

education appears the major means to avoid distorting decision-making processes.

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## P0079

Quality criteria and new fields in psychiatric expert practice

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In the field of psychiatric expertise, formal quality criteria such as organization, duration and extent of psychiatric exploration are of significant importance to ensure better transparency and reliability. Psychiatric diagnosis should be made according to DSM-IV or ICD-10 criteria. Following an extensive literature review (medline 1980-2007) we will discuss the importance of the use of The Mini International Neuropsychiatric Interview (M.I.N.I.), and other validated clinical diagnosis tools in psychiatric expert practice.

Beside the clinical validated scales, patients with neurotic or personality disorder require particular clinical experience for a good diagnostic assessment, especially because little evidence based medicine in psychiatric expert practice is available. Thus, we emphasize the interest of a good educational program about expert practice for residents.

Large epidemiological studies are required in order to clarify the evolution of patients after the expertise process. Furthermore, randomized studies should optimize the efficacy of a specific combined therapeutic program concerning patients with somatoform disorders.

The creation of an international network of clinicians with experience in psychiatric expert practice could be an important tool, in order to develop and promote evidence based guidelines for diagnosis and therapeutic issues around psychiatric expert practice.

## P0080

What core and periphery of male-to-female patients with gender identity disorder tell about the nature of conviction of cross-gender identity?

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We examined a variety of male patients with gender identity disorder on the basis of a style of "conviction" of gender identity disorder. From the point of view of the clinic, we took the variety as framework of "the core group" and "the periphery group". The core group consists of those who have, already since childhood, manifested a special longing for feminine clothes and behaviors. The periphery group consists of those with an uncomfortable feeling about their own sex that did not begin until adolescence. The present study is based on the author's clinical experience with 27 subjects, among which 14 patients belonged to the core group and 13 to the periphery group.

In the patients of the core group, their subject was formed by a self-referential statement "I am a woman." It can be considered that since their early childhood, their "ideal ego" led them to experience this longing and that "I" situating its own body in an "ideal ego", brought them gradually to express "I am a woman." This had the structure of a "first-person conviction."

In the periphery group, on the contrary, a consistent insufficiency and avoidance of masculinity could be pointed out. We recognized

homosexuality, transvestism, adolescent paranoia, and certain neuroses in the background of the periphery group. In the periphery group it may be required to engage in the psychotherapeutic task of investigating what this "disgust with being male" derives from.

## P0081

Mental health & deafness

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Deaf people as a group experience a greater number of mental health problems than the general population (REF). Clinical diagnosis and intervention of deaf patients is particularly complex. This is due to the fact that deaf people very often use a different mode of communication i.e. sign language. In turn, deaf people's psychological and psychiatric intervention requires the establishment of special mental health unit with specialised professionals. These professionals must be highly qualified in alternative methods of communication and on issues relating to Deaf community and culture. The Gregorio Marañon Hospital in Madrid is one of the few mental health units for deaf people in Europe -that is, the Unidad de Salud Mental para Sordos (USMS). This unique service counts with a psychiatrist, a psychologist and a social worker. The aim of this presentation is twofold: to report to the scientific community the particularities of intervening with deaf population; and to highlight the need to adapt the diagnosis process and psychotherapy to this clients' needs. The poster presents descriptive data on deaf patients seen/treated at the USMS during 2007. Results will present patients' spread on the following variables: gender, age, referral, aetiology, age of deafness onset, preferred language, psychiatric diagnosis and treatment.

## P0082

Study of the clinical characteristics of patients with self-injurious behaviors comparing to patients with obsessive-compulsive disorder

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Self-injurious behaviors(SIB) may be described as a behavior compatible with obsessive compulsive disorder(OCD), as well as part of Impulse-Control Disorders(ICD).

**Aims:** Compare obsessive compulsive symptoms(OCS) and impulsivity between two groups: OCD and SIB patients.

**Method:** Five patients in outpatient treatment for SIB were compared to five OCD patients. The following instruments were applied: Y-BOCS, D-YBOCS, USP-SPS, FASM, SCID, BIS-11.

**Results:** The SIBs were repetitive and occurred from 2 to 100 episodes during the last year. The behavior relief intolerable affects and the consequent pain were mild. The patients spent some time planning the acts, especially when it was not possible to do it immediately. The most common behavior found were: skin cutting(80%), self-hitting(60%), self-biting(60%), and the patients presented more than one type of SIBs. The motivation included: relieving feelings of "numbness" (80%); punishing themselves(80%); feeling something (even pain)(60%); feeling relaxed(60%); and stopping bad feelings(60%). SIB patients also presented OCS(100%) with more prevalence of sensory phenomena preceding repetitive behaviors(100%) than among OCD patients(60%), although they were not statistically significant. Despite the fact that there were no difference between the