

(n=1873). There is no consensus in the literature with regard to the definition of the “revolving-door phenomenon”. Basing on prior studies (Woogh, 1990; Thornicroft et al., 1992), we defined “revolving-door patients” as those who had been hospitalized eight or more times in an eight-year period (an average of at least an admission per year).

Results: The prevalence of revolving-door patients was 10% (186/1873). The condition of revolving-door patients was associated with male sex (OR=1.5; IC 95%: 1.1-2.1), with a marital status different from the married one (OR=1.8; IC 95%: 1.3-2.6), and with the diagnoses of schizophrenia (OR=3.3; IC 95%: 2.4-4.6), schizoaffective disorder (OR=3.8; IC 95%: 2.3-6.5), bipolar disorder (OR=2.1; IC 95%: 1.4-3.2) and personality disorder (OR=2.2; IC 95%: 1.3-3.5).

Discussion: Male sex, marital status different from the married one and the diagnoses of schizoaffective disorder or schizophrenia may be a risk factor of readmission in a psychiatric unit. A better comprehension about the characteristics of these patients may help to establish more effective strategies to board the psychiatric community.

P0288

Prevalence of mental disorders in a psychiatric unit and its relationship with the sex

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Background: To determinate the prevalence of several mental disorders and its relationship with sex among patients admitted in a Psychiatric Unit.

Method: The sample included all patients hospitalized in a Psychiatric Unit at the Hospital “Virgen de las Nieves” in the city of Granada (southern Spain), during the time period between 1998 and 2006 (n=1873). The tenth version of international classification diseases (ICD-10) was used to classify the mental disorders.

Results: The principal diagnoses were psychotic disorders (36%), affective disorders (30%), substance-related disorder (8%) and personality disorder (7%). The prevalence of men was 57% and the prevalence of women was 43%. Male sex was significantly associated with substance-related disorder (OR=3.2; IC 95 %: 2.1-4.9), schizophrenia (OR=3.7; IC 95 %: 2.7-4.9) and mental retardation (OR=1.2; IC 95 %: 2.4-4.0). Female sex was significantly associated with bipolar disorder (OR=1.7; IC 95 %: 1.3-2.3), dysthymia and other depressive disorders (OR=2.4; IC 95 %: 1.9-3.1) and neurotic disorders (OR=2.3; IC 95 %: 1.4-3.7).

Discussion: According with literature (Vogel et al, 1997) the principal diagnoses among patients hospitalized were psychotic disorders, followed by affective disorders. Previous epidemiological studies have shown similar prevalence of bipolar disorder among both sexes (Kessler et al, 1997; Kawa et al, 2005). Nevertheless, among patients with bipolar disorder who need hospitalization may be more women.

P0289

Psychopathology during the 3rd month of pregnancy

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Background and Aims: Mental disorders occurring in pregnancy need attention and specifically targeted treatments; if untreated, they may have severe consequences, for the woman, for her family, and mostly for the newborn. The woman is at higher risk for suicide; she may increase tobacco, alcohol and substances use, and may frequently develop postpartum depression (Halbreich, 2004).

We aimed to describe the prevalence of Axis I disorders (DSM IV-TR criteria) at the 3rd month of pregnancy in a large non-clinical sample of women.

Methods: Women between the 12th and the 15th gestational week were enrolled. A total of 1066 subjects (49.9%) of those eligible (N=2138) signed an informed consent and completed the baseline interview. Standard demographic information were collected and Axis I diagnoses were performed using the SCID-I (First et al, 1995).

Results: Mean age was 32.3 years (± 3.9); 280 women (26.3%) had a current Axis I Disorder. Mood and anxiety disorders were the most frequent current diagnoses: Major Depressive Episode (N=34;3.2%); Minor Depression (N=45;4.3%); Specific Phobia (N=114; 10.7%); Panic Disorder (N=43; 4%); Social Phobia (N=41; 3.8%); Obsessive-Compulsive Disorder (N=17; 1.6%); Anxiety Disorder NOS (N=29; 2.7%); Generalized Anxiety Disorder (N=20; 1.9%). Current comorbidity between depressive and anxiety disorders was present in 38 women (3.6%).

Conclusions: The sample size and the administration of the SCID, that provides more complete and reliable information about lifetime and current psychiatric history, than instruments used in previous similar studies (Andersson et al., 2003; Spitzer et al., 2000), represent major strengths of the study.

P0290

Study of mental illness and marriage types in hospital population

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Introduction: Mental illnesses are common, serious, brain disorders that seriously hamper an individual’s ability to think feel and act. Studies have shown that risk of developing an illness is increased if another family member is similarly affected, suggesting strong hereditary component. (N.I.M.H.Report, 1997.)

Methods: Study sample consists of 721 mentally ill patients. Patients were diagnosed in the Outpatients Department of Psychiatry, Pakistan Institute of Medical Sciences Islamabad. Dept. of Psychiatry was visited from June 1998 to September 1999 for collection of data.

Results: Study comprises 721 mentally ill patients. Bipolar (manic-depressive) patients are 62.97% (n=454) Personality disorders 26.21% (n=189) and schizophrenics are 10.89% (n=78). Ratio of females to males is 100♀♀: 100.27♂♂.

Mean age at diagnosis of mental illness in sample is 25.86 \pm 0.40 years. Majority of patients fell in age cohort ranging from 10 years to 29 years. (n=477:66.16%).

The study shows total number of inbred marriages to be 400(55.47%) while outbred marriages are 321(44.52%). The coefficient of inbreeding (F) for mental illness patients is 0.0348 and that of control sample is F=0.0273.

There were 220 (30.51%) patients with positive family history 29(4.02%) with negative family history and 472 (54.66%) where occurrence of disease sporadic. Consanguinity is more in

positive(23.35%) and negative group(3,30%) while in sporadic cases outbred cases are more in number(39.43%).

Discussion: This study shows consanguinity as an important factor in the onset of mental illness and is a fertile base for further molecular genetic studies to locate genes contributing in the development of illness

P0291

Prevalence, recognition and treatment of depression and anxiety in a general hospital inpatients: A report from Iran

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Aims: To study the prevalence of anxiety and depression in a general hospital and to determine the ability of non-psychiatric residents to recognize the patients with clinically significant depression or anxiety.

Methods: This study was performed on a cohort admitted to Dr. Shariati Hospital in Tehran. Within 72 hours of admission, the patients were screened using the Hospital Anxiety and Depression Scale (HADS). Simultaneously, the residents who provided care for the patients were asked whether they believed the patients had significant levels of depression or anxiety. They were also asked to rate the degree of depression and anxiety of their patients in a 5 point Likert scale. Prescription of antidepressants and benzodiazepines during hospitalization was recorded by chart review. Assessments were completed for 401 patients.

Results: According to HADS score, 136(34.25%) patients had probable depressive disorders(HADS-D score>7) and 157(39.75%) had probable anxiety disorders(HADS-A score>7). The residents only asked 26(6.4%) and 32(8.2%) patients about depression and anxiety respectively. Among the patients, only 10.2% with probable depressive disorders and 10.8% with probable anxiety disorders were identified. No significant correlation was observed between HADS scores and the residents' assessment of severity of depression and anxiety. Only 16.4% of the patients with probable depressive or anxiety disorders were given medication.

Conclusions: This study confirms the results of previous researches that had shown high levels of depressive and anxiety disorders among patients admitted to a general hospital. It also indicates that non-psychiatrist physicians overlook a marked proportion of depression and anxiety diagnoses identified by standardized instruments.

P0292

Mental disorders in children, affected with bronchial asthma

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The importance of neuropsychic factors in aetiology and pathogenesis of bronchial asthma in children is generally acknowledged. The affective abnormalities range among the most common mental disorders in children and adolescents. 120 children with the diagnosis of atopic bronchial asthma were evaluated in the children's polyclinic. Together with the general disturbances of health status, affective

disturbances in the form of depression of different stage of severity were revealed in 108/120 subjects (90%). In all 108 people the sufficiently significant somatic and autonomic nervous disorders were observed. In our study the subdivision of depression into 3 types proved to be possible: asthenic depression – in 10 patients (8,5%), worried depression – in 74 (60,5%), astheno-worried depression – in 36 (30%). Asthenic depression (10 observations - 8,5%) was defined by a mild, free of specific depressive particularities, but continued decline of holothymia. The decreased mood was combined with the exhaustion and the irritable weakness. Worried depression (74 cases - 60,5%) was defined by the sensation of internal discomfort, indescribable unrest, expectation of the future events, distressing anxieties connected with the past. Astheno-worried depression (36 cases - 30%). The decreased mood was commonly combined with the severe emotional lability, asthenia, slight anxiety, hypersensitivity to any exogenous irritant. Thus, in children, suffering from the bronchial asthma, the most frequently occurring psychosomatic disorders revealed in the ambulance situations, present as various typological forms of depressions with a distressing aspect.

P0293

Prevalence of Hepatitis B and C markers in psychiatric patients

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Background and Aims: To investigate seroprevalence rates of hepatitis B (HBV) and hepatitis C (HCV) virus in an acute psychiatric ward in Greece.

Method: 289 (168 male and 121 female) consecutively admitted psychiatric patients were recruited during a two-year period. Their mean age was 42,5 years (SD:13.8). The most common diagnoses at discharge were schizophrenia or schizoaffective disorder (60%) and mood disorders (24%). Data from patient's charts with respect to HBV and HCV status, liver functions, demographic characteristics, psychiatric history and hospitalization were collected.

Results: 59 patients (20.4%) were positive for HBV. 23 patients (8%) had a history of hepatitis C infection. 10 patients (3.5%) were positive for both HBV and HCV. Patients positive for HBV were older ($p=0.022$) than those without such a diagnosis, but did not differ in terms of the duration of their psychiatric illness. The seroprevalence of HBV was lower in Greek compared with immigrant patients ($p=0.02$). Substance abuse was associated with testing positive for HCV ($p<0.001$) but not for HBV. There was no difference in the duration of hospitalization between psychiatric patients testing positive or negative for HBV and HCV.

Conclusions: More than one in four psychiatric patients hospitalized in an acute psychiatric ward were positive for HBV or HCV. The implications of this finding for the psychiatric care of patients with mental disorders in acute psychiatric settings need to be taken into account.

P0294

Estimation of inpatients in psychiatric department of General Hospital, Lesbos, Greece, 2006 (a retrospective analysis)

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