

**P01.65****BELIEFS ABOUT DEPRESSION AND OUTCOME IN MAJOR DEPRESSION: A PILOT STUDY**

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**Background:** We undertook a pilot investigation to examine the use of a number of research tools in measuring the impact of beliefs about depression and family functioning on the outcome of major depression and burden of care.

**Design:** Longitudinal follow-up for up to six months of a cohort of psychiatric outpatients with non-psychotic major depression and their cohabiting partners, using symptom severity (Beck Depression Inventory) and caregiver burden severity (Involvement Evaluation Questionnaire) as outcomes. Beliefs about depression and family functioning were measured on the Reason for Depression Questionnaire and the Family Assessment Device respectively.

**Results:** 15 couples were recruited. At baseline, patients reported poorer family functioning than their partners did ( $t = 3.7, P < 0.01$ ). Symptom severity was significantly correlated with burden of care ( $r = 0.58, P = 0.02$ ), reason-giving ( $r = 0.56, P = 0.03$ ) and poor family functioning ( $r = 0.60, P = 0.03$ ). Clinical improvement resulted in a non-significant reduction in the level of burden, but was not associated with reason-giving or family functioning. Partners endorsing intimacy reasons for depression continued to experience high levels of burden of care at follow-up ( $t = 2.6, P = 0.03$ ).

**Conclusions:** Reason-giving as a whole and also particular reasons for depression may be important in the outcome for both patient and partner and merits further investigation in a larger sample.

**P01.66****CASE REPORT: SEXUAL OFFENDING IN A MAN WITH ASPERGER'S SYNDROME, XYY SYNDROME AND A SEIZURE DISORDER**

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**Background:** We present a history of sexual offending in a 23 year old man with Aspergers syndrome. Further investigation revealed a seizure disorder and a chromosomal abnormality. In the report we discuss the possible interaction of the diagnoses and the subject's social background in order to gain an understanding of the aetiological factors operating in his offending behaviour. Discussion of his management will include the therapeutic strategies which have been used. Options for on-going care within existing service provision will be explored with respect to the level of risk that this man poses to society.

**Conclusions:** XYY syndrome associated with Aspergers syndrome has not been reported in the literature. Psychosexual development in people with a pervasive developmental disorder can lead to deviant sexual behaviour. In the presence of a developmental disorder second disorders should be suspected. Epilepsy is common among people with developmental disorders.

**P01.67****CASE REPORT: PRADER-WILLI SYNDROME AND BIPOLAR AFFECTIVE DISORDER WITH PSYCHOSIS**

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**Background:** We present the history of a 43 year old man living in a residential unit for people with mental retardation who has

evidence of an affective disorder with psychosis and aggression. The psychopathology of the psychosis is unusual in expression with visual misidentification and delusions of grandeur which are consistent during episodes. It is acute in onset and transient in nature. The illness is responsive to conventional drug therapy and behavioural interventions while complicated by his physical disorders. We discuss the possible psychological and physical aetiological factors in his mental illness and the specific issues for services in providing care for this man.

**Conclusions:** Psychosis in Prader-Willi syndrome has been reported previously in affective and schizophrenic-like illnesses. It presents abruptly and is often short lived, having the tendency to recur. It responds to drug treatments. The psychotic presentations may be characteristic of Prader-Willi syndrome and could be linked to the chromosomal origin of the syndrome.

**P01.68****CURRENT AND RESIDUAL FUNCTIONAL DISABILITY ASSOCIATED WITH PSYCHOPATHOLOGY. FINDINGS FROM THE NETHERLANDS MENTAL HEALTH SURVEY AND INCIDENCE STUDY (NEMESIS)**

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**Background:** Few population studies have investigated the functional disabilities that accompany specific psychiatric diagnoses. This study assesses the nature and strength of current and residual impairments in various functional domains of life.

**Methods:** Data were derived from the Netherlands Mental Health Survey and Incidence Study (NEMESIS), a prospective study in the Dutch general population aged 18 to 64 ( $N = 7147$ ). Psychiatric diagnoses were based on the Composite International Diagnostic Interview; functional disability was assessed on the basis of the Short-Form-36 and the number of disability days.

**Results:** Psychopathology was associated with increased disability in social, emotional and physical domains of life. Disability levels varied by psychiatric diagnosis, with mood disorders showing the poorest levels of functioning, especially for vitality and social functioning; alcohol related disorders were associated with few disabilities. Comorbidity strongly increased the severity of disability. The effect of contextual factors on disability was limited, although somatic ill-health, unemployment and adverse youth history increased the likelihood of functional disability. The findings indicate that psychopathology can also have residual debilitating effects.

**Conclusions:** Mental health care providers should be aware that the extent and the type of disability may vary with the different types of disorders and among different groups within the population. Since recovery from functional limitations may not be complete or may take more time than the remission of the psychiatric symptomatology, non-psychiatric follow-up care is needed. The high number of lost work days is relevant from an economic perspective. There is a need for illness-specific disability assessment instruments.

**P01.69****MULTIPLE SCLEROSIS AND EATING DISORDERS**

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**Background:** The relationship between the eating disorders with other psychiatrist diseases such as schizophrenia is a subject of a