

individuals were independent albeit leading fairly isolated lives. Childhood IQ-level was positively correlated with better adult outcome. In the majority of cases symptoms typical of the childhood period were still present in adulthood, but some clusters of behaviour (particularly hyperactivity) were much less prevalent than they had been in the past.

Conclusions: Children with autism as diagnosed in the 1960s, 1970s, and 1980s may have an even worse psychosocial outcome than previously believed.

P0266

Screening for poor mental health functioning in a US inner-city emergency department

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Background: Many mentally distressed individuals seek emergency department (ED) care in the US, but the extent and correlates of significant mental health problems in such patients is unknown.

Methods: All patients aged 18-60 presenting to an inner-city midwestern US ED April 2006-March 2007 were approached to participate in brief health screening. Exclusions were serious trauma preventing interview, unable to provide informed consent, pregnancy, acute suicidality, or presenting for psychiatric evaluation. Consenting patients completed a short web-tablet screen, including SF-12 for mental and physical health status, recent substance use and DSM-IV diagnoses of substance use disorders.

Results: The lowest 25% on the SF-12 Mental Health Component were assigned to “poor mental health functioning” (PMHF). 5641 patients participated (58% female, 57% African-American). In bivariate analysis, the PMHF group was significantly more likely to be unmarried, female, use cocaine and marijuana, and binge drink in the past year, and have DSM-IV substance use disorders. Multiple logistic regression found that being female (OR=1.8), older (OR=1.01), not being married (OR=1.2) and DSM-IV alcohol abuse and dependence (OR=1.7, 2.4), cocaine abuse and dependence (OR=1.9, 2.0), and marijuana dependence (OR=1.7) were all independent predictors of PMHF. In a separate model, use of cocaine (OR=2.7) and marijuana (OR=1.7) but not use of alcohol, were independent predictors of PMHF as well as gender, age, and marital status.

Conclusions: Therefore PMHF in ED patients is strongly associated with recent substance use. ED clinicians should regularly ascertain both mental health status and substance use and refer for additional services where appropriate.

P0267

WHOQOL-HIV BREF reliability and scores in depressed and non-depressed HIV-positive patients in a specialized outpatient facility in Rio de Janeiro

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Introduction: Significant life expectancy increase in HIV-positive patients undergoing antiretroviral therapy (HAART) has motivated inquiries into their quality of life.

Objective: To describe quality of life and reliability of WHO's Quality of Life Instrument ((WHOQOL HIV BREF) in depressed or non-depressed HIV/AIDS outpatients in a specialized facility in Rio de Janeiro.

Method: Sectional study in 33 depressed (D) and 70 non-depressed (ND) HIV patients classified using Composite International Diagnostic Interview (CIDI10), Hamilton's depression scale, viral load, CD4 and demographic data. Means of all six WHOQOL HIV BREF domains were compared by the Student t test. Inter-interviewer reliability was evaluated by intraclass correlation coefficient (CCI) with CI of 95%.

Results: The sample comprised mostly of male (62.2%), single (42.9%) AIDS patients (51%), who considered themselves ill (66.3%) and were on HAART (78%). Reliability was excellent, varying from CCI 0.95 (0.93-0.97) for the environmental domain to CCI 0.99 (0.98-0.99) for psychological, level of independence and spiritual domains. Means for all domains in depressed patients (D) were lower than those seen in non-depressed patients (ND) ($p < 0.005$): physical domain 11.0 (D) and 15.3(ND); psychological domain 10.1(D) and 14.7(ND); level of independence domain 10.8(D) and 14.1(ND); social relationship domain 11.9(D) and 15.2(ND); environmental domain 11.9(D) and 15.1(ND); spiritual domain 11.5(D) and 15.5(ND).

Conclusion: WHOQOL HIV BREF's showed excellent reliability and its six domains discriminated several quality of life aspects in depressed and non-depressed HIV/AIDS's patients. Depressed patients have a worst perception of their quality of life for all WHOQOL HIV BREF's domains.

P0268

Mental disorder and service capacity as a function of population density: Modeling future investment and service delivery planning

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Introduction: This paper describes the use of mental health data from a centralized regional intake and access tracking system for regional mental health and psychiatry services and provincial data to describe mental disorder as a function of regional population density. Population-based utilization results are compared to available epidemiological data. Implications for existing and future service models are examined.

Method: Diagnoses from annual data collected in the regional CAMHP information system from 2002-2007 ($n = 25,000$ registrants) was used. Estimates of population calculated from the regional census were used to denominate the utilization diagnostic data. Cumulative and annual density results were represented graphically and using GIS mapping techniques.

Results: The rate of publicly funded service provision to unique individuals in the catchment area (9/1000) is much lower than the expected rates of debilitating mental disorder in the base population (30/1000). Modeling the costs of service provision shows that two evidence-based forms of service delivery could dramatically improve access and capacity of mental health services within the catchment.

Conclusions: The results point to the need to develop novel evidence-based service delivery models so that the basic mental health needs of the population are met. Two such models are discussed.

P0269

Prevalence and risk factor of psychiatric disorders in primary care immigrants relative to autochthonous patients

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Objectives: To calculate the prevalence of mental disorders (anxiety, depression and psychosis) in the immigrant population compared to autochthonous population in primary care, exploring the predictive value of socioeconomic and demographic factors in the outcome.

Methods: In a cross-sectional, prevalence study, a sample of 200 immigrants and 200 autochthonous individuals attending primary care were evaluated with the Mini International Neuropsychiatric Inventory, the Goldberg Anxiety and Depression Scale, the General Health Questionnaire, and a demographic information sheet.

Results: Immigrants showed higher levels of psychopathology relative to autochthonous patients for most mental disorders. Socioeconomic and demographic factors, particularly those related to the immigrant's living and work condition were positively correlated with psychopathology. Rates of some mental disorders in the immigrant group exceed the expected levels to the extent that the findings may be spurious.

Discussion: Immigrants are at greater risk for developing a mental disorder, however this would in part appear to be a result of socioeconomic and demographic factors. It may be the case that the elevated rates of immigrant psychopathology may in part be a function of error due to the lack of cultural equivalence of the instruments employed. Further study is required to clarify these points.

P0270

Perceived discrimination and psychopathology in a population of migrants

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Background: The relationship between immigration and the secondary development of psychopathology remains unclear. Studies have raised contradictory findings, although it generally found that migrants face a higher level of stress than general population. This stress consists of different factors, of which "perceived discrimination" would appear to be the most significant. Clinical experience indicates that there may be an association between the intensity of stress related to perceived discrimination and mental disorders, of which anxiety and affective disorders are the most frequent. This study evaluates the relationship between perceived discrimination and anxiety and affective disorders.

Method: The data was drawn from a multicentric, observational, cross-sectional study comparing psychopathology in migrants relative to the autochthonous population attending primary care health centres in Catalonia (Spain). 150 individuals from each cohort were evaluated with the MINI international Neuropsychiatric Interview and the Perceived Discrimination subscale of the Barcelona Immigration Stress Scale. A first step compared scores on anxiety and affective disorders between the two groups. In the second step, multivariate analyses were carried out to determine if perceived discrimination and socio-demographic factors were correlated with the presence of anxiety and affective disorders.

Results: Immigrant patients were found to have higher levels of both anxiety and affective disorders relative to the autochthonous population. Perceived discrimination was predictive of psychopathology, and also moderated the impact of certain sociodemographic characteristics such as legal status.

P0271

Metabolic syndrome in psychiatric inpatients

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Background/Aims: The metabolic syndrome is associated with an increased cardiovascular comorbidity and mortality. Many epidemiological studies prove an increased prevalence of the metabolic syndrome among psychiatric patients compared to the general population.

Methods: In this on-going naturalistic observational study carried out in an inpatient treatment setting we as yet surveyed the parameters of the metabolic syndrome in 188 psychiatric patients at admission and at discharge. According to the NCEP definition at least three of the five following criteria have to be fulfilled for diagnosing the metabolic syndrome: visceral adipositas (waist circumference: male > 102 cm; female > 88 cm), diabetes mellitus (fasting glucose > 110 mg/dl), arterial hypertonia (≥ 130 mmHg systol., ≥ 85 mmHg diastol.), elevated triglycerides (≥ 150 mg/dl), reduced HDL cholesterol (male < 40 mg/dl; female < 50 mg/dl).

Results: At discharge we found significantly more patients with visceral adipositas ($p=0.0001$) and elevated triglycerides ($p=0.014$) compared to the time of admission. A significantly higher percentage of female in comparison to male patients were diagnosed a metabolic syndrome. Higher age was associated with a higher prevalence of the metabolic syndrome ($p=0.001$, $N=186$).

Conclusions: Our results demonstrate a deterioration of parameters of the metabolic syndrome in the course of an inpatient treatment. As visceral adipositas constitutes an essential risk factor for metabolic and cardiovascular diseases, an uncomplicated and easily manageable measurement of visceral body fat percentage would be desirable. In a pilot study we are evaluating the informative value of visceral body fat percentage as measured by a body composition analyzer.

P0272

Peculiarities of suicidal behavior of Minsk residents

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Minsk population runs to 1 770 000 residents. Rather high numbers of suicidal activity were typical for Minsk, for instance, 19,7 per 100,000 people in 2003 and 15,7 per 100,000 people in 2004.

Minsk is the largest industrial and cultural center Republic of Belarus, in him live 1 770 000 people. City Minsk haven't a heavy figures of suicidal activity (2003-19,7 cases per 100 000 people, 2004 - 15,7 cases per 100 000 people).

To prevent suicide in Minsk a suicidal activity monitoring was conducted during two years (2005-2006) ; it included registration of all cases of suicide and parasuicide. The monitoring allowed to identify main forms of suicidal behavior, suicide methods, and sex and age-specific characteristics of suicide.