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Electronical communication in psychotherapy

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Background and aims: The new technologies and computer-mediated communication may be used in psychiatric treatment for different type of contacts between patients and therapists including psychotherapy.

Methods: Elements of systemic family therapy (under peer supervision) were used by the means of electronic communication with the patient, addicted to alcohol and combined with therapeutic sessions in the therapist's office. E-mail sessions were conducted in a form of "electronic circle" with three family members: the patient, his wife and his sister, each of them representing a part of the family.

Results: Comparison between live and e-mail sessions shows similar patterns in communication, roles and behavior of family members.

Conclusions: E-mail contacts in the form of "electronic circle" could be used as addition to the live family therapy session, when regular meetings could not be conveyed. E-mail communication gives new tool for psychiatric and psychotherapeutic treatment and represents new type of patient-therapist relationship.

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Delivering CBT to a community: The 'Living Life to the Full courses'

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Purpose: The Living Life to the Full college and free online courses are based on the Cognitive Behaviour Therapy (CBT) approach and is offered at Further Education Colleges and free of charge online (www.livinglifetothefull.com). The classes teaches key skills such as identifying and challenging unhelpful thoughts, problem solving etc.

Results: In the college course, total mean scores at baseline for knowledge questions was 8.20 increasing to 11.07 gain 2.87 $p=.042$. Self assessed skills were 24.00 at baseline, increasing to 34.20 at session 8 (mean difference = 10.20 $p=.001$). The Training Acceptability Rating scale showed content scores at session 1 of 77% rising to 91% at session 8. Process scores were 73% at session 1 rising to 89%, showing training acceptability throughout the course. The online course has over 15,000 registered users. 70% are clinical cases of anxiety (HAD scale), and 55% depression. 24% of users are clinical cases and are not receiving any support from a practitioner. The site has had over 4 million hits in 10 months and an average of 1000 hits/hour.

Conclusion: Delivering CBT in this way seems to lead to gains in mental health literacy. Such courses may provide another useful option for helping people access CBT for mild to moderate problems of distress. A RCT of the core course materials has just been completed.

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Short term psychotherapy for the soldier in crisis following estimation for military duty

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Background: There are many factors which cause soldier's crisis during the military duty: problems in adjustment to military environment or some problems in relationship with his parents or a girlfriend. If those problems are enormous, soldier has to interrupt military duty in that moment for a period. But problems can be continued and existed furthermore.

Aim of our study was to show the application of short term psychotherapy for the soldier in crisis following estimation for military duty who couldn't overcome his problems during the military duty that preserve him to adapt to civilian environment successfully.

Methods: In three phases of short term psychotherapy: initial, when the therapist makes the diagnosis of the disorder and also the interpersonal problematic is pointed out; intermediary when the focus is treated, and the final phase when the therapist encourages the patient to recognize and consolidate gains and prepare the patient to use it in the future, the therapist aims to enable patient to identify, understand and give a meaning to his conflicts; still aiming to correct the distortions in the perceptions that patient has about himself and his environment, as well to improve his interpersonal relationships.

Conclusion: The final result of short term psychotherapy for the soldier in crisis following estimation for military duty is decreasing patient's anxiety and depression and increasing his self-confidence. All of that provides him to come back to the level of functioning that existed before the beginning of the crisis and to continue his life successfully.

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Pregnancy, aripiprazole and psychotherapy

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Introduction: M.A female 30 years old, second born after her brother. Her parental family was overprotective. Her mother's or father's family were free of mental illness.

Case report: At 1998 she met a young man. Three years later they decided to get married. They both had stigma of b-thalassaemia. Those days she had her first stroke of paranoid schizophrenia (according DSM IV). She had been hospitalized for 40 days. Six months after her discharge note, continued to have symptoms (such as less concentration and side effects of antipsychotics). Then we met her. We changed her treatment into atypical antipsychotics and at the same time we psychotherapize her. We changed the treatment into aripiprazole because she gained weight. Her figure was improved more and more. At February of 2005 she has got pregnant, she had never stopped her treatment. According to her personality and psychopathology, it was sure that if we had stopped the medicine or psychotherapy she would had an abortion. Then, we continued aripiprazole.

Conclusion: During her pregnancy nothing psychopathological happened. So she continued to work till the 36 week of her pregnancy. Her sexual and family life was very good and she gained only 7 kilograms in her pregnancy. At the amniocentesis the fetus was negative for b-thalassaemia. After 40 weeks of pregnancy she gave birth to a healthy (goodlooking) male. After all these, the couple is very functional and this was the aim of our trial.

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Cognitive behavior therapy: Treatment of choice for somatic presentations

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Background: Patients presenting with multiple unexplained physical symptoms such as somatization disorder (SD) and abridged somatization (AS) pose significant challenges in mental health and primary care settings. Until recently, no intervention had been found to produce meaningful improvement in these patients. We present here results of two studies one on SD the other on AS.

Methods: Study 1 included 84 patients with SD seen in a mental health setting and Study 2, 172 patients with AS seen in primary care. In both studies, patients were randomly assigned to either a “standard care” or an “experimental treatment” consisting of a 10 session CBT designed for patients with unexplained symptoms. The Clinical Global Scale (CGI) for Somatic Symptoms was the key outcome measure.

Results: In Study 1, CBT-treated SD patients were significantly more likely to be rated as “much/very much improved” than “control” patients (39.5% vs. 4.9%). CBT also led to a decrease in health care costs. In Study 2, CBT-treated AS patients were significantly more likely to be rated more “much/very much improved” in the CGI than those in the control group (60% vs. 25.8%). Depressive symptoms also improved more under CBT but the effect on physical symptoms was independent from that on depression.

Conclusion: For patients diagnosed with SD and AS in primary and specialty care, CBT produced clinical benefits beyond those that result from current state of the art treatments. CBT may be the treatment of choice for most of these patients.

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Parent oriented psycho-education for under 5 years age children with stubbornness

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Background: Stubbornness, disobedience and, talking back to parents may cause parents to be anxious and defiant about their children.

Method and materials: In order to study during 20 months, 24 subjects (13 girls and 11 boys) less than 5 years age children with Stubbornness evaluated with Child Behavior Check List and clinical interview. Parents with psychiatric disorders and impaired household interpersonal relationship received at least 3 sessions of counseling, individual skills training, and in some cases they received drugs. Results estimated after one and three months and the reported stubbornness by parents evaluated.

Results: Six subjects, two girls and four boys, had at least one concomitant psychiatric disorder and excluded from the study (three of them had ADHD). In the 13 of children both of parents participated in the evaluation and treatment processes. In the 87.1% of parents (27 of 31 each parents) at least one of them had psychiatric problem or dissatisfaction of marriage of subjects and the most frequent symptoms in decreasing ordinary were depressive symptoms and complaining about non-participation of another parent in the child nurturing. In three month survey 77.8% of children (6 boys and 8 girls) were free symptom. ANOVA showed that sex of children hasn't any effect on treatment results ($P > 0.05$).

Conclusion: The findings of this study provide some support for the use of Parent-oriented treatment for less than 5 years age children with stubbornness. Review of literatures reveals that

Stubbornness has a powerful stem in parent's behaviors.

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Directly observed therapy (DOT) in a psychiatric consulting dispensary, long term practice and retrospective study of patients coming every day

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Compliance with medication represents a major stake in the treatment of chronic diseases, especially in psychiatric disorders such as schizophrenia and mood disorder. Directly observed therapy (DOT) has been promoted in recent years by the WHO for ambulatory treatment of tuberculosis, since for many years psychiatric nurses have used this therapeutic strategy for hospitalized patients.

We use DOT in a psychiatric consulting dispensary to prevent relapses linked to non-compliance. Currently, more than 60 patients come once or twice per day, weekends included.

First, we describe our organization, the clinical indications, the nurses' work and a new architectural project to facilitate the delivery and observation of the treatment. DOT is not only a mechanical procedure of dropping medication into the patient's mouth, it is also a real way of establishing a therapeutic link and a very good clinical observation point to care for psychotic patients, for example. We also propose this strategy instead of hospitalization to patients who present an acute psychiatric disorder but with good insight.

Secondly, we present a retrospective study to show the efficacy in prevention of a relapse, and the reduction of the number of hospitalizations.

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Efficacy of medication and combined medication and cognitive behavior therapy in the treatment of obsessive compulsive disorder

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This study was conducted to see the effectiveness of medication and combined medication and CBT for the treatment of OCD and to find out the treatment group with greater efficacy. To fulfill the objectives thirty OCD patients (diagnosed by DSM-IV) were divided into two groups (Group A and Group B); each consisting of fifteen patients. Group A received capsule Fluoxetine as a standard medication of OCD and Group B received combined medication (Fluoxetine) and CBT. To measure the symptom severity Dhaka University Obsessive Compulsive Scale (DUOCS) was used initially (before treatment) and at 5th, 9th, and 13th weeks (after treatment). Mean initial score of DUOCS in Group A was 46.6 ± 16.04 and in Group B it was 36.67 ± 12.85 . Mean DUOCS score at 9th week was 34.46 ± 16.21 and in Group B it was 23.92 ± 8.43 . Mean DUOCS score at 13th week in Group A was 28.23 ± 12.96 and in Group B it was 18.77 ± 6.3 . Comparison of means of initial DUOCS score and 13th week score using paired t test in both the treatment groups were done. In both the groups the mean score changes were highly significant ($p=0.000$). From analysis it was seen that mean symptom reduction was more in Group B but it was not statistically significant ($p=0.721$). From analysis it was seen that mean percentage reduction of symptoms was also more in case of Group B but it also fell short of being statistically significant ($p=0.104$).

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Effects of group psychoeducational psychotherapy on inpatients with chronic psychoses