Clinica UC San Carlos, Santiago, Chile <sup>3</sup> Department of Sociology, Pontificia Universidad Catolica de Chile, Santiago, Chile

**Background and Aims:** This study is aimed to establish biological, psychological, and social risk factors for a group of patients hospitalized following a suicide attempt or suicide ideation, and controls. Patients were characterized by different degrees of severity, namely: 1)Nearly Lethal Suicide Attempt 2)Suicide Attempt with a Survival Strategy 3)Suicidal Ideation without Suicide Attempt, 4) Control inpatients without suicide ideation or history.

**Methods:** We evaluated nearly 100 patients using several scales for the assessment of: Personality, Reasons for Living, Axis I, Social factors and History of previous suicide attempts.

**Results:** There is a higher proportion of young, adolescent, single and female patients. Most of them asked for help after the suicide attempt. The majority had a comorbid diagnosis for substance abuse. In reference to personality disorders, we found counterintuitively, that

those who made a Nearly Lethal Suicide attempt were healthier than the subjects who's suicide attempt was less severe.

**Conclusions:** This finding is also reflected in the fact that those with a less severe suicide attempt rated much higher on impulsivity and also were much less satisfied with their family and friends. This last trait is probably associated with personality disorders.

Patients who made a Nearly lethal suicide attempt had much higher on the Reasons for Living questionnaire. Compared to less severe suicide attempters, they had more reasons to stay alive. This last finding might be an early aftereffect of the attempt.

#### P0293

Impact of culture on male and female patients coping with pain

M. Masood <sup>1</sup>, K.S. Malik <sup>2</sup>, M. Masood <sup>3</sup>. <sup>1</sup> Department of Psychology, Shalamar Hospital, Lahore, Pakistan <sup>2</sup> Department of Anaesthesia, Shalamar Hospital, Lahore, Pakistan <sup>3</sup> Department of Administration, Shalamar Hospital, Lahore, Pakistan

**Aim:** To investigate cultural differences on types of coping strategies employed by male and female patients.

**Method:** 72 Chronic pain patients were selected over 18 months. Patients were screened out if they had any physical disability or were getting psychiatric treatment. Besides demographic data, McGill Pain Questionnaire, Coping Strategies Questionnaire and Berlin Social-Support Scales were employed to record the study variables. Age range of patients varied from 25- 58 years. All the patients were educated, working and belonged to middle class.

**Results:** Out of 72 patients (40 females: 32 males) 78% patients had impaired physical functioning. Perception of pain depended upon the age, sex, amount of perceived social support and contact with the treating doctor. Females frequently employed "religious coping" (95%) and used "self statements" (80%); as opposed to males who relied on "ignoring the sensations" (88%) and "increasing behavioral activities" (65%). None "diverted attention" through the ways they thought were not religious or culture appropriate.

**Discussion:** The study reflected the cultural differences in type of coping strategy employed by a given patient. Female patients were somatically- focused but only 35% met the criteria for Somatization Disorder. Male patients employed techniques that allowed their control on the environment and illness whereas females patients relied on techniques that were passive in nature. Learning to live with a chronic pain is quite challenging for women who are feeling-oriented and look up to men not only to fulfill their needs but to get social approval in the context of Pakistani society.

#### P0294

Suicide in art

M.A. Mateus, C. Silva, O. Neves, J. Redondo. *Hospital Sobral Cid, Coimbra, Portugal* 

**Introduction:** Suicide is represented in the arts since the beginning of time. Since the time of the Roman Impire to Impressionism, Rafaelism or even Modern art, the suicide has a significant expression in the arts striking over the centuries and in various civilizations.

**Objectives:** The authors propose to characterize the various forms of art that represented the suicide and its concept. Since classicism, the liturgical representation of suicide, almost disappeared. IT rebirth "by the new art," were the various representations of the suicide were seen as "representative" of several current and various forms of contest the new society.

**Conclusions:** The suicide in the arts is the sociological expression how societies deal with this issue.

#### P0295

Alcohol in art

M.A. Mateus, C.S. Silva, O. Neves, J. Redondo. *Hospital Sobral Cid, Coimbra, Portugal* 

**Introduction:** Alcohol is represented in the arts since the beginning of time. Since the time of Baco and Dionísio to Impressionism, alcohol, and especially the wine, is an expression in the arts striking over the centuries and in various civilizations.

**Objectives:** The authors propose to characterize the various forms of art that represented the alcohol. Since classicism, the liturgical representation of alcohol, through rebirth and finally "by the new art," were the various representations of alcohol, seen as "representative" of several current and various forms of being in life.

**Conclusions:** The alcohol in the arts is the sociological expression of society deal with this issue. From initial Nectar of the Gods, the wormwood that served as a refuge for expressionists, the authors want to make a brief discussion of the evolution of the role of alcohol in society and its expression in the arts

## P0296

Psychopathological qualification of non-acceptance of one's primary and secondary sex characteristics in gender identity disorder

S.N. Matevossian <sup>1</sup>, G.E. Vvedensky <sup>2</sup>, S.B. Kulish <sup>2</sup>. <sup>1</sup> Moscow City Center of Psychoendocrinology, Moscow, Russia <sup>2</sup> Federal State Institution Serbsky Research Center for Social and Forensic Psychiatry, Moscow, Russia

**Background and Aim:** Persistent discomfort about one's sex or sense of inappropriateness is a diagnostic criterion for transsexualism (ICD-10), though mechanisms and psychopathological characteristics of these conditions are not clear enough. This investigation concerns phenomenological peculiarities of non-acceptance of one's own sex characteristics (SC).

**Subjects:** 241 persons (136 male and 105 female), who sought change of sex split into four groups. Group 1 were diagnosed as transsexuals (N=83), Group 2 as schizophrenia-spectrum disorder (N=77), Group 3 as organic mental disorder (N=22) and Group 4 as personality disorder (N=59). Average age: 24,3 years.

Method: Clinical-psychopathological, sexological, statistical

Results: Persons in Group 1 would not accept their primary (59%) and secondary (92,8%) SC, which expressed in discomfort, irritability and shame but no psychopathology involved. For Group 2, was more common non-acceptance of secondary SC (68,8%) with ideas of reference, depressive mood and dysmorphomanic delusions (21%). In Group 3, non-acceptance of one's SC (63,6%) combined with background asthenia (57%) and hypochondric fixation (40,1%). In Group 4 (76,3%), it was accompanied by psychopathic reactions dependent on the personality profile. Severity varied from feeling uncomfortable and distressed and trying to suppress sex-related external manifestations to ignoring or refusal to use them in sexual contacts and desire to get rid of them (including castration) and acquire the SC of the other sex.

**Conclusion:** Subjects in all groups would not accept their primary and secondary SC. This non-acceptance differed in intensity and psychopathological structure, and their qualification could be important for diagnosis of variants of gender-identity disorders.

# P0297

Gender differences in determinants of five-year outcome in patients with first-episode psychosis

M. Mattsson. Karolinska Institutet At Danderyd's Hospital, Stockholm, Sweden

**Background and Aims:** Male and female patients with first-episode psychoses (FEP) differ in many aspects such as age at onset, premorbid level of functioning and the type of psychotic symptoms. Gender differences in factors related to outcome are less studied. The aim was to study gender differences in determinants of outcome in FEP patients.

**Method:** Eighty-one male and 72 female FEP patients were followed up during 5-years with a comprehensive assessment of sociodemographic, psychiatric, and neuropsychological investigations. The 5-year outcome was dichotomized into poor and favourable outcome based on the 6-months stable functional and symptomatic outcome.

**Results:** Female patients with an early onset, a lower level of education and still living with parents at baseline had more often a poor outcome than male patients. Among female patients, those with a low level of education had a poorer Wechsler's Adult Intelligent Scale (WAIS; the full-scale and the verbal and performance subscales) score. Among males, no such associations were found. A poor premorbid level of functioning and a long duration of untreated psychosis (DUP) were related to a poor outcome both for male and female patients.

**Discussion:** The results indicate that, for male and female FEP patients, there are different predictors of outcome. In addition of risk factors of a poor outcome in both genders such as a low level of pre-morbid functioning and a long DUP, a low level of education, living with parents and an early onset of illness should be noticed as risk factors for female patients

## P0298

The particularity in therapeutic approach with Roma-gypsies in male department in hospital "Dr Laza Lazarevic" in Belgrade

M. Milovic-Tatarevic <sup>1</sup>, S. Kecojevic-Miljevic <sup>2</sup>, M. Vukovic <sup>1</sup>, V. Jovanovic <sup>1</sup>. <sup>1</sup> Neuropsychiatric Hospital "Dr Laza Lazarević", Belgrade, Serbia and Montenegro <sup>2</sup> Psychiatric Department Clinical-Hospital Center "Dr Dragiša Mišović", Belgrade, Serbia and Montenegro

During and after the Civil War in former Yugoslavia many various social changes and migrations occured. One of their consequences is the increase of Gypsi-Roma population in Republic of Serbia. At the same time, the incidence of admissions and readmissions of Gypsi-Roma population into the psychiatric hospitals increased, in comparasion both with their participation in overall population and the incidence of admission before the war. Since the war led to economic exhaustion, especialy in social assistance resources, the vulnerability of this social group grew more dramatic. Difficulties in psychiatric treatment also have their origin in the particularities of this population. One of the most frequent demands of the representatives of this minority is the exclusively hospital treatment, on their own or on their families request, not always followed with clinical signs of relapse. This was verified despite the efforts of psychiatric reform and tendencies to reduce the psychiatric hospital treatments. Difficulties in diagnosis and consistent treatment were notified, therefore often psychopharmacotherapeutic resistance.