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Psychiatric comorbidity and socio-demographic profile of adults with attention deficit hyperactivity disorder

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Background and aims: This study aims to characterize the adults with ADHD in comparison to control individuals without a psychiatric diagnosis, in terms of symptoms of inattention, impulsivity and hyperactivity, presence of psychiatric comorbidity and socio-demographic profile.

Method: Thirty-six individuals who were diagnosed with ADHD according to DSM-IV diagnostic criteria at the ADHD clinic for adults of the Marmara University Hospital, were included in the study. The control group consisted of 40 age and sex matched volunteers.

The socio-demographic characterization was done using a semi-structured interview. To evaluate the presence of psychiatric comorbidity, structured clinical interviews (SCID-I and II) were conducted by two general psychiatrists experienced in ADHD and trained in SCID administration. All groups were given SCL-90-R for general psychopathology assessment, Wender-Utah rating scale for childhood ADHD symptoms, and Beck DI for current depression rating.

Results: The results of the study indicate that the adults with ADHD had poorer anger control ($X^2=8.904$, $p<.05$). ADHD patients, in contrast to the control group, were more likely to have greater number of psychiatric diagnoses. (Wilks' Lambda = .597, $p<.001$; SCL90, $F(71,1)=29.258$, $p<.001$; SCID I: $F(69,1)=27.373$, $p<.001$; SCID 2; $F(69,1)=37.803$, $p<.001$; BDI $F(70,1)=19.698$, $p<.001$) The greater the number of comorbidities were more severe ADHD symptoms (SCID I: $r=.621$, $p<.001$).

Conclusion: The greater likelihood and the number of a psychiatric comorbidity are associated with more severe ADHD symptoms in ADHD patients. Functional impairment and treatment needs also increase as the number of comorbidities.

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Medical criteria of disability in psychiatric practice

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One takes clinical and psychopathologic symptoms, which cause 'circulus vitiosus' as a criteria of disability. On one hand it is a provocative factor, and on the other it is a consequence of worsening of the psychological condition, which leads to the breach in the society order in one or another area. It is important to determine the medical constituents which limit the vital functions and lead to development of social insufficiency and psychic disorders of patients.

In order to determine the medical criteria which lead to limitations in vital functions and social insufficiency we have examined 460 patients. We found out that the patients having positive syndromes which lead to limitations in vital functions have depression embarrassment, hallucinations, paranoid depression prevail. The negative include asthenic change, reduction of energy potential reduction and regress of a personality. The differentiative diagnostics of clinical and psychopathologic symptoms is not effective under conditions of psychiatric hospital. We found out that the hyperdiagnostics of the criticism level as "absent" and self-appraisal as 'reduced' is not

proven and needs to be proved experimentally. In its turn, the diagnostics of level of self-appraisal as 'reduced' and development of 'passive' and 'supportive' rehabilitation measures may lead to destruction of the rehabilitation potential of a personality and forms the basis behavior. The examination of the suicidal tendencies should be based on obligatory use of screening methods.

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"Ego-dystonic" delusions in psychotic patients

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This paper aims to report a possible warning sign for dangerous behavior in delusional psychotic patients. We demonstrate an association between aggressive or auto-aggressive ideation and "ego-dystonic" grandiose delusions, where the patient believes to possess unique qualities but finds them unbearable.

The study is based on the sample of 7 interviews with 5 psychotic in-patients at the Kfar Shaul Mental Health Center, Jerusalem, Israel. All patients experienced an acute psychotic episode, and committed acts of aggression or suicidality. The research method is narrative analysis of semi-structured interviews.

Patients report ideas of grandiose self-identification with deities, Biblical figures or celebrities, yet report their reluctance to be in these high positions due to feelings of unworthiness, withdrawal, and social isolation. Resulting frustration arguably leads to aggressive and suicidal ideation or actions.

Contrary to the established view, grandiose delusions are not free of association with (auto-)aggression. The patient's ego-dystonic attitude towards his/her delusional identity may serve as the warning sign for dangerous behavior and, as such, should be searched for and recognized by the mental health professionals.

Poster Session 2: EPIDEMIOLOGY

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Smoking and mental disorders: associations derived from longitudinal data over 20 years

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Background: To examine the associations between tobacco use and a broad spectrum of mental disorders using longitudinal population based data over 20 years.

Methods: The data were derived from the Zurich Study – a longitudinal community study which started in 1979 with a stratified sample of 591 participants aged 20/21 years. Follow-up interviews were conducted at age 23, 28, 30, 35 and 41. Statistical analysis relies on logistic regression and longitudinal data analysis. The analyses focussed on smokers (having ever regularly smoked) and on strong smokers (having ever smoked more than 22 cigarettes per day).

Results: In general, a lifetime diagnosis of mental disorders yields a heightened risk for smoking (OR ~ 4) and being a strong smoker (OR ~ 6) up to age of 40. The risk is particularly high in substance use, but also in dysthymia and bipolar diagnoses (OR > 15). At the other end of the scale are obsessive-compulsive disorder and bulimia with ORs almost similar to the general population. Simple phobia,