

Conclusions: The characteristic patient admitted at the Brief Hospitalization Psychiatry Unit from the University Hospital of Valladolid, Spain in 2005 is either a male between 31 and 40 years suffering from adaptive disorders and substance use, or schizophrenia, or a woman between 51 and 60 years diagnosed of affective disorders.

P0284

Study on the Greek demographic chart of psychic disorders

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The aims of the present study are: a) to examine the extent of psychiatric network in provinces and in smaller urban centers, b) to provide motivation to experts in order to expand and support the network and c) to provide information for therapeutic interventions. We investigated 60 cases (from 1998 until 2005), both from urban centers and provinces, randomly selected from those who contacted Association of Psychology and Psychiatry for Adults and children (A.P.P.A.C.) for diagnostic and therapeutic reasons. Patients were grouped by age (0-18, 19-35, over 36), sex and according to the ICD-9 diagnostic criteria. We hypothesized that the greater percentage of people who addressed to A.P.P.A.C.: a) would stem from large urban centers b) would most commonly be diagnosed as psychotic, depressive and neurotic, and c) would be aged over 36. The data collected also showed that a major problem is the stigmatization of the psychiatric patient. This rigidity leads them to see psychiatric help as a failure for the family. Moreover information Greek people have about psychiatric and clinical work and therapy is distorted and very poor. Research results indicated that the first two hypotheses were verified, while our third hypothesis was not confirmed, since the greatest percentage of incoming patients belongs to the age cohort 19-35 (43.3%).

P0285

The impact of sparse data at the household level in the multilevel modelling of neighbourhoods and mental health

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Background and Aims: Multilevel models are invaluable in area-level research for investigating the impact of context on health outcomes. Frequently datasets are collected which include sparse levels of data and published studies of household-level effects on mental health often contain many single response households. This results in the household level being sparse. The effect of this sparsity on the validity of results from a multilevel model investigating mental health has not been investigated to date. The aim of the work is to determine the impacts of including and excluding a sparse household level in a multilevel analysis.

Methods: Three-level datasets were simulated with known variance structure in order to imitate individuals nested within households nested within areas. The relative importance of the household level, sample size and level of sparseness were all varied in order to assess their impact on multilevel modelling. An outcome measure was simulated based on the variance structure, as well as an individual-level predictor of this outcome. Hierarchical models were fitted to these data using the R programming language.

Results: Variance component estimates for three-level null models were unbiased for most levels of sparseness. Under extreme sparseness conditions (average number of respondents per household < 1.5) the variability of the household and individual level variance components increased. Excluding the household level resulted in most of that level's variation being attributed to the individual level.

Conclusion: Sparseness can reduce variance component estimation precision and so caution should be exercised when interpreting these models.

P0286

Domestic violence against women in Bushehr province

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Backgrounds and Aims: Domestic violence towards women is frequently hidden and prolonged. Domestic violence is both a direct and an indirect risk factor for physical and mental health problems, and is associated with increased health care utilization. Intimate partner violence affects the person, his/her family, and society as a whole.

Methods: In a cross sectional case series study, 100 women with the experience of domestic violence, who were inhabitants of Bushehr Province, were evaluated in 1999. The sampling method was snow ball method. A questionnaire was filled out by interview. Physical, emotional (verbal abuse, criticism, threats, intimidation) and ethical violence (inhibiting birth control, and referring to physicians) were assessed.

Results: 49.4% of the women's spouses had lower than high school diploma educations. All the victims had experienced the three aspects of violence. The duration of violence was more than two years in more than half of them. 50.6 % of the women had experienced severe violence. All the women had symptoms of physical, behavioral, personal, social, and psychological problems. Social isolation (38%), headache (50%), nightmares (25%), misbehavior with children (39%), and irritability (32%) were the most common manifestations. Fearful of losing their children (23%), shamed by what is happening to them (19%) and loss of knowledge (17%) were the most common reasons that they kept it to themselves.

Conclusion: The women in our survey experienced high rates of severe lifetime violence. International, national, and municipal commitments are necessary to combat domestic violence.

P0287

Factors associated with multiple admissions in a psychiatric unit during the period 1998-2006

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Background: The high prevalence of those called "revolving-door patients" continue supposing a high sanitary cost. The aim of this study was to identify factors associated with multiple admissions in a psychiatric unit.

Method: The sample included all patients hospitalized in a psychiatric unit at the hospital "Virgen de las Nieves" in the city of Granada (southern Spain), during the time period between 1998 and 2006

(n=1873). There is no consensus in the literature with regard to the definition of the “revolving-door phenomenon”. Basing on prior studies (Woogh, 1990; Thornicroft et al., 1992), we defined “revolving-door patients” as those who had been hospitalized eight or more times in an eight-year period (an average of at least an admission per year).

Results: The prevalence of revolving-door patients was 10% (186/1873). The condition of revolving-door patients was associated with male sex (OR=1.5; IC 95%: 1.1-2.1), with a marital status different from the married one (OR=1.8; IC 95%: 1.3-2.6), and with the diagnoses of schizophrenia (OR=3.3; IC 95%: 2.4-4.6), schizoaffective disorder (OR=3.8; IC 95%: 2.3-6.5), bipolar disorder (OR=2.1; IC 95%: 1.4-3.2) and personality disorder (OR=2.2; IC 95%: 1.3-3.5).

Discussion: Male sex, marital status different from the married one and the diagnoses of schizoaffective disorder or schizophrenia may be a risk factor of readmission in a psychiatric unit. A better comprehension about the characteristics of these patients may help to establish more effective strategies to board the psychiatric community.

P0288

Prevalence of mental disorders in a psychiatric unit and its relationship with the sex

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Background: To determinate the prevalence of several mental disorders and its relationship with sex among patients admitted in a Psychiatric Unit.

Method: The sample included all patients hospitalized in a Psychiatric Unit at the Hospital “Virgen de las Nieves” in the city of Granada (southern Spain), during the time period between 1998 and 2006 (n=1873). The tenth version of international classification diseases (ICD-10) was used to classify the mental disorders.

Results: The principal diagnoses were psychotic disorders (36%), affective disorders (30%), substance-related disorder (8%) and personality disorder (7%). The prevalence of men was 57% and the prevalence of women was 43%. Male sex was significantly associated with substance-related disorder (OR=3.2; IC 95 %: 2.1-4.9), schizophrenia (OR=3.7; IC 95 %: 2.7-4.9) and mental retardation (OR=1.2; IC 95 %: 2.4-4.0). Female sex was significantly associated with bipolar disorder (OR=1.7; IC 95 %: 1.3-2.3), dysthymia and other depressive disorders (OR=2.4; IC 95 %: 1.9-3.1) and neurotic disorders (OR=2.3; IC 95 %: 1.4-3.7).

Discussion: According with literature (Vogel et al, 1997) the principal diagnoses among patients hospitalized were psychotic disorders, followed by affective disorders. Previous epidemiological studies have shown similar prevalence of bipolar disorder among both sexes (Kessler et al, 1997; Kawa et al, 2005). Nevertheless, among patients with bipolar disorder who need hospitalization may be more women.

P0289

Psychopathology during the 3rd month of pregnancy

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Background and Aims: Mental disorders occurring in pregnancy need attention and specifically targeted treatments; if untreated, they may have severe consequences, for the woman, for her family, and mostly for the newborn. The woman is at higher risk for suicide; she may increase tobacco, alcohol and substances use, and may frequently develop postpartum depression (Halbreich, 2004).

We aimed to describe the prevalence of Axis I disorders (DSM IV-TR criteria) at the 3rd month of pregnancy in a large non-clinical sample of women.

Methods: Women between the 12th and the 15th gestational week were enrolled. A total of 1066 subjects (49.9%) of those eligible (N=2138) signed an informed consent and completed the baseline interview. Standard demographic information were collected and Axis I diagnoses were performed using the SCID-I (First et al, 1995).

Results: Mean age was 32.3 years (± 3.9); 280 women (26.3%) had a current Axis I Disorder. Mood and anxiety disorders were the most frequent current diagnoses: Major Depressive Episode (N=34;3.2%); Minor Depression (N=45;4.3%); Specific Phobia (N=114; 10.7%); Panic Disorder (N=43; 4%); Social Phobia (N=41; 3.8%); Obsessive-Compulsive Disorder (N=17; 1.6%); Anxiety Disorder NOS (N=29; 2.7%); Generalized Anxiety Disorder (N=20; 1.9%). Current comorbidity between depressive and anxiety disorders was present in 38 women (3.6%).

Conclusions: The sample size and the administration of the SCID, that provides more complete and reliable information about lifetime and current psychiatric history, than instruments used in previous similar studies (Andersson et al., 2003; Spitzer et al., 2000), represent major strengths of the study.

P0290

Study of mental illness and marriage types in hospital population

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Introduction: Mental illnesses are common, serious, brain disorders that seriously hamper an individual’s ability to think feel and act. Studies have shown that risk of developing an illness is increased if another family member is similarly affected, suggesting strong hereditary component. (N.I.M.H.Report, 1997.)

Methods: Study sample consists of 721 mentally ill patients. Patients were diagnosed in the Outpatients Department of Psychiatry, Pakistan Institute of Medical Sciences Islamabad. Dept. of Psychiatry was visited from June 1998 to September 1999 for collection of data.

Results: Study comprises 721 mentally ill patients. Bipolar (manic-depressive) patients are 62.97% (n=454) Personality disorders 26.21% (n=189) and schizophrenics are 10.89% (n=78). Ratio of females to males is 100♀♀: 100.27♂♂.

Mean age at diagnosis of mental illness in sample is 25.86 \pm 0.40 years. Majority of patients fell in age cohort ranging from 10 years to 29 years. (n=477:66.16%).

The study shows total number of inbred marriages to be 400(55.47%) while outbred marriages are 321(44.52%). The coefficient of inbreeding (F) for mental illness patients is 0.0348 and that of control sample is F=0.0273.

There were 220 (30.51%) patients with positive family history 29(4.02%) with negative family history and 472 (54.66%) where occurrence of disease sporadic. Consanguinity is more in