

depression in the UK patients' population providing an insight into these conditions.

Method: A case-control design was used to assess the incidence of sexual dysfunction every year in the five year period pre- and post depression diagnosis. Depressed patients (8,221 in UK ffGPRD database) were matched by age, sex and time in the database to non-depressed patients. Significance tests were carried and risk ratios were calculated at each time-point in the 10 year follow-up.

Results: The incidence rate of sexual dysfunction for cases (4.9 events/1000 person-years) and for controls (2.66 events/1000 person-years) were found to be significantly different ($p \leq 0.001$). The incidence rate for the individuals sexual disorders (erectile dysfunction, premature ejaculation, and low libido) were also significantly different. In addition, the risk ratios for the above conditions calculated by year in the five year period pre- and post diagnosis of depression were statistically significant from the date of diagnosis of depression. Further analysis was also undertaken to explore the observed patterns in the data.

Conclusions: Sexual dysfunction diagnosis differs significantly between cases and controls, particularly after diagnosis of depression. This raises questions regarding management of depression and its effect on sexual dysfunction.

Poster Session 2: CHILD PSYCHIATRY

P401

Musical hallucinations revisited

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Background and aims: Musical hallucinations are a rare phenomenon in clinical practice. The purpose of this study was to analyze the clinical spectrum of musical hallucinations.

Method: We analysed demographic and clinical features of cases published in English, Italian, French or Spanish between 1991 and 2006 registered in MEDLINE, including three of our own cases. The cases were separated into four groups according to their main diagnoses (hearing impairment; psychiatric disorder; neurological disorder; toxic or metabolic disorder).

Results: 115 patients with musical hallucinations were included, of which 63.5% were female. The mean age was 57.25 years. Main diagnoses were: psychiatric disorder (46.1%; schizophrenia 30.4%), neurological disorder (21.7%), hearing impairment (17.4%), toxic or metabolic disorder (12.2%) and 2.6% other diagnoses.

61.7% patients presented simple diagnoses while 36.5% presented two or more diagnoses. 2.1% of patients didn't receive any diagnoses. 35.7% of patients and 60.9% of non psychiatric patients presented hearing impairment.

Both instrumental and vocal were the more frequent musical hallucinations and most of the patients had insight about the abnormality of their perceptions. Another kind of hallucinations was present in 40.9% of patients, auditory hallucinations being the most common. Also, 38.3% of the global sample had abnormalities in brain structural image (MRI, CT).

Conclusions: Musical hallucinations are a heterogeneous phenomenon in clinical practice. published cases describe them as

more common in women and in psychiatric and neurological patients. Hearing impairment seem to be an important risk factor in the development of musical hallucinations.

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Viennese transcultural outpatient clinic for child psychiatry

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The project "Transcultural outpatient clinic for child psychiatry", which was started at the department of child and adolescent neuropsychiatry in Vienna in 1996, was funded by department of health planning and funding of Viennese municipality. The project was designed to assess and address psychological needs of immigrant families and their children in Vienna. The project went through 4 phases as of yet: needs assessment and identification of barriers for utilization of psychiatric services among immigrant families and their children (Phase 1); awareness raising and psychoeducation of immigrant families for migration caused psychiatric disorders as well as adjustment disorders (Phase 2); transcultural research (Phase 3); transcultural mental health training of medical and allied professions (Phase 4). The poster will introduce this model project and discuss Viennese experiences in transcultural psychiatry of childhood and adolescence. Our experiences support a culturally sensitive assessment and treatment of immigrant families and their children in special utilities.

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Clinical benefit of switching patients with schizophrenia to once-daily quetiapine sustained release

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Aim: To evaluate the clinical benefit of switching to quetiapine sustained release (SR) in patients with schizophrenia experiencing sub-optimal efficacy/tolerability with their current antipsychotic.

Methods: This was a 12-week, multicentre, open-label study (D1444C00147). Quetiapine SR (mg/day) was initiated during a 4-day cross titration phase (300 on Day 1; 600 on Day 2; 400, 600 or 800 on Day 3; flexible-dosing [400-800] from Days 4-84). Primary objective was to demonstrate that >50% of patients would achieve clinical benefit (improved CGI-Clinical Benefit [CB] score, based on CGI-I Efficacy index and tolerability burden) at Week 12. Secondary endpoints included CGI-I and PANSS total scores. Tolerability was assessed by adverse events (AEs), SAS and BARS scores. Mean changes in rating scale scores were analysed using ANCOVA.

Results: 477 patients were switched to quetiapine SR, 370 (77.6%) completed treatment. 295 of 470 evaluable patients (62.8%) achieved a clinical benefit upon switching to quetiapine SR (95% CI 58.4, 67.1, $p < 0.0001$). Significant improvements were observed in mean [SD] change from baseline in CGI-CB (-2.1 [3.62]) and PANSS total (-13.6 [19.23]) (both $p < 0.001$). Mean [SD] CGI-I score at endpoint was 2.8 [1.49] ($p < 0.001$ for mean CGI-I < 4). Common AEs included somnolence (17.8%), sedation (15.1%), dizziness and dry mouth (14.0% each). The incidence of EPS was 8.0%. Mean changes (improvements) from baseline in