

**Conclusions:** The suicide in the arts is the sociological expression how societies deal with this issue.

## P0295

Alcohol in art

M.A. Mateus, C.S. Silva, O. Neves, J. Redondo. *Hospital Sobral Cid, Coimbra, Portugal*

**Introduction:** Alcohol is represented in the arts since the beginning of time. Since the time of Baco and Dionísio to Impressionism, alcohol, and especially the wine, is an expression in the arts striking over the centuries and in various civilizations.

**Objectives:** The authors propose to characterize the various forms of art that represented the alcohol. Since classicism, the liturgical representation of alcohol, through rebirth and finally “by the new art,” were the various representations of alcohol, seen as “representative” of several current and various forms of being in life.

**Conclusions:** The alcohol in the arts is the sociological expression of society deal with this issue. From initial Nectar of the Gods, the wormwood that served as a refuge for expressionists, the authors want to make a brief discussion of the evolution of the role of alcohol in society and its expression in the arts

## P0296

Psychopathological qualification of non-acceptance of one’s primary and secondary sex characteristics in gender identity disorder

S.N. Matevossian<sup>1</sup>, G.E. Vvedensky<sup>2</sup>, S.B. Kulish<sup>2</sup>. <sup>1</sup> *Moscow City Center of Psychoendocrinology, Moscow, Russia* <sup>2</sup> *Federal State Institution Serbsky Research Center for Social and Forensic Psychiatry, Moscow, Russia*

**Background and Aim:** Persistent discomfort about one’s sex or sense of inappropriateness is a diagnostic criterion for transsexualism (ICD-10), though mechanisms and psychopathological characteristics of these conditions are not clear enough. This investigation concerns phenomenological peculiarities of non-acceptance of one’s own sex characteristics (SC).

**Subjects:** 241 persons (136 male and 105 female), who sought change of sex split into four groups. Group 1 were diagnosed as transsexuals (N=83), Group 2 as schizophrenia-spectrum disorder (N=77), Group 3 as organic mental disorder (N=22) and Group 4 as personality disorder (N=59). Average age: 24,3 years.

**Method:** Clinical-psychopathological, sexological, statistical

**Results:** Persons in Group 1 would not accept their primary (59%) and secondary (92,8%) SC, which expressed in discomfort, irritability and shame but no psychopathology involved. For Group 2, was more common non-acceptance of secondary SC (68,8%) with ideas of reference, depressive mood and dysmorphomaniac delusions (21%). In Group 3, non-acceptance of one’s SC (63,6%) combined with background asthenia (57%) and hypochondric fixation (40,1%). In Group 4 (76,3%), it was accompanied by psychopathic reactions dependent on the personality profile. Severity varied from feeling uncomfortable and distressed and trying to suppress sex-related external manifestations to ignoring or refusal to use them in sexual contacts and desire to get rid of them (including castration) and acquire the SC of the other sex.

**Conclusion:** Subjects in all groups would not accept their primary and secondary SC. This non-acceptance differed in intensity and psychopathological structure, and their qualification could be important for diagnosis of variants of gender-identity disorders.

## P0297

Gender differences in determinants of five-year outcome in patients with first-episode psychosis

M. Mattsson. *Karolinska Institutet At Danderyd’s Hospital, Stockholm, Sweden*

**Background and Aims:** Male and female patients with first-episode psychoses (FEP) differ in many aspects such as age at onset, premorbid level of functioning and the type of psychotic symptoms. Gender differences in factors related to outcome are less studied. The aim was to study gender differences in determinants of outcome in FEP patients.

**Method:** Eighty-one male and 72 female FEP patients were followed up during 5-years with a comprehensive assessment of socio-demographic, psychiatric, and neuropsychological investigations. The 5-year outcome was dichotomized into poor and favourable outcome based on the 6-months stable functional and symptomatic outcome.

**Results:** Female patients with an early onset, a lower level of education and still living with parents at baseline had more often a poor outcome than male patients. Among female patients, those with a low level of education had a poorer Wechsler’s Adult Intelligent Scale (WAIS; the full-scale and the verbal and performance subscales) score. Among males, no such associations were found. A poor premorbid level of functioning and a long duration of untreated psychosis (DUP) were related to a poor outcome both for male and female patients.

**Discussion:** The results indicate that, for male and female FEP patients, there are different predictors of outcome. In addition of risk factors of a poor outcome in both genders such as a low level of pre-morbid functioning and a long DUP, a low level of education, living with parents and an early onset of illness should be noticed as risk factors for female patients

## P0298

The particularity in therapeutic approach with Roma-gypsies in male department in hospital “Dr Laza Lazarevic” in Belgrade

M. Milovic-Tatarevic<sup>1</sup>, S. Kecojevic-Miljevic<sup>2</sup>, M. Vukovic<sup>1</sup>, V. Jovanovic<sup>1</sup>. <sup>1</sup> *Neuropsychiatric Hospital “Dr Laza Lazarević”, Belgrade, Serbia and Montenegro* <sup>2</sup> *Psychiatric Department Clinical-Hospital Center “Dr Dragiša Mišović”, Belgrade, Serbia and Montenegro*

During and after the Civil War in former Yugoslavia many various social changes and migrations occurred. One of their consequences is the increase of Gypsy-Roma population in Republic of Serbia. At the same time, the incidence of admissions and readmissions of Gypsy-Roma population into the psychiatric hospitals increased, in comparison both with their participation in overall population and the incidence of admission before the war. Since the war led to economic exhaustion, especially in social assistance resources, the vulnerability of this social group grew more dramatic. Difficulties in psychiatric treatment also have their origin in the particularities of this population. One of the most frequent demands of the representatives of this minority is the exclusively hospital treatment, on their own or on their families request, not always followed with clinical signs of relapse. This was verified despite the efforts of psychiatric reform and tendencies to reduce the psychiatric hospital treatments. Difficulties in diagnosis and consistent treatment were notified, therefore often psychopharmacotherapeutic resistance.