**Background and Aims:** Describe and analyze the sequence of facts that families and patients have to cope with during the admission process at the hospital.

**Methods:** Based on a simple questionnaire applied to patients and relatives at the entrance of the hospital we obtain some interesting information about expectations and fears that may interfere in the relationship between users and staff. This information is very useful in order to plan not also the sequence of persons that may talk to the patient and/or their relatives but the content of the conversation to aim the best relationship and minimize stressors during hospitalization.

**Results:** We list the main fears that appear in the process classified in four topics:

- 1. Fears previous to admission
- 2. Fears at first contact
- 3. Fears in proper admission process
- 4. Fears in relationship with the therapists
  We also list main expectations in two topics:
- 1. Relative's expectations
- Patient's expectations: related to diagnosis, therapeutic process, staff, structures and rooms of the hospital and other circumstances.

**Conclusions:** Fears and expectations of patients and relatives interfere in admission process but also in hospitalization and post discharge period.

It is very useful to know those fears and expectations in order to plan the hospitalization process.

This information is also useful to plan staff training and edit an information guide given at the entrance. This may also improve quality care parameters at Hospital.

## P0209

A Survey of patients' sources of knowledge of medication side effects and implications for compliances

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**Objectives:** Assess the sources of patients' knowledge of medication side effects and the effects of their knowledge on compliance with prescribed medication.

**Methods:** 476 patients attending psychiatric services were randomly selected and asked to fill a questionnaire designed to assess parameters relevant to the objectives of the study.

**Results:** Overall, 44% said they had learnt of side effects of their medication from multiple sources including doctors (52.31%), leaflets (54.2%), internet (14.29%), books (13.02%), chemist (11.34%), other patients (5.67%), friends/relatives (7.35%), self-help groups (2.94%) and other sources (4.2%). 8% said they were not aware of any side effects of the medicines they are taking presently.

13.44% of patients reported that they never find out about side effects of their medication before taking it for the first time with a high proportion of these being males (17.93%vs.10.69%, p = 0.0366). 46.2% reported that they have had concerns about taking medication because of their knowledge of side effects with females more likely to have such concerns than males (49.83% vs.40.76%, p = 0.0269). Finally, when asked if they would have taken the medicines prescribed for them now if they were told initially of all the side effects, 51.05%

answered 'more likely', with a higher proportion of these being males (56.67% vs. 49.46%, p = 0.06)

**Conclusion:** Doctors and information leaflets are the leading sources of patients' knowledge about side effects of medication. The knowledge of side effects of medication has a potential to impact more on the compliance of female patients compared to males.

## P0210

Culture and psychopharmacology

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**Introduction:** Culture is defined as the sum total of the way people think, feel, and act as members of a social group. Culture is learnt. Cultures can overlap and individuals can belong to several cultures. cross-cultural psychopharmacological studies have mainly focused on differences in the pharmacokinetics and pharmaco-dynamics of psychotropic medications among various ethno-cultural groups and research on many socio-cultural non-biologic contextual factors in psycho-pharmacotherapy is sporadic and often not widely known. In this paper, the authors review the relevant literature in all these areas.

**Methods:** Searching the recent thirty years studies on cultural issues in psycho-pharmacology in a wide area and then screening them systematically, fifteen relevant studies were selected and evaluated. Results were conceptually re-arranged and re-classified and are presented in the format of a narrative review.

Results and Discussion: In a general aspect, cross-cultural factors affecting psycho pharmacotherapy can be divided in two groups i.e. primary variables which directly influence pharmaco-dynamics and pharmaco-kinetics and confounding variables which indirectly interact with drug treatment, selection, usage and response. In another point of view, trans-cultural psychopharmacological issues are classified in the domains of patient variables, doctor variables and environmental variables, each including many different factors and considerations which are elaborated and discussed in the full-text of this material.

**Keywords:** culture, race, ethnicity, psychopharmacology, cross-cultural, trans-cultural

## P0211

Association between psychological distress, subjective sleep quality and health-related quality of life in patients with obesity: A preliminary study

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**Objective:** Recently, increasing prevalence of obesity has been elucidated for a major public health problem. Previous research propose that obesity may be significantly associated with psychological distress, considerable disturbances of sleep and health-related quality of life (HRQL). The aim of this study is to examine the psychological distress, subjective sleep quality and HRQL in a group of patient diagnosed with obesity.

**Methods:** A total of 57 obesity patients and 53 healthy control subjects were involved in the study and self-administered questionnaires was submitted to measure by using the General Symptomatic