

Poster Session 2: OTHER TOPICS

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Self-reported consequences and needs for support associated with abuse in female users of psychiatric care

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Background and aim: The study investigates the prevalence of abuse in adulthood in female users of psychiatric services, self-reported consequences of abuse, and needs for support.

Method: N=1382 women participated. A self-administrated anonymous questionnaire was used. Quantitative data was analysed by mainly descriptive statistics and quantitative data was analysed by content analysis.

Results: 46% (n=638) of the women had been exposed to emotional, sexual and/or physical abuse in adulthood. Twenty-eight percent (n=385) reported experiences of moderate physical abuse, 27% (n=373) reported threats of injury, and 20% (n=277) reported threats of being killed. Further, 19% (n=261) stated experience of sexual violence, and 12% (n=164) had experiences of serious physical violence. Women who had been abused rated lower self-esteem than those who were not abused. Self-reported consequences of abuse included intrapersonal and social problems, and disease-specific manifestations. 43% of the women stated that they were in need of additional support mainly such as support directed to the experiences of abuse by professionals trained in the area, but also family interventions, self-help groups, medical care, legal support, or practical help to find new housing situations.

Conclusion: It is concluded that female users of psychiatric care services constitute a vulnerable group with regard to abuse and that the women need to be cared for in a different way as they are today. The care and support system have to adopt an ecological perspective in order to target the problems connected with female abuse in women with mental illness.

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Are women different from men? Some mental health issues

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Background and aims: Gender has a critical role in mental health and mental illness. Gender differences occur predominantly in the rates of common mental disorders such as depression and anxiety related disorders, with the difference concerning depression being one of the strongest findings in psychiatric epidemiology. Besides differences in rates, gender specificities with regard to risk and susceptibility, age of onset, course of the illness and outcome are of great importance. In the same context, psychiatric disorders concerning women's life cycle, pregnancy and postnatal period are an important mental health focus sometimes undervalued by clinicians. The authors aim to explore these issues with regard to recent findings.

Methods and Results: Through a literature review the authors look at the reasons behind these gender differences, from biological and social aspects to patterns of help seeking for psychiatric disorder, realizing that women seek more professional help and are more likely to define an experience as an "illness" by one hand and that psychiatrists have more propensity to diagnose and prescribe medication to

women by the other hand. A comprehensible overview of specific women psychiatric disorders is also attained.

Conclusions: The need for a multi-level, integrated approach which takes into account specificities of female gender is pointed out, in order to reduce the burden of mental disorders in our societies, greatly accounted by women.

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Alopecia and metilphenidato: two clinical cases

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We present the two first clinical cases of alopecia associated with the use of metilphenidato, that have been reported. An exhaustive bibliographic search has been implemented and there is no clinical case of this type of alopecia, in spite of the fact that this adverse drug reaction is included in the core data-generating system of international pharmacovigilance. It's so striking that pharmaceuticals companies related to this drug, haven't been able to find out the source of this side effect.

We have not found any report about alopecia associated with the use of metilphenidato into the Pharmacovigilance database in Spain. For that reason, it's very probable that these two clinical cases of alopecia can be the first two cases in the world.

We think that alopecia linked with metilphenidato is more frequent than these two only cases, but the fact that it's a telogenic effluvium hairloss, makes more difficult to determine the correlation between these two factors, because the alopecia starts two or three months after the treatment beginning

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Themes in cultural competence: Ritual cleansing and medicine noncompliance

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Introduction: Psychiatry in westernized cultures focuses on biologic bases of illnesses and associated psychopharmacologic interventions. Frequently, cultural themes are not addressed. Positive clinical outcome requires trust and compliance which may not be present if clinicians are unaware of specific cultural beliefs and practices. Maximal clinical outcome involves integration of biologic interventions with patient's culture such that patient and patient's family experience being understood and respected regarding cultural differences that may impact recommended treatment. In this case, unawareness of patient's culture led to medicine noncompliance in a high risk patient.

Method: Case analysis with literature review.

Results: 17-year-old single African-American female of Nigerian/Yoruba heritage with prior psychiatric admissions for Asperger's disorder with Psychotic Disorder NOS and suicidal ideation was stabilized on aripiprazole. Maternal aunt recommended ritual cleansing to assist with treatment. The mother believed that the attending psychiatrist could not understand/support this cultural/religious intervention, and felt cleansing would be best supervised in Nigeria. Unaware of the actual reason for the trip to Nigeria, the psychiatrist emphasized need for medicine compliance without reference to integrative care. The 5-day ritual cleansing, known as spiritual

deliverance, consisted of fasting, prayers, and discontinuation of aripiprazole. Upon cleansing completion, patient resumed psychotropics; later, believing improvement was solely secondary to cleansing, she totally discontinued aripiprazole. Shortly thereafter, decompensation with paranoid/suicidal/homicidal ideations resulted in emergency hospitalization.

Conclusion: Optimal clinical treatment requires integration of biologic interventions, psychotherapy, and patient's culture/religion. Unawareness of culture/religion can lead to medicine noncompliance and unnecessary decompensation.

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Telepsychiatry in Denmark

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Background and aims: It is no secret that mental health system in Denmark did face (and still does) significant barriers in providing appropriate psychiatric care towards refugees/immigrants on their own language. Limited access to clinicians that speak their language decrease speed and accuracy of diagnosis and treatment. In this situation, patients receive sub optimal psychiatric care (provided via translators) that furthermore affect their compliance and make treatment more difficult and expensive.

Methods: One solution to this problem is to give refugees/immigrants access to ethnic specialists by using telepsychiatry (videoconferencing in real time).

5 stations have been established during this pioneer project in period 2004–2007. The equipment connect three hospitals, one asylum seekers centre and one social institution for rehabilitation of refugees/migrants. Participants involved in the project are mentally ill refugees/immigrants. Clinicians involved in the project have ethnic background that make possible to assess and/or treat refugees/migrants on their own language, without using translators.

Results: By using the videoconference, it was possible to make reliable assessment and/or treatment of a wide variety of psychiatric disorders. All participants answered questionnaire after the end of telepsychiatric contact. They all reported a high acceptance and satisfaction with telepsychiatry regardless their ethnicity or educational level. Furthermore, all participants would prefer contact via telepsychiatry then via translator. Reduced transport – and translator expenses presented economic benefits of the method.

Conclusions: Telepsychiatry can be the tool of choice when limited access to mental health professionals makes assessment and/or treatment difficult and often insufficient.

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Open access E-journals: research workshop

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Introduction: Open Access (OA) publishing ensures that all published peer-reviewed research articles are universally, freely accessible through Internet in a readable format and immediately deposited in an international OA repository such as PubMed Central. Authors/

copyright owners must irrevocably grant to anyone the right to use, reproduce or disseminate the research article in its entirety or in part in perpetuity.

Goals: This interactive workshop is designed for psychiatric researchers to increase their knowledge about open access publishing and ascertain its potential benefits for researchers and authors.

Method: The workshop will contain a number of interactive and didactic components and will be presented in three parts:

Overview:

What is OA? How are OA journals created? What are the benefits of OA for psychiatrists? How are authors attracted? What peer-review processes ensure immediate PubMed listing? What other indexing services, tracking and citation statistics apply?

Preparing Manuscripts: tools, tips and techniques.

Hands-on session on manuscript submission covering manuscript organisation; artwork for figures/tables; file formats (size; compression, and quality; bitmaps versus vector images; suitable tools for creating figures and choice of fonts.

Overview of current and future online resources will follow, eg: bibliographic software; PubMed archiving and the Semantic web.

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Plane crazy: a case series of psychiatric presentations at the airport

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Background and aims: The air transport industry has seen a rapid growth since the early 1900s. Serving more than 180 cities in over 50 countries, Changi International Airport in Singapore has established itself as a major aviation hub in the Asia Pacific region, with an annual handling capacity of more than 44 million passengers. In recent years, it has been observed that a number of passengers are found to be in a mentally disturbed state at the Changi International Airport. Some of whom are unable to continue in their journey and have to be admitted for further evaluation. The purpose of this descriptive study was to examine the occurrence and the presentation of mental disorders requiring admission at an international airport.

Methods: A retrospective study was performed including patients who had been referred for psychiatric observation by the Changi International Airport to a tertiary hospital nearest the airport. The patients were studied in respect to the circumstance of admission, clinical presentation, management and how they continued on their journey.

Results: Most of the patients admitted had a history of a major mental illness, such as schizophrenia and bipolar disorder. In-flight emergencies and serious incidents caused by psychiatric patients were fortunately uncommon.

Conclusions: As air travel becomes more prevalent, it is conceivable that there will be an increasing number of psychiatric patients taking a flight. Although most patients are able to travel uneventfully, there are still a small number of patients who have to be detained and stabilised at a hospital.