

chosen to achieve a fitting measure of global functioning; data survey was both retrospective (chart review) and prospective.

Results: Paired samples t-tests showed significant differences between T1 and T2 with regard to “Composite Scale” ($t(9)=3.354$; $p<.01$), “Communication” subscale ($t(9)=2.449$; $p<.05$) and “Socialization” subscale ($t(14)=2.613$; $p<.05$); the “Daily Living Skills” subscale demonstrated a borderline p-value ($t(9)=2.250$; $p=0.0510$).

Conclusions: These results indicate that farmstead community environment can produce a favourable effect on adaptive behaviour, especially in those areas which represent the chronic core of autistic symptoms.

P0309

Phenomenon of immigration and suicide in young people in Romania
O.D. Panait, A. Chirita. *University Clinic of Psychiatry, Craiova, Romania*

Suicide in young people is complex, with multiple dynamic factors contributing to the event in each individual case. The most common risk factors are: psychiatric disorders (mood and anxiety disorders, psychotic disorders, alcohol and substance use disorders, personality disorders), psychosocial stressors, medical diseases and poor coping capacity. Generally it is estimated that up to 90 % of suicide in young people is related to a mental disorder.

In Romania, in the last 10 years, the importance of the psychosocial stressors has significantly grown up, especially the fear of losing a beloved one. Because of the migration of people in the western countries, due to the better conditions for work there, many children and teenagers are left in the care of relatives or state institutions, which fail to give them the love and understanding of their parents.

Our study, made in collaboration with the Forensic Medicine Institute, shows, on a 10-year period, the increasing of suicide attempts and finalized suicide in young people, especially after Romania adhered to the European Union.

P0310

Boundaries, ethics and chaos theory in psychotherapy

R.S. Pepper. *Department of Behavioral Science, New York Institute of Technology, New York, NY, USA*

Physicists tell us that to understand a phenomenon is to know its borders. To know where one entity ends, and another begins, is an essential component to living in harmony with the environment. At the same time, the maintenance of boundaries produces tension. There seems to be a natural urge to surrender boundaries and to merge with the universe. While initially exhilarating, this experience can also be damaging. Such is the case in psychoanalytic psychotherapy when boundaries are blurred between clinician and patient.

Through vignettes and personal observations of the author the impact of blurred boundaries in the psychoanalytic relationship will be presented. My previous research has shown that when clinicians allow boundaries to blur then there are often significant untoward treatment reactions that are interpreted as transference and resistance when they are not.

When negative treatment reactions are manifested during the course of treatment, the frame is rarely considered as the source of the problem. A psychoanalytic interpretation is often used to explain the phenomenon. This may be a technical error.

Concepts taken from chaos theory such as "sensitive dependence on initial conditions" (which means small changes in input can produce large changes in output) may better explain negative treatment reactions than psychoanalytic theories do. This may be particularly true in cases of iatrogenesis.

P0311

The development of a mobile psychiatric unit in a rural area of Greece: Preliminary results

V.C. Mouka¹, V.K. Peritogiannis¹, M.E. Lekka¹, N.C. Menti¹, V.K. Fotopoulou¹, C.K. Mantas², V.G. Mavreas^{1,2}, T.N. Hyphantis^{1,2}. ¹Mobile Psychiatric Unit of The Prefectures of Ioannina and Thesprotia, Ioannina, Greece ²Department of Psychiatry, Medical School, University of Ioannina, Ioannina, Greece

Background and Aims: A mobile psychiatric unit is an outpatient, community-based psychiatric service, alternative to mental hospital, with proven effectiveness and efficacy. This study presents the development of the Mobile Psychiatric Unit of the prefectures of Ioannina and Thesprotia (M.P.U. I-T), Greece, and the results of its operation during the first six-month period of its establishment.

Methods: The M.P.U. I-T is a specialized multidisciplinary team which provides psychiatric services and promotes mental health in a rural population of about 100.000 people. A close cooperation with all health care providers within the catchment area has been established. Patients were examined by the M.P.U. staff and medical data were collected in order to identify the needs of the patients living in these remote areas.

Results: 344 therapeutic actions have been recorded. 106 (30.8%) were visits at the patients' homes, which indicates their difficulty in accessing the mental health system. During this six-month period the number of the patients was gradually increased, reaching currently a total of 132 patients, whereas 42 patients are permanently followed-up by the M.P.U. In addition, 58 education and promotion activities, 55 meetings with members of primary care services and 27 meetings with members of the local authorities and other corporations have been recorded within the same period.

Conclusions: These preliminary findings provide initial evidence about the increased needs of the rural areas for the development of community-based mental health services. A community-orientated programme based on mobile psychiatric units offers quite satisfactory results in this direction.

P0312

Cost effectiveness analysis of day hospital and inpatient treatment in Poland

P. Piotrowski^{1,2}, A. Kiejna¹. ¹Department of Psychiatry, Wrocław Medical University, Wrocław, Poland ²Psychiatric Hospital, Wrocław, Poland

Aims: Analysis of effectiveness and costs of day hospital in relation to stationary treatment. Study constitutes part of project carried out within 5th EC Framework Program-EDEN.

Material: Out of 1089 patients admitted to Psychiatric Hospital in Wrocław (PHW) 238 patients were randomly assigned to either day hospital ($n=115$) or inpatient ward ($n=123$). Patients were interviewed at 6 time-points comprising hospitalization, 3 and 12 months after discharge. Psychopathological symptoms and QoL were expressed in BPRS subscales and MANSA. Costs of treatment were assessed from clients' perspective—according to CSRI questionnaire, from

payer's perspective—the National Health Fund(NHF) databases and from economic reports of PHW.

Results: Day hospital was superior in alleviating negative symptoms, depression and anxiety. No statistical differences in effectiveness 3 months after discharge were found. One year after discharge higher level of psychopathology was reported amongst inpatient group and day-care group had higher number of rehospitalizations.

Costs were higher for NHF in day-care due to longer overall patients' hospitalization. However according to economic reports mean financial deficit of PHW generated by day patients was significantly lower. Comparison of length of hospitalization assessed with CSRI and NHF databases showed significant quantitative differences.

Conclusions: Superiority of treatment effectiveness in inpatient ward over day-care was not confirmed using BPRS, MANSAs and rehospitalization index. Simultaneously significantly lower mean financial deficit generated by day hospital due to lower indirect costs and underestimated NHF's rates for inpatients treatment showed superiority of day treatment in terms of CEA. Costs estimation based on clients' perspective may lead to significant misconception.

P0313

Suicide reporting: A follow-up survey 10 years after the publication of media guidelines

T. Reisch, A. Maillart, K. Michel. *University Psychiatric Hospital of Bern, Bern, Switzerland*

In a detailed analysis of suicide reporting in 1991 44% of the articles were considered inappropriate and dangerous for an imitation effect. After the launching of media guidelines accompanied by a national press campaign we found in a second analysis in 1994 that the quality of reporting (as defined by the guidelines) had improved significantly. The percentage of articles with a high imitation risk score had dropped to 27.5. In 2004 a new survey over a time period of 12 months was carried out, focusing on print media in the region of Bern. Altogether 513 articles were analysed in detail and the imitation risk score calculated. The percentage of potentially dangerous articles had increased again to 41.5%. There were large differences between the newspapers in the frequency and quality of suicide reporting. In recent years, free daily papers with high circulation figures have appeared, with a high percentage of sensational articles on suicide. We conclude that in order to influence the quality of media reporting on suicide, a new campaign, followed by the ongoing dialogue with editors, is needed.

P0314

ADHD and stimulant use among girls in the USA: A trend analysis by gender

L.M. Robison^{1,2}, D.A. Sclar^{1,2,3}, T.L. Skaer^{1,2}.
¹ *Pharmacoeconomics and Pharmacoepidemiology Research Unit, Washington State University, Pullman, WA, USA* ² *Department of Health Policy & Administration, Washington State University, Pullman, WA, USA* ³ *Washington Institute for Mental Illness Research and Training, Spokane, WA, USA*

Background and Aims: To use a single national data source to discern trends in the prevalence of office-based visits resulting in a diagnosis of attention deficit/hyperactivity disorder (ADHD) among girls, and trends in the prescribing of stimulant pharmacotherapy for its treatment in the United States (U.S.).

Methods: Data from the U.S. National Ambulatory Medical Care Survey were utilized for this analysis. The number and rate of office-based physician visits resulting in a diagnosis of ADHD (ICD-9-CM code 314.00 or 314.01) were discerned for the years 1991 through 2004, for children and adolescents aged 5 through 18 years. Gender-specific trend analyses were conducted using seven two-year time intervals.

Results: Overall, the annualized number of office-based visits documenting a diagnosis of ADHD increased from 1,302,632 in 1991-92, to 6,513,479 in 2003-04. The annualized mean number of office-based visits documenting a diagnosis of ADHD among girls increased five-fold between 1991-92, and 2003-04 (from 296,389 to 1,473,854). The U.S. population-adjusted rate of office visits documenting a diagnosis of ADHD among girls increased 4.3-fold (from 12.3 per 1,000 girls to 52.6). Documentation of a diagnosis of ADHD and the prescribing of stimulant pharmacotherapy increased 4.2-fold for girls, from 7.5 per 1,000 girls in 1991-92, to 31.4 in 2003-04.

Conclusion: Although the number and rate of office-based visits among boys documenting a diagnosis of ADHD still far exceeds that of girls (3.4:1), the magnitude of the increase was as great among girls as boys during this time period, and contributed significantly to the overall upward trend.

P0315

Trends in diagnosis and treatment of ADHD among United States adults: 1995-2004

L.M. Robison^{1,2}, D.A. Sclar^{1,2,3}, T.L. Skaer^{1,2}.
¹ *Pharmacoeconomics and Pharmacoepidemiology Research Unit, Washington State University, Pullman, WA, USA* ² *Department of Health Policy & Administration, Washington State University, Pullman, WA, USA* ³ *Washington Institute for Mental Illness Research and Training, Spokane, WA, USA*

Background and Aims: To evaluate whether the trend in adults seeking medical care for the treatment of attention deficit/hyperactivity disorder (ADHD) reflects the upward pattern seen among children.

Methods: Data from the United States (U.S.) National Ambulatory Medical Care Survey (NAMCS) were utilized for this analysis. The NAMCS is an ongoing annual survey of a representative sample of U.S. office-based physician practices. The number and rate of office-based physician visits resulting in a diagnosis of ADHD (International Classification of Diseases, 9th Revision, Clinical Modification code 314.00 or 314.01) among patients age 20 years or older, were discerned for the years 1995 through 2004. Trend analysis was conducted using five time intervals: 1995-96; 1997-98; 1999-00; 2001-02; 2003-04.

Results: Over the time-frame, national estimates of the number of annualized office-based physician visits documenting a diagnosis of ADHD among adults increased 4.7-fold; from 582,728 in 1995-96, to 2,738,285 in 2003-04 ($p < 0.05$). Adjusted for population growth, the rate per year of office visits per 1,000 U.S. population ≥ 20 years old resulting in a diagnosis of ADHD more than quadrupled; increasing from 3.1 per 1,000 in 1995-96, to 13.0 in 2003-04. The majority of office visits documented a prescription for stimulant pharmacotherapy or atomoxetine (available since late 2002), increasing from 61.7% in 1995-96, to 77.8% in 2003-04.

Conclusions: As with children, the rate of adults seeking medical care for ADHD has increased significantly. By 2003-04, adults accounted for more than 1 in 4 (28.8%) office visits resulting in a diagnosis of ADHD.