the type of medical screening performed and the results were compiled and analysed. The screening included physical examination, radiological imaging and general pathology testing.

The findings indicated that there was a lack of uniformity in the approach to medical assessment of mental health patients that may have resulted in relevant organic pathologies not being appropriately detected. The findings also indicated that, in a significant number of cases, organic pathology played an important role in both the diagnosis and subsequent treatment of a number of these patients.

It was concluded that a standard set of routine investigations be carried out on all Mental Health admissions and that the results of the investigations carried out did considerably influence either the diagnosis or treatment of a significant number of the patients in the study group.

P0234

Psychiatric symptoms in movement disorders: The three year experience of a psychiatry outpatient clinic

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Most Movement Disorders demand assessment and management of the psychiatric symptoms, representing an extremely important interface between Psychiatry and Neurology.

In São João's Hospital, the patients followed in the Neurology Department's Movement Disorders ambulatory clinic are referred to the Psychiatry Department's outpatient clinic.

The aim of this study is to characterize the patients followed in our clinic between the years 2005 and 2007 using information collected from clinical files and an investigation protocol especially developed for this purpose. This protocol includes sociodemographic data, neurological diagnoses, psychiatric symptoms and current treatment. Once Parkinson's disease was the most representative diagnosis, the authors explored more detailed features, such as onset type, disease duration and severity, and associated these to the psychiatric clinical picture.

P0235

Duration of untreated illness in anxiety and mood disorders

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A prolonged duration of untreated illness (DUI) has been indicated as a negative prognostic factor of clinical outcome in schizophrenia(1),affective(2) and anxiety disorders(3). The present study analyzes DUI in anxiety/mood disorders. Study sample included 729 patients:181 Major Depressive Disorder, 115 Bipolar I Disorder, 186 Bipolar II Disorder, 100 Generalized Anxiety Disorder, 96 Panic Disorder and 51 Obsessive-Compulsive Disorder. The main demographic and clinical (age at onset, age at first treatment, DUI) variables were compared between groups using oneway ANOVA, t-tests or chi-squared tests. DUI was defined as the interval between the onset of the disorder and the first adequate treatment.Patients with MDD showed a shorter DUI ($F= 25.159$; $p> 0.0001$) whereas patient with BDII showed a longer DUI ($F= 12.680$; $p> 0.0001$) compared to the other groups. Present findings indicate that patients with affective/anxiety disorders present significant differences in DUI. It is of clinical interest to assess the extent to which delays until beginning an appropriate treatment influence the course of these disorders.

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P0236

How are symptom severity and functional recovery/relapse related? An analysis of the escitalopram database

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Background: Anxiety disorders are associated with significant disability. There is growing interest in the question of whether pharmacotherapy that effectively reduces symptoms also restores function. Recovery could be defined as a lack of disability, with associated reduction in symptom severity. Conversely, relapse could be defined in terms of either increased disability or increased symptoms.

Methods: We analysed a database of randomised controlled trials of escitalopram in generalised anxiety disorder (GAD) and social anxiety disorder (SAD), focusing on the relationship between disorder-specific severity scales, and the Sheehan Disability Scale (SDS). In short-term studies, cut-points on symptom scales were derived for recovered function. In relapse prevention studies, the effects of defining relapse in terms of increased disability scores were examined.

Results: In GAD and SAD, there is a close correlation between primary symptom severity scales and the SDS, both in the short-term and during relapse prevention. Thus, a lack of disability is associated with relatively low symptom severity scores, and rates of relapse - defined in terms of increased disability - are significantly lower on escitalopram than on placebo.

Conclusion: These data indicate that improvement in primary symptom scales in anxiety disorders is accompanied by improvement in functioning, and vice versa. Recovery and relapse can therefore be defined either in terms of symptom severity or in terms of functioning. Longer-term treatment of anxiety disorders is needed to ensure recovery.

P0237

Complexity of transsexual phenomena

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By this case report the authors will emphasize the importance of systematic psychiatric exploration in clinical practice with gender identity disorders. Standard procedures have diagnostic and differential

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diagnostic purpose (exclusion of other psychiatric disorders or comorbid psychiatric disorders).

Presented patient is 20 year old female who addressed to Belgrade Team for Gender Identity for routine psychiatric exploration with suspicion of female-to-male transsexualism. As a contribution to mentioned diagnostic category the authors have noted long term persistence of gender dysphoria through puberty and adolescence, persistent wish for partial sex reassignment surgery, specific defense mechanisms and intake of testosterone without medical prescription.

Applied diagnostic procedures and complementary analysis (EEG, NMR) have imposed doubts in primarily suspected transsexualism and leads us toward differential diagnosis analysis for organic or psychotic mental disorder.

P0238

Enquiring about sexual function in the psychiatric outpatient clinic assessment

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Background: Physical, psychiatric disorders & medication can cause sexual dysfunction. Baseline sexual functioning should be determined if possible.

Aim: to establish whether psychiatrists ask about sexual function or not?

Method:

2 confidential questionnaires:

1. Patient questionnaire: asking about patients' views regarding asking them about sexual function.
2. Psychiatrist Questionnaire: whether they ask their patients about sexual function or not? & Why?

Study Sample:

Patients: The first 100 adult psychiatry patients attended the clinic during the study period (July 2007).

Psychiatrists: 50 adult general psychiatrists (Consultant & subconsultant) were targeted.

Results:

Patients:

- The overall return rate is 45% (45 out of 100 questionnaires): 60% (27 males) & 40% (18 females). 50% (23 patients believed it is important to be asked about sexual function, 25 % (11) were unsure, 15% (7) felt it would be embarrassing & 10% (4) did not answer. 75% (34) of patients were never asked about their sexual function, 20% were (19) were briefly asked and 5% (2) did not answer.

Psychiatrists:

- The overall return rate is 40% (20 psychiatrists: 10 consultants & 10 sub-consultant grades).
- All responders agreed that asking about sexual function is highly/important. 50% ask about sexual function regularly/frequently/sometimes. 50% do not ask. Likely causes for not asking include: to avoid embarrassment (60%), service gap (40%), Lack of training (40%) & limited time (20%).

Conclusion: Study results may indicate that assessing sexual function in adult psychiatric clinic is adversely affected by service & training gaps. Cultural factors may have an impact.

P0239

Psychiatric and psychosocial aspects of diabetes and the effective interventions: A review

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Nowadays, over two millions people are developing diabetes worldwide and its prevalence is increasing all over the world. Psychological factors have significant impacts on initiation, symptom presentation, and the trend of the disease. Physical treatments may result in non-compliance due to their bothersome effects like pain, especially in children. In addition, restricted diet, meticulous meal, and the amount of activity give rise to non-compliance and exhaustion.

Diabetes is a risk factor for psychiatric disorders such as depression, anxiety, eating disorders, and adjustment disorders in all ages and learning disorders and deficits in visouspatial ability in children and adolescents. Psychiatric disorders lead to more metabolic disregulation, more adverse effects, and decreased quality of life. Psychosocial adverse effects of diabetes are the most important predictors of its mortality.

Psychosocial interventions including medical treatment as well as psychotherapies are effective to reduce morbidities and mortalities of diabetes; patients' qualities of lives are highly correlated to amounts of psychosocial supports. These supports result in better metabolic controls and improving relationship with family members, for children, and better metabolic control and decreased rates of admission in hospital, for adolescence. Psychiatric and psychological interventions lead to patients improving self-confidence, more self-support and better quality of life.

P0240

Levels of psychopathology in adolescents attendees of a London sexual health clinic

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Introduction: Early onset and frequency of sexual experience are associated with problem behaviours such as delinquent acts, substance abuse and exposure to HIV. Sexual health services focus on young people may have a potential to identify those at risk.

Aim of the study: To assess whether the levels, nature and associations of emotional and behavioural problems in adolescents attending a sexual health clinic differ from those of adolescents in the community.

Methods: A cross sectional survey was carried out at a London walk-in sexual clinic and an inner city school. We gathered demographic information and psychiatric and behavioural assessment using the Beck Depression Inventory (BDI), the Strengths and Difficulties Questionnaire (SDQ), a sexual attitude and behaviour questionnaire and the Westminster Substance Use Questionnaire.

Results: We found significant differences between the groups in terms of their families (trouble with the police), sexual and health risks (sexual activity, pregnancy, number of sexual partners and Sexually Transmitted Diseases and more regular use of tobacco, alcohol and cannabis) and psychological risks (higher scores in BDI and SDQ emotional, conduct and hyperactivity subscales).

Conclusion: We conclude that urban sexual health clinics for adolescents appropriately attract young people, especially girls, with high sexual risk but also with high levels of substance use risk

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