Results: Social dysfunction with 80.1% and depression with 22.1% had the highest and lowest prevalence. 48.9% had psychosomatic problem, and 39.3% of them had anxiety. Regarding each person that had at least one mental health disorder as unhealthy, 88.5% of the studied population had mental health problem. Being a man, living with more than eight persons in the same home, and being ten or under ten years at the migration time were statistically significantly associated with higher levels of social dysfunction. Having psychosomatic problem was associated with unemployment, being born in Iran, being ten or less than ten years at the migration time, and having no entertaining programs. Having 1-3 children, living with more than eight persons in the same home, and positive history of chronic disease were statistically significantly associated with higher levels of anxiety. Moreover, having no entertaining programs, and family members' death during migration were associated with higher levels of depression.

Conclusion: Mental health problems related to immigration and living in camps, were common among Afghan refugees resettled in Bushehr refugee camp.

P0263

Prevalence of anorectic and bulimic symptoms in adolescences and their correlation with psychological distress

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Background and Aims: Eating Disorders are strongly associated with psychological distress. We examined this association for anorectic and bulimic symptoms and obesity.

Method: Cross sectional study of 2263 adolescents aged 15-18 years-old from 10 schools in Northwestern Greece. Subjects were screened using the 12-item general health questionnaire (GHQ-12). 873 subjects were selected for the second stage interview with the revised Clinical Interview Schedule (CIS-R) and asked for eating and dieting practices. Odds ratios adjusted for age and sex were computed for the association between eating disorder symptoms and scores on the CIS-R.

Results: Eating disorder symptoms are prevalent among adolescents (Anorectic symptoms=15.8% ♀/♂=30/1, Bulimic symptoms= 9.3% ♀/♂=2/1, Binge Eating symptoms=10.2% ♀/♂=1/1) and they are strongly associated with high psychological distress (CIS-R score≥18). The Odds Ratio (OR) of having a high score on the CIS-R for subjects with anorectic symptoms compared to healthy subjects was 3.7 (95% Confidence Intervals 2.1 − 6.5). For bulimia the OR was 12.9 (4.7 − 35.4) and for binge eating the OR was 7.2 (2.4 − 21.4). Obesity was not associated with higher psychological distress but it was found to influence satisfaction with body image and self reported physical health.

Conclusions: The prevalence of eating-related symptoms defines a risk-population, much larger than the clinical significantly cases of eating disorders. The ''eating related disorders'' should be considered in a continuum in the one side of which lie obesity and on the other anorexia/bulimia nervosa, connected with the pre-morbid situations of Anorectic/bulimic symptomatology.

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P0264

Nutrition habits, physical exercise, smoking, alcohol and Cannabis use among anorectic and bulimic adolescents

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Objective: To test the hypothesis that Anorectic and Bulimic symptoms in adolescence are associated with smoking, substance use, unhealthy nutrition and increased physical exercise.

Method: Cross sectional study of 2263 adolescents aged 15-18 years-old from 10 schools in Northwestern Greece. Subjects were screened using the 12-item general health questionnaire (GHQ-12). 873 subjects were selected for the second stage interview with the revised Clinical Interview Schedule (CIS-R) and asked for eating and dieting practices. Odds ratios adjusted for age and sex were computed for the association between eating disorder symptoms and scores on the CIS-R.

Results: Bulimic but not anorectic symptoms were positively associated with weekly consumption of Sweets, Hams and Crisps (Odds ratios [OR] from 1.57 to 2.02, $p<0.05$) and increased alcohol consumption (OR=1.81, 95% Confidence Intervals: 1.23 - 2.67). Moderate to vigorous physical activity was negatively associated with symptoms (OR=0.31, 95% CI: 0.13-0.72). Both Anorectic and Bulimic Symptoms were not associated with weekly consumption of fruits-vegetables and nicotine or cannabis use.

Conclusions: These findings support the hypotheses that bulimic symptoms are correlated more than anorectic symptoms with bad nutrition habits and sedentary behavior. Neither the anorectics nor the bulimics used smoking as a weight-restriction strategy. Alcohol use but not other substances seem to be more prevalent among bulimic adolescents.

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P0265

Outcome of autism spectrum disorders

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Background and Aims: Few studies have looked at the very long-term outcome of individuals with autism who were diagnosed in childhood. A longitudinal, prospective, community-based follow-up study of adults who had received the diagnosis of autism (classic and atypical) in childhood was conducted with the purpose of investigating diagnostic categories, outcome, symptoms, and symptom patterns. The present study is a follow-up study of 120 individuals with autism diagnosed in childhood 13-22 years after original diagnosis.

Methods: Diagnostic Interview for Social and Communicative Disorders (DISCO-10), Vineland Adaptive Behaviour Scales (VABS), Global Assessment of Functioning scale (GAF), outcome criteria and neuropsychiatric examination.

Results: Eighty-five percent of both the classic and atypical autism groups now received the diagnosis of classical autism when re-examined. Overall outcome was poor in 78% of cases. Only four

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individuals were independent albeit leading fairly isolated lives. Childhood IQ-level was positively correlated with better adult outcome. In the majority of cases symptoms typical of the childhood period were still present in adulthood, but some clusters of behaviour (particularly hyperactivity) were much less prevalent than they had been in the past.

Conclusions: Children with autism as diagnosed in the 1960s, 1970s, and 1980s may have an even worse psychosocial outcome than previously believed.

P0266

Screening for poor mental health functioning in a US inner-city emergency department

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Background: Many mentally distressed individuals seek emergency department (ED) care in the US, but the extent and correlates of significant mental health problems in such patients is unknown.

Methods: All patients aged 18-60 presenting to an inner-city midwestern US ED April 2006-March 2007 were approached to participate in brief health screening. Exclusions were serious trauma preventing interview, unable to provide informed consent, pregnancy, acute suicidality, or presenting for psychiatric evaluation. Consenting patients completed a short web-tablet screen, including SF-12 for mental and physical health status, recent substance use and DSM-IV diagnoses of substance use disorders.

Results: The lowest 25% on the SF-12 Mental Health Component were assigned to ''poor mental health functioning'' (PMHF). 5641 patients participated (58% female, 57% African-American). In bivariate analysis, the PMHF group was significantly more likely to be unmarried, female, use cocaine and marijuana, and binge drink in the past year, and have DSM-IV substance use disorders. Multiple logistic regression found that being female (OR=1.8), older (OR=1.01), not being married (OR=1.2) and DSM-IV alcohol abuse and dependence (OR=1.7, 2.4), cocaine abuse and dependence (OR=1.9, 2.0), and marijuana dependence (OR=1.7) were all independent predictors of PMHF. In a separate model, use of cocaine (OR=2.7) and marijuana (OR=1.7) but not use of alcohol, were independent predictors of PMHF as well as gender, age, and marital status.

Conclusions: Therefore PMHF in ED patients is strongly associated with recent substance use. ED clinicians should regularly ascertain both mental health status and substance use and refer for additional services where appropriate.

P0267

WHOQOL-HIV BREF reliability and scores in depressed and non-depressed HIV-positive patients in a specialized outpatient facility in Rio de Janeiro

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Introduction: Significant life expectancy increase in HIV-positive patients undergoing antiretroviral therapy (HAART) has motivated inquiries into their quality of life.

Objective: To describe quality of life and reliability of WHO's Quality of Life Instrument ((WHOQOL HIV BREF) in depressed or non-depressed HIV/AIDS outpatients in a specialized facility in Rio de Janeiro.

Method: Sectional study in 33 depressed (D) and 70 non-depressed (ND) HIV patients classified using Composite International Diagnostic Interview (CIDI10), Hamilton's depression scale, viral load, CD4 and demographic data. Means of all six WHOQOL HIV BREF domains were compared by the Student t test. Inter-interviewer reliability was evaluated by intraclass correlation coefficient (CCI) with CI of 95%.

Results: The sample comprised mostly of male (62.2%), single (42.9%) AIDS patients (51%), who considered themselves ill (66.3%) and were on HAART (78%). Reliability was excellent, varying from CCI 0.95 (0.93-0.97) for the environmental domain to CCI 0.99 (0.98-0.99) for psychological, level of independence and spiritual domains. Means for all domains in depressed patients (D) were lower than those seen in non-depressed patients (ND) ($p<0.005$): physical domain 11.0 (D) and 15.3(ND); psychological domain 10.1(D) and 14.7(ND); level of independence domain 10.8(D) and 14.1(ND); social relationship domain 11.9(D) and 15.2(ND); environmental domain 11.9(D) and 15.1(ND); spiritual domain 11.5(D) and 15.5(ND).

Conclusion: WHOQOL HIV BREF's showed excellent reliability and its six domains discriminated several quality of life aspects in depressed and non-depressed HIV/AIDS's patients. Depressed patients have a worst perception of their quality of life for all WHOQOL HIV BREF's domains.

P0268

Mental disorder and service capacity as a function of population density: Modeling future investment and service delivery planning

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Introduction: This paper describes the use of mental health data from a centralized regional intake and access tracking system for regional mental health and psychiatry services and provincial data to describe mental disorder as a function of regional population density. Population-based utilization results are compared to available epidemiological data. Implications for existing and future service models are examined.

Method: Diagnoses from annual data collected in the regional CAMHP information system from 2002-2007 (n = 25,000 registrants) was used. Estimates of population calculated from the regional census were used to denominate the utilization diagnostic data. Cumulative and annual density results were represented graphically and using GIS mapping techniques.

Results: The rate of publicly funded service provision to unique individuals in the catchment area (9/1000) is much lower than the expected rates of debilitating mental disorder in the base population (30/1000). Modeling the costs of service provision shows that two evidence-based forms of service delivery could dramatically improve access and capacity of mental health services within the catchment.

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