

agoraphobia, panic disorder and neurasthenia do not differ in terms of ever smoking, however their ORs are astonishingly high in strong smokers.

Conclusions: The risk of being (or having been) a smoker differs distinctly by mental disorder. This is most apparent in mood disorders. Moreover, in another group of disorders the amount of smoking interplays in a particular way. It seems unlikely that the causal linkage follows a consistent pattern.

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Medical morbidity in psychiatric (de-)institutionalized patients

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Introduction: The physical comorbidity of chronic psychiatric patients is affected not only by their psychiatric condition and treatment but also by the different access they have to health care facilities.

Aim: To record the medical morbidity of patients of the Psychiatric Hospital of Petra, Olympus, during its deinstitutionalization project.

Methods: The physical diseases of 196 chronic psychiatric patients (71.4% men), who were treated in long-stay wards or in community-based psychiatric facilities, were recorded during the autumn of 2003.

Results: Circulatory and neurological diseases were the most prevalent between psychiatric patients, both affecting 62 (31.6%) patients. Hypertension, coronary heart disease, stroke and dementia were quite frequent, approximately as much as in the general population. Epilepsy and hypotension were markedly frequent, possibly due to association with their psychiatric condition and its treatment. It is remarkable that anemia was the most frequent physical problem (25.5%), while 13.3% of the patients had a history of bone fractures. 14.8% of the patients had gastrointestinal problems (mostly ulcers), 15.3% had endocrinological (mainly diabetes) and 8.7% respiratory conditions. Finally, incontinence, prostate hyperplasia and other urological diagnoses were found in 10.7% of the patients.

Conclusions: The (de)institutionalized psychiatric population seems to suffer by medical problems that are associated a) generally with their age and gender and b) specifically with their psychiatric condition and the side-effects of the corresponding medication. It is hoped and expected that the deinstitutionalization will help improve the treatment of the former without at least hindering the handling of the latter.

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Lifetime risk and age-of-onset of mental disorders in the Belgian general population

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Aims: To estimate lifetime risk and ages of onset of mental disorders in the adult general population of Belgium.

Method and materials: For the World Mental Health Surveys of the World Health Organization, a representative random sample of non-institutionalized inhabitants from Belgium aged 18 or older (n=2419) were interviewed. The interview took place by means of the CIDI 3.0. Lifetime prevalence, projected lifetime risk, and age of onset were assessed.

Results: Compared to lifetime prevalence rates, projected lifetime risk remains fairly stable for anxiety disorders, but is increased for

mood and alcohol disorders: The lifetime risk for any mental disorder was 37.1%: 22.8% for mood disorders, 15.7% for anxiety disorders, and 10.8% for alcohol disorders. Prevalence estimates of mood and alcohol disorders were significantly higher in the cohorts between 18 and 34 years. Age of onset-distribution are presented for mood, alcohol and anxiety disorders.

Discussion: This is the first study that assessed projected lifetime risks and ages of onset in the Belgian general population. A significant difference is noted between lifetime prevalence rates and projected lifetime risk. Median age of onset varies from disorder to disorder and younger cohorts had higher likelihood for developing mental disorders.

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Migration and mental disorders in an outpatient setting

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Background and aims: As a putative risk for mental disorders, particularly for schizophrenia, migration has reached an increasing interest. There are some evidences of high incidence rates of psychotic disorders in migrant populations. Most of the studies focus on inpatient, first-admissions samples. The aim of this study is to compare the rates of treatment for mental disorders between native-born and migrant patients in an outpatient setting.

Methods: A retrospective analysis of all patients (n= 3619) attended throughout the latest 3 years at an outpatient resource involving and area of 92234 inhabitants was carried out. Demographic variables (age, sex, country of birth) and clinical data (diagnosis at first contact and at follow-up, DSM-IV criteria) were collected. Patients were divided in two groups: natives (n=3486) and immigrants (n=133). Comparisons between both groups for the rates of any mental disorder and for syndromic diagnoses were performed.

Results: Compared to native patients, immigrant patients showed higher rates of psychotic disorders (15.2% vs 4.2%, $p < 0.001$, chi square; OR=3.6, 95% CI=2.1-6). As a striking finding, all of the "not specified" diagnostic categories (psychotic disorder NOS, bipolar disorder NOS, depressive disorder NOS, anxiety disorder NOS) were significantly more prevalent in the migrant group.

Conclusions: Among the patients referred to an outpatient mental health resource, a higher prevalence of psychotic disorders in migrants compared to native patients was found. The higher rates of not specified diagnoses in immigrant patients underlines the hazard of misunderstanding their symptoms and, therefore, to overestimate the prevalence of severe disorders in this group.

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Transgenerational transmission of aggressive behaviour

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Objective: The objective of the present paper was to assess associations between parental aggressive behaviour and aggressive behaviour in adolescents, as well as to define the possible correlation between the parental aggression and the psychopathology presented by the adolescents.

Methods: We surveyed 100 adolescents in the age from 14 years to 16 years and their parents. Adolescents and their parents fulfilled set of self-rating scales. Adolescents completed the Overt aggression

check-list, Beck depression inventory and the Scale for evaluation of bullying behaviour in their schools. Their parents also completed Overt aggression check-list and Beck depression inventory.

Results: Adolescents who presented themselves as bullies in school had more aggression in their families than those adolescents who were not involved in school violence. Also adolescents whose parents had high scores on the Beck depression inventory and had autodestructive impulses had statistically higher scores on the Overt aggression check-list compared with other group of adolescents whose parents were not depressed. We documented that 17% of adolescents were victims of school bullying. Those adolescents had statistically significant higher scores on the Beck depression inventory than the adolescents who were not involved in the school violence.

Conclusion: The present study revealed that the level of aggression in families has influence on the aggressive behaviour of adolescents in their schools.

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Suicidal ideation in Viennese secondary school pupils

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Objective: We assessed the prevalence of lifetime suicidal ideation and associated psychosocial factors among Viennese secondary school pupils.

Method: An anonymous self-report survey which assessed the major psychiatric risk factors of teen suicide, as well as demographic characteristics, was completed by pupils of three Viennese secondary schools (n=214).

Results: Eighty-one (37.9%) secondary school pupil reported ever having suicidal thoughts, girls significantly more often than boys (48.5% vs. 29.1%, p=.004). Furthermore, lifetime suicidal ideation among Viennese secondary school pupils was associated with living in "broken-home" families, cigarette smoking, substance problem (alcohol/drugs), self-reported depression, and school type. After adjusting for confounders, we found that female gender, substance problem, school type and cigarette smoking were significantly associated with lifetime suicidal ideation among secondary school pupils in Vienna.

Conclusions: In context of suicide prevention, attention should be paid to the psychosocial factors associated with pupils' suicidal ideation.

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Adolescent general health in Tehran

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Background and aims: There is little data about assessment of general health among Iranian adolescents. We aimed at studying the general health of 3rd grade high school students in Tehran.

Methodology: In a cross sectional study representative sample of 3rd grade high school students were selected using multistage random sampling taking each school as cluster. The General Health Questionnaire (GHQ12) was administered to the students in absence of the teachers. Questions about physical activity and demographics were also included. The cut off value for GHQ score was determined using Receiver Operating Characteristic (ROC) curve against self reported general health taken as gold standard. The scores equal or higher than the cut off were assumed as high. Proportion of the students with high GHQ score was calculated by age and sex. Comparison of the proportions was made using Chi square test.

Results: Of 4842 students studied 55% were 17 and 45% were 18 years old. It included 2444 (56%) girls. The cut off of 4.5 for GHQ score was obtained. The area under the curve was 0.89 (0.95CI, 0.85-0.89, p<0.001) with sensitivity of 0.86 and specificity of 0.69. The proportion of high GHQ was 46% and the girls had higher (49.8% versus 40.5%) (p<0.001). The high GHQ score in 18 years old was higher than that for 17 years old students (928,48.2% vs.1040,43.6%, p<0.005). Those who assessed their general health as "very good" had lower GHQ score than those who assessed themselves as "very bad" (410, 29.4% vs. 54, 84.5%) (p=0.000). Students with higher level of physical activity had lower GHQ score comparing with those with lower physical activity (490,35.4% vs. 660,63.5%) (p=0.000).

Conclusion: Proportion of minor mental disorders is high in Adolescents. Girls are more vulnerable to the mental disorders. Better mental health was associated with higher levels of physical activity.

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Prevalence and behavioral correlates of enuresis in preschool children

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Objectives: Previous studies, based on clinic samples, report that enuresis in children is associated with behavior problems but the relationship between behavior problems and enuresis remains controversial. This population-based study investigates the prevalence and behavioral correlates of enuresis in a group of preschool children.

Methods: This cross-sectional survey involved 370 parents and their 5 to 7 years old children, all residents of Istanbul, Turkey. Parents completed the Child Behavior Checklist and sociodemographic data form. Fifty-three children with enuresis were compared to 303 nonsymptomatic children. Differences in the mean scores and the percentages of children falling beyond preselected clinical thresholds were compared across the groups.

Results: The prevalence of enuresis was 14.9 and enuresis was more frequent among boys. Children with enuresis were reported by their parents to have greater social problems and total problem scores compared with control children (p = 0,019, p = 0,048 respectively). However there were no differences in the percentages of children falling beyond preselected clinical thresholds among the groups.

Conclusions: Enuresis is common in 5 to 7 years-old children. As a group, children with enuresis differ from children without enuresis on behavioral parameters, children with enuresis had the higher mean scores of behavioral problems than do controls, however clinically